Infant Mental Health Journal
Supplement to Volume 42

“Creating stories in Infant Mental Health: research, recovery and regeneration”

World Association for Infant Mental Health
17th World Congress
June 22-26, 2021
Brisbane, Australia
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Brief Oral Presentations
The 1001 Days Movement: campaigning for policy change in the UK

Mrs Sally Hogg¹
¹Parent Infant Foundation, London, United Kingdom

Biography:
Sally Hogg is Head of Policy at the Parent Infant Foundation in the UK, an organisation that advocates for the importance of parent-infant relationships and supports specialised parent-infant relationship teams. Sally leads PIPUK’s work to campaign about the importance of early relationships, which includes coordinating the 1001 Critical Days Movement and All Party Parliamentary Group for Conception to Age 2. Prior to joining PIPUK, Sally worked at the Maternal Mental Health Alliance, thce NSPCC and in the Department for Education in the UK and in New South Wales Australia. Sally works part time and has two young boys.

The 1001 Critical Days Movement campaigns to ensure that all babies have the best possible chance of a secure, nurturing early relationship.

We are an alliance of charities, academics, parliamentarians, practitioners and others from across the UK, coordinated by the charity the Parent-Infant Foundation (previously PIPUK). We speak with a united voice about the importance of early relationships in giving every baby the best start in life. We challenge local and national decision makers who are not doing enough for the youngest children.

The Parent-Infant Foundation also organise the Conception to Age 2 All-Party Parliamentary Group, a group of MPs and Lords from different political parties in Westminster who have a shared interest in early life.

The 1001 critical days are the period between conception and a child’s second birthday. What happens during this time lays the foundations for future wellbeing. Persistent difficulties in early relationships can have pervasive effects on many aspects of child development, with long term costs to individuals, families, communities and society.

Together, the Conception to Age 2 All-Party Parliamentary Group and the wider 1001 Critical Days Movement raise awareness of the importance of this life stage. We share the compelling evidence about the role that early relationships play in children’s development. We advocate for policy changes to increase the likelihood that all babies have the secure, nurturing relationships that they need to thrive.

Our work has two strands:
• creating resource that local service providers and other champions can use to make the case about the importance of the first 1001 days to decision makers, politicians and funders in their local areas, and
• campaigning for policy change at a national level.

In this presentation we will share our latest work to influence the UK national and local elections and government’s comprehensive review of public spending.

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What are the Essential Referral Pathways for Perinatal Women?

Professor Tanya Connell
1
1Sydney University, Point Clare, Australia

Biography:
Tanya Connell has completed a Ph.D entitled “Psychosocial assessment and depression screening in private obstetric care. She has qualifications as an R.N, midwife, child and family health nurse, lactation consultant, childbirth educator and has a master’s in adult education and a masters in science-research and a PhD. She has nine research publications and a further 3 under review

Introduction
Psychosocial screening has been implemented in the public sector in NSW for a decade, but what about the private sector? Is it applicable or even possible?.

Background
Women who experience the stressors that are related to an increased risk or an indication of perinatal mental health disorders should be assessed and offered referral to appropriate services. A system of care, ideally including a perinatal mental health care team should be established so that health professionals know, whom they should refer a women to, that is in need of mental health assessment and treatment [1]. In one study, 70% of women experienced at least 3 stressors and 21% experienced more than 6 stressors during their pregnancy [2].

Methods
This paper is a discussion paper to explore the essential referral pathways for perinatal women with identified risk factors for perinatal mental illness. This study is part of a larger study that implemented psychosocial screening and assessment in one private hospital in NSW.

Results-Pathways for referral
The psychosocial screening questions, offer the booking-in midwife an opportunity to identify and discuss risk factors with women during the antenatal period. Antenatal screening implies that a referral pathway for further care or treatment of the pregnant woman is in place should any concern be identified during the screening process [3]. While standard referral pathways exist within the public hospital system, there were no obvious pathways evident for women receiving private obstetric care at
the study site (Table 1). It was essential to develop a robust referral pathway before psychosocial antenatal screening was introduced at the study site. This was not only critical to ensure the safety of women being screened, but also to ensure the booking-in midwife had sufficient options to be able to refer women onto appropriate resources if necessary.

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Rare Jewels: Parent-Infant Foundation's advocacy for specialised parent-infant relationship teams in the UK and support for new and developing teams.

Mrs Sally Hogg¹, Dr Beckie Lang¹, Dr Karen Bateson¹

¹Parent Infant Foundation, London, United Kingdom

Biography:
Sally Hogg is Head of Policy at the Parent Infant Foundation, an organisation that advocates for the importance of parent-infant relationships and supports specialised parent-infant relationship teams. Sally leads PIPUK’s work to campaign about the importance of early relationships, which includes coordinating the 1001 Critical Days Movement and All Party Parliamentary Group for Conception to Age 2. Prior to joining PIPUK, Sally worked at the Maternal Mental Health Alliance, the NSPCC and in the Department for Education in the UK and New South Wales, Australia. Sally works part time and has two young boys.

In June 2019, at the start of Infant Mental Health Awareness Week, Parent Infant Partnership UK (now the Parent-Infant Foundation) launched a ground-breaking report in Westminster about the provision of specialised parent-infant relationship teams around the UK. Specialised parent-infant relationship teams are multidisciplinary teams that provide both:

- Expertise, consultation and supervision to help local services to improve early relationships.
- Direct therapeutic support to those families who need specialist help.

Our report, Rare Jewels, explained what these teams are and why they matter. It contained the most up-to-date analysis of provision across the four nations of the UK: showing only 27 parent-infant teams. These teams are described as ‘rare jewels’ because they are small, valuable but scarce.

Our research also looked at wider provision for children aged 2 and under. It found that NHS Children’s Mental Health Commissioners are overlooking the needs of the youngest children: CAMHS services in 42% of areas in England do not accept referrals for children aged two and under even though commissioners should fund services for ALL children.
Rare Jewels sets out an ambition that in the next 10 years there should be parent-infant teams across the UK, able to support all families who need them. This will require concerted national and local action. The report makes 12 recommendations for policy changes that could support the development of provision. Over 100 people attended its launch in parliament, and it was picked up in national and regional media.

In this presentation we will talk about this report, its launch and our ongoing work to support the expansion and improvement of specialised parent-infant teams in the UK. This includes the development of an online open-source toolkit to support new and developing teams, a network of team, and new quality standards for the sector.
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Heartbreak Kids: Rewriting the Story of Developmental Adversity through Advocacy

Dr Joanne Crandall
1

1Ministry of Children and Family Development, Nanaimo, Canada

Biography:
Dr. Joanne Crandall is an infant mental health specialist and a youth forensic psychologist. She has worked in the field of trauma for over 30 years providing both assessments and treatment to infants, children, youth, and their families and has worked in both rural and urban settings with multi-cultural populations, including Indigenous families. Dr. Crandall believes that effective advocacy can facilitate hope and change and influence individual and systemic change.

INTRODUCTION

This presentation is designed to honour all the disenfranchised youth who have not benefitted from early intervention policies and plans.

PURPOSE

The purpose of this presentation is to explore the need for advocacy for disenfranchised youth in order to minimize the lasting impact of early childhood ruptures.

DESCRIPTION

The presentation is based on a case study of the lived experience of an Indigenous youth who has spent most of his life in care, without appropriate advocacy. It explores how the youth became entrenched in drug use, violence, and crime and offers some suggestions on how to rewrite his story.

RESULTS

Advocacy can be an effective way to address developmental adversity and this presentation provides recommendations on how create change.
Investigation of current situation and public demands for promoting infant care services under three in Shaan Xi, China

Dr Hui Li¹, Professor Zhongliang Zhu², Dr Shengquan Chen¹, Dr Dan Yao¹, Dr Qian Su¹, Dr Shan Wang¹
¹First Affiliated Hospital of Xi’an Jiaotong University, Xi’an, China, ²Woman and child health Institute, Medical College of Northwest University, Xi’an, China

Biography:
Hui Li, MD., Ph.D. Professor, Doctoral Supervisor, Division of Pediatrics and Neonatology, First Affiliated Hospital, Medical School, Xi’an Jiaotong University, Director, the Chief Expert for Division of Neonatology, Xi’an Children’s Hospital, Affiliated Medical school, Xi’an JiaoTong University. She has been working on medical treatment, teaching and infant mental health care. She focus on effects of pregnant maternal social psychological stress on infants’ behavior, cognitive and brain development, established an early interventional system for infant’s brain development retardation and behavior disorder. She has got 6 projects from China’s national natural science foundation, and published more than 60 papers in reputed journals.

INTRODUCTION: The one-child policy was performed in China from the 1970s. To alleviate a rapidly aging and a shortage of working-age residents, the two-child policy is performed in since 2016. However, total birth rate is still declining. Infant care is mainly family-care, and public infant care services are not well established. In May 2019, China government announce a policy titled “The guidance on promoting the development of infant care services under three,” which defines the national responsibility of infant care for the first time.

AIM: To investigate current situation and public demands for promoting infant care services under three in Shaan Xi, China.

METHODS: Staff and parents in 18 kindergartens distributing in 6 cities and counties in Shaanxi, northwest of China were interviewed. Questionnaires with 31 questions were issued by network platform, and 9600 questionnaires were collected finally.

RESULTS: The responsibilities of government management departments are not clear. The 0-3 year infant care lacks effective industry-standard. Most infant care organizations for 0-3 years are private early learning centers, mainly focusing on the early development of intelligence. 52% mothers have to stop working for their infant care; most mothers would like to take maternity leave of 1 year, but not be housewives; lacking suitable infant care services, 59% parents are reluctant to have a second-child; 54% infants are cared by grandparents; 79.9% parents expect to establish public childcare service. Parents hopes that childcare institutions can provide professional care and prevent children from being harmed. Unwilling to have a second child, the main factors are financial and education conditions.
CONCLUSIONS: It is necessary to construct a “combined infant care” service, which consisted of the government, society, and families, establish professional infant care standards, and train professional caregivers systematically in China for infant's physical and mental health development.
Advocacy and implementation – stories of collaboration and commitment supporting 1st 1000 Days at-risk caregiver-infant relationships, Western Cape, South Africa.

Dr Elmarie Malek, Ms Gwen Dereymaeker, Dr Hilary Goeiman, Ms Elizabeth Pegram

1Department of Paediatrics and Child Health, University of Stellenbosch, Tygerberg Academic Hospital, Cape Town, South Africa, 2Western Cape Department of the Premier, Cape Town, South Africa, 3Western Cape Government Health Department, Cape Town, South Africa, 4Western Cape Government Health Department, Paarl, South Africa

Biography:
Elmarie Malek is a South African paediatrician with a keen interest in Maternal and Child Health. She is Head of General Paediatric and Newborn Specialist Services /Senior Lecturer, Department of Paediatrics and Child Health, University of Stellenbosch, previously holding a similar position with the University of Pretoria in Mpumalanga Province. She chairs the Western Cape Provincial Clinical Governance Committee for Newborn and Child Health and the Provincial Parent, Infant and Child Wellness Working Group for intersectoral and external partnership engagement. She is the clinical lead for and a founding member of the Western Cape’s 1st 1000 Days Initiative Executive Committee

INTRODUCTION: Launched in the Western Cape in February 2016, the 1st 1000 Days Initiative commenced as a transversal communications campaign within the context of the Provincial Strategic goal for “Safe and Healthy Children”, incorporating three core themes: Nurture (nutrition and health), Relationship (responsive caregiving) and Safety and Stimulation (protection from physical and emotional harm and early learning). It was aligned to the Global Strategy for Women, Children and Adolescents’ strategic framework of Survive, Thrive and Transform, the WHO Nurturing Care Framework as well as to other sector priorities including Violence Prevention, Early Childhood Development and Child and Family Protection.

AIM: The overall aim is for pregnant women and mothers to be healthy, nurtured and supported, for children at 2 years to be resilient and able to reach their full potential and for vulnerable parents and caregivers to be supported from conception through the child’s 1st 1000 days.

DESCRIPTION: The Key Priority Interventions include:

- EARLY IDENTIFICATION of AT RISK pregnant mothers, children and caregivers at facility and household level;
- RELATIONAL SUPPORT for at risk pregnant mothers, caregivers and children through a structured home visitor package by Community Health Workers;
- COUNSELLING, MENTORING AND MENTAL HEALTH SERVICE capacity enhancement for vulnerable clients and the frontline staff working with them;
- REDESIGNING perinatal services around the MOTHER-FATHER-INFANT TRIAD through the delivery of an integrated multidisciplinary comprehensive package of care (fully integrating mental health with maternal and child health) and redressing infrastructural and attitudinal barriers to providing holistic nurturing care.
CONCLUSION: The 1st 1000 Days Parent-Caregiver Support Package is being implemented. Intersectoral and collaborative advocacy has led to political commitment in prioritizing support for at risk mothers and caregivers in the 1st 1000 days to foster parent-infant relationships towards preventing violence within the Western Cape Government Provincial Strategic Plan 2019-2024 and the Western Cape Safety Plan.

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A multidisciplinary approach to HIV Infection in a multiethnic pediatric population

Dr Michela Di Pastena, S Bernardi, S Gentile, D Morelli

1DPUO Dept. of Pediatric and Immunology. Bambino Gesù’ Children’s Hospital Roma, Italy, 2UOSD Unit of Clinical Psychology - Dept. of Neuroscience and Neurorehabilitation. Bambino Gesù’ Children’s Hospital Roma, Italy, 3Dept. of Social Support. Bambino Gesù’ Children’s Hospital Roma, Italy

Introduction

Even though the progress of HIV antiretroviral therapy have improved in many counties of the world the preventions, practices and the drugs are not insured. So many children (1.800.000) live with HIV because their mothers were infect during the pregnancy. It becomes particularly difficult to live with the disease, when the patients and their family have poor life condition, immigrant condition and dead of parents. Clinical observations suggest that other family and community factors may also be important determinants in communication about highly charged or stigmatized information such as HIV infection. Potentially result in negative consequences for the child and adolescents or young adults, including impaired treatment understanding and participation, increased psychological and behavioral problems, decreased support services, and bereavement that is more complicated.

Aim

Describe a model of support for children and adolescents come from many different countries with HIV infection. Increase personal resources, awareness and acceptance of the pathology.

Material and Methods

1. Selected cohort
   -82 Patients with HIV vertical infection categorized by age into children (ages 1-13 years; n = 33), adolescence and young adults (ages 14-29 years, n = 49).
   -Geographical origins: 40% Italy, 20% Est Europe, 34%Africa, 5% South America, 1% Asia.
   -Family: 36% childhood traumas related to the loss of parents, 30% Adoptions, 39% Foster Family experience.

2. Phases
   a-Patients met immunology and the psychology every two months or three months during the clinical follow-up.
   b-Patients received a psychological assessment
   c-Patients received Social Worker interview
   -Building a group of parents/tutor is proposed.

Results

Adolescent and young adult patients have shown several disorders in obsessive-compulsive symptoms, interpersonal sensitivity, depression mood and paranoid ideation. The children reported dysfunctional relationship with peers, behavior problems, emotional symptoms, school adaptation.
Conclusion
The possibility of receiving adequate immunology counseling, psychological support and Social Worker help is an opportunity to elaborate "life story", stigma and correlated emotions let patients and their traumatic experience in a therapeutic containment as a part of a wider institutional meta-containment. Likewise, the comparison between psychologist and doctor helps to individualize the approach, improving the relationship and therefore the adherence.
Babies in Lockdown - Listening to parents to build back better

Ms Becky Saunders\(^1\), Ms Sally Hogg\(^3\)
\(^1\)Home-start UK, Leicester, United Kingdom, \(^3\)Parent-Infant Foundation, London, United Kingdom

Bioography:
Becky Saunders is Head of Policy at Home-Start UK. Home-Start is a UK network of trained volunteers and expert practitioners supporting families through challenging times. Becky is a Child Psychotherapist with many years clinical experience in parent-infant psychotherapy. Sally Hogg is Head of Policy and Campaigning at the Parent-Infant Foundation, where she leads work to raise awareness of infant mental health and to drive policy change. Sally coordinates the All-Party Parliamentary Group for conception to age 2 and the First 1001 Days Movement, a campaigning alliance of over 160 charities and professional bodies.

The COVID-19 pandemic and consequent public health measures impacted significantly on the lives of UK babies and their families.

Best Beginnings, Home-Start UK and the Parent-Infant Foundation undertook a survey of families experiencing lockdown during pregnancy or the first two years of their babies’ life. The study took place over the strictest period of lockdown in spring 2020.

An online survey was completed by 5,474 UK parents. The link was shared using a variety of social media and through partner organisations, with particular efforts to reach families from communities typically under-represented in research.

Results showed that the pandemic and lockdown affected families in different ways. Some benefitted from additional time together, whereas others had a very difficult experience with potentially long lasting impact.

Key findings:

• Almost 7 in 10 parents felt that the lockdown was affecting their unborn baby, baby or young child.
• One quarter of parents reported concern about their relationship with their baby.
• One third believed their baby’s interaction with them had changed during the lockdown.
• Over two-thirds (68%) of respondents said that overall, their ability to cope with pregnancy/caring for their baby was affected by the restrictions.
• Parental mental health was cited as a main concern for just over 6 in 10 respondents

Adverse impacts were more prevalent amongst those known to be at higher risk of poor outcomes, such as families with younger parents, low incomes and those from Black, Asian and minority ethnic communities.

The pandemic and lockdown had an impact on babies and their families, increasing the risk of adversities associated with a higher risk of poor longer term outcomes. The lockdown has exacerbated existing inequalities, with those already at risk likely to suffer more. These findings are concerning due to the important role of the first 1001 days in children’s development.
Collaborative Infant Mental Health Consultation

Ms Rosalie Birkin

Private Practice, Prahran, Australia

Biography:
Rosalie Birkin is a psychoanalytic psychotherapist working with infants, children, adolescents and adults. She has worked in the public mental health service system and in private practice for many years. Over 20 years ago she established a comprehensive community infant mental health program staffed by a multidisciplinary team. Rosalie is a clinical member of the Child Psychoanalytic Psychotherapy Association of Australia and the Victorian Association of Psychoanalytic Psychotherapy; both associations are member organisations of the Psychoanalytic Psychotherapy Association of Australasia which is a member organisation of The Australasian Confederation of Psychoanalytic Psychotherapies

INTRODUCTION
Collaborative infant mental health consultation is model of providing infant mental health services where the infant mental health clinician working alongside the primary health worker who already has an on-going relationship with the family.

AIMS/PURPOSE OF WORK
Collaborative infant mental health consultation aims to provide a brief assessment and therapeutic interventions and/or recommendations for further assessment or intervention. The referring professional can use what has been gained in that consultation with that infant/family in the future and other infants/families within their care. This approach can avoid anxiety and the sigma parents sometimes associate with bringing their infant to a mental health service.

DESCRIPTION
Collaborative infant mental health consultation involves the infant mental health clinician working alongside the referring health professional. The sessions are held at the professional’s facility or in the infant’s home. The total time set aside for these sessions is 90 minutes at the facility including discussion alone with the referring professional, time with the referring professional and family and additional discussion with the referring professional after family have left.

CONCLUSIONS
Collaborative infant mental health consultation can be a resource efficient approach to providing infant mental health services in a timely and accessible manner.
Infant social withdrawal and high risk pregnancy

Dr Daphna Dollberg
2Academic College of Tel Aviv Yaffo, Tel Aviv-Yaffo, Israel

Biography:
Faculty member in the Graduate programs in Clinical Psychology and Developmental Psychology

Introduction: Infant social withdrawal is considered a sign of infant distress and is common among infants of mentally disordered parents and among infants with relational, developmental and physical health related disorders. High risk pregnancy (HRP) is diagnosed when progression of the pregnancy, the wellbeing or health of the expecting mother, or the health of the fetus are at risk due to obstetric or fetus-related complications. Follow up studies looking at postnatal socioemotional adaptation of infants and parents following HRP report mixed results.

Study’s aim: To examine whether HRP is associated with increased infant social withdrawal and to identify parents and infant’s factors accounting for this association.

Materials and Methods: 71 Israeli parents (36 fathers and 35 mothers) experiencing HRP (n = 35, 16 mothers and 19 fathers) and low risk pregnancy- LRP (n = 36, 19 mothers and 17 fathers) participated. Parents were recruited during pregnancy and prenatal rates of depressive symptoms (BDI) were obtained. When infants were 3 months old, parents’ reports of parental stress (PSI) and infant temperament (ICQ) were collected and parent-infant interactions were videotaped and later coded for infant social withdrawal (ADBB) and parental sensitivity and reciprocity (CIB) by two independent coding teams.

Results: ADBB scores were unrelated to infant birth week, parental stress or infant temperament. ADBB were negatively correlated with parental sensitivity and reciprocity. HRP infants showed higher ADBB scores and HRP parents reported higher BDI scores and lower sensitivity and reciprocity compared to the LRP group. Parental reciprocity mediated the link between pregnancy risk and ADBB.

Conclusion: HRP is a risk factor for infant socioemotional development, as it may interfere with dyadic reciprocity, which can jeopardize the infant’s developing social skills. Social withdrawal is an important marker of early infant socioemotional development and can be easily identified by health providers, allowing to identify infants at risk and provide early intervention.
Navigating the waters of uncertainty – the role of an inpatient antenatal occupational therapist

Ms Shameera Osman¹, Ms Mary Matthews¹
²Mater Mothers, Brisbane, Australia

Biography:
Shameera is an occupational therapist, currently working at Mater Mothers Hospital. She has worked as an OT, primarily in mental health for over 10 years and is a certified Infant Massage Instructor. She is passionate about providing supportive and strength based spaces for families and communities.
Her favourite holiday ever was in Fes, Morocco.

Introduction
Pregnancy and parenthood involve changes in occupational performance, roles and routines. A hospital stay during pregnancy, as well as the immediate postnatal period can be a time of stress and uncertainty for mums and their partners.

Purpose
This presentation will look at the role occupational therapy plays in the inpatient perinatal period.

Description
Using an occupation lens, occupational therapy offers a specific and practical approach in the transition to motherhood roles and expectations (both personal and societal).
In our practice, occupational therapy provides individual and group interventions to facilitate supportive networks and offer coping strategies for managing the uncertainty of early pregnancy and the physical and emotional demands of the immediate postnatal period. Stories of families will be provided.

Conclusion
Occupational therapy is distinctively placed to provide support during the perinatal period. Some of the ways this happens includes skill development, supportive relationships, holistic family support, education, and facilitating supportive relationships to ensure a ‘smoother sail’ and/or greater sense of control over what, for some, can be rough seas on the start of a new journey.
Barriers and challenges to proving trauma informed care in maternity and perinatal mental health services

Mrs Clare Law¹, Dr Lauren Wolfenden, Ms Merle Davies
¹Centre for Early Child Development, Blackpool, United Kingdom

Biography:
Clare has a MA in Social Work and is the Senior Development Manager at the Centre for Early Child Development (CECD), leading all programme developments as well as developing and implementing the town’s trauma informed strategy. Clare has extensive experience of programme management as well as working strategically to improve the quality of service provision and service development in the field of early child development, parenting and mental health. Clare was awarded a Winston Churchill Fellowship in the field of Prevention and Early Intervention with her research focusing on the impact of PTSD in the perinatal period and systems change.

INTRODUCTION
This Brief Oral Presentation will share the key themes that have emerged from the development of a guide for implementing trauma-informed care (TIC), approaches to co-production and the challenges that staff can experience in providing this type of support without wider systemic change.

AIMS/PURPOSE OF WORK
The Centre for Early Child Development, Blackpool, with support from the University at Buffalo and University of Oxford were commissioned by NHS England and Improvement to write a ‘Good Practice Guide’ for TIC for maternity and perinatal mental health services across England.

DESCRIPTION/METHODS
An extensive literature review, a staff survey (n<450), and a number of focus groups with staff (n<200) and experts-by-experience (n≤50) were carried out. These methods were utilised in order to ensure that evidence from practice, theory and science informed the development of the guide.

RESULTS
Survey and focus group findings demonstrated a requirement for greater supervision, the importance of continuity of care, the need for quality training and supervision for staff in relation to providing trauma informed care. 4 key principles of TIC for the perinatal period have also emerged in response to both the literature review and qualitative analysis of the focus groups with experts-by-experience.

CONCLUSIONS
Trauma-informed care is crucial for mothers, partners and babies during the perinatal period, and it is also important for staff. Many are trauma survivors who could be at greater risk of further trauma, stress and feeling burnt out. They need supportive relationships through supervision and peer support. They should have an integral role where collaborations with parents, leaders and other staff can help direct the systems in which they work towards enhancing care to be trauma-informed and culturally-responsive.
Beyond SafeStart – Maternal, Child and Family Health Support for Women with Complex Needs

Dr Karen Myors¹, Ms Fiona Dunmore¹, Ms Janet Rourke¹
¹Central Coast Local Health District, Gosford, Australia

Biography:
Dr Myors is a registered nurse and midwife with over 20 years’ experience working in maternal and child health. As an early career researcher Karen has experience mapping the postnatal journey of women and has recently been awarded $20,000.00 grant funds to explore women’s views and needs of child and family health services. Karen’s doctoral thesis explored two perinatal and infant mental health services in NSW.

INTRODUCTION

In 2009, the Supporting Families Early policy was launched. This policy outlined mental health care in the form of psychosocial assessment and depression screening in the antenatal (by midwives) and postnatal periods (by child and family health nurses). Women identified with additional needs are referred to multidisciplinary case review meetings (SAFE START) for referral to other health services. Over the past decade, however, the rates of child protections concerns, domestic violence, mental illness and drug and alcohol misuse have continued to increase within Central Coast (NSW, Australia) identifying a need for further specialised processes.

PURPOSE

Develop and streamline processes to identify, case plan and provide support to women and their families during the perinatal period who are identified as having multiple and complex needs.

DESCRIPTION

In 2018/19 specialist perinatal complex care roles were developed and recruited to in maternity and child and family health nursing. Multidisciplinary case review meetings, which include child protection services, are held fortnightly to identify additional supports for women and their families. Child protection concerns are discussed and detailed birth plans are developed. Part of the new initiative is to link women with a child and family health nurse (CFHN) during the antenatal period. CFHN provide universal health care and support to women and infants from birth until 5 years. The universality of this service role promotes engagement and decreases stigma for women.

CONCLUSION

This initiative is in its infancy. The presentation will provide an overview of the new complex care roles and the achievements to date. Engaging women during the antenatal period aims to bridge the gap of health services and improve outcomes such as breastfeeding rates, developmental checks for infants and enhance positive mother-infant interactions.
Good practice guide for involving and supporting partners and families in specialist Perinatal Mental Health Services.

Dr Florence Bristow1, Dr Jane Iles2, Dr Jill Domoney3, Dr Vaheshta Sethna3, Dr Zoe Darwin4

1South London And Maudsley NHS Foundation Trust, London, United Kingdom, 2University of Surrey, United Kingdom, 3Institute of Psychiatry, Psychology and Neuroscience, King’s College London, London, United Kingdom, 4School of Healthcare, University of Leeds, United Kingdom

Biography:
Dr Bristow works clinically in specialist perinatal mental health services in London, UK. She has expertise in the assessment and treatment of mental health disorders in women in the perinatal period, working with families and the parent-infant relationship. Dr Bristow is passionate about the development of perinatal services, to better involve and support the wider family. She has conducted research into caregiving, attachment, and paternal mental health. She has been involved in the production of national guidance and training materials in the UK (e.g. British Psychological Society, RCPsych, NHS England).

INTRODUCTION: NHS England & Improvement (NHSE/I) is building capacity and capability in specialist Perinatal Mental Health Services and a 10-year transformation programme is underway. By 2022/23, at least 66,000 women should have access to evidence-based specialist mental health care during the perinatal period. The involvement and support of partners and significant others supports this ambition, with mental health assessment and intervention for partners of women accessing Perinatal Mental Health Services being an important policy change in the NHS Long Term Plan.

AIMS: To provide an overview of the good practice guide commissioned by NHSE/I for involving and supporting partners and other family members of women accessing community and inpatient specialist Perinatal Mental Health Services.

METHODS: Development of the guide included: (1) rapid evidence reviews on assessment and intervention relating to mental health and relationships; (2) national stakeholder involvement, including an online survey and an expert reference group, involving clinicians, community organisations, academics and those with lived experience; (3) the development of an embedded case study series.

RESULTS: The guide presents an underpinning ethos for involving and supporting families, and a series of practice ideas, illustrated with practice considerations, practice tips and practice examples. Identifying and supporting family members must recognise multiple roles and relationships: their own mental health needs, their relationship with the mother, their relationship with the baby, and their needs as carers. We also need to identify and support the needs of other children in the family. Involvement of others must be respectful of the mother’s wishes and sensitive to the family’s individual culture, requiring services to ‘think family’ and ‘stay curious’.

CONCLUSION: This guide will be available to health professionals and commissioners to support services to provide evidence-based, good quality care to partners and other family members of women accessing Perinatal Mental Health Services.
Group Oriented Interpersonal Therapy for Women Experiencing Postnatal Mood Disorders and their Infants

Dr Kellie Cullen¹, Ms Ruth Gregory²
¹West Moreton Hospital & Health Service, Ipswich, Australia, ²West Moreton Hospital & Health Service, Ipswich, Australia

Biography:
Kellie and Ruth are Early Intervention Parenting Specialists, each with over 20 years’ experience. Kellie Cullen has a PhD which focused on the professional knowledge of Early Intervention Parenting Specialists, and their understanding of the parent-child relationship. She also has a Master of Social Work specialising in Family Therapy. Ruth has a Master of Social Work, Administration and planning specialising in research of young parents in the postnatal period. Both Kellie and Ruth have expertise in the areas of perinatal mental health, infant mental health, attachment and the parent-child relationship.

INTRODUCTION
One in six women in Australia experience depression, anxiety or both in the first year following birth. This has a significant impact on the wellbeing of the mother and her attachment relationship with her infant. This paper will present an 8-week psychosocial group therapy program for women experiencing postnatal mood disorders and their infants. The program combines evidence-based interventions to reduce the duration and impact of the symptoms associated with postnatal mood disorders on women, while also seeking to enhance the mother-infant relationship.

AIMS
Mothers and their infants attend the program, with infants considered important members of the group. The program has been designed using interpersonal psychotherapy, in conjunction with evidence-based interventions, to: reduce the impact and duration of the symptoms associated with postnatal mood disorders; assist with adjustment to becoming a mother; and to enhance the mother-infant relationship.

DESCRIPTION
The program was initially developed in 2002. Since then, it has been modified based on new areas of research and the needs of mothers and infants. The program is designed to work in partnership with the mothers and their infants as they embark on developing their relationships, complicated by experiences of postnatal mood. The theoretical basis of the program is Attachment Theory and Parent-Infant Psychotherapy. The Family Partnerships Model provides the conceptual framework for the facilitation of the program and the process of helping. Strategies are also drawn from Acceptance Commitment Therapy, Mindfulness, Cognitive Behaviour Therapy and Narrative Therapy.

CONCLUSIONS
Results indicate that the program is having a significant effect on improving the women's postnatal mood and their experiences as mother's. Through use of pre and post measures the results indicate a clinically
significant reduction in the symptoms of depression and anxiety symptoms. Improvements in the mother-infant relationship and the mother’s representations of their infants are also evident.

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Trauma-Informed Care from the Baby's Perspective: A 5 Point Model of Care to Support Birthing and Newborn Families

Ms Kate White1
1Center for Prenatal and Perinatal Programs, Charlottesville, United States

Biography:
Kate White is an award-winning therapist, prenatal and early childhood educator. She is trained in somatic therapies, prenatal and perinatal health, lactation, brain development, infant mental health, and has specialized in mother-baby dyad care using somatic prevention and trauma healing approaches for 20 years. Her work combines somatic therapy with brain development to help give families with babies and small children the best possible start. She is Founding Director of Education for the Association for Prenatal and Perinatal Psychology and Health from 2013 – 2019 where she managed a large online educational program for professionals. She lives in Virginia, USA.

Introduction: Current models of care include an explanation of how the roots of many health issues lie in trauma or health experienced in childhood, prenatally, or in the previous generation. Current trends in healthcare include resilience and a “trauma-informed care” model. This presentation will reveal competencies that include the baby's perspective that practitioners can practice with families starting preconception.

Aim: Objectives include:
• Describes resilience and trauma-informed care models.
• Identifies nine positive principles in prenatal and perinatal psychology and somatic health as a model of trauma informed care.
• Employs increased skills for professionals that starts with preconception for families.
• Includes the health care provider as part of the healing environment.

Material and Methods:
A new model of care that includes the baby's experience is on the leading edge of therapeutic practice. We now know that the mother’s experience influences the baby, and can set a template for health lifelong. In this model, we present how many health issues lie in trauma experienced in life as a tree, and that the roots represent experiences during the prenatal period, birth and attachment. Recent scientific explorations produced a groundswell of support for practices that start preconception, including transgenerational and intergenerational trauma, epigenetics, especially the role of stress in pregnancy, the impact of the mother’s experience on the prenate, birthing practices and separations of babies and mothers. The missing piece of the health puzzle has the following competencies: preparation using nine distinct approaches; repair of difficulty in the parents’ lives and any previous births; support for parents to develop coherent narratives and heal their own overwhelming experiences; promotion of prenatal bonding and connection practices; and provision of support for the mother, partner, and the professional team that supports the family.
Conclusion: Many approaches today approach difficulty from the outside-in, examining issues within families and early childhood. This model of care offers experiences practitioners can cultivate with families starting from the inside-out, as well as diagnostic tools, practices and competencies that will transform the way professionals examine and support families to that they thrive from the very start.

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Accumulation of risk indicators in pregnant women with histories of developmental trauma and psychiatric disorders: Implications for infant mental health

Miss Julia Garon-Bissonnette\textsuperscript{1,2,3,4,5}, Dr Roxanne Lemieux\textsuperscript{1,2,3,4}, Dr Christine Drouin-Maziade\textsuperscript{1,2,3}, Dr Nicolas Berthelot\textsuperscript{1,2,3,4,5}

\textsuperscript{1}Université du Québec à Trois-Rivières, Trois-Rivières, Canada, \textsuperscript{2}Centre d’études interdisciplinaires sur le développement de l’enfant et la famille, Trois-Rivières, Canada, \textsuperscript{3}Groupe de recherche et d’intervention auprès des enfants vulnérables et négligés, Trois-Rivières, Canada, \textsuperscript{4}Centre de recherche interdisciplinaire sur les problèmes conjugaux et les agressions sexuelles, Montréal, Canada, \textsuperscript{5}CERVO Brain Research Centre, Québec, Canada

Biography:
Julia Garon-Bissonnette is a graduate student (Ph.D. in Psychology) at the Université du Québec à Trois-Rivières. Her work focuses on the psychosocial adaptation to parenthood in adults with childhood interpersonal trauma history and on the development of their children. She is particularly interested in psychological protective factors that may help limit the intergenerational impacts of childhood trauma. She is a scholarship recipient of the Joseph-Armand Bombardier Canada Graduate Scholarships (SSHRC).

INTRODUCTION: Childhood trauma (CT) and psychopathology may affect maternal health during pregnancy and bear consequences for offspring development. Little is known about the independent and combined effects of CT and lifetime psychiatric disorders (LPD) on multiple domains of functioning during pregnancy.

AIM OF THE STUDY: The present study aimed to evaluate the independent and combined effects of maternal CT and LPD on the accumulation of risk indicators across four domains of functioning during pregnancy: psychological symptoms, socio-cognitive processes, parental attitudes and current adversities.

MATERIAL and METHODS: Pregnant women (N=188, Mean age=28.76, SD=4.41) were recruited during medical appointments. They completed self-reported questionnaires assessing CT, psychological symptoms (depression, PTSD, dissociation), socio-cognitive processes (general and trauma-specific mentalization), parental attitudes (maternal confidence and antenatal attachment) and current adversities (intimate partner violence, teen pregnancy, single parenthood, substance use). Domains were considered impaired when at least one indicator was above the validated cut-off or below the sixteenth percentile (1 SD). LPD were evaluated using the Structured Clinical Interview for DSM-IV.

RESULTS: Pregnant women with both LPD and CT were more likely to report psychological (p=.001) and socio-cognitive (p=.01) risk factors as well as current adversities (p=.003) than women with only one (OR between 1.25 and 3.05) or no (OR between 1.50 and 4.08) risk factor. Accumulation of risk indicators was significantly more frequent in pregnant women with both LPD and CT (46%) than in women with LPD only (31%), CT only (21%) or neither LPD or CT (5%), $\chi^2=25.96$, p<0.001.
CONCLUSIONS: A history of CT and LPD would increase the risk of presenting significant problems across multiple domains of functioning during pregnancy, more so than the sole presence of CT or LPD. This accumulation process may have implications for offspring development, for the early identification of at-risk mothers and for preventive interventions.
The power of relationships: Maternal reflections on traumatic birth, breastfeeding, and parenting

Ms Deborah Losada
1

Fielding Graduate University, Albuquerque, United States

Biography:
Since 2001, Deborah Losada has been a psychotherapist, specializing in trauma and infant mental health. Her roles have included home visitor, home visiting training and development consultant, and reflective supervisor to early childhood professionals. Currently, she is a Ph.D. candidate in the Infant and Early Childhood Development with Emphases in Mental Health and Developmental Disorders program at Fielding Graduate University. Her dissertation study focused on perinatal women's lived experience of traumatic birth, breastfeeding, and parenting. Her goals upon graduation are to continue researching traumatic birth and the protective factors of breastfeeding to optimize care for perinatal women and their families.

INTRODUCTION: Traumatic birth may have lasting psychological effects on mothers and infants. Exploring ways to minimize its occurrence or ameliorate its impact is critical in supporting the maternal-infant dyad. Breastfeeding is proposed as a protective factor in this study.

AIMS of the study: To empower women through sharing their narratives, to comprehend how traumatic birth, breastfeeding, and parenting affected mothers and infants, to learn what role breastfeeding played in women's postpartum adaptations, and to improve healthcare practices that may contribute to traumatic birth.

MATERIALS and METHODS: Participants completed demographic and diary questions online via Survey Monkey. Next, participants were interviewed using Zoom, a videoconferencing platform. Interview questions were based on participant responses from Survey Monkey. The study implemented the diary-interview method and the qualitative research approach, Interpretative Phenomenological Analysis.

RESULTS: Perinatal women reported their interactions with healthcare providers, for the good or bad, had potent consequences on overall coping and sense of well-being. In spite of traumatic births, mothers tended to report positive attributions toward their infants, which strengthened the mother-infant relationship. Breastfeeding also aided in maternal-infant bonding and served as a way for mothers to make amends to their infants after traumatic birth.

CONCLUSIONS: Traumatic birth is an issue that prompts further exploration. Breastfeeding, with proper support, may act as a protective factor with highly motivated mothers. Feeling supported played a significant role in mothers' assessment of the perinatal period. Traumatic birth, regardless of breastfeeding duration or exclusivity, motivated mothers to be strong advocates for their infants, boosting maternal-infant bonding. Healthcare providers are encouraged to review how standard hospital policies/protocols, as well as interactions with perinatal women, may strongly affect perinatal women's perceptions of birth and the early postpartum period. These findings may help guide how professionals engage with perinatal women and their families.
Adapting groups for mentally ill mothers and their infants from face-to-face to online: challenges and outcomes

Dr Anne Sved Williams¹, Dr Paul Aylward², Ms Louise Byrne³, Ms Sally Chance³, Ms Laura Woodley³, Ms Kylie Roberts³
¹Womens And Childrens Health Network, South Australia, Gilberton, Australia, ²Flinders University, Bedford Park, Australia, ³AnglicareSA, Hindmarsh, Australia

Biography:
Sally Chance is a trained community dance practitioner who has worked extensively with infants from compromised families. Louise Byrne is a Community Development Worker and program Coordinator of Acorn working with clinical practitioners Laura Woodley and Kylie Roberts. AssProf Anne Sved Williams, AM, is a perinatal and infant psychiatrist providing clinical and teaching in primary, secondary and tertiary settings with research focused on perinatal borderline personality disorder, and infants of parents with mental illness. Dr Paul Aylward has worked as a principal evaluation consultant and academic for 100+ diverse Government and NGO health programs/interventions, specialising in work with vulnerable groups.

INTRODUCTION: Evaluation of outcomes of face-to-face (F2F) groups (known as Acorn) run for 5 years for women with significant mental illness and compromised relationships with their infants have shown improvements in parenting confidence and competence, parental mental health and mother-infant relationship. Weekly interventions include a dance/music group for dyads, followed by groups for women focusing on journaling whilst infants received care separately, and post-group provision of therapeutic letters to all women. When F2F groups were discontinued during initial COVID-19 outbreaks, early attempts to provide the same format over telehealth encountered myriad logistic and engagement issues.

AIMS: Overall aim was to adapt a well-developed effective F2F group to an online format which could run successfully during periods of significant social isolation/lockdown and evaluate outcomes.

DESCRIPTION: All dyads, referred by either mental health clinicians or primary care practitioners are interviewed F2F by Acorn clinicians to describe the group and ensure suitability. Groups are then formed by age of baby rather than geographical region as previously with initial attention to technical aspects of groups including use of telehealth, confidentiality and privacy, and ongoing use of supports including individual mental health. Later groups include adapted dance/music/play, and journaling online groups, and continuation of therapeutic letter writing. Extensive evaluation includes self-report of mental health, parenting and parent-infant relationship and an objective measure of parent-infant relationship.

CONCLUSION: Flexible adaptations were reached after a series of staff workshops and wide professional consultation. Some referrers and some families have not accepted online format but early results indicate good benefit for participating families which has also extended the scope and availability of Acorn to rural areas. The new on-line group model will be presented and lessons learned explored.
Effect of Newborn Behavioral Observations (NBO) intervention on insecure parent-child attachment following maternal perinatal depressive symptoms: a prospective cohort study

Dr Huiping Zhang¹, Mr. Zeen Zhu², Dr Shan Wang³, Dr Xiaqin Nan³, Dr Jinhua Huang³, Dr Dan Yao³, Dr Shuya Shao³, Dr Shengquan Chen³, Mr. Tawali Shah³

¹The Affiliated Children Hospital Of Xi’an Jiaotong University, Xi’an, China, ²Medical College of Dalian University, Da’lian, China, ³First Affiliated Hospital of Xi’an Jiaotong University, Xi’an, China

Biography:
Zhang huiping, female, pediatrician, doctor degree of clinical medicine, attending physician. I have been engaged in the basic and clinical research on the influence of perinatal maternal depression and anxiety on infant behavior. I have completed the training for the Newborn Behavioral Observations system in 2014. Two abstracts had been accepted for Brief Oral Presentation at the 16th WAIMH World Congress to be held in Rome, Italy, from 26 to 30 May 2018.

INTRODUCTION: There is a significant relationship between maternal depression and parent-child attachment nonsecurity. The Newborn Behavioral Observations (NBO) is an exploration of the newborn conducted with parents to increase their understanding of their infant's behavioral cues as well as how to respond.

AIM of the study: The present study aimed to prospectively explore the efficacy of the NBO in ameliorating the insecure parent-child attachment suffering from perinatal depressive symptoms.

MATERIAL and METHODS: A prospective cohort design was adopted. The subjects were recruited from the hospitalized full-term pregnant women of the First Affiliated Hospital of Xi’an Jiaotong University in China between January 2016 and August 2019. Pregnant women had to be 20-45 years of age, within 37-42 weeks of gestation, and expecting to deliver a single infant. The Hamilton Rating Scale for Depression (HAM-D) were used to assess maternal depressive symptoms. According to the score of HAMD, the pregnant women in trimester 3 were sorted into a normal group (n=89) and a depression group (n=94) who were divided into two groups: Control+ depression group (n=40) and Intervention + depression group (n=54). Depressed mother-child dyads were performed Newborn Behavioral Observations intervention. Mother-child dyads underwent the strange situation procedure to evaluate parent-child attachment. We followed up the mother-child dyads at about 18 months postpartum.

RESULTS: There were the less insecure attachment styles in Intervention + depression group compared with Control+ depression group in the mother-child dyads at about 18 months postpartum. There were no significant difference in the attachment styles between Intervention + depression group and normal group.

CONCLUSIONS: NBO intervention could ameliorate insecure parent-child attachment following maternal perinatal depressive symptoms.
A Trial and qualitative review of an Attachment Based Online Parenting Program

Ms Mary Gregory

University of the Sunshine Coast, Buderim, Australia

Biography:
Mary is a Clinical Psychologist with a passion for working with parents and families. She identified significant barriers for parents trying to access information regarding attachment. She saw advances in technology as a way to help people in Australia obtain this information more easily. In 2016 Mary started a PhD examining the effectiveness of an online attachment based parenting program named BetterBonds. She developed this program based on her work with parents and children and the understanding that attachment is key to building resilience. You can find out more about the BetterBonds program at www.BetterBonds.com.au.

INTRODUCTION
This research included a trial and qualitative review of BetterBonds an online attachment-based parenting intervention. BetterBonds was developed to bridge the technological gap between attachment theory and online interventions. The purpose of this research project was to create a time and cost-efficient online intervention, to help parents develop reflective functioning and foster healthy and secure attachments with their children. Attachment based programs have been shown to be effective as have internet-based parenting programs so combining these concepts was a logical next step. Internet-based interventions have the potential to alleviate the problems of cost, resource scarcity, and program consistency while also reaching a wider range of the population.

AIM of the study
To understand whether an attachment-based online intervention could decrease parenting stress, child difficulties, and parental rejection and increase parental acceptance, reflective functioning, and child strengths. An examination of the impact of the content and design of the program was also incorporated.

MATERIAL and METHODS
An internet-based format for program delivery was used. Both quantitative and qualitative data was collected.

RESULTS
In the qualitative feedback the participants particularly identified audio options, handouts, activities, and time pressures as important considerations with regard to the delivery. Overall, the participants were positive in terms of the content of the intervention with themes identified including the importance of reflection and learning, a desire to change intergenerational patterns, and the usefulness of mindfulness. The quantitative data was inconclusive in terms of the effectiveness of the program primarily due to the large participant attrition rate. Participant attrition was identified as a significant challenge for this research; however, this was found to be comparable to that identified in other research.

CONCLUSIONS
The researchers concluded that there are a lot of opportunities in the online parenting intervention space, with participants particularly positive regarding the attachment-based content, however participant attrition is a major challenge and needs to be further examined particularly in terms of vulnerable populations.
Music Interventions to Support Parent-child Attachment: A Systematic Review

Miss Lalitha Newman¹, Dr Sandra Stewart¹, Dr Nerelie Freeman¹, Dr Grace Thompson²
¹Monash University, Clayton, Australia, ²The University of Melbourne, Southbank, Australia

Biography:
Lalitha is an early career researcher with an interest in infant and child development and the interface between psychology and music. She is currently completing a Masters in Educational and Developmental Psychology / PhD at Monash University, and her PhD research aims to explore music interventions to remediate early attachment difficulties. Her honours thesis was in music perception. Lalitha’s clinical experience has been with children who have unique learning and developmental needs and child counselling. She has an Associate of Music Australia in classical piano and was formerly a piano teacher to children.

INTRODUCTION: Secure parent-child attachment in early childhood is associated with positive developmental, socioemotional and mental health outcomes for children. Music interventions may be suited to supporting parent-child attachment; however, few studies have investigated whether they can assist in this area.

AIMS: This systematic review gathered and synthesized peer-reviewed studies exploring the effects of music interventions on parent-child relationship quality, in order to: 1) ascertain whether music interventions improved outcomes related to attachment; 2) identify the characteristics of music interventions which may support attachment quality; and 3) describe the processes of attachment-related change through music techniques.

METHODS: Criteria for inclusion in the review were: interventions primarily involved music techniques, focused on the parent-child dyad, and were delivered by a qualified music therapist or allied health professional; studies assessed or described relationship outcomes; and participating children were typically developing (i.e. without additional needs) and aged 5-years-old or under.

RESULTS: Twenty-three articles, representing 15 unique interventions, met these criteria. Approximately 808–815 parent-child dyads participated, and most participating parents were mothers. All interventions showed some effectiveness for improving relationship outcomes, including attachment-related outcomes such as parental sensitivity and responsiveness, bonding, interaction quality and emotional co-regulation. Relationship outcomes may have been facilitated through attachment processes, including parental reflective functioning. All interventions involved singing, and most involved instrument playing and/or movement alongside music.

CONCLUSIONS: Findings of the review suggest that music interventions supported attachment-related outcomes and processes through music techniques such as singing and instrument playing. Further research
examining the role of music in facilitating parent-child attachment should design music interventions focused specifically on improving attachment quality and evaluate music intervention efficacy using validated measures of attachment quality and longitudinal study designs.

Attachment, maternal mental state and neuroendocrine biomarkers in obese children

**Professor Ines Cristina Pinto**, Mr Simon Wilkinson, Mr Daniel Virella, Ms Marta Alves, Ms Conceição Calhau, Mr Rui Coelho

1Hospital Beatriz Ângelo, Lisboa, Portugal, 2Akershus University Hospital, Lørenskog, Norway, 3Centro Hospitalar de Lisboa Central, Lisboa, Portugal, 4NOVA Medical School, Lisboa, Portugal, 5University of Porto, Porto, Portugal

**Biography:**
Degree in Medicine from the Faculty of Medicine of Porto and specialized in Child and Adolescent Psychiatry. PhD at the Faculty of Medicine of Porto.
She is currently working at the Child and Adolescent Psychiatry Service of Beatriz Ângelo Hospital in Loures, namely the Eating Behavior Disorders Consultation, Liaison Pediatric Psychiatry, and the Day Hospital. As a Registered Facilitator of Circle of Security International, she trains three groups of health technicians from Primary Health Care, other medical specialties and community structures.

**Speakers:**
Bárbara Figueiredo, University of Minho, Portugal
Nelson Afonso, ISPA, Portugal
Deidre Quinlan, Minnesota Association of Early Childhood Mental Health, USA

Introduction: The quality of the relationship between a child and his primary caregiver affects the child’s emotion regulation and stress response. Extreme stress responses associate with dysregulation of physiologic systems involved in emotion and energy balance, which could be associated with emotional and/or behavioural disorders, and obesity. If research confirms associations between quality of mothering and neuroendocrine biomarkers, then mental health and obesity prevention interventions might emphasize on the quality of maternal–child relationships.
Aim of the study: Identify associations between anxiety, depression and neuroendocrine biomarkers in obese children, exploring attachment and family functioning as intermediary variables.

Methods: A convenience sample of 104 obese children, mean age 10.9 years, was recruited at a childhood obesity clinic of a tertiary hospital in Lisbon. Neuroendocrine biomarkers were measured. Symptoms of anxiety and depression, attachment strategies and family functioning were assessed.

Results: A significant, negative correlation (rs=-0.78; p=0.003) between cortisol in obese girls and their mothers’ anxiety symptoms was found, limited to high functioning families. Obese boys scored significantly higher than girls on mother-reported internalizing symptoms but not on self-report. Type A, avoidant attachment strategies, had significant negative association with cortisol levels (β-estimate=-0.015(95%CI:-0.028 to -0.001; p=0.036).

Conclusions: These findings suggest that processes involved in development of the Type A attachment strategy may affect the regulatory mechanisms of the stress axis. In obese children, different attachment strategies are associated with diverse metabolic profiles.

Family functioning, maternal mental state and child’s gender, should be considered when investigating neuroendocrine biomarkers in obese children associated with anxiety and depression in the family.
The COSP program through a lens of Autism Spectrum Disorder and trauma: two in-depth case studies from a recent group.

**Ms Susanna Lawrence**

*Tresillian, Kingswood, Australia*

**Biography:**
Susanna is a social worker at the Tresillian Family Care Centre, Nepean, Australia, providing clinical assessment and interventions to parents and children under three years of age. She has expertise in the provision of group work targeting parents and families in the areas of mindfulness; father’s groups; and parenting infants and toddlers. Susanna is an accredited COSP facilitator and has particular interest in perinatal mental health and parent-child attachment. Susanna holds a Master of Social Work (Qualifying) from the University of Tasmania, and Law and Arts degrees from the University of New South Wales.

**Introduction**
Tresillian is an early parenting service offering support to families with young children in areas including sleep and settling, understanding cues and behaviour, and perinatal mental health and wellbeing. Tresillian runs Circle of Security Parenting (COSP) groups at many of our sites, and COSP attachment principles are incorporated into all interventions.

**Purpose**
This paper explores the effectiveness of COSP for families with a child with Autism Spectrum Disorder (ASD).

**Description**
Two participants of a group recently conducted at Tresillian Family Care Centre Nepean identified that their children had diagnoses of ASD, and they wished to participate in the COSP program to better understand and meet their children’s needs. Research has shown that children with ASD are able to form secure attachments with caregivers, however these tend to be less secure than those between neuro-typical children and their caregivers. COSP focuses on relationship, encouraging parents to pay attention to their children’s underlying social and emotional needs. Given that these are areas which can be impaired by ASD, the question of how to best support these families is one frequently asked by COSP facilitators.

This paper will follow the stories of these two participants, examining their observations about their experiences of ‘Being With’ and ‘Shark Music,’ and the interaction between their children’s atypical behaviours and their own developmental histories of trauma. It will also consider the creative ways each mother applied COSP principles to their relationships with their children, and their reported increase in understanding, intimacy, and ability to meet the needs of their children.

**Conclusion**
Each mother was able to identify parenting strengths they gained from their participation in COSP, and changes in their interactions with, and in the behaviours of, their children. Increases in parental reflective capacity were also observed. Areas for possible further research will be discussed.
How do maternal mentalization and emotional availability predict toddlers’ attachment security in a low-SES Turkish sample?

Dr Gizem Arikan¹, Ms Sena Kuzgun¹
¹Ozyegin University, Turkey

**Biography:**
Gizem Arikan completed her Bachelor of Science degrees in Psychology and Philosophy (Double Major) at the Middle East Technical University, Ankara in 2005. In 2007, she obtained her Clinical Psychology Master of Science degree from the same university. She was funded by the Overseas Research Students Award Scheme (ORSAS) and the University of Southampton, School of Psychology studentship for her PhD in 2007. She works in Istanbul Ozyegin University for more than 6 years. Her research interests are attachment in adulthood and childhood, emotion regulation, maternal and child psychological well-being, early attachment interventions and Circle of Security parent training program.

**INTRODUCTION:** Maternal mentalization, capacity to understand mental states, and behavioural characteristics can shape mother-child relationship and contribute to attachment security in toddlerhood. Although the relationship between maternal mentalization and child’s attachment security was highlighted in the literature, research on maternal mentalization, emotional availability and toddlers’ attachment security in disadvantaged groups (i.e., low SES) is limited.

**AIM:** Therefore, we aimed to examine how maternal mentalization and emotional availability dimensions, sensitivity, structuring, non-intrusiveness, and non-hostility, are associated with toddlers’ attachment security in a low-SES group.

**METHOD:** In 2-hour home-visits non-working mothers (N= 113; MAge= 30.30, SD= 4.77) with no 4-year university degree and at/or below poverty line filled a pack of questionnaires including a demographic form and Parental Reflective Functioning Questionnaire. Attachment security of toddlers (MAge= 23.22 months; SD= 6.84; Range= 11-38) were coded by 2 trained coders using Attachment Q-Sort. Interrater agreement ranged from .80 to .97. Another pair of coders coded 10-minute free-play sessions for Emotional Availability Scales. Interrater agreement varied from .80 to .99.

**RESULTS:** Attachment security was correlated with maternal education (r=.24*) and lack of prementalizing (r=.23*). Mothers’ interest and curiosity towards child’s mental states was correlated with toddler’s age (r=.24**). Mothers’ hostility was higher if they had an extended family member at home (r=.27**). The emotional availability scales were not correlated with either maternal mentalization and nor attachment security. Maternal age (β =.20*) and education (β=.33**) predicted attachment security explaining 12% of variance (F (3,109) = 5.07**). In the second step, maternal lack of prementalizing (β=.20*) made a contribution of 4% to attachment security, F(1,108) = 5.25*.

**CONCLUSIONS:** The findings indicated that prementalizing modes or lack of mentalization capacity can be a risk factor for secure attachment in toddlerhood. Besides, young mothers with low education level can benefit from interventions targeting mentalization and parental behaviours.

Note: **p<.01; *p<.05
Shared Pleasure interactions in a high risk South African population of mothers and infants: searching for resilience

Dr Anusha Lachman¹, Prof DJ Stein², Prof DJH Niehaus¹, Prof K Puura³
¹Stellenbosch University, Cape Town, South Africa, ²University of Cape Town, Cape Town, South Africa, ³Tampere University, Tampere, Finland

Biography:
Child & Adolescent Psychiatrist, PHD candidate Maternal & Infant Mental Health, Clinician researcher
Co-ordinator MPHIL IMH Degree, Stellenbosch University

Background
Infants in lower middle income countries are often exposed to early adversities which may lead to suboptimal caregiving environments placing them at risk of not achieving their developmental potential. Synchrony and positive engagement in the mother-infant relationship plays a critical role in buffering the impact of early adversity. Shared Pleasure (SP) is considered a marker of high intensity positive interaction and may hold a promise of improving developmental outcomes.

Methods
This study was part of a prospective observational study of mothers with and without mental illness in South Africa. Dyadic videos were assessed for Shared Pleasure (SP) and infant withdrawal (using the Alarm Distress Baby Scale) at 6 months. Infant developmental outcomes were assessed using the Bayley’s Scales for Infant and Toddler Development, third edition at 18 months.

Results
The occurrence of SP was low (20%) in 91 dyads. There was no significant association with an EPDS measure of maternal depression (p=0.571) and SP moments. Infant withdrawal was high (72%) and associated with male infant gender (p=0.025). There was a significant association between the occurrence of SP and a lower score of infant withdrawal (p=0.0002). The number of SP moments at 6 months was significantly associated with composite motor (p=0.007) and marginally significant with cognitive scores (estimate=1.9; SE=1.0; p=0.052) at 18 months. Regression modelling differential outcomes showed a greater improvement in cognitive scores at 18 months in infants with an SP moment compared to those without an SP moment (p=0.012). Infants without an SP moment experienced a larger decrease in motor scores at 18 months compared to those with an SP moment (p=0.027).

Conclusion
While the occurrence of SP in this sample was low and the rates of infant withdrawal were high, there were promising results suggesting early positive SP interactions may contribute to improvements in subsequent developmental outcomes.
Integrating Peer Support Workers in Early Parenting Centres

Mr Andi Jones¹, Sav Haralambous¹
¹Tweddle Child and Family Health Services, Melbourne, Australia

Biography:
Andi Jones has over 25 years’ experience working in the areas of, Community and acute Mental Health, Children’s Services, Child Protection and Community Development. Andi is a Registered Nurse/(BN) Nursing, Mental Health Nurse/(GD), and has further education in the area of (GD) Social Science, (Ma) Health Service Management, (Ma) Research.

Sav is a single parent who has a ‘vibrant and beautiful’ three year old son who is diagnosed with epilepsy. Sav grew up in Melbourne and is a qualified Mechanic and Spray Painter. Sav is a recent Graduand of the Certificate Four in Mental Health and Disability Peer Support.

Peer Support Work has been operating in the National Mental Health Sector for many decades providing unique insights, knowledge and skills from people and their carers who have a lived experience of mental illness; Could Parenting Service continue to learn and adopt a similar model?

Through a process of partnership and co-design, Tweddle Child and Family Services (Tweddle) have undertaken a Peer Support Worker (PSW) pilot, drawing from the lived experiences of a young dad with prior child protection, family court and Tweddle Parenting Assessment Program involvement. This co-authored presentation with the Peer Support Worker and the Infant Response Manager will provide a practical approach to designing and implementing a Peer Support Worker model in a parenting services to from inception. Elaborated will be the co-design of the position descriptions, education qualifications and organisational change management. The families using Tweddle’s parenting services now have a Peer Support Worker who can work alongside sometimes vulnerable parents to strengthen parenting, provide advocacy, share experiences, while providing support and mentoring.
The Cost of Caring: The Impact of Vicarious Trauma in the Workplace

Dr Joanne Crandall

Ministry of Children and Family Development, Nanaimo, Canada

Biography:
Dr. Joanne Crandall is an Infant Mental Health specialist and youth forensic psychologist who has worked with infants, children, youth and their families in both rural and urban settings in multi-cultural and indigenous populations. Dr. Crandall has supported many professionals who struggle with the lasting effects of vicarious trauma and has developed some effective strategies to promote positive mental health.

INTRODUCTION

This presentation explores how vicarious trauma impacts the work place and looks at the notion of “work-care”.

PURPOSE

The presentation is designed to explore the impact of vicarious trauma in the workplace, especially since the pandemic.

DESCRIPTION

The presentation offers some practical ways to alleviate the effects of vicarious trauma and introduces the concept of “awe”. It reviews the definition and symptoms of vicarious trauma and then explores the concept of “work care”; particularly the challenges of working in a pandemic.

RESULTS

Practical suggestions are provided regarding how the work place can lessen the effects of vicarious trauma. The importance of creating “awe” in the work place is also recommended.
From birth to three: Exploring educators’ understandings of children’s agency.

Ms Tanya Burr¹
¹Macquarie University, Sydney, Australia, ²Early Childhood Australia, National, Australia

Biography:
Tanya is a current Master of Research/PhD student at Macquarie University in the area of birth to three education and care. Tanya has a background in psychology and early year’s development, and has worked as a teacher and advisor in the early childhood sector in Australia and New Zealand across the last 20 years. Tanya is currently a consultant with Early Childhood Australia, working in partnership with Beyond Blue for ‘Be You’ - a national mental health initiative for all Australian early childhood services and schools.

INTRODUCTION
The presence of children from birth to three years in formal education and care settings in Australia has steadily increased over recent decades with one- and two-year-old children now among the highest attendees. Traditionally, the provision for infants has largely been considered in regard to their physical care and safety. However, recent research and approaches promoted within the early childhood sector have argued the need for a wider lens which recognise children’s participation rights and for educators to become more responsive to opportunities and demonstrations of agency. This same body of literature also documents concern that this rights-based discourse has not yet penetrated infant caregiving contexts, citing a continuing highly contested discussion of how the baby is best conceptualised as a person, as vulnerable and dependent, or as competent and with agency.

AIM of the study
This presentation will introduce a recent research study at Macquarie University, which sought to examine educators’ understandings of infants’ agency. Agency, as a significant concept in development of self-regulation, identity and wellbeing will be explored and discussed here through reference to international research and literature.

MATERIAL AND METHODS
Research was undertaken in early childhood settings across Brisbane, Australia. Interviews and reflection activities were conducted with 15 educators working with children under three years, and responses coded through thematic analysis.

RESULTS
Participants provided some working definitions of agency and made some connection to supporting children’s agency in their everyday practices. However, responses largely revealed confusion and limited understanding of agency. This was exacerbated in instances where educators reported nil or irregular access to professional learning.

CONCLUSIONS
This presentation will provide some insight into the current provision of education and care for infants and
toddler in Australia, including recommendations for more relevant training opportunities for educators in order to better support the meaningful participation and wellbeing of infants within their caregiving context.
Life Stories - impact of infant institutionalization in Switzerland: a 60-year follow-up

Ms Hannah Sand¹, Dr. Patricia Lannen¹, Dr. Fabio Sticca¹, Clara Bombach¹, Dr. Heidi Simoni¹, Prof. Dr. med. O.G. Jenni²

¹Mari Meierhofer Children’s Institute (MMI), Zurich, Switzerland, ²University Children’s Hospital Zurich, Child Development Center, Zurich, Switzerland

Biography:
Hannah Sand is a PhD student at the University of Zurich working on a project at the Marie Meierhofer Children’s Institute (MMI) about the long-term impact of infant institutionalization in Switzerland (60 year follow-up study). Previously, following her master’s degree in Early Childhood, she worked as a research assistant at the Chair of Development and Education at University of Konstanz and Thurgau University of Teacher Education.

INTRODUCTION

For healthy development, a young child needs a responsive environment and in particular, social interaction with a consistent caregiver. A child raised in institutional care in Switzerland before 1981 and under the legal context and historic care practices at the time, was typically deprived of such supportive, intensive, one-to-one relationship with a primary caregiver. There is a growing amount of research from global data demonstrating institutional care under conditions of deprivation to be profoundly damaging to children. However, there is a paucity of longitudinal research that tracks health and life course of individuals exposed to deprivation in early childhood.

AIM

With a unique combination of historical and newly collected 60-year long-term follow-up data, the overall aim of the Life Stories project is to examine the personal developmental trajectories of individuals that were affected by placement in institutions as infants in the late 1950s in Switzerland.

METHODS

The study builds on the pioneering work of Dr. Meierhofer who conducted a population-based survey of all children placed in institutions in the canton of Zurich between 1958 and 1961 (N = 420). At the same time, 445 children took part in the Zurich Longitudinal Studies, a study of a community sample of children growing up in families. Significant developmental deficits were found in infants placed in institutions. Through population registries, we have located the original study participants, now in their early sixties.

RESULTS
We will present preliminary data on comparative mortality and whether perinatal health conditions, institutional quality and early developmental outcomes predict life expectancy.

CONCLUSION

This 60-year follow-up of children placed in institutions compared to children growing up in families is a unique opportunity to shed light into the mystery of long-term adaptation and relevant for the physical and mental health of infants placed in care institutions around the globe today.

Disciplinary practices and child behavioral problems: How important is social context?

Mr Felipe Godoy¹, Ms Marigen Narea²

¹Center For Advanced Studies on Educational Justice, Pontificia Universidad Católica de Chile, Santiago, Chile

Biography:
Sociologist and Master in Public Policy. I currently serve as researcher at the Center for Advanced Studies on Educational Justice at Pontificia Universidad Católica of Chile. Previously, I held a position as Head of the Studies Unit at the Undersecretary of Early Childhood Education, in the Ministry of Education of Chile. My work has been focused on early childhood education topics, performing impact evaluations of educational programs, analysis of pedagogical practices, and chilean public policy.

INTRODUCTION

Parents can have a significant impact on the socio-emotional development of their children. This effect can be the result of permissive or authoritarian parenting interactions (Pinquart, 2016), as well as aspects associated with the mental health of parents and their degree of parenting self-efficacy. The way of imparting discipline to children is a reflection of these types of parenting styles. In this regard, there is broad agreement that the use of coercive disciplinary methods — including physical punishment — promotes problems of socio-emotional development, such as internalizing and externalizing behavior (Grusec et al., 2017).

AIM OF THE STUDY

Based on an ecological perspective (Bronfenbrenner, 1979), this study analyzes how the disciplinary practices of caregivers, in specific socio-cultural contexts, are associated with the socio-emotional development of Chilean children between 18 and 83 months of age.

METHODS

For this purpose, we use a path analysis model to identify direct and indirect effects of disciplinary practices and socio-cultural context on internalizing and externalizing behavior, measured by CBCL questionnaires. We use data from a nationally representative sample of 17,307 Chilean households.

RESULTS

The results indicate that disciplinary methods are associated with internalizing and externalizing behavior. Factors such as depressive symptoms, stress and parental self-efficacy are directly linked with this type of
behavior, as well as having an indirect impact through their effect on disciplinary practices. The socio-economic context is also an important factor.

CONCLUSION
We conclude that the role of parents in the socio-emotional development of children is fundamental, but it must be understood within a complex framework where disciplinary practices depend largely on other related factors.

REFERENCES
Infants and Sleep: Looking at Maternal Depression Symptoms and Infant Sleep Time

Ms Helen Stevens, Dr Wendy Middlemiss
1Parent Infant Consultants, Melbourne, Australia

Biography:
Helen Stevens, RN, RM and MCHN, BAppSci and MMHSb. Helen works clinically as a Maternal Child and Family Health Nurse and as research, education and clinical services Manager; Parent Infant Consultants. Helen has also written books on infant-parent dysregulation and sleep and presents locally in Australia and internationally. Dr. Wendy Middlemiss is an educational psychologist specializing in how to translate research to educational and prevention and intervention messaging. Her research has addressed child and family well-being, developmentally sound approaches to infant nighttime care, Dr. Middlemiss has published in the area of infant sleep and safe sleep health messaging.

INTRODUCTION
Mothers seeking support with infant sleep often present with symptomatology for depression raising question of whether mothers’ depression and related sensitivity to infant cues alters infants total sleep time (TST) with infants sleeping longer hours in response to mothers’ absence of response.

AIMS
We explore infants’ sleep experiences when mothers present with depressive symptomatology on admission to a residential infant sleep intervention.

METHODS
Thirty-four mother-infant (4-10 months old) dyads attended a residential infant sleep program encouraging responsiveness to infants’ sleep cues. Measures of infants’ TST, and mothers’ depressive symptomatology (DASS-21) and sensitivity (observation) were collected.

RESULTS
Mothers’ moderate or higher depressive symptomatology predicted longer infant TST at preadmission (7.5 hours) to return Home (13.1 hours) compared with infants’ mothers with lower symptomatology (infant TST preadmission, 6.6 hours; Home, 12.8 hours), with 1 SD increase in depression symptomatology predicting a .49 increase in infants’ TST. Maternal depression was significantly negatively correlated to mothers’ sensitivity (r = -3.09, p > .001 and -3.20, p > .001, for the group of mothers scoring below and the group of mothers scoring above the cutoff for severe depression).

CONCLUSION
Maternal depression influenced infant sleep patterns both before and following admission to a residential parenting unit, with depressive symptomatology related to higher TST. Maternal sensitivity, conversely was lower with greater symptomatology. This supports findings that mothers experiencing depression are often less responsive to infant cues. With this, the question arises in relation to the infant’s bids for maternal response. Thus, in supporting mother-infant dyads experiencing sleep problems, it is important to explore whether a change in maternal responsiveness and change in infant bids for response when mothers begin to respond to needs? Does the care provided in the residential unit both engage the infant and parent in a way that promotes the infant-parent interactive capacity?
Educators' understanding their past, to enhance children's futures

**Ms Glynis Chang¹, Ms Glynis Chang¹, Ms Mary Morgan¹**

¹SDN Children's Services, Ultimo, Australia

**Biography:**

Lynn is an Early Childhood Teacher, and part of the Professional Practice team at SDN. Lynn has been part of the SDN community since 2008. Having trained at the Pikler institute in Budapest and working for many years with infants and toddlers Lynn started as Practice lead Infants in 2011 before moving into the senior practice leader in 2015. As a level two IECL coach, facilitator of Foundation in Cultural Competency, Hanen Learning Language and Loving Lynn works across all SDN services supporting pedagogy and best practice enabling practitioners to achieve best outcomes for children and families.

SDN Children’s Services purpose is to promote and enhance children’s wellbeing, learning and development in inclusive environments.

We think seriously about what this means for the infants and young children attending our long day care centres for up to 10 hours a day.

We know that the quality of the interactions our educators have with children are critical.

Our educators come with formal qualifications from Certificate 3 to University degrees, but our experience is, they find it difficult to put theory into practice every day.

We wanted to build their ability to enhance children’s participation and learning so implemented traditional professional development courses. We saw increased knowledge but not so much sustainable change in practice.

We wanted educators who were respectful, intentional, predictable, attuned, and responsive in practice and who were confident in this role.

Research suggests that our ability to develop interpersonal relationships are shaped by how we were cared for and have experienced the world during our own childhoods, and we can no longer separate our personal self from our professional self.

This suggests that how an educator was parented could impact their relationships and their behaviours with the children they work with.

We wanted educators to have the opportunity to understand how they were parented so they could be more attuned to the triggers that show up in their interactions with children.

We will share insights about the value of educators critically reflecting on their personal attachment story whilst still maintaining professional boundaries.

We will describe the models and approaches we used including SDN RIPAR Practices, COS-P Program, sensitive observations and critical reflection. These have been a game changer for our educators and their interactions with children in their care.
Informing and validating a user-friendly assessment for a digital program
to improve sleep outcomes for infants and their parents

A/Prof Robert Mills¹, Ms Melissa Webster³, Dr Megan Anderson¹, Professor Cathrine Fowler², Dr Erica Chrome³
¹Tresillian, Belmore, Australia, ²University of Technology, Sydney, Australia, ³SleepFit, Sydney, Australia

Biography:
Dr Megan Anderson has a PhD- Cognitive/Development Psychology, Bachelor of Science (Psychology) Hons. Bachelor of Arts (Sociology). Dr Anderson also has significant experience in both quantitative and qualitative research. Since completing her PhD, she has worked on multiple research projects related to child health and wellbeing and has conducted large scale program evaluations. Her expertise is in research design and implementation, data analysis, developing research and evaluation strategies and policies, and working collaboratively with non-research trained clinical staff to collect high-quality data.

Introduction
Sleep and settling problems are common during infancy and childhood. Disrupted sleep and frequent night waking can significantly impact both child and parent mental and physical health (Hysing, Sivertsen, Garthus-Niegel, & Eberhard-Gran, 2016). Online sleep programs offer opportunities to improve access and reduce barriers to treatment for parents who may benefit from intervention that enable them to support their infants as their sleep patterns develop. Tresillian and HCF have partnered to translate Tresillian’s evidence-based programs into an infant-parent information and support digital program. A core element of this program is also screening new parents for postnatal depression to ensure they can be directed to appropriate services. One of the challenges to translating in-person services to digital formats is the need to condense content and assessments to minimise user drop-out

AIMS or PURPOSE of the project or work described
This project aimed to create a brief infant-parent screening measure for a digital program that closely approximated the Edinburgh Postnatal Depression Scale (EPDS: Cox, Holden, & Sagovsky, 1987).

DESCRIPTION of the work or project
647 parents participated in an online survey including the EPDS and a brief three-question screener. Results from both surveys were compared using Pearson’s correlations and Receiver Operator Characteristic (ROC) curves.

CONCLUSIONS
Strong and significant correlations between total scores for the EPDS and the brief three-item measure ($r = -.69, p< 0.001$) and area under the curve data from ROC curve analysis in the “good” range ($0.84, p <.001$) highlights the feasibility of screening postnatal depression with this brief measure.

References
Use of a chatbot to engage parents of preterm and term infants on stress, sleep and nutrition

Ms Jill Wong¹, Ms Agathe Camille Foussat¹, Mr Steven Ting¹, Mr Enzo Acerbi³, Professor Ruurd van Elburg¹,², Dr Mei-Chien Chua³
¹Danone Asia Pacific Holdings Pte Ltd, Singapore, Singapore, ²Department of Pediatrics, Emma Children’s Hospital, Amsterdam University Medical Center, Amsterdam, The Netherlands, ³KK Women’s and Children’s Hospital, Singapore, Singapore

Biography:
Dr Chu Mei Chien is Head, Department of Neonatology and Special Care Nursery in KK Women’s and Children’s Hospital (KKH). Her special area of interest is neonatal nutrition. She has collaborated with multidisciplinary teams to develop evidence-based protocols for nutritional management of preterm infants and nurse-led feeding pathway. She is Chairperson of KKH’s BFHI and KKH Medication Safety Committee. She established the first Donor Human Milk Bank in Singapore and is currently President of the Association for Breastfeeding Advocacy (Singapore), honorary treasurer of the College of Pediatric and Child Heath (Singapore) and chairs the Perinatal Society of Singapore Advocacy Group.

Objectives and study: Caring for infants, though a joyful process, can lead to anxiety, worry and psychological distress. The acquisition of real-life, in-home data from parents with infants remains challenging. This study aims to evaluate the usability of an interactive application (chatbot) for parents with preterm and term infants to converse about their infant’s feeding and sleeping habits, as well as parental stress. This technology can be deployed as a mobile phone application for clinical study purposes or as a personal assessment tool for parents with infants. Data generated by this chatbot tool in these domains obtained from parents with preterm and term infants were compared to obtain general insights.

Methods: 45 parents with infants (20 preterm and 25 term born) aged between zero and six months were enrolled after ethical approval for a duration of seven to eight weeks each. Three chatbot scripts (feeding, stress, sleep) were developed, with responses for multiple-choice questions summarized descriptively, and open-ended responses appropriately coded. In addition, chat scripts were mined using Latent Dirichlet Allocation to enable exploration on semantic topics rather than individual responses discussed within both groups.

Results: On a 5-point Likert scale, parents rated the chatbot with an ease of use mean score (SD) of 4.08 (0.74) and a satisfaction mean score of 3.81 (0.90). Parents with preterm infants reported higher feeding frequencies, higher feeding problems such as irregular feeding, and experienced more emotional stress as compared to parents with term infants. Conversely, parents with term infants expressed higher physical stress as compared to parents with preterm infants. When the cause of stress was not directly linked to the infant, parents with term infants expressed more stressors in total. Quality of sleep was observed to be satisfactory in both parent groups with no discernable difference in total sleep hours per day.
Conclusion: Overall feedback on the usability of the chatbot to express their thoughts and concerns regarding infant nutrition, sleep and parental stress was positive for parents with preterm and term infants. This study provided interesting insights via the chatbot on various aspects of infant nutrition, sleep and parental stress between parents with preterm and term infants.

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Prevalence and associated factors of caregiving burden among caregivers of individuals with severe mental illness at St John of God.

Mr Richard Banda¹, ², A/Prof Margurite Scheneider³, A/Prof Katherine Sorsdahl³
1St John Of God Hospitaller Services, Mzuzu, Malawi, ²University of Cape Town, Cape Town, South Africa

Biography:
Early career was in general Clinical Medicine before moving into Public Mental Health focusing on caregiving burden, disability studies and mental health. Obtained his MPhil at University of Cape Town. He has been a co-author and published research on early detection and intervention in first episode psychosis In Malawi.

Introduction
Severe mental illness (SMI) continues to cause significant impairments in individuals living with the illness. Available evidence suggests that individuals responsible for caregiving for individuals living with SMI may get distressed due to the caregiving experience. This is called caregiver burden. In Malawi, data on the subject remain scarce.

Aim of the study
The aim was to investigate the prevalence and associated factors of caregiving burden among caregivers of individuals (both children and adolescents) with SMI.

Material and Methods
The study used a cross sectional design. The study population were Informal caregivers of individuals with SMI. Purposive sampling was used and (n=) 139 participants were recruited. Inclusion criteria: Informal caregivers who provided consent and were 18 years and above. Data collection done using the Zarit Burden Interview (ZBI) (maximum score 88). Analysis was done using SPSS version 26.

Results
An average ZBI score of 31.5 (±16.7) was found. In the unadjusted model, caregivers’ age; caregiver education level; social support; care recipients age; and care recipients gender showed significant association with the caregiving burden. Older caregivers were more likely to experience caregiving burden (OR=1.03, 95% CI 1.00-1.06). Caregivers with social support were 71% less likely to experience caregiving burden (OR=0.29, 95% CI 0.14-0.62). In the adjusted model after controlling for caregiver gender, caregiver age, level of education, social support, care recipient age and care recipient gender, only caregiver age, social support and care recipient age remained significantly associated with caregiving burden.

Conclusions
These results are important to guide policy in the formation of effective community programs that may assist in reducing the caregiving burden. Finally, to understand the importance and implications of informal caregiving, further studies are needed in Malawi.
Key words: Caregiving burden, schizophrenia, psychosis, severe mental illness.
Early relationships and home environment: Impact on the development of young children in Rural Guatemala

Dr Abigail Angulo¹, Dr. Maureen Cunningham¹, Ms. Suhong Tong², Dr. Sandra Friedman¹, Dr. Ayelet Talmi³

¹University Of Colorado School of Medicine, Aurora, United States, ²Colorado School of Public Health, Biostatistics, Aurora, United States

Biography:
Abigail S Angulo, MD, MPH is an Assistant Professor and board-certified Developmental-Behavioral Pediatrician in the Department of Pediatrics at the University of Colorado School of Medicine. She received her Doctorate of Medicine from the University of Illinois at Chicago – College of Medicine, completed her Pediatrics Residency at Rush University Children’s Hospital in Chicago, and completed her fellowship in Developmental-Behavioral Pediatrics at Children’s Hospital Colorado in Aurora, Colorado. She also received her Masters of Public Health in Maternal and Child Health from the Colorado School of Public Health.

Introduction: In previous studies, nearly 40% of children < five screened as delayed in fine motor domain (FMD) on the Ages and Stages Questionnaire-3rd edition (ASQ-3). Fine motor abilities are related to precognitive and functional daily living skills that allow children to explore and manipulate objects in their environments.

Aim: Examine the association between StimQ-Toddler (StimQ-T) home environment scores and FMD scores to enhance optimal developmental outcomes.

Methods: Mothers in a rural Guatemalan community reported on developmental abilities of eligible young children using the ASQ-3 and StimQ-T. The ASQ-3 is a parent questionnaire that assesses developmental competence; lower scores indicate increased risk for developmental delay. The StimQ-T is a home environment inventory that assesses home environment and parental practices that promote development; higher scores associated with richer environments. Demographics and StimQ-T sub-scores were summarized using descriptive statistics. Logistic regression and chi-squared tests examined the association between FMD scores and StimQ-T scores. Hypothesis: higher StimQ-T scores would be associated with higher scores on the ASQ-3 FMD.

Results: Of the 55 children surveyed, 54.5% were male. At 12-months (n=23) and 24-months (n=21), delay rates were significantly different from delay rates at 36-months (n=11) on FMD (p=0.038). Children with increased StimQ-T total scores were 3 times more likely to pass the FMD of the ASQ-3 (p=0.41), a clinically significant finding. A 1-point increase in Parental Involvement subscore on the StimQ-T increased FMD score by 24% (p=0.17), also clinically significant.

Conclusions: Findings suggest that parental engagement with their young child is most highly related to development of fine motor skills. Further, interventions for parents of young children should focus on relationship development and reciprocal interactions, through intentional teaching of skills, social games, and reading books together, rather than focusing solely on use of or access to toys and objects.
Integrating primal wisdom with modern science and practice as a global strategy for mothers, infants, families and communities.

Dr Antonella Sansone-Southwood¹
¹Central Queensland University, Brisbane, Australia

Biography:
Antonella Sansone-Southwood is a clinical psychologist, MA, researcher, mindfulness teacher, author of three books and several articles, and mother. She has a special interest on the impact of the prenatal/perinatal period on human development and health, in particular on mother-foetus/infant connection, integration of primal wisdom and modern science, psychosomatics, and mind-body approaches to prevention and healing. Antonella's several years work in UK and Italy, empirical studies of indigenous cultures, and motherhood have lead to the design of a PhD undertaken in Australia, investigating the maternal mental health, mindfulness and mother-foetus/infant relationship outcomes of a prenatal program she has developed.

Aims & Background: This presentation draws on my independent field-study of the Himba, an indigenous culture of Northern Namibia. It suggests ways that we can learn from primal wisdom practices to develop attunement, empathy and compassion, fundamental for mothers and children to thrive, to integrate them with resonating scientific discoveries of epigenetics, interpersonal neuroscience, attachment and mindfulness theory. It challenges our understanding of pre and perinatal processes and the crucial impact of human virtues through cross-cultural comparisons. It takes a look at maternal and infant health in the context of our lives and society and explores primal wisdom as the best available window into the social lives of our ancestors, sustaining uncomplicated birth, motherhood and secure attachment, and uses them as a model of sustainability to integrate with modern sensibility.

Methodology: Journaling, observations and interviews, images and stories of integrated and shared motherhood and childcare offer us insights into the quest of how connected in our society we are to motherhood and how aware of the impact of pre and perinatal mental health on child development and society. Through connecting with and understanding indigenous mothers and children through the body language and implicit processes, I could have a palpable experience of primal wisdom and intersubjectivity at play. The Himba manifested an innate capacity for empathy, intuitive understanding, morality and cooperation, suggesting these develop in early life through intergenerational transmission of pre/perinatal practices and communal care, and are foundation of maternal and infant wellbeing, and a peaceful society.

Results: This empirical research introduces an expanded view of human development and mental health, which begins before conception and moves through early childhood in an unbroken continuum in care. I explain how pregnancy, birth and developmental trauma, a product of our society, can impact parents' wholeness and consequently the relationship with their baby and his development prior to birth, and suggest ways for prevention and healing.

Conclusion: Small-scale societies like the Himba teach us the vital importance of a compassionate community and shared care in supporting maternal and infant mental health. This presentation is an urgent call for pre/perinatal healthcare professionals to recreate the village and integrate primal wisdom and related interpersonal neuroscience, attachment theory and pre/perinatal psychology in their trainings for the wellbeing of mothers, infants, families and communities. It calls for a more humane approach to maternal care beginning from pregnancy to prevent maternal suffering and developmental trauma.
What watching others watching can tell us: Using video vignettes to prompt narrative in cross-cultural infant mental health research.

Ms Nicola Dawson

1 Ububele Educational and Psychotherapy Trust, Johannesburg, South Africa

Biography:
Nicki Dawson is a community-based counselling psychologist and is the Head of the Ububele Parent-Infant Programme in Johannesburg, South Africa. She is a current PhD candidate at the University of the Witwatersrand in Johannesburg. Her thesis attempts to understand culturally and contextually informed variations in manifestations of sensitive maternal behaviour.

INTRODUCTION
Attachment theory is considered to be universally applicable. However, maternal behaviour towards infants is acknowledged as extremely varied across cultures. Emic understandings of cultural variations in sensitive maternal behaviour, especially in non-Western settings, is needed for culturally sensitive infant mental health practice.

AIMS
Emic, cross-cultural research into mothering practices is complex due to the embodied nature of parenting and the limitations of human reflexivity. Building on the work of Mesman and Keller, and the clinical traditions of video-watching, this paper puts forward participant observation of mother-infant interactional videos as a useful method for cross-cultural research into diverse caregiving practices.

DESCRIPTION
This paper will present the methodology utilised for a doctoral thesis, aimed at understanding local constructions of sensitive responsivenes in a high-stress, South African township setting. In the methodology described, participants were both asked directly about their and their community’s caregiving practices, as well as asked to watch mother-infant interactional videos of mothers from their own community and are then asked to comment on and rate the maternal behaviours observed. Key differences were noted in understandings of good mothering by participants during narrative interviews when compared to understandings during video-watching.

CONCLUSIONS
Video material appears to “surprise the unconscious”, seems to promote participant reflexivity and provides researchers with access to more embodied cultural information.
A systematic review of emotion regulation in children with Autism Spectrum Disorder

Mrs Sara Cibralic¹,², Dr Jane Kohlhoff¹,², Dr Nancy Wallace¹,², Associate Professor Catherine McMahon³, Professor Valsamma Eapen¹,⁴
¹University Of New South Wales, Sydney, Australia, ²Karitane, Carramar, Australia, ³Macquarie University, Sydney, Australia, ⁴Academic Unit of Child Psychiatry South West Sydney & Ingham Institute, Liverpool Hospital, Liverpool, Sydney

Biography:
Sara Cibralic is a clinical psychologist currently completing a PhD at UNSW. Her PhD is exploring the association between attachment, emotion regulation and behavioural difficulties in toddlers with ASD symptoms and looking at the impact that PCIT-T may have on improving these factors in toddlers with ASD symptoms.

BACKGROUND: Autism Spectrum Disorder (ASD) has significant negative impacts on a child’s development as well as their family’s social, emotional, and economic wellbeing. In an effort to better understand the aetiology of ASD and therefore provide interventions for children on the autism spectrum, various factors have been taken into consideration, one of which is emotion regulation (ER) ability.

AIM: This paper sought to synthesize the current research on ER in children, specifically young children (aged 12-72 months), with ASD to better understand the association between ASD and ER in young children.

METHODS: Research databases and reference lists of relevant papers were searched systematically for articles on ASD and ER in young children. Fifteen articles were identified that reported on ER in children with ASD and had participants that fell within the 12-72 month age range. These articles were systematically reviewed.

RESULTS: Children with ASD were found to have a different repertoire of ER strategies and rely more on others to regulate their emotions than their typically developing peers; ASD symptom severity and executive functioning ability were associated with ER abilities; and treatments incorporating both parents and children were found to improve ER abilities in children.

CONCLUSIONS: Research on ER in young children with ASD is in its infancy with many of the studies reviewed being preliminary in nature. Furthermore, the majority of studies include participants that encompass a broad age range, making it difficult to distinguish the nature and occurrence of ER in toddlers and preschoolers with ASD from ER in older children and adolescence with ASD. Nonetheless, the review provides some insight into the nature of ER in young children with ASD and highlights important directions for future research.
What people think about babies born with problems matters for how those babies learn and grow: A brief bias-awareness training

Dr Robin Lynn Treptow1,2,3
1 Fielding Graduate University, Santa Barbara, United States, 2 Divine Mercy University, Sterling, United States, 3 Wisdom for the Body and for the Soul, Great Falls, United States

Biography:
In her research, teaching, and academic presentations, Robin Lynn Treptow works to reduce bias against infants whom others might think would do poorly. Her doctorates in clinical psychology (child/family; University of Nebraska-Lincoln: 1999) and infant and early childhood development (emphases in mental health and developmental disabilities; Fielding Graduate University: 2019)—and her parenting of a son with Trisomy 21—inspire her to introduce and explore alternative worldviews about how these babies might do. Ultimately, she strives to change up paradigms of hopelessness or low expectations to those of curiosity, wonder, and thinking each child—no matter the differences—holds unlimited potential.

INTRODUCTION: We think that what people think about babies who are born with problems makes a difference in how those babies learn and grow. Some babies face early challenges. Maybe you can see it—maybe you can’t. Our reactions to these babies, however, changes the world for them! Having an extra chromosome (Down syndrome), a break in your lip (cleft lip), or undeveloped lungs (premature) may mean others think you’re less smart or less healthy. In fact, emerging data shows how early circumstances trigger others’ bias—thoughts that a baby will not do well. But little is known about the developmental effects of bias against at-risk babies by the professionals who care for them—and still less is known about how to reduce it.

AIM: This workshop will trace emerging evidence for negative bias against at-risk babies, and lay out a training for professionals with a hope that we will be able to demonstrate meaningful impact in reducing such bias by increasing our awareness of it, and being helped to act in unbiased ways.

METHOD: Bias’s negative effects will be covered as related to at-risk infants, including data from two pilot studies (pediatricians: N = 56; early intervention workers: N = 48). Photographs, videos, and activities will expose participants to pieces of a full-day reflective workshop designed to increase professionals’ awareness of bias and its shorter and longer-term developmental impacts—with a goal of engaging their openness to alternative, more positive, infant outcomes.

CONCLUSIONS: This approach will be placed into an overall context of bias-reducing efforts as they relate to infants who either have disabilities or are born with a medical condition where history and clinical judgment suggest poorer outcomes over time. Quantitative/qualitative data and interactive engagement will support scaling up of bias-reducing interventions throughout various infant mental health settings.
Parental adverse childhood experiences, parental executive functioning, and child emotion regulation

Dr Jamie Lawler¹, Kristin Aho¹, Reyna Lee¹, Dr. Angela Staples¹

¹Eastern Michigan University, Ypsilanti, United States

Biography:
Jamie Lawler is a clinical and developmental psychologist with expertise in early adversity, parenting, and self-regulation. Her research focuses on the impact of early life stress on the development of physiological, behavioral, and emotional regulation, the connection between self-regulation and mental and physical health, and on interventions to promote adaptive regulation in high-risk children. Her research also examines intergenerational transmission of parenting and risk, as well as child welfare policy and its impact on children and families.

INTRODUCTION
Emotion Regulation is a crucial capacity for young children. Early deficits in emotion regulation are related to internalizing and externalizing problems (Eisenberg et al., 2001), peer and school problems (Denham et al., 2003), and might lead to chronic maladaptive pathways. Thus, it is crucial to understand the precursors to children’s emotion regulation. Deficits in emotion regulation tend to run in families (Bridgett et al., 2015), and this may be especially true when parents have a history of trauma (Smith et al., 2014), however the pathway of this intergenerational transmission is not fully understood.

AIM
The current study aims to elucidate the relationship between parental Adverse Childhood Experiences (ACEs), parental executive functioning (EF), and child emotion regulation in families with children ages 2 and 3.

MATERIAL AND METHODS
Participants in this study were 48 parents (Mage= 34.1, SD= 4.2, 83% female) of 2-3 year old children participating in an ongoing study of the development of self-regulation over early childhood. Parents reported on their own history of ACEs (Felitti et al., 1998) as well as their child’s emotion regulation (Emotion Regulation Checklist; Shields & Cicchetti, 1997). Parents also completed a flanker task and a dimensional change card sort task from the NIH Toolbox Cognition battery (Zelazo et al., 2014), which were combined to measure their EF abilities.

RESULTS
Mediational analyses in PROCESS (Hayes, 2018) revealed a significant mediation (F(1,46)= 5.8, p = .02), with an indirect effect of parental ACEs on child emotion regulation through parental EF (β= .15, bootstrapped 95% CI=.03-.30). A higher number of ACEs predicted lower EF abilities, which in turn predicted lower child emotion regulation. There was no significant direct association between parental ACEs and child emotion regulation.
CONCLUSIONS
Parental EF abilities might be a useful target of intervention to promote child emotion regulation and support families.

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The social interactive behavior in female newborn infants were more vulnerable to maternal perinatal depressive symptoms than male newborn infants

Dr Huiping Zhang1, Dr Qian Su2, Dr Ying Tian2, Dr Jing Li2, Dr Senya Li2, Dr Hongli Sun1, Dr Jun Wen1, Dr Shan Wang2
1The Affiliated Children Hospital Of Xi’an Jiaotong University, Xi’an, China, 2First Affiliated Hospital of Xi’an Jiaotong University, Xi’an, China

Biography:
Zhang huiping, female, pediatrician, doctor degree of clinical medicine, attending physician. I have been engaged in the basic and clinical research on the influence of perinatal maternal depression and anxiety on infant behavior. I have completed the training for the Newborn Behavioral Observations system in 2014. Two abstracts had been accepted for Brief Oral Presentation at the 16th WAIMH World Congress to be held in Rome, Italy, from 26 to 30 May 2018.

INTRODUCTION: Social interactive behavior in infants has important implications for children's mental development.

AIM of the study: The present study aimed to determine whether there were gender differences in the effects of prenatal maternal depression on social interactive behavior in newborn infants.

MATERIAL and METHODS: The subjects were recruited from the pregnant women of the First Affiliated Hospital of Xi’an Jiaotong University in China between January 2016 and August 2019. Pregnant women had to be 20-45 years of age, within 37-42 weeks of gestation, and expecting to deliver a single infant. The Hamilton Rating Scale for Depression (HAM-D) were used to assess maternal depressive symptoms. According to the score of HAMD, the pregnant women in trimester 3 were sorted into a normal group (n=72) and a depression group (n=78). After delivery, newborn infants were automatically assigned to the same group with their mothers. According to the gender of the newborn infants, all the mother-infants pairs were divided into four groups: female normal group (n=35), male normal group (n=37), female depression group (n=40), male depression group (n=38). Social interactive behavior in newborn infants were assessed by Neonatal Behavioral Assessment Scale (NBAS).

RESULTS: The score of orienting to animate stimuli (face, voice, face plus voice items of the orientation cluster) in the social-interactive items and self-quieting in the state regulation items were lower in female newborn infants compared with that in male newborn infants aged 21 and 28 days, respectively. However, there were no significant difference in the other cluster scores of the NBAS (habituation, motor system, autonomic system, state organisation) between the female newborn infants and male newborn infants aged 21 and 28 days.

CONCLUSIONS: The social interactive behavior in female newborn infants were more vulnerable to maternal perinatal depressive symptoms than male newborn infants.
Homocysteine-mediated gender-dependent effects of prenatal maternal depression on motor development in newborn infants

Doctor Zhongliang Zhu, Dr Huiping Zhang, Hui Li

1 Northwest University, Xi’an, China, 2 the Affiliated Children Hospital of Xi’an Jiaotong University, Xi’an, China, 3 First Affiliated Hospital of Xi’an Jiaotong University, Xi’an, China

Biography:
Zhongliang Zhu has completed his PhD from Xi’an Jiaotong University in China. He is the professor, doctoral supervisor, and director of the women’s and children’s health institute in Northwest University. He has published more than 60 papers in reputed journals. He has been engaged in the basic and clinical research on the influence of perinatal maternal depression and anxiety on infant behavior.

Background: The present study aimed to determine whether there were gender differences in the effects of prenatal maternal depression on motor development in newborn infants, and further to explore the role of plasma homocysteine in the delayed motor development in newborn infants following prenatal maternal depression.

Methods: The term pregnant women within 37–42 weeks of gestation were assessed depressive symptoms by Hamilton Rating Scale for Depression. According to the gender of the newborn infants, all the subjects were divided into four groups: female control group (n = 45), male control group (n = 47), female depression group (n = 50), male depression group (n = 60). Motor development in newborn infants was assessed by Neonatal Behavioral Assessment Scale. Plasma homocysteine concentrations both in mothers and newborn infants were measured by enzymatic cycling assay.

Results: There were the worse scores of the items of motor development and significantly higher plasma homocysteine concentrations in the male newborn infants of depression group than those of the female depression group and female control group, male control group, respectively. Plasma homocysteine concentrations significantly correlated with the items of motor development in all newborn infants, including the depression group and control group.

Conclusions: Prenatal maternal depression could result in delayed motor development in male newborn infants, but not female newborn infants. Plasma homocysteine may mediate gender-dependent effects of prenatal maternal depression on motor development in newborn infants.
Mental Health: Children Diagnosed with Critical Congenital Heart Disease

Ms Jessica Hutchinson, Dr. Wendy Middlemiss

University of North Texas, Denton, United States

Biography:
Jessica Hutchinson, M.S., is a doctoral candidate at the University of North Texas in the Department of Educational Psychology, Human Development and Family Science and a Licensed Professional Counselor. Her research interests focus on congenital heart disease as it relates to family functioning, mental health and neurodevelopmental risks, and diversity. Dr. Wendy Middlemiss, Educational Psychologist, specializes in translating research to education and prevention and intervention programs. Her research addresses issues regarding child and family well-being and developmentally sound approaches. Published in areas of infant sleep and safe sleep health messaging. Completed work internationally and an incoming Editor of Family Relations.

Introduction
Critical congenital heart disease (CCHD), indicating severe heart dysfunction requiring cardiac surgical intervention during the first year of life, occurs in 25% of infants with CHD. Similar to other childhood chronic illness, caregivers of children with CCHD experience anxiety, depression, and post-traumatic stress disorder. Research has linked caregiver mental health to infant mental health, adaptability, and prevalence of children’s later behavior problems in families with chronically ill children. Thus, supporting parents during this period can positively impact the caregiver, the infant, and the caregiver-infant relationship. Despite the high prevalence of CCHD mental health issues, however, limited research and family support programs are available.

Aim
This research focuses on identifying what information they receive from medical providers and whether this information leads to a sense of being able to care for their infant with CCHD. Needs are reported by families of children with CCHD, with a focus on mental health issues and understanding long-term outcomes associated with CCHD.

Methods
90 CCHD caregivers responded to online-survey questions following an informed consent procedure. Caregivers responded to illness-related and demographic questions, and 16 questions asking if medical providers had discussed potential risk factors associated with CCHD, such as mental health concerns and infants’ later neurodevelopmental risks.

Results
Over 70% of caregivers reported not receiving information about mental health risks for their infants or themselves. Survey results indicate areas least likely to have been addressed by medical professionals, suggesting areas where families are in need of further support.

Implications for Practice/Policy
The analysis of the present study identified major concerns from participants regarding mental health of themselves, their spouse, sibling(s), and the CHD child. Supporting caregivers’ knowledge through sharing of medical information and family support programs is key to healthy family coping, resilience, and functioning.
Continuity and discontinuity in infant psychopathology

Dr Daphna Dollberg1, Dr Miri Keren2
1Academic College Of Tel Aviv Yaffo, Tel Aviv-Yaffo, Israel, 2Geha Mental Health Hospital and Tel Aviv University, Sackler School of Medicine, , Petah Tiqwa, Israel

Biography:
Clinical and Developmental Psychologist, Faculty member in the Graduate programs in Clinical Psychology and Developmental Psychology at the Academic College of Tel Aviv Yaffo and current elected president of the Israeli WAIMH

Introduction: In recent years, clinics specializing in infant mental health (IMH) are growing in number with accumulating evidence supporting the short and long term effectiveness of early interventions. Clinically, it appears that some families applying for treatment in these clinics present with a transient, focal, phase-specific crisis, whereas for others, the early referral represents a more chronic, global, long lasting hardship.

Study’s aim: To compare the rate of psychiatric disorders, socioemotional functioning and family characteristics of school-aged children who were treated as infants in an IMH clinic with a matched group of non-treated children of similar ages and socioeconomic background in order to identify characteristics of infants and families who outgrow early difficulties versus those who present continuity of psychopathology.

Materials and Method: The sample comprised 54 Israeli children, 30 with treatment history as infants in an IMH clinic and 24 with no treatment history. Children’s psychiatric status (DAWBA) and socioemotional functioning (VABS-II) were assessed, and data regarding maternal stress (PSI/SF), psychopathology (SCL-90-R), family functioning (FAD), and mother-child relational patterns (CIB) were obtained.

Results: No group differences were found between the early-treated and non-treated children in terms of the DAWBA, VABS-II, PSI/SF, SCL-90-R, FAD, or CIB scores. As expected, mothers of disordered children (regardless of treatment history) reported higher maternal psychopathology, greater stress, and poorer family functioning. An interaction effect of Treatment History (early treatment vs. no early treatment) by Present Psychiatric Disorder on maternal stress was also found, with the greatest maternal stress found among mothers of children showing continued psychopathology (i.e, a history of infant psychopathology and present psychiatric disorder).

Conclusion: Early infant psychopathology may be overcome spontaneously or with the aid of parent-infant psychotherapy. However, maternal stress, psychopathology, and disturbed family atmosphere increase the risk for continued and persistent psychopathology from infancy to late childhood.
Reflections on growth and development of 0-2-year-old babies: an analysis of SUS documents

Mr Georgius Cardoso Esswein¹, Miss Adriana de Paula Dias¹, Ms Rita de Cássia Sobreira Lopes¹
¹UFRGS, Porto Alegre, Brazil

Biography:
Georgius Cardoso Esswein: Psychologist; Undergraduate degree in Psychology (Unisinos, Brasil); Master in Psychology and Health (UFCSAP, Brasil); PhD student in Psychology (UFRGS, Brasil), CNPq Scholarship; member of Infant and Family Unit (NUDIF). Adriana de Paula Dias: Undergraduate degree student in Psychology (UFRGS, Brasil); PIBIC-UFRGS Scholarship; member of Infant and Family Unit (NUDIF). Rita Sobreira Lopes: PhD in psychology (University of London); Full Professor in Developmental Psychology at Federal University of Rio Grande do Sul (UFRGS); is also a senior researcher from CNPq and one of the co-ordinators of the Infant and Family Unit (NUDIF).

INTRODUCTION
The infant’s growth and development consultations, one of the most traditional practices about the infant’s health in Brazil, was included in one of the strategic pillars of the National Politics of Integral Attention to Children’s Health (PNAISC). This recent policy relies on a comprehensive concept of health and development, which highlights both the mental and social dimensions of health, apart from the physical ones.

AIMS
Considering the importance of some documents for guiding health professionals’ work in SUS, this paper aims to discuss actions directed towards 0-2-year-old infants.

METHODS
Thus, two documents from the Ministry of Health were analyzed: The Child Health Booklet, which is the official document used on the growth and development’s consultations; and the edition 33 of the Books of Primary Health Care, a material directed to support health teams in these consultations. After the identification and familiarization with the material, they were thoroughly read. Reading forms of each document allowed us to systematize the main findings.

RESULTS
It was identified that the main actions directed to infants are the clinical, growth and developmental assessment; immunization; identification of risk factors; and referrals. Physical health has a much greater emphasis than mental health. We realize there is no clear concept or indicators of mental health in the documents, to be observed by health professionals. The orientations about the work of health professionals with infants' and children’s families was the offering of information and guidance on care, needs and infants’ characteristics; and be receptive and supportive of families. We understand that listening space for caregivers might have a positive impact on infant mental development, considering that this period is characterized by dependence.
CONCLUSION
We highlight that the documents seem to materialize the challenges involved in bringing to practice the concept of comprehensive health which includes mental health.

Evaluation of parents-infant interaction, development, parent’s stress in children with achondroplasia focusing on two parent-child pairs

Dr Naoko Nishimura

Otemae University, Osaka, Japan

Introduction
Achondroplasia, marked by short stature and disproportionately short limbs, causes physical inconveniences such as difficulty in reaching high objects. During infant period, especially before entering school, milestones in children with achondroplasia are delayed across domains such as self-care, mobility, and sometimes social cognitive skills.

Aims of the study
This study evaluated parents-infant interaction, development, parent’s stress in children with achondroplasia and parents.

Materials and Methods
Participants, child aged 0-3 years old and parents were recruited nationwide through the largest advocacy group for achondroplasia in Japan. Parents-infant interaction, child development, and parent’s stress were assessed by validated assessment tools, Nursing Child Assessment Teaching Scales (NCATS), Kinder Infant Development Scale (KIDS), and Japanese Parenting STRESS Index (PSI) respectively. This study was approved by the ethics committee of Otemae University.

Results
Case 1
Developmental age (DA) was 27 months (age: 30 monts). Two of 15 sub-scales of PSI were above 50 percentile, ‘More problem/ worries’ in child domain and ‘Sad/ uneasy feeling after leaving hospital’ in parent’s domain. Two caregiver’s sub-scales of NCATS including contingency items score were below -1SD, such as ‘sensitivity to cues’ and ‘social-emotional growth fostering’. On the other hand, child’s scores of NCATS were around +2SD including contingency items.

Case 2
DA was 14 months (age: 38 months). In PSI, six of seven sub-scales in child domain and four of eight sub-scales in parent’s domain were above 50 percentile. Two caregiver’s sub-scales of NCATS including contingency items were below -2SD, such as ‘response to the child distress’ and ‘cognitive growth fostering’. Child’s scores of NCATS including contingency items were below -2SD.

Conclusions
These two cases varied in DA and PSI scores, which indicated children with achondroplasia and parents’ circumstances were quite different. Even so, focusing on parents-infant interaction, we can identify child’s and parent’s strengths to identify factors facilitating development of children with achondroplasia.
Infant sensory patterns and developmental outcomes: Associations with maternal-fetal attachment, postnatal maternal sensory patterns and previous perinatal loss

Ms Grace Branjerdporn¹, Prof Pamela Meredith², Prof Jenny Strong¹
¹The University of Queensland, St Lucia, Australia, ²Central Queensland University, Rockhampton, AUS

Biography:
Service development and research coordinator at Lavender Mother Baby Unit

INTRODUCTION
The development of cognitive, motor, language, socio-emotional, and daily living (i.e., adaptive behavior) skills in infancy is the precursor of future childhood development. Identification of prenatal characteristics that predict later infant development may afford opportunities for early intervention, potentially optimizing childhood development outcomes.

AIMS/PURPOSE OF WORK
The aim of the present study was to examine the effects of selected prenatal factors (maternal-fetal attachment, maternal adult attachment, maternal well-being, and previous perinatal loss) on later infant development, as assessed by the mother and an external observer.

DESCRIPTION/METHODS
Pregnant women were recruited from two antenatal clinics at one tertiary hospital and asked to complete self-report questionnaires. The Bayley’s Scales of Infant and Toddler Development were then completed one to two years after their baby’s birth. Independent samples t-tests, correlational analyses and multivariate linear regression models were conducted.

RESULTS
Results revealed that four prenatal factors (i.e., more favorable maternal-fetal attachment, more secure/less anxious maternal attachment, and higher maternal well-being) predicted maternal reports of infant adaptive behavior regardless of previous perinatal loss. No significant associations were identified between prenatal factors and other infant developmental domains (social-emotional development, cognition, motor skills, and language). Infants of women without perinatal loss scored higher in therapist-measured cognitive development compared to infants of women with previous perinatal loss.

CONCLUSIONS
While further research is required, findings indicate that a mother’s well-being and her relationship with her baby during pregnancy contributes to positive perceptions of her infant’s daily living skills. More
research exploring interventions to support the parenting of women with perinatal loss is required to, in turn, promote optimal cognitive development in infants.
TaysHuoma Parental Coaching Program: a web-based service for parents of young children

Professor Ilona Luoma¹, Janne Pöyhtäri², Susanna Repo³, Dr Reija Latva⁴
¹Tampere University and Tampere University Hospital, Tampere, Finland, ²Tampere University Hospital, Tampere, Finland, ³Tampere University Hospital, Tampere, Finland, ⁴Tampere University Hospital, Tampere, Finland

Biography:
Kaija Puura, MD, PhD, is Professor of Child Psychiatry in Tampere University, Finland, and Chief Physician in the Department of Child Psychiatry in Tampere University Hospital. She is an Associate Editor of the Infant Mental Health Journal. As a clinical child psychiatrist, she has combined research activities with clinical work in projects in primary care and mental health services. Her interests cut across gene-environment interplay in social and emotional development, preventive and mental health interventions as well as development of family therapeutic methods for young children. She is the Executive Director of WAIMH and Vice President of IACAPAP.

INTRODUCTION: Depressive and anxiety symptoms affect about 20% of mothers and 10% of fathers of young children. Uncertainty about how to be a good parent is often at the core of parental mood problems.

AIMS: We aim to present an easy-to-use web-based service to help parents of young children with parenting problems at an early stage.

METHOD: The Department of Child Psychiatry in the Tampere University Hospital is developing a web-based service in order to support and treat families with infants and young children. The web-based TaysHuoma Parental Coaching program is based on an adaptation of Dialectic Behavioral Therapy (DBT), and can be used with a mobile phone, tablet or computer. The program consists of 8 weekly sessions, with short psychoeducative texts and video clips explaining the basics of infant development and of the DBT theory and practice. In each session parents are also given an exercise and asked to complete a parental report on their feelings and actions when interacting with the child. Each parent has a therapist as his or her personal “coach”, and the coach contacts the parent at least once a week. The parents can also send messages and chat with the coach.

RESULTS: Six parents attended the Parental Coaching program in the first pilot. Three parents reported positive changes in their parenting, and were very satisfied with the intervention. The parent self-reports showed that their negative feelings and actions had diminished, while positive feelings and appropriate actions had increased. The coaches felt the intervention was easy to use and gave preliminary positive results.

CONCLUSIONS: The web-based service shows promise in the first pilot, and the second pilot with 20 families is being prepared.
Identification of young children with Fetal Alcohol Spectrum Disorder: Utility of the Australian Guide

**Professor Sharon Dawe**, Dr Francoise Butel, Professor Sharon Dawe, Dr Denise Hatzis, Dr Doug Shelton
1 Griffith University, Brisbane, Australia, 2 Child Development Service, Gold Coast Hospital, Australia

**Biography:**
Dr Tania Pomario is a clinical and neuropsychologist with extensive experience in the assessment of children. She was trained in South Africa and has a strong interest in cross-cultural neuropsychology. She previously conducted research into the development of executive functioning in children with FASD. For the past 10 years she has worked clinically with children and young people with brain injuries and neurodevelopmental disability. Her current role involves the assessment of young children (age 3-7 years) with FASD.

**INTRODUCTION**
The consequences for children born with developmental disabilities encompassed by Fetal Alcohol Spectrum Disorder (FASD) are profound, affecting all areas of social, behavioural and cognitive functioning. FASD has a global prevalence rate of about 7.7 per 1000. However, these rates are considerably higher in vulnerable populations including young children in out of home care. Current diagnostic assessment recommendations are for multidisciplinary assessment of ten domains of functioning including motor, language, and higher cognitive functions. The resulting diagnostic process is time and resource intensive. This is further complicated by the paucity of neuropsychological instruments designed and normed for young children. Notably, young children are typically not provided with such diagnostic assessments thereby missing an opportunity for tailored interventions during early critical developmental periods.

**AIM**
To compare two diagnostic processes in the assessment of FASD in young children (aged 3-5 years).

**MATERIALS AND METHODS**
Ten children (age 3-5 years) with confirmed prenatal exposure to alcohol were assessed using the Australian Guide to the Diagnosis of FASD. The guide provides detailed guidance on the assessment of 10 domains of functioning, each requiring extensive and individualised assessment using psychometrically validated assessments. This is viewed as the "gold standard" assessment process. In addition, the guide provides for the use of standardised developmental assessment tools, such as the Griffiths Scales of Child Development, 3rd Edition (Griffiths III). The results obtained from the two assessment processes were compared in terms of consistency of diagnosis.

**RESULTS**
Preliminary evidence suggests good consistency between assessment with the Griffiths III and detailed neuropsychological assessment in children with prenatal alcohol exposure. However, more research with a larger sample size is required.

**CONCLUSIONS**
Assessment with the Griffiths III might be useful for the early identification of children with FASD allowing these children to access support and intervention from an early age.
Calming Reflex: A Novel Paradigm To Explain Colic, Boost Parent Skill, and Reduce Postpartum Depression, Child Abuse and SIDS

Mr Harvey Karp
2 USC School Of Medicine, Los Angeles, United States

Biography:
Dr. Harvey Karp is an Assistant Professor of Pediatrics at USC Medical School. His books/DVDs, The Happiest Baby on the Block; The Happiest Toddler on the Block; The Happiest Baby Guide to Great Sleep, are translated into 20+ languages. Thousands of certified educators teach his techniques of baby calming/sleep promotion in hospitals, military bases and public health clinics in 20+ nations. His theories on infant calming have been proven effective in multiple studies. His responsive, womb-like infant bed is being studied at universities in Australia, US and Europe. He is also an authority on children’s environmental health and breastfeeding.

Introduction
Three of skills new parents must master are infant feeding, soothing crying and promoting sleep. Those who succeed at these feel accomplished, but those who fail often feel incompetent. Support networks exist to help women with infant feeding, but little is available to help new parents whose babies persistently fuss/cry (so-called “colic”) or who wake frequently through the night. This is a serious public health issue because persistent crying and parental exhaustion are key triggers to postpartum depression, unsafe sleeping practices, dysfunctional bonding, and child abuse. Many professionals advise parents that little can be done to reduce colic or increase sleep, yet anthropological research has revealed cultures where persistent infant crying is unknown and many parents boost their baby’s sleep by driving them in their cars.

Aim
The lecturer argues that babies are born with a previously unrecognized state stabilizing reflex, a “calming” reflex. Based on this hypothesis, he describes techniques to improve new parent infant calming skills and a possible solution to the ancient medical mystery of colic.

Description
In a significant paradigm shift, the lecturer argues that our culture's conceptualization of the first three months of life is in correct. In many ways, newborns are not fully ready for the world at birth, they need a protected environment...a “4th trimester.” He theorizes that babies are born with a “calming” reflex (a relative off-switch for crying and on-switch for sleep) activated by five specific techniques (swaddling, side\stomach, shushing, swinging, sucking) that mimic womb sensations. Multiple studies have proven these sensations to successfully reduce crying and improve sleep.

According to this hypothesis:
Colic = [Exciting Stimulation + Quiet Stillness] - Rhythmic Calming
   Temperament + State Control
(Easy temperament and good state control buffer babies and reduces the impact of the imbalance of stimuli they experiences. Difficult temperament = 1; easy temperament = 5. Poor state control = 1; excellent state control = 5).

Conclusion
Babies may have a previously unrecognized, “calming” reflex that offers a new approach to reduce infant crying, improve infant sleep, and potentially reduce the serious health sequelae triggered by those twin stressors.
Growing a mentally healthy generation. Responding together.

Ms Maree Kirkwood¹, Ms Diane Roberts²
¹Be You, National, Australia, ²Early Childhood Australia, Canberra, Australia

Biography:
At this stage the presenter will be chosen from amongst the Be You national team. We can advise you at a later date who the presenter/s will be

INTRODUCTION

Be You aims to transform Australia’s approach to supporting children’s and young people’s mental health in early learning services and schools. Our vision is that every learning community is positive, inclusive and resilient – a place where every child, young person, educator and family can achieve their best possible mental health. Be You promotes mental health and wellbeing, from the early years to 18, and offers educators and learning communities evidence-based online professional learning, complemented by a range of tools and resources to turn learning into action.

Be You is led by Beyond Blue in partnership with Early Childhood Australia and headspace.

AIMS/PURPOSE OF WORK

Creating and maintaining a mentally healthy community fosters trusting relationships in which all participants in the learning community are valued, respected and feel that they belong to the community. This feeling of belonging allows the opportunity for people to be who they are and achieve their best possible mental health.

Critical incidents, stress and challenges can have a range of impacts for everyone in a learning community. The role of the learning community in responding sensitively and safely to these mental health challenges reminds us that ‘no-one can do it all by themselves’.

DESCRIPTION

Stories are told of the power of multiple perspectives to create and grow a safe and inclusive Mental Health Community. There are links between having a strong sense of identity and having a strong sense of wellbeing.

Feelings of trust, welcome and acceptance can influence the ongoing engagement of children and families within settings and provide protective factors that support the learning and development of children, families and team members. Staying connected and in partnership with an Early Learning Community provides safe long term access to continue building help seeking, helping strategies and ways of being.

CONCLUSIONS.

In providing a holistic evidence based framework, building mental health literacy and a culture of ‘we are all in this together’ is possible through the Be You National Education Initiative.
Adverse childhood experiences predict common neurodevelopmental and behavioral health conditions among U.S. children

Dr Lane Strathearn¹, Dr Guifeng Xu¹, Dr Kasra Zarei¹

¹University of Iowa, Iowa City, United States

Biography:
Dr Strathearn is Professor of Pediatrics and the Division Director for Developmental and Behavioral Pediatrics at the University of Iowa, as well as Physician Director of the Center for Disabilities and Development at the University of Iowa Children’s Hospital. As Director of the Attachment and Neurodevelopment Lab, and his research and clinical work focuses on the neurobiology of mother-infant attachment, and neurodevelopmental disabilities such as ADHD and autism. He is also studying the long-term effects of child maltreatment on cognitive and emotional development, and early childhood factors that may help to protect against abuse or neglect.

INTRODUCTION
Adverse childhood experiences (ACEs) can have a significant but variable effect on childhood neurodevelopment. The purpose of this study was to quantify and compare the associations between “household challenge” ACEs and common childhood neurodevelopmental and behavioral health conditions, using nationally representative U.S. data.

METHODS
This study used data from the 2016–2019 National Survey of Children’s Health, a nationwide, population-based, cross-sectional survey. Seven household challenge ACEs (not including child maltreatment) were reported by parents/guardians: parental death, incarceration, divorce/separation, family violence, mental illness, substance abuse and poverty. Logistic regression with sample weights was used to estimate the odds ratio (OR) for 15 parent-reported neurodevelopmental and behavioral health conditions, by the number of reported ACEs. A dose-response relationship was examined by applying tests of orthogonal polynomial contrasts to fitted logistic regression models.

RESULTS
Down syndrome, Tourette syndrome and cerebral palsy were not associated with household challenge ACEs, whereas behavior/conduct problems, depression, and substance abuse were strongly associated, with adjusted ORs ranging from 6.36 (95% confidence interval [CI] 5.53, 7.32) to 9.19 (95% CI 7.79, 10.84). Other neurodevelopmental conditions not traditionally associated with childhood adversity showed moderate yet robust associations with ACEs, including autism (adjusted OR 2.15, 95% CI 1.64, 2.81), learning disability (adjusted OR 3.26, 95% CI 2.80, 3.80), and attention deficit hyperactivity disorder (adjusted OR 3.95, 95% CI 3.44, 4.53). The ORs increased with the number of ACEs, showing significant positive linear trends.

CONCLUSION
We found significant dose-dependent or cumulative associations between ACEs and multiple neurodevelopmental and behavioral conditions.
Crying for an antibiotic: maternal sensitivity and mother-infant attachment are associated with antibiotic uptake in infancy

Professor Marina Fuertes1,5, Assistant Professor Francisco Dionisio2, PhD Joana Lopes1, PhD Anabela Faria4, PhD, MD Inês Conceição3, Associated Professor Pedro Lopes dos Santos1
1University Of Porto - Center Of Psychology, Porto, Portugal, 2cE3c —Centre for Ecology, Evolution and Environmental Changes, and Departamento de Biologia Vegetal, Faculdade de Ciências, Universidade de Lisboa, Lisbon, Portugal,
3Serviço de Patologia Clínica, Hospital Nossa Senhora do Rosário, Barreiro, 4Hospital de Santo Espírito, Terceira, Azores, , 5Escola Superior de Educação do IPL, Lisbon, Portugal

Biography:
Marina Fuertes has a Ph.D. in Psychology from Porto University (Psychology School). She is a researcher at Porto University (Center of Psychology) and an Associated Professor at Lisbon Polytechnic Institute. She worked with Ed Tronick and Marjorie Beeghly as Postdoctoral Fellow in Child Development Unit (Harvard Medical School). Her research focused on mother-infant attachment and infant self-regulation. Francisco Dionisio has a Ph.D. in Microbiology from Paris VII University. He is Assistant Professor at Lisbon University. His research focuses on bacterial evolution, antibiotic resistance and bacterial pathogenicity.

Introduction: Studies performed in several countries have shown that patients often press medical doctors to prescribe antibiotics, even when these drugs are unnecessary or unhelpful. Yet, antibiotic consumption contributes to antibiotic resistance, and, when prescribed to infants, is associated with an increase in health problems later in life, including chronic diseases and susceptibility to infectious diseases. Therefore, it is critical to understand parents’ and infants’ behaviors leading to antibiotic prescription.

Aims: (i) Finding predictors of antibiotic uptake by infants in the first 9 months of life from a large range of variables related with birth and infant health status, maternal variables, and infant and maternal interactive behavior; (ii) Studying the prevalence of infants’ attachment quality between those who consumed and did not consume antibiotics.

Method: Longitudinal prospective follow-up study of a cohort of 134 mother-infant dyads from birth to 12 months. Dyads were recruited from three neonatal units of public Portuguese hospitals. Demographic and health information obtained through an anamneses interview performed with mothers when infants were 9 months old, followed by mother-infant free play interactions scored with Crittenden’s Care-Index. At the 12-month visit, dyads were videotaped in the Ainsworth´ Strange Situation.

Results: With a binary logistic regression, we found that the best determinant of antibiotic uptake in the first 9-months of life was maternal sensitivity (p<.01), rather than other potential determinants such as breastfeeding, daycare attendance, or gestational age. Furthermore, 89.7% of insecure-ambivalent infants consumed antibiotics during the first 9-months of life, which contrasts with 32.5% avoidant and 21.5% securely attached infants (p<.001). For children with insecure-ambivalent attachment, the odds of antibiotic consumption were 25.0 (95% confidence interval, 7.0 - 89.4) times higher than children with the other patterns of attachment (secure and ambivalent attachment combined).
Conclusion: Our results suggest that parents, infant behavior and attachment impact antibiotic consumption.
Maternal and paternal perinatal depression and anxiety as longitudinal predictors of infant Development.

**Miss Alana Rogers**, Dr George Youssef, Dr Matthew Sunderland, Professor Craig Olsson, Professor Steve Allsop, Dr Sam Teague, Associate Professor Delyse Hutchinson

1 Deakin University, Melbourne, Australia, 2 The University of New South Wales, Sydney, Australia, 3 Murdoch Children’s Research Institute, Melbourne, Australia, 4 University of Melbourne, Melbourne, Australia, 5 University of Sydney, Sydney, Australia, 6 Curtin University, Perth, Australia

**Biography:**
Alana Rogers is a doctor of clinical psychology candidate at Deakin University. She is currently working within the Centre for Social and Early Emotional Development. Her major research interest is in maternal and paternal perinatal mental health and understanding the developmental origins of mental and behavioural disorders.

Introduction: Theory posits that parental perinatal depression and anxiety adversely impact infant development. However, regarding mothers, empirical evidence is mixed, with few studies assessing the robustness of findings by utilising both symptom and clinical diagnostic measures. Considering fathers, research is scant, highlighting a need for further investigation. Aims: To examine the association between symptoms and diagnoses of parental perinatal depression and anxiety with infant development.

Materials: Depressive and anxiety symptoms were assessed using the Edinburgh Postnatal Depression Scale and Depression Anxiety Stress Scales in trimester three and 8-weeks and 12-months postpartum. Major depressive disorder, generalised anxiety disorder, social anxiety disorder, panic disorder, and agoraphobia were assessed using the Composite International Diagnostic Interview in trimester three of pregnancy. Infant 12-month development was assessed using the Bayley Scales of Infant and Toddler Development.

Methods: Data were from the Triple B Pregnancy Cohort Study (2009-2014). Participants were recruited via antenatal clinics. Eligibility criteria included being pregnant or a pregnant woman’s partner. The first sample comprised mother-infant dyads (n = 1,539); the second included mother-father-infant triads (n = 793). Results: Antenatal maternal depressive and anxiety symptoms were associated with poorer infant social-emotional (d =-0.12, p =0.03) and language development (d =-0.16, p =0.001). Postnatal maternal anxiety symptoms were associated with poorer overall development (d =0.11, p =0.03). No association was observed for clinical diagnoses in mothers, nor paternal depressive and anxiety symptoms or clinical diagnoses; however, the sample had a low frequency of diagnoses, and risk estimates were in the direction of small adverse effects on infant development.

Conclusions: Maternal perinatal depression and anxiety symptoms adversely impact infant development. Effects are modest and one of numerous risk factors during the transition to parenthood. Findings underscore the importance of prevention, early screening and intervention, alongside consideration of other risk factors, during this critical period of offspring development.
Maintaining relationships and care during COVID: Uploading videos into the homes and hearts of Aboriginal families across regional Victoria.

Mrs Jacinta Molloy¹
²MDAS, Mildura, Australia

Biography:
Jacinta Molloy is the Manager of the Mallee District Aboriginal Services Early Years Service. A registered midwife who has been a Nursing Unit Manager at the Mildura Base Hospital and the MDAS midwife for several years she now oversees and supports all of the Early Years professionals and their projects and passions across MDAS’s several sites throughout the Mallee region of Victoria.

Introduction: Holding infants, children and families in mind during an international pandemic requires creative, multi-media strategies. The Mallee District Aboriginal Service (MDAS) explored reverse gaze considerations, where-in not having direct line of sight with infants did not mean that they and their families became absent from holistic care services. MDAS considered that the developmental domains of nutrition, play and school readiness, connection to Culture, sensory integration and whole of family function could be celebrated throughout lockdown if social media and creative demonstrations could be utilised.

Aims: Early Years staff to remain present in the homes and communities of families using social media platforms and demonstrations of child focused, domestic activities. Parents would use social media to stay engaged with the organisation, share the recipes, stories, music sessions and craft activities being demonstrated and continue to seek family-rich interactions.

Description: The MDAS Early Years Service created and shared developmentally-rich videos of planned learning activities throughout the staged lockdowns. Video demonstrations from a selection of key developmental domains: health and nutrition, identity and Cultural Connection, play and learning and parental skills support were uploaded via the MDAS facebook page. Via live observation and prerecorded sessions, Early Years professionals role modelled ‘child in mind’ activities such as cooking classes, Dreamtime story-telling and craft events, music and sensory integration sessions and some parent training sessions.

Conclusions: ‘Likes’ and the numbers of ‘shares’ and ‘followers’ on facebook were monitored alongside weekly phone calls to families. Increased exposure across the Community was trended throughout lockdown. Verbal feedback and qualitative reporting from family and Community members was positive and indicative of increased engagement. A video presentation of examples from this innovation will demonstrate why this method of family support has been evidenced to become an ongoing aspect of service delivery for MDAS into the future.
Stability of psychosocial adversities in families with young children – results from the German study series KiD 0-3

Dr Ulrike Lux, Susanne M. Ulrich, Dr Johanna Löchner

Biography:
Dr. Ulrike Lux has been a senior researcher at the German Youth Institute since 2016. Since nine years, she also works as a psychologist and family therapist in a child guidance counselling center near Munich. Her research is grounded in the field of family psychology and couple research. She did her PhD on the impact of previous pair bonds on current attachment relationships, where she combined qualitative and quantitative research methods. Partnerships and attachment relationships through the life course as well as the promotion of child development and parenting skills in childhood are the main areas of her research.

Psychosocial adversities do have a negative effect on the development and health of children until adulthood. Also, child regulation problems, e.g. excessive crying, place particular burden on parents – not only cross-sectionally (Sidor et al., 2013). However, until now, German data on the stability of psychosocial adversities in families with young children is lacking. These data can be used to assess the need for prevention and to have a baseline measure to shed light on potential changes related to SARS-CoV-2. Thus, this study aimed to investigate stability and change of psychosocial adversities in families with young children. Following a large representative national survey of parents in 2015 (T1), two years later (T2), a part of parents (N=909) were asked again about psychosocial adversities and other family characteristics. Additionally, at T2, child development was assessed with the German version of the ASQ-3. Stability and changes were analysed using McNemar tests. Parents reported more partnership dissolution (T1: 2.7 %; T2: 4.0 %), more new partnerships (T1: 1.0 %; T2: 1.9 %) and more partnership dissatisfaction (T1: 8.2 %; T2: 11.2 %) in 2017 compared to 2015. Also parenting stress, e.g. doubts about parenting competence (T1: 32.0 %; T2: 36.8 %) and social isolation (T1: 29.1 %; T2: 35.3 %) as well as child’s negative emotionality increased (T1: 3.6 %; T2: 5.6 %). There were deviations in child development when parents were burdened with childrens’ regulation problems at T1. Results confirm that most psychosocial adversities increase (with child age). In this phase, pediatricians are important contacts to support parents and promote healthy child development.

Establishing the long-term effectiveness of the Fostering Changes programme in promoting foster carer self-efficacy: The Confidence in Care trial.

Prof Michael Robling1, Mrs Gwenllian Moody1, Dr Elinor Coulman1, Dr Lucy Brookes-Howell1, Dr Rebecca Cannings-John1, Dr Sue Channon1, Ms Tin Lau1, Dr Alyson Rees1, Dr Jeremy Segrott1, Prof Jonathan Scourfield1

1Cardiff University, Cardiff, United Kingdom

Biography:
Professor Mike Robling is Director of Population Health Trials at Cardiff University’s Centre for Trials Research. He is a methodologist with expertise in evaluating complex interventions in primary medical care, community and social care settings. He has led a research programme since 2008 evaluating specialist home-visiting programmes in the UK.

Introduction
Fostering Changes (FC) is a 12-week group-based training programme for foster and kinship carers to increase skills and coping strategies. The Confidence in Care consortium of third sector agencies was funded to deliver FC in provider agencies in Wales over 5-years.

Aim
The aim of this randomised controlled trial with embedded process evaluation was to determine whether FC can deliver improved long-term outcomes compared with usual care.

Methods
Foster carers (n=319) were allocated to intervention or control arms on a 2:1 ratio. Intervention participants were offered enrolment onto a FC programme; control participants were offered FC at the end of the 12-month follow-up period. Data were collected at baseline, end of the programme (3 months), and 12 months from programme start. The primary outcome assessed carers’ self-reported ability to cope and make positive changes to foster children’s lives at 12 months (Carer Efficacy Questionnaire). Additional secondary carer-reported outcomes were collected. An intention-to-treat approach was used and the primary comparative analysis was a mixed-effects three-level linear regression model. The process evaluation included qualitative interviews with stakeholders, examining contextual factors and fidelity of programme delivery.

Results
There was no difference between arms in the primary or secondary outcomes at 12 months. Some improvements in child behaviour and emotional problems at 3 months were found for the intervention group. Themes from foster carer interviews included the benefits of being part of a group, sharing experiences and consolidating knowledge. However, course content was described as basic for experienced carers and insufficient to support management of complex behaviours.
Conclusions
Though FC was implemented as intended it had no long-term effect on carers’ sense of efficacy, behaviours or relationships with foster children compared to usual care. Further work should explore sustaining short-term benefits over the longer-term, targeting training at newer carers and adaptations addressing complex needs.

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Longer-term impact of Family Nurse Partnership home visiting programme on maltreatment and child developmental outcomes: results of the BB: 2-6 study.

Michael Robling1,2,3, Fiona Lugg-Widger1, Rebecca Cannings-John1, Julia Sanders4, Lianna Angel2, Sue Channon1, Deborah Fitzsimmons5, Kerenza Hood1, Joyce Kenkre6, Gwenllian Moody1, Eleri Owen-Jones1, Rhys Pockett6, Jeremy Segrott1,2, Thomas Slater3

1Centre for Trials Research
2:DECIPHer*
3:CASCADE*
4:School of Healthcare Sciences*
5:Swansea University
6:University of South Wales *All Cardiff University

Biography:
Professor Mike Robling is Director of Population Health Trials at Cardiff University’s Centre for Trials Research. He is a methodologist with expertise in evaluating complex interventions in primary medical care, community and social care settings. He has led a research programme since 2008 evaluating specialist home-visiting programmes in the UK.

Introduction: Supporting teenage mothers to achieve a healthy pregnancy, successful parenting and socio-economic stability is a UK policy priority. The Family Nurse Partnership (FNP) Programme provides intensive support to young mothers in the UK. The short-term effectiveness (to 24 months postpartum) of FNP was previously assessed in the Building Blocks trial.

Aim of the study: To establish the longer-term effectiveness of offering FNP, in addition to usual care upon maltreatment and child development outcomes.

Material and Methods: To trial data collected at baseline, late pregnancy and at 6, 12, 18 and 24 months postpartum we linked routinely collected health, social care and education data. Participant mothers were nulliparous, aged <20 and before 25 weeks gestation when recruited to the original trial. Outcomes included objective and associated measures of maltreatment (e.g. Child in Need), Child health, development and educational outcomes at school reception and at age 6-7 (Key Stage 1, KS1).

Results: 1547 children formed the study cohort. There was no difference between study arms in rates of referral to social services, being registered as a child in need, receipt of child protection plan, of entering care or timing of first referral for children subsequently assessed as in need. There was no difference between study arms in rates of emergency attendance or admission for injuries or ingestions. Children in
the FNP arm were more likely to achieve a good level of development at school reception age. After adjusting for birth month, children in the FNP arm were more likely to reach the expected standard for reading at KS1. Programme effects (writing) were greater for boys, children of younger mothers and mothers not in education, employment and training at study baseline.

Conclusions: There is no programme benefit for maltreatment outcomes but discernable developmental advantages at end of school reception and KS1.
A qualitative pilot study of in-patient experiences of the Circle of Security Parenting group at the Werribee Mother Baby Unit.

Mrs Jess Barnes1,2, Associate Professor Campbell Paul2, Doctor Josephine Power2, Doctor Kristine Mercuri1
1Mercy Mental Health, Werribee, Australia, 2University of Melbourne, Parkville, Australia

Biography:
Jess Barnes is Registered Nurse, employed by Mercy Mental Health, a public area mental health service located in the Western suburbs of Melbourne, Victoria, Australia. Jess has achieved both a graduate diploma in Mental Health Nursing Science (adult stream) from Latrobe University, and a Master of Mental health (infant stream) from the University of Melbourne. Jess has been employed by Mercy Health for 11 years, working predominantly in perinatal mental health and as the Nurse Unit Manager of the Mother Baby Unit. Jess is currently employed as the Specialist Family Violence Advisor for the Mercy Mental health program.

Introduction: The Circle of Security ® Parenting ™ (COS-P) intervention is a psychoeducation program that aims to support the attachment between the parent and the child. Circle of Security is now used in many parts of the world with growing evidence for its effectiveness.

Aim: The aim of this pilot study was to understand the experience of women participating in the COS-P, whilst they were admitted to the Werribee Mother Baby Unit to receive acute perinatal psychiatric in-patient treatment. The Werribee Mother Baby Unit is located in the western suburbs of Melbourne, Australia. Women included in this study had a diagnosed psychiatric illness, mostly depression, with onset during or after pregnancy. This is the first study, found in the literature examining the use of the Circle of Security alongside in-patient psychiatric care.

Method: Seven mothers, experiencing mental illness with onset in the perinatal period were recruited. All participants had been admitted to the Werribee Mother Baby Unit in the previous 10 months with their infant who was aged, ≤ 12 months at that time. Participants were admitted for 3-8 weeks and had completed the COS-P program. Participants were recruited using a purposive sampling method and attended an individual face to face interview. A qualitative semi-structured interview tool was designed to explore parental reflection and to understand the participant’s experience of the in-patient group setting. One to one interviews provided rich qualitative data about the participant’s own experience. This data underwent thematic analysis.

Results: Participants found the COS-P group to be an important part of their in-patient care at the WMBU. Participants described that COS-P group was delivered in a way that the concepts were well understood. Although participants found the content initially challenging, they described the group space and the facilitation support positively. All participants recommended the COS-P program. Results showed a change in self-reported parental reflective functioning and in mothers’ own behaviour in responding to their infants’ cues.

Conclusion: This study provides support to the continued use of COS-P at Werribee Mother Baby Unit and provides direction for further studies.
Working out Dads

Associate Professor Rebecca Giallo1, Ms Le Ann Williams2
1Murdoch Children's Research Institute, Melbourne, Australia, 2Tweddle Child and Family Health Service, Melbourne, Australia

Biography:
Associate Professor Rebecca Giallo is a Senior Research Fellow with Murdoch Children's Research Institute. She has over 15 years' experience in life course epidemiological and clinical intervention research, focused on promoting the health and wellbeing of children and families.
Le Ann is a qualified Midwife, Maternal + Child Health Nurse and Lactation Consultant and has worked in various health settings. Le Ann is passionate about empowering families, building on their strengths and supporting parents in their enjoyment of their child. Le Ann is currently employed at Tweddle Child and Family Health Service in Footscray Victoria as Manager Community Programs.

INTRODUCTION
To address the need for interventions to promote fathers’ health and wellbeing in the early years of parenting, Tweddle Child and Family Health Service developed Working Out Dads (WOD).
WOD is an innovative group-based intervention that aims to (a) reduce fathers’ mental health difficulties, (b) promote healthy lifestyle behaviours, and (c) strengthen family relationships.

AIM of the study
This pilot evaluation sought to assess the short-term outcomes of participation in WOD for fathers of young children (0-4 years), and explore their experiences of the program.

MATERIAL and METHODS
A single group pre- and post-intervention research design with a nested qualitative study was conducted. Survey methods were used to assess the short- to mid-term outcomes of participation in WOD at post-intervention and 3-months. Qualitative interviews were also conducted to explore fathers’ experiences of and satisfaction with WOD.

RESULTS
A total of 63 fathers were eligible to participate in WOD. Of these 53 completed the baseline survey. Fathers reported significant decreases in overall psychological distress and specific symptoms of depression, anxiety and stress, which were maintained three months later. We found an increase in amount of physical exercise conducted per week, and an increase in perceived vitality and related decrease in fatigue symptoms. Importantly, fathers reported a significant increase in perceived social support. These changes in outcomes were supported by the qualitative findings. Fathers also shared what they valued about the program, as well as the facilitators and barriers to participation.

CONCLUSIONS
WOD addresses a significant gap in health and social care interventions targeting men, particularly at the key life stage of early fatherhood. These pilot findings will be used to inform the next phase of evaluation research to undertake a randomised controlled trial incorporating a health economic evaluation to generate high quality evidence about the effectiveness and cost-effectiveness of WOD in improving the mental and physical health of fathers.
Parent-Infant-Psychotherapy with high-risk mothers in shared living arrangements and facilities

**Miss Janna Matthess¹, Miss Melanie Eckert¹**

¹International Psychoanalytic University Berlin, Berlin, Germany

**Biography:**
Janna Mattheß (M.A. Psychology) is PhD student at the International Psychoanalytic University of Berlin. She investigates the effectiveness of Parent-Infant-Psychotherapy in two studies: "Parent-Infant-Psychotherapy with high-risk mothers in shared living arrangements and facilities" and "Evaluation of Parent Infant Psychotherapy in Prevalence- and Intervention Studies (SKKIPPI)". Melanie Eckert (M.A. Psychology) is PhD student at the International Psychoanalytic University of Berlin and is in psychoanalytic training for child/adolescent and adult psychotherapy. She investigates the effectiveness of Parent-Infant-Psychotherapy in two studies: "Parent-Infant-Psychotherapy with high-risk mothers in shared living arrangements and facilities" and "Evaluation of Parent Infant Psychotherapy in Prevalence- and Intervention Studies (SKKIPPI)".

**INTRODUCTION**
After the birth of a child, many mothers suffer from postpartum illnesses and stress. For mothers at high risk living in shared living facilities it is much more important to receive an appropriate psychotherapeutic approach. This clinical pilot study explores the impact of Parent-Infant-Psychotherapy (PIP) on the parent to infant relationship and focuses explicitly on mothers in shared living facilities in Germany.

**AIMS OF THE STUDY**
The focus of the study is to examine whether there is a need for PIP as an additional offer besides the social/pedagogical support. As there is evidence that mother-infant therapies may be the most efficacious method to reduce the impact of maternal psychopathology and the ensuing problems on the child, the aim of PIP is to improve the dyadic relationship and the baby’s attachment.

**MATERIALS AND METHODS**
A German sample of n=34 mother-child-dyads is recruited and randomly allocated to PIP or treatment-as-usual group. Primary outcome is the maternal sensitivity measured by videotaped play interactions, assessed at baseline, 3-month and 6-month after intervention. Secondary outcomes are maternal psychopathologies and reflective functioning, mother-child attachment and child’s level of development.

**RESULTS**
Results show that all participants have low levels of emotional availability and high level of mental distress at baseline and 6-month follow up. But there are no effects on child’s attachment.

**CONCLUSION**
All participants have high risk of disturbance in early mother-child development at baseline but the risk to the child’s welfare has decreased (independent of intervention). As sample size is low and drop-out rate is high, further research is needed to evaluate the effectiveness and need of PIP with high-risk mothers in shared living facilities.
Improved parent-child relationships from a web-based early intervention program for families after preterm birth – a randomised trial.

Dr Karli Treyvaud1,2,4, Dr Abbey Eeles2, Associate Professor Alicia Spittle2,4, Associate Professor Jeanie Cheong2,4,5, Ms Sarah Katthagen1, Ms Rebecca Sirianni1, Ms Georgina Thompson1, Professor Lex Doyle2,4,5, Professor Peter Anderson2,3

1La Trobe University, Melbourne, Australia, 2Murdoch Children’s Research Institute, Melbourne, Australia, 3Monash University, Melbourne, Australia, 4University of Melbourne, Melbourne, Australia, 5Royal Women’s Hospital, Melbourne, Australia

Biography:
Karli is a clinical psychologist and academic at La Trobe University, Melbourne Australia. Her research program is focused broadly on child development, parenting, mental health, and early intervention in vulnerable populations. Karli has a particular interest in observational assessment of the parent-child relationship and the relationship between parenting and child brain development.

INTRODUCTION
Preterm birth increases the risk for difficulties in child and parent outcomes in development, mental health, and functioning. Preventive early intervention may improve these outcomes, with stronger effects reported when intervention targets the parent-child relationship. It is not known whether web-based intervention for families following preterm birth can positively affect the parent-child relationship.

AIM
To assess the effectiveness of a web-based, clinician-assisted early intervention delivered over the first year of life, compared with standard care, on the parent-child relationship at 24 months’ corrected age in families following preterm birth.

METHODS
Participants were 100 infants born <34 weeks’ gestation and their mothers (n = 81 due to twins/triplets) recruited from the Royal Women’s Hospital, Melbourne, Australia. Families were randomly allocated to either standard care or early intervention, which involved age-related web-based modules completed over the first year of life and telephone support from regular contact with clinicians. Content focused on supporting child development, parental mental health, and the parent-child relationship. Parent-child relationship was assessed at 24 months’ corrected age using the Emotional Availability Scale (EAS), scored by assessors who were blind to treatment group.

RESULTS
EAS data were available for 70 mother-infant dyads. At 24 months’ corrected age, mothers and children in the intervention group scored higher than those in the control group (reflecting more optimal outcomes) on child responsiveness (coefficient = 0.57, 95% CI = 0.03, 1.11), child involvement (coefficient = 0.61, 95% CI = 0.09, 1.13), and maternal structuring (coefficient = 0.72, 95% confidence interval [CI] = 0.21, 1.22).

CONCLUSIONS
Web-based intervention was associated with improved child interaction behaviour (more responsive, more involving) and higher levels of appropriate and successful structuring parenting in mothers after preterm birth. Longer-term developmental benefits for children need to be determined.
Designing an Outcome-Based Practice Framework: themes for a child protection and early intervention program

Ms Wendy Daniel¹
²Sdn Child & Family Services Pty Ltd, Redfern, Australia

Biography:
Wendy Daniel graduated as a Social Worker in 2000. Her first role was a caseworker in statutory child protection where she had the privilege of working with practitioners steeped in collaborative practice. In 2002 she relocated to the UK and commenced in juvenile justice, working as part of a multidisciplinary team. She had the opportunity to be part of HMIP Core Case Inspection, auditing practice. She led an innovative project on preventing violent extremism. Which was recognised by the Youth Justice Board and Foreign and Commonwealth Office as evidence of good practice. She commenced at SDN Brighter Futures in 2013.

A scarcity of clear, measurable outcomes in child protection and early intervention in NSW led SDN Children’s Services to set out to design an outcomes-based practice framework. The framework was to, not only provide the roadmap for consistent practice, but to also clearly connect practice activities with outcomes for children and families.

SDN Children’s Services is committed to promoting and enhancing children’s wellbeing, learning and development in inclusive environments. This leads us to work with families to intervene as early as possible to prevent the escalation of factors that can contribute to negative impacts on children’s wellbeing.

SDN offers a range of family support programs. One such program, Brighter Futures, is funded by the NSW Department of Communities and Justice to intervene early in a child’s life to affect meaningful change and reduce the risk of children entering the Out of Home Care (OOHC) system. SDN offers this program in metropolitan and regional areas of NSW working with families with a child under the age of nine at who has been identified as being at risk of significant harm. The program is delivered by social workers, early childhood educators and psychologists.

During the design process for the outcomes-based practice framework, several core themes emerged that have relevance for broader child protection and early intervention practice and program design. These themes will be the focus of this presentation as will a description of some innovative projects being piloted to test new ways of working. The learning and evidence collected throughout the design and implementation process has the potential inform practice transformation across the sector.
Parent-Infant-Psychotherapy with mothers and their children diagnosed with regulatory disorders

Ms Mona Katharina Sprengeler1, Ms Janna Matthess2, Ms Melanie Eckert2, Dr. Julia Fricke3, Ms Katharina Richter3, Dr Gabriele Koch2, Ms Marie Bolster2, Dr Stephanie Roll3, Dr Anne Berhoefer3, Prof Thomas Reinhold3, Mrs Petra Vienhues4, Prof Christiane Ludwig-Koerner2, Dr Franziska Schlensog-Schuster1, Prof Thomas Keil3, Prof Lars Kuchinke2, Prof Kai von Klitzing1

1University Of Leipzig, Medical Faculty Department Of Child And Adolescent Psychiatry, Psychotherapy And Psychosomatics, Leipzig, Germany, 2International Psychoanalytic University, Berlin, Germany, 3Institute for Social Medicine, Epidemiology and Health Economics, Charité, Berlin, Germany, 4Clinic for Psychiatry, Psychosomatics and Psychotherapy, Diakonissenkrankenhaus, Flensburg, Germany

**Biography:**

Mona Sprengeler (M.A. Psychology) is PhD student at the Clinic and Polyclinic for Psychiatry, Psychotherapy and Psychosomatics of Childhood and Adolescence (University of Leipzig). She investigates the effectiveness of Parent-Infant-Psychotherapy in the SKKIPPI study: „Evaluation of Parent Infant Psychotherapy in Prevalence- and Intervention Studies” Janna Mattheß (M.A. Psychology) is PhD student at the International Psychoanalytic University of Berlin. She investigates the effectiveness of Parent-Infant-Psychotherapy in two studies: „Evaluation of Parent Infant Psychotherapy in Prevalence- and Intervention Studies (SKKIPPI)” and “Parent-Infant-Psychotherapy with high-risk mothers in shared living arrangements and facilities”

**INTRODUCTION**

Studies show that maternal psychological diseases can have a severe impact on the child's development. Especially in the first 3 years of life, children tend to be very influenced by the mother’s symptoms to the extent of becoming the symptom bearer or developing a disorder of their own. These early infantile indications can be part of a regulatory disorder. Parent-InfantPsychotherapy (PIP) can strengthen the bond between mothers and their babies/toddlers, by focusing on both maternal and infantile symptoms and the dyadic interactions.

**AIMS OF THE STUDY**

There is a lack of empirical evidence that PIP improves the developmental status of an infant. In addition, previous studies failed to validate the impact of maternal symptoms on the child's development As such the presented trial focusses on the need for PIP and the development leaps can bring.

**MATERIALS AND METHODS**

The randomized controlled trial investigates the outcome of PIP with infants diagnosed with regulatory disorders and their mothers. Participants will be randomly assigned to PIP or CAU. Intervention will be provided for 6 weeks. Outcomes are assed at baseline, 6-week and 12month follow-ups. Developmental status will be measured using a developmental test for children from 6 months to 6 years. Maternal symptoms will be measured using the MiniInternational Neuropsychiatric Interview.

**RESULTS**

The study is at the stage of patient recruiting as well as data collection. Preliminary results will be available soon.
CONCLUSIONS
Up to the present, there is a lack of high-quality research investigating the outcomes and benefits of PIP. Given the impact of maternal psychopathology on development of the baby/toddler, it is important to support families with infants having regulatory problems.
Improving relationships and preventing burnout in early childhood professionals: Implementation of a cross-system model of infant/early childhood mental health consultation

Dr Julie Spielberger¹
¹Chapin Hall at The University Of Chicago, Chicago, United States

Biography:
Dr. Julie Spielberger is an expert in child development, early childhood education, and school readiness, as well as supports and services to improve program quality. Her research interests include promoting child and parent well-being through early intervention and prevention and developing the early childhood workforce. Her work over the past 20 years includes research and consultation on several system-building initiatives to improve service quality and system coordination. Spielberger has led a number of mixed-methods field studies and evaluations of home visiting, early childhood, and afterschool initiatives, with a focus on improving the professional skills of practitioners.

INTRODUCTION: Infant early childhood mental health consultation (IECMHC) is seen as a promising approach to help staff manage problem behaviors in children and families and reduce their stress and burnout. This presentation describes the Illinois Model, a new cross-system model of IECMHC, and evaluation findings. Designed to enhance the skills and reflective capacity of staff and administrators, the Illinois Model was delivered to home visiting, childcare, and pre-K programs about 10 hours/month for 15 months, followed by intermittent support for 6 months.

AIM OF THE STUDY: The evaluation examined the impact of the Illinois Model on staff’s reflective capacity, self-efficacy, skills, and relationships in home visiting and center-based early childhood programs. Additionally, it examined potential impacts on families and children.

MATERIAL and METHODS: Using a quasi-experimental, comparison group design and mixed methods, the study assessed change in staff knowledge, practices, and reflective capacity in 23 sites; 15 programs received the intervention and 8 programs served as a comparison. Methods included surveys; measures of reflective capacity, burnout, depression, and self-efficacy; classroom observations; home visit video recordings; and qualitative interviews before, during, and after consultation.

RESULTS: Despite implementation challenges, the Illinois Model was implemented successfully with respect to dosage, adherence, and flexibility. Results indicate positive effects of consultation on two measures of reflective capacity; classroom social-emotional climate; and home visitors’ responsiveness to families. Furthermore, being in the intervention and growth in reflective capacity over time predicted lower emotional exhaustion at the third time point.

CONCLUSIONS: Implementation varied across the settings, depending on programs’ readiness and capacity to use mental health consultation. Study results provide valuable lessons for incorporating IECMHC into programs to support staff and build their knowledge and skills and, in turn, strengthen the capacity of the early childhood workforce to better meet the needs of families and children.
A mindfulness relationship-based program/model to support maternal mental health and mother-infant relationship during pregnancy and post-birth

Dr Antonella Sansone-Southwood
Bond University, Faculty of Humanities and Human Sciences, Gold Coast, Queensland, Australia

Biography: Antonella Sansone-Southwood is a clinical psychologist, MA, researcher, mindfulness teacher, author of three books and several articles, and mother. She has a special interest in the impact of the prenatal/perinatal period on human development and health, in particular on mother-foetus/infant connection and mental health, integration of primal wisdom and modern science, psychosomatics, and mind-body approaches to prevention and healing. Antonella’s several years work with parents and infants, studies of indigenous cultures and motherhood have lead to the design of a PhD investigating the prenatal mindfulness relationship-based program she has developed and maternal mental health, mother-foetus relationship and mother-infant relationship outcomes.

Introduction: Maternal mental health has consequences for the mother-infant relationship and infant development during pregnancy and post birth. Research shows that supporting parenting as early as possible in a child’s life helps prevent or reduce later problems across the life span. Studies on support strategies during pregnancy, such as mindfulness-based practices, have been primarily focused on reducing parental stress, anxiety and depression, and preventing their return in the postpartum period. There remains a need to address the influence of antenatal mindfulness on the mother-infant relationship during pregnancy and post-birth. The prenatal mindfulness-relationship-based (PMRB) program was developed by the author through her work with expectant and new parents and is described in her book Cultivating Mindfulness to Raise Children Who Thrive: Why Human Connection from Before Birth Matters (Routledge, 2021). Outcomes from this program – mindfulness, maternal mental health, in particular depression, anxiety and stress, interoception and adult attachment, and emotional availability - will be investigated in a proposed PhD.

Aims: This presentation provides an overview of the literature regarding maternal mental health, mother-preborn relationship and prenatal consciousness, addressing the controversy in the literature regarding the use of the word “attachment” when discussing mother-preborn relationship. It highlights the gaps and research problem leading to the design of an online longitudinal association study pre- and post-partum, a pilot online study with measurement of baseline and post-intervention (during pregnancy) and post-partum outcomes, and a qualitative investigation of participants’ experience of the program.

Description: Part of this debate involves disagreement about the construct of prenatal consciousness, which would be required for reciprocal interactions and engagement between mother and preborn. A shift in focus from “when the baby arrives to the baby is already here and I am in touch with this baby” is at the base of the PMRB Program, teaching parents communication and mindfulness awareness skills to create a conscious connection and parenting skills before birth.

Conclusions: It is believed that this project will provide the first evidence that maternal mindfulness, thus a prenatal mindfulness relationship-based program focused on mother-infant sensorimotor interactions and reflective function, can support mother-infant relationship during pregnancy and post-birth, with potential benefits for maternal and infant wellbeing and the transition to parenting. Examining prenatal predictors of maternal-infant relationship may provide possible avenues for identification of at-risk women and implementation of timely and appropriate strategies, such as mindfulness-based therapeutic approaches in the prenatal period, to prevent perinatal psychological disorders and their impact on infant development and wellbeing.
The implementation of the Attachment and Biobehavioral Catch-up intervention for infants and young children with developmental delays in South Africa

Mr Ahmed Riaz Mohamed\textsuperscript{1,2,3}, Prof dr Paula Sterkenburg\textsuperscript{1,3}, Prof Esme van Rensburg\textsuperscript{2}, Prof dr Carlo Schuengel\textsuperscript{1}

\textsuperscript{1}Vrije Universiteit Amsterdam, Amsterdam, The Netherlands, \textsuperscript{2}North-West University, Potchefstroom, South Africa, \textsuperscript{3}Bartimeus, Doorn, The Netherlands, \textsuperscript{4}University of Pretoria, Pretoria, South Africa

Biography:
Ahmed Riaz Mohamed is a lecturer and clinical psychologist in the Department of Psychology at the University of Pretoria, South Africa. He is also a joint PhD candidate at the Vrije Universiteit Amsterdam (The Netherlands) and North-West University (South Africa). He has a particular clinical and research interest in parent-child attachment, early intervention, and parenting, particularly in the context of young children with significant developmental delays and intellectual disabilities. His PhD research is focused on exploring the effects of the Attachment and Biobehavioural Catchup (ABC) intervention for infant and young children with developmental delays in the South African context.

INTRODUCTION
Children with developmental/intellectual disabilities may be at increased risk of insecure attachment, increasing their risk for emotional and behavioural problems, and psychopathologies. The relevance of attachment-based interventions for this population has, however, received only limited attention.

AIM
The aim of this study was to investigate the implementation of the Attachment and Biobehavioural Catch-up (ABC) intervention in infants and young children with developmental delays (DD) in South Africa.

MATERIAL AND METHODS
Semi-structured interviews were conducted with five local healthcare professionals experienced in working with infants with DD. The interviews focused on their expert opinion regarding the intervention’s applicability to the local context, and to children with DD, as well as to make recommendations for potential adaptations to the intervention. Additionally, for social validation, semistructured interviews were conducted with three parents after implementation of the ABC and with the two intervenors reflecting on their experiences.

RESULTS
Thematic analysis showed that experts found the intervention to be relevant. Most felt that there was concordance between the relational focus of the ABC and their own discipline-specific interventions. The strengths-based approach of the ABC was highlighted as important given the challenging nature of parenting children with DD. Additionally, the ABC was thought to serve a role-release function. While experts expressed support for the intervention and would recommend it, they flagged a number of factors for potential adaptation including: intervention flexibility; video-recording of sessions; appropriateness of activities; necessity for psychoeducation related to DD; and engagement of other services.

CONCLUSION
The ABC was regarded as relevant and necessary. However, suggestions were made for adaptations to facilitate its applicability for the South African context, and for children with DD. Findings will be used to make recommendations for contextualised adaptations to the intervention for future implementation and testing.
"LongSTEP": Experiences from early phase implementation of an international randomized trial

Mrs Łucja Bieleninik1,2, Miss Tora Söderström Gaden2, Mrs Claire Ghetti3, Mr Christian Gold2, Mrs Ingrid Kvestad3, Mrs Annette Katharina Brenner2

1Institute of Psychology, University of Gdańsk, Gdańsk, Poland, 2GAMUT – The Grieg Academy Music Therapy Research Centre, NORCE Norwegian Research Centre AS, Bergen, Norway, 3Regional Center for Child and Youth Mental Health and Child Welfare, NORCE Norwegian Research Centre AS, Bergen, Norway

Biography:
Tora completed her master in music therapy at the Norwegian Academy of Music in 2015. She later specialised in NICU music therapy (RBL-model) and completed Newborn Behavioral Observation training. Tora initiated the first project on implementation of neonatal music therapy in Norway and is currently a PhD candidate at GAMUT (NORCE Norwegian Research Centre AS; Norway) Łucja Bieleninik, Ph.D. of Psychology - a senior researcher at GAMUT (NORCE Norwegian Research Centre AS; Norway) and assistant professor at the University of Gdańsk (Poland). Her scientific interests focus on quantitative research on the effectiveness of non-pharmacological intervention in mental health.

Introduction: Supporting healthy parent-infant interactions in the neonatal period helps buffer against stresses associated with preterm birth. Music therapy (MT) engages parents in attuned, developmentally-appropriate musical interactions with their infants as a means to promote mutual benefit.

Aim of the study: To present experiences from early phase implementation of the ongoing LongSTEP trial.

Material and methods: LongSTEP is a 2x2 factorial, international, assessor-blind pragmatic randomized controlled trial to evaluate longer-term effects of MT on parent-infant bonding and related outcomes across 12 months. We will enroll 250 preterm infants from 8 NICUs in 5 countries (Norway, Poland, Israel, Colombia, Argentina). Family-centred, developmentally appropriate MT is provided 3 times per week during NICU and once a month over 6 months after discharge.

Results: From 26 August 2018 to 13 September 2019, 125 infants have been enrolled. These include 66 (53%) females; 90 (72%) singletons; 79 (63%) with gestational age (GA) below 32 weeks; and 77 (62%) with birthweight below 1500g. Mothers (M=33 years) and fathers (M=35) participated with their infants, who were enrolled at M=33 (SD=2) weeks post-menstrual age. Baseline scores of the Postpartum Bonding Questionnaire (PBQ, M=7.6, SD=8.5, Mdn=6) indicated potentially impaired bonding (PBQ>12) in 21 (17%) cases. Of 61 infants randomized to MT in NICU, 53 have reached discharge and have received M=10 (SD=6) sessions MT; 43 (81%) received at least 6 sessions. Eleven have completed MT after discharge (all 5 to 7 sessions). Nine (7%) have withdrawn from the treatment or the study; 6 after discharge from NICU. Three experienced adverse events (1 serious), all unrelated to MT.

Conclusion: Families with preterm infants in a variety of countries are willing to participate in a trial involving MT, and the MT intervention is feasible and well-accepted cross-culturally. The point of discharge is associated with drop-out of the intervention in some cases.
Preventive intervention for trauma reactions in young injured children: Results of a multi-site randomised controlled trial

Dr Alexandra De Young1, Dr Ann-Christin Haag3, Prof Markus Landolt4, Prof Justin Kenardy2, Dr Clemens Schiestl5, Prof Roy Kimble6

1Queensland Centre For Perinatal And Infant Mental Health, Nundah, Australia, 2University of Queensland, St Lucia, Australia, 3Department of Psychosomatics and Psychiatry, and Children’s Research Centre, University Children’s Hospital Zurich, Switzerland, 4Division of Child and Adolescent Health Psychology, Department of Psychology, University of Zurich, Switzerland, 5Division of Plastic Surgery, University Children’s Hospital Zurich, Switzerland, 6The Pegg Leditschke Children’s Burns Centre, Queensland Children’s Hospital, South Brisbane, Australia

Biography:
Dr Alex De Young is a clinical psychologist and research fellow with the Centre for Children’s Burns and Trauma Research (University of Queensland) and the Queensland Centre for Perinatal and Infant Mental Health (Children’s Health Queensland). Dr De Young’s expertise is in the area of understanding, assessing and treating the psychological consequences of medical trauma for very young children and their parents. Research findings by De Young and team have been translated into training programs for teachers and health professionals to promote responsive trauma-informed care in school and hospital settings for medical trauma and natural disasters.

Introduction: Traumatic injury is common during early childhood and around 10-25% of children experience persistent psychological morbidity.

Aims: Evaluate the efficacy of a standardised targeted preventive intervention for PTSD in young children.

Material and Methods: Injured children (1–6 years) were enrolled in a multi-site parallel-group superiority prospective randomised controlled trial (RCT) in Australia and Switzerland. Screening for PTSD risk occurred 6–8 days post-accident. Parents of children who screened ‘high-risk’ were randomised to a 2-session CARE intervention or treatment-as-usual (TAU). Primary outcomes were PTSD symptom (PTSS) severity, and secondary outcomes were PTSD diagnosis, functional impairment and behavioural difficulties at 3 and 6 months postinjury using blinded assessments.

Results: One hundred and thirty-three children screened ‘high-risk’ were assigned to intervention (n = 62) or TAU (n = 71). Multilevel intention-to-treat analyses revealed a significant intervention effect on PTSS severity over time (b = 60.06, 95% CI: 21.30–98.56). At 3 months, intervention children (M = 11.02, SD = 10.42, range 0–47) showed an accelerated reduction in PTSS severity scores compared to control children (M = 17.30, SD = 13.94, range 0–52; mean difference !6.97, 95% CI: !14.02 to 0.08, p adj. = .055, d = 0.51). On secondary outcomes, multilevel analyses revealed significant treatment effects for PTSD diagnosis, functional impairment and behavioural difficulties.

Conclusions: This multi-site RCT provides promising preliminary evidence for the efficacy of a targeted preventive intervention for accelerating recovery from PTSS in young injured children.
An infant led approach to working with family violence: A methodological perspective1.

**Biography:**
Dr Catherine Wood is an experienced clinical psychologist and researcher. She has worked in private and public health, and the tertiary sector. Currently, she is the Course Director for the Master of Clinical Psychology and Master of Counselling. She has authored numerous peer reviewed publications, and presented at national and international conferences. One of her recent PhD projects was on better understanding children’s resilience in the face of family violence. Dr Wood has been in private practice for over 20 years where she specialises in child and adolescent mental health.

**Introduction**
Over one million Australian children are exposed to family violence each year (The Australian Domestic and Family Violence Clearinghouse, 2011). The effects on children are far reaching across multiple developmental areas. Despite the negative developmental effects of FV on children, they are largely invisible in the human services sector. It is imperative that we direct efforts towards protecting children from the longstanding harm associated with FV. From a clinical and treatment perspective, it is clear that the issues relevant to women cannot be separated from those affecting children, highlighting the need for evidence-based interventions that focus specifically on mothers, infants and their relationship. There are many ethical and methodological challenges in designing and effectively evaluating complex interventions for mothers and infants impacted by family violence.

**Aim**
The aim of this paper is to discuss the methodology used in our research on the evaluation of an infant led early intervention therapeutic program for mothers and their children (aged 0-3 years) leaving family violence.

**Description of the project**
The Safe Nest Group (SNG) is a six week mother-infant dyadic group intervention for women and their infants who are residing in a domestic violence shelter. The program is adapted from the Peek-a-Boo Club™ and guided by attachment and trauma theory.

**Conclusions**
We describe the key features of the program, recruitment and some of the ethical challenges of working with this vulnerable client group. A strength of the design is its focus on the outcomes for infants using the Alarm Distress Baby Scale© to measure relational withdrawal.

1 The Safe Nest Group Program is being run as a research project by Swinburne University in collaboration with Emerge and the Murdoch Children’s Research Institute. We gratefully acknowledge the financial support we have received from Australia’s National Research Organisation for Women’s Safety (ANROWS)

**References**
Disaster resilience in early childhood education

**Mrs Sharleen Keleher**, Dr Anita Nepean-Hutchison

1CQUniversity Australia, Bundaberg, Australia, 2Children’s Health Queensland Hospital and Health Service, Brisbane, Australia

**Biography:**
Sharleen Keleher is a PhD candidate at CQUniversity Australia. Her PhD research is focused on how early childhood educators can support infants and young children process the emotional impacts of environmental disaster.

**Introduction:**
Environmental disasters are a common occurrence in Australian communities and have the potential to profoundly impact the safety and well-being of these communities. A range of research and intervention programs have been developed to support community resilience to environmental disasters, however, until recently the needs of young children have been largely overlooked. The Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) developed a suite of disaster resources, Birdie’s Tree, to meet the needs of infants, young children and those who care for them in the event of disaster.

Educators are well-situated to support young children’s processing of the emotional impacts of experiencing disasters, however factors such as lack of knowledge and training can negatively impact on the provision of this support. To address this, QCPIMH along with CQUniversity developed a professional learning program for early childhood educators to accompany the Birdie’s Tree resources.

**Aim:**
This study aimed to developing the knowledge and self-efficacy of early childhood educators in supporting young children’s social and emotional well-being, with a specific focus on skills to support young children’s approaches to processing the emotional impacts of experiencing natural hazards and disaster events.

**Methods:**
This study involved cross-sector co-development of a professional learning program for early childhood educators, which was delivered in eight sites across Queensland, Australia. A mixed methods approach was used to evaluate this program, alongside an evaluation of an environmental disaster recovery resource package developed specifically for the early years.

**Results and Conclusions:**
This presentation will overview the outcomes of the study, including a focus on the insights provided through the multi-site delivery of a disaster resilience early childhood education and care professional learning program. This includes such factors as the development of educator disaster resilience knowledge and self-efficacy for supporting children's social emotional well-being.
Evaluation on an integrated health and social service approach to optimize early childhood development for low income families

Dr Winnie Hs Goh¹, Valerie Goh¹, Rajni Parasurum¹, Jinghui Yang¹
¹Kk Women’s and Children’s Hospital, Singapore, Singapore

Biography:
Dr Winnie Goh is trained in Developmental Paediatrics, she is currently a senior consultant at KK Women’s and Children’s Hospital. She has special interest in Early Childhood Intervention and has presented her studies in many overseas and local conferences. She was the chairman of Enabling Master Plan III Singapore (2012-2016), advising government on essential services to support children with developmental needs. Dr Goh is instrumental in developing recommendations to enhance support and care for children with special needs and their families.

Introduction:
Brain development during the first few years of life forms an important foundation for future learning and healthy social-emotional development. Exposure to biological and psychosocial risk factors during early childhood negatively impact the developing brain and compromise the development of children, resulting in differing developmental trajectories. Children from low income families’ are more susceptible to cumulative exposure to such risks which could result in widen disparities with differing trajectories. Social sciences studies show Social Economic Status (SES) to be associated with a wide array of health, cognitive, and socio-emotional outcomes in children with effects beginning prior to birth. Neuroimaging studies have further identified changes in the brain’s structure and function associated with poverty.

Aim of Project
Integrated health and social services approach in early interventions from conception and early childhood are crucial in reducing inequalities. Kids Integrated Development Service (KIDS 0-3) is an integrated preventive early intervention home visitation programme targeting low-income families from pregnancy till the child reaches 3 years old with the aim of optimising child development.

Project Description
Service delivery is based on early brain development and its environmental influence, in particular toxic stress and care-giver response. Program identify source of stress and risks factors which children and families are exposed and provide Intervention toward specific goals. Comprehensive approach in providing health and nutrition support as well as building adult capability are essential component of service delivery. Empowering community partners and working in collaboration with community agencies forms an important arm of support.

Conclusion
In this paper, we will present the lessons learnt in service delivery and its early evaluation outcome. Integration of health and social services with collaborative community partnership is important for supporting low SES families in optimizing child developmental.
Educating future parents and teachers about infant mental health

Dr Robert Margolies¹, Ms. Ros Kane², Ms. Heidi Maderia³, Dr Natalie Starling⁴
¹The Connecticut Coalition For Child Development Education, Shelton, United States, ²Before Becoming a Parent Charity, London, United Kingdom, ³Connecticut Association for Infant Mental Health, New Haven, United States, ⁴Southern Connecticut State University, New Haven, United States

Biography:
Dr. Margolies is a licensed School and Clinical Psychologist. Over a forty year career he has held affiliations with N.Y.U. Medical School, Southern CT. State University, and The New Haven Public Schools. He chairs the CCCDE, an organization which advocates for teaching IMH and child development beginning in high school.

Introduction: The current workshop explores and compares programs which have been developed in the United States and the United Kingdom for school and teacher based education in the science of IMH and child development. Pre-parenting education for youth and teens must interface with training for teachers and caregivers. Parenting is life’s most important endeavor, and is the underpinning of our entire social structure and function. Eighty to ninety percent of youth will become future parents, step-parents, foster or adoptive parents. Yet there are few to no educational requirements that prepare future mothers and fathers with basic knowledge and information concerning infant mental health and parenting preparedness, and insufficient programs to train teachers. Scientific understanding of infant mental health has been burgeoning and is readily available for organized educational dissemination.

Aims: The presenters discuss why primary prevention through mandatory pre-parenting education is important for disseminating information about infant mental health, and how that can be accomplished.

Description: The workshop organizes information from past and present program efforts and discuss content and methods that are needed to create effective teaching programs. Issues of resistance from educational and governmental organizations will be explored. Past and current cross disciplinary research data will be summarized to provide evidence for the hypothesis that education in parenting and child development, beginning in high school and earlier, will offer prevention effects for improved parenting and child health outcomes.

Conclusion: Education in the science of IMH will ultimately contribute to raising more caring and informed populations of children and adults and help to reduce medical and psychological problems across cultures. The presenters believe that a generational approach to prevention will contribute to positive health outcomes and the viability of future generations.
Exploration into relationship-based practices of child protection practitioners within the child protection system; attuning to the infant in out-of-home care.

Ms Robyn Kemble

Central Queensland University, Cooran, Australia, University of the Sunshine Coast, Sippy Downs, Australia

Biography:
Robyn Kemble is a Social Work Lecturer with Central Queensland University; previously working with the University of the Sunshine Coast, Queensland Health, Child Protection and many NGOs in 25-years of practice. Robyn also holds a Graduate Diploma in Expressive Psychotherapies and a Master’s Degree in Perinatal and Infant Mental Health.

National child protection data gives evidence of a growing proportion of infants entering out-of-home care with current statistics across Australia noting that infants from birth to four were more likely than older children to have received child protection services. The focus of this research is the infant at risk of being, or who is currently in, Out of Home Care (OoHC) as the most vulnerable and therefore require a more attuned form of care and attention within organisations. Whilst the research seeks to be infant-led and is invested in improving their organisational care, the central focus to achieve this, is on the practitioner and their practice and experience with infants, within their organisation. It is anticipated that this qualitative research will provide a clearer identification and contextualisation of the relational practices that are present or overlooked in the support of the practitioner as they support infants. There is also an expectation that attention will need to turn more deliberately to policies, programs, and targeted training to address matters confronted by the practitioner and the organisations to increase capacity to support the infant and their care systems. The research, therefore, seeks to explore the place for attuned responses within relationships for the infant from the practitioner and for the practitioner from the organisations. The research intention then, is to connect with the practitioner, and through the practitioner with the infant, in a respectful and collaborative manner as a reflective process that aims to be of benefit to both practitioner and infant.
Contents of specialized basic education necessary for the promotion of health activities in childcare facilities

Mrs Chiyo Kuwata¹
¹National University Corporation Japan Advanced Institute Of Science and Technology, Komatsu City, Japan

At present, daycare centers, kindergartens, and certified children's kindergartens are changing into places where many professions work. One of them is the presence of nurses working in nursery schools, and it is expected to increase further in the future.

I am qualified as a nurse and childcare teacher, and one of the things I notice in my work is that health activities, which are important activities to protect children's health, are there is a fact that it is hardly touched by the basic education.

Therefore, we clarified the trend of the research on childcare health in the literature survey and the knowledge necessary for health staff working in the childcare facilities.

The purpose of this study was to examine what should be taught in basic education for both medical and childcare qualifications, and what should be learned by the people who will be working in the future. Research methods include 40 related books from the "Nursery Childcare Guidelines (April 2009) and academic papers on childcare and health (Japanese) Based on the results of the survey of 1010 volumes (2016-2018), We will examine the contents to be learned in basic education in both nursing and childcare fields related to health activities.

As a result, the main contents of the target book were developmental and developmental (34/40), infectious diseases (38/40books), Child accidents (accidents prone to accidents) (27/40), to prevent infectious diseases that should be important as childcare health, measures, and disinfection methods of toys and playground equipment in childcare facilities (2/40), and there were no books that touched on where children were likely to be injured, background, time, etc. The content of the academic paper also tended to be similar.

The dissemination of these preventive activities was thought to lead to strengthening of childcare and health management and support for the healthy development of children, and mentioned its effectiveness.
Pre and Postnatal Anxiety in Women Delivering in a Private Obstetric Hospital

Professor Tanya Connell

Sydney University, Point Clare, Australia

Biography:

Tanya Connell has completed a PhD entitled “Psychosocial assessment and depression screening in private obstetric care. She has qualifications as an R.N, midwife, child and family health nurse, lactation consultant, childbirth educator and has a master’s in adult education and a masters in science-research and a PhD. She has nine research publications and a further 3 under review.

Purpose: High levels of antenatal anxiety may be an important predictor of postnatal anxiety and mood disorders, while co-morbidity of depression and anxiety disorders is common and this has also been shown to occur antenatally. Comorbidities if depression and anxiety and anxiety appear they are less prevalent postpartum than prenatal. However, few studies have followed the trajectory of anxiety symptoms perinatally to parenthood, later infancy and childhood.

Methods: This paper is part of a wider research project that implemented psychosocial assessment, including depression screening in one private hospital in New South Wales, Australia. It explores and analyses the anxiety subset questions 3A from the Edinburgh Perinatal Depression Scale.

Results: Two hundred and fifty-five women were screened antenatally and 209 postnatally. Forty-six women were lost to follow-up for various reasons, e.g. refusal or uncontactable. Fifteen percent of women scored 5 (38) or above on the anxiety subset questions at their antenatal booking-in visit, with a mean score of 2.4275. Twenty-four women (12.7%) scored 5 or higher on the anxiety subset questions postnatally, suggesting a higher rate of anxiety symptoms antenatally.

Conclusions: There was a higher rate of anxiety symptoms antenatally, suggesting that anxiety requires assessment antenatally.

Keywords: Anxiety; Screening; Assessment; Perinatal women; Private hospital
Start at the very beginning: the power of reflective supervision to raise infant experiences to benefit children with challenging behaviour

Mrs Mandy Seyfang

CAMHS Women’s and Children’s Hospital Network, Adelaide, Australia

Biography:
Amanda currently works for CAMHS as the Senior Education Coordinator supporting workforce development and training within the service. This is following many years of practice specialising in perinatal and infant mental health where she worked within primary health and tertiary services. She also works in private practice providing supervision to clinicians and educators who work with infants, children and adolescents.

Within infant mental health services, there is recognition of the significance of reflective supervision to support both the worker and the infant and caregivers in question to have the best outcomes from the therapeutic endeavour (O’Rourke, 2011). Through the experience of reflective supervision, workers are supported to think about the infant’s early experience of care and how this could influence the meaning to them of everyday moments.

In work with children and young adults, focus on their early years can be lost, and it is less common to make space for this kind of reflection. This can severely limit worker’s understanding of the child because of a failure to take account of long term sequelae of adaptations following, for example, early fear experiences. Failing to attend to infant experience can undermine the worker’s capacity to offer the young person opportunities for transformation through a relationship of difference.

This paper aims to explore how reflective supervision that explores infant experience transforms the way workers see and respond to older children and young people with challenging behaviours. Examples will be given from sessions with educators, private therapy providers, and child and adolescent mental health workers to demonstrate how focusing on infancy should be an integral part of service delivery for children presenting with challenging behaviour.
The Solihull Approach - increasing job satisfaction and self-reflective capacity

Ms Helen Stevens
Parent Infant Consultants, Eltham, Australia

Biography:
Helen Stevens, RN, RM and MCHN with BAppSci and MMHS. Helen has worked as a Maternal and Child Health Nurse and Manager of Parent Infant Consultants. Helen has written, researched and presented on infant-parent dysregulation in Australia and internationally and is a certified Solihull Approach trainer.

Aim
This study examined clinical practice experiences following The Solihull Approach training in Australia.

Context
The Solihull Approach is a theoretical framework designed to promote social and emotional development. It has been extensively evaluated including randomised controlled trials (2017, 2019). In excess of 25,000 delegates having undertaken this training internationally (2017). The model incorporates theoretical frameworks derived from neuroscience, infant mental health, psychotherapies and relational disciplines to foster a way of thinking.

In 2017 the first Solihull Approach training was offered in Australia to professionals working in the early years. Since that time a range of professionals including Maternal and Child Health Nurses, Early Childhood Educators, Fostercare professionals, Social Workers, Managers, Teachers, Mental Health Nurses and Psychologists have undertaken the training. Delegates have formally feedback their experiences in writing on the final days of training only. This study examined longer term outcomes for those trained in The Solihull Approach throughout Australia.

Method
Using Qualitative Exploratory Descriptive design, the experiences of those who had undertaken Solihull Approach training between three (3) months and two (2) years earlier, was captured.

Results
Notably was the 87 percent return rate of the emailed survey from those who had completed the training over the previous two years. Thematic analysis identified that the majority of delegates experienced changes in their work practice as a result of the training, greater capacity for self-reflection and increased job satisfaction.

Conclusion
The benefits experienced from the Solihull Approach training were sustained for up to two (2) years following completion of the training.
Training and supporting rural paediatricians in the identification and care of families affected by trauma

Dr Joyce Harrison¹, Dr. Mary Leppert¹
¹Kennedy Krieger Institute/Johns Hopkins School of Medicine, Baltimore, United States

Biography:

Dr. Harrison is an infant and preschool psychiatrist and the Project Director for Kennedy Krieger Institute’s Network for Early Childhood Tele-education (KKI-NECT), an ECHO project for developmental, emotional and behavioral problems in children birth to 6. She is the president-elect of the Maryland-DC Association for Infant Mental Health.

Dr. Leppert is a developmental paediatrician and the Principal Investigator for KKI-NECT. She directs KKI’s Center for Development and Learning and its Preschool Interdisciplinary Clinic as well as the Division of Developmental Paediatrics.

Introduction: There is a critical shortage in the US of specialists to address infant mental health concerns. Project ECHO™ (Extension for Community Healthcare Outcomes) has been successful in building networks and communities that connect specialists with rural providers, moving knowledge not patients, thereby increasing patient access to specialized care. Kennedy Krieger Institute’s- Network for Early Childhood Tele-education (KKI-NECT) is an ECHO model of case-based learning connecting rural primary care providers with a team of young child specialists for weekly video conferencing.

Aim: The aim of this brief presentation is to describe the use of this model to address trauma, including COVID-related concerns, in the paediatric primary care setting.

Description: KKI-NECT is a case-based learning collaborative to address behavioral, emotional and developmental concerns in children ages birth to 5. It replicates the Project ECHO model of a “hub” of neurodevelopmental and behavioral pediatricians, child psychiatrist, behavioral psychologist which hosts weekly “clinics” (teleconferences) with “spokes” (pediatric primary care providers) in underserved areas across Maryland and West Virginia. Providers present deidentified data about cases for discussion. A brief didactic is presented by the hub team. The goal is to create local experts and expand access to specialty care.

The speakers will give a brief overview and present findings from the program. This includes frequency and types of traumatic experiences as well as methods to train and support primary care providers in identifying and addressing trauma in their patients.

Conclusions: Paediatricians are uniquely positioned to intervene, as early childhood trauma is often undetected or unreported. Traumatic experiences have been described in the majority of cases discussed during the KKI-NECT clinics. KKI-NECT provides opportunity for both education and support for paediatric providers as they respond to trauma-related concerns in their patients.
The Maternal Looking Guide: Implementation of a clinical tool to intervene in the first days of the mother-infant relationship

Dr Patricia O'Rourke1, Professor Jon Jureidini1
1Paediatric Mental Health Training Unit, University of Adelaide, North Adelaide, Australia

Biography:
Dr Patricia O'Rourke is a child psychotherapist specialising in preventative work with infants and their families, child protection, reflective supervision and group work. She coordinates the Infant Therapeutic Reunification Service, Women’s and Children’s Health Network, and is a consultant trainer/.supervisor in the Paediatric Mental Health Training Unit, Adelaide University.

Professor Jon Jureidini, child psychiatrist, heads Adelaide University's Critical and Ethical Mental Health research group (CEMH), which promotes safer, more effective and more ethical research and practice in mental health; and the Paediatric Mental Health Training Unit (PMHTU), which provides training in non-pathologising approaches to primary care mental health.

Introduction:
Parent-infant observations have been and continue to be foundational to understand the parent-infant relationship in the earliest years (Bick, 1964; Fraiberg, 1980; Beebe, 2010). The Maternal Looking Guide (MLG) is a clinical tool with demonstrated reliability and implementation over three international sites. It was developed to support the mother-infant relationship immediately after birth. The MLG assists midwives and infant mental health workers to be sensitively responsive at this critical developmental juncture for baby and mother, recognising and supporting dyads who will benefit from immediate increased support.

Aims of the workshop
The aims are to outline the MLG, demonstrate the MLG training video, introduce the training manual, address fidelity requirements in implementation and discuss further development in terms of research.

Description of the workshop
This workshop will focus on the implementation of the MLG Training Package: tool, training video and manual will be demonstrated to support the rigour and fidelity of implementing the MLG. Experience from its use in the field will be reported. Workshop participants will engage with the training material and discuss issues that arise in its implementation in their setting, and will have an opportunity to contribute to setting the MLG research agenda.

Conclusion
Building on multi-site evaluation evidence presented at WAIMH symposium Rome 2018, further development of the validity and reliability process of the MLG to date indicate that it is a user-friendly clinical tool. It can be used by midwives, community child health nurses and IMH workers and for teaching infant observation at tertiary level. The MLG continues to be researched and developed across multiple sites and contexts.

References
Developing the Perinatal and Infant Mental Health Continuum in Queensland via Telehealth

Ms Naomi Kikkawa, Ms Monica Taylor

1Children’s Health Queensland, QCPIMH, Brisbane, Australia, 2Centre for Online Health, The University of Queensland, Brisbane, Australia

Biography:
Naomi Kikkawa is a social worker by background. She has worked more than ten years in the mental health sector in the areas of multicultural mental health, child and youth mental health and trauma in the context of refugee and asylum seeker children, young people and their families. More recently, in her role as the e-PIMH Telehealth Coordinator, Naomi successfully implemented a statewide non-clinical telehealth pilot for the Queensland Centre for Perinatal and Infant Mental Health. She has since trialled implementation of a clinical component to complement the non-clinical support.

INTRO: A telepsychiatry service was established in selected regional hospital and health services in Queensland. Services included secondary clinical consultations with perinatal and infant psychiatrists via videoconference.

AIMS: The goal of the service is to extend skills and knowledge of local health service providers to identify risk factors associated with mental health issues for new and expecting parents and their children. The service thus aims to assist early intervention and referral. The aim of this study was to explore the barriers and enablers of operating these services.

METHODS: In this explorative qualitative study, semi-structured interviews were conducted with health staff who used the service. Interviews were recorded and transcribed verbatim. Transcripts were analysed using inductive thematic analysis.

RESULTS: Fourteen interviews were conducted. Barriers and enablers were reported as related to the product (i.e. telepsychiatry service) or the fit (i.e. compatibility with existing mental health service delivery). Enablers related to the product included low cost to remote sites and addressing gaps in knowledge. The clinical facilitator was found to be a key enabler. However, this role was also perceived as a barrier for scalability, if the service relied too heavily on one individual. Another barrier was lack of knowledge of the product at remote sites.

Participants also highlighted that the service addressed a previous sense of isolation and inadequate knowledge around perinatal and infant mental health issues, in addition to assisting with complex cases. In the category of fit, barriers involved fragmentation of health services, uncertainty around referral pathways, and high staff turnover.

CONCLUSION: Understanding the barriers and enablers of a new health service is important for service delivery and potential expansion. Findings from our study indicate the importance of service promotion and clarity around scope of services available; and, the importance of delivering telepsychiatry services in conjunction with in-person site visits.
Reflections of an early career clinician working with high-risk infants and families

Ms Skye Petrie

Berry Street Take Two, Eaglemont, Australia

Biography:
Adrienne Buhagiar is a clinician with the Berry Street Take Two program, based in Melbourne, Australia. Adrienne is a psychologist who has worked therapeutically with high risk adolescents in out of home care and Secure Welfare Services, as well as younger children and infants.

Introduction:
Take Two is an intensive therapeutic service for infants, children and young people who have suffered trauma, neglect and disrupted attachment and are exclusively referred through Child Protection (DFFH). The nature of the clientele referred to Take Two has increased my exposure to highly complex presentations. As an early career clinician and psychologist, working with high-risk infants and their caregivers has provided opportunities for significant theoretical and practical intervention growth. More recently within the wider Child, Youth and Family system a key focus has involved providing early intervention and prevention to high-risk families to be safe and stay together.

Aim:
During my time at Take Two, there have been several key learnings that have been crucial to being able to provide high-quality services to some of the most vulnerable children in Victoria. Interventions are guided by the Neurosequential Model of Therapeutics (NMT) with a focus on supporting emotional, social and developmental growth and restorative approaches to relationships severely impacted by trauma.

Description:
Areas that were key to professional development included mentorship, relational connection and professional development. Support and clinical guidance from senior clinicians with specialist infant mental health training. Crucial learnings often occurred during clinical observation and guidance sessions with infants in a range of contexts with a range of caregivers including the clinical skills required to notice minutiae details and interactions. Opportunities for regular professional development provided clinical tools to support appropriate assessments, recommendations and treatments. Lastly the ability to form meaningful connections and narratives aimed at strengthening the relationship between an infant and their caregiver has been paramount for successful and positive goals.

Conclusion:
This presentation will explore the clinical considerations crucial to achieving positive outcomes for infants within a complex service system involving family, culture, child protection, foster care, police, and the Children’s Court. In addition, the added complexity of assessing the impact of infants experiencing neglectful and traumatic experiences throughout the most rapid period of human development.
Improving infant mental health capacity through a targeted training of child and adolescent psychiatry trainees

Dr Paul Robertson1, Dr Izaak Lim2, Assoc. Professor Sandra Radovini1, Assoc Professor Campbell Paul2, Professor Louise Newman3

1Mindful, Department Of Psychiatry, University Of Melbourne, Travancore, Australia, 2Royal Children’s Hospital (Melbourne), Parkville, Australia, 3Royal Women’s Hospital, Parkville, Australia

Biography:
Dr Paul Robertson is an infant, child and adolescent psychiatrist with extensive clinical experience in infant mental health including the development of services within Victorian public service CAMHS. He is the Victorian Director of Advanced Training in Child and Adolescent Psychiatry responsible for the training of child and adolescent psychiatrists in Victoria. He is also the binational Chair of the RANZCP Faculty of Child and Adolescent Psychiatry.

INTRODUCTION
Australia has a strong tradition of recognising the mental health needs of infants in their relationships. Child and Adolescent Mental Health Services (CAMHS) in the State of Victoria have provided mental health services to children and adolescents and their families from the commencement of school around 5 years of age. They had not routinely provided mental health services for infants, toddlers and preschoolers. Recognition of the mental health problems of infants, toddlers and pre-schoolers and their need for intervention has challenged the status quo leading to recognition of the need to develop infant mental health services within mainstream CAMHS. This provided the challenge of skilling up the CAMHS workforce in infant mental health. Mindful: Centre for training and research in developmental health provides education, training and workforce development to the Victorian CAMH sector including administering and providing an academic program for the subspecialty training of child and adolescent psychiatrists in Victoria.

AIMS
Mindful, supported by both Victorian and Australian government funding, developed a training strategy to sustainably improve infant mental health skills and practice within the CAMH sector.

DESCRIPTION
Since 2012 this project has provided targeted funding to clinical CAMH services to fund additional training positions for child and adolescent psychiatry trainees in infant mental health. The learning goals emphasise the acquisition of competencies in clinical provision, consultation to other professionals and clinical leadership for infant mental health within CAMH services. Senior child and adolescent psychiatrists experienced in infant mental health closely supported and supervised the trainees and held oversight of the program. Didactic seminars and clinically focused workshops were developed and provided within the child and adolescent formal education training program.

CONCLUSION
Successful outcomes of the targeted training are discussed in terms of:
• Clinical competencies,
• Staff training and workforce development and
• Organizational and clinical service development.
Future developments of this training program are considered.

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Inquiry is the Intervention: Reflective Consultation with Early Childhood Educators

Mrs Elita Amini Virmani1, Dr. Ayumi Nagase, Dr. Holly Hatton-Bowers
1Sonoma State University, Rohnert Park, United States

Biography:
Elita Amini Virmani is an Associate Professor at Sonoma State University in the Department of Early Childhood Studies. Prior to joining Sonoma State University, she was the Director of Training for the Program for Infant/Toddler Care at WestEd’s Center for Child and Family Studies where she developed trainings and materials geared toward improving teacher, trainer, home visitor and parent capacity for sensitive, responsive, and reflective practice. In 2016, Amini Virmani was recognized as an Exceptional Emerging Leader by the Exchange Child Care Magazine’s Leadership Initiative.

INTRODUCTION
Reflective supervision and consultation have gained increasing attention in the early care and education field as a way to support and enhance early childhood educator professional competence. However, less is known about how reflective consultants use inquiry as a way to promote reflective capacities among early childhood educators.

AIM OF PROJECT
The Research Project: Escuchanos (Come Listen to Us): We Do Have Emotions and We Do Have Feelings provides early childhood educators with a regular time and place to think deeply about interactions with children in their care, to wonder about children, families and their stories, and to reflect upon their own emotional responses to their work with children and families. The overall aim of the project is to enhance early childhood educator reflective capacities and to better understand the processes that reflective consultants in early childhood care and education settings use to facilitate reflective discourse among early childhood educators.

DESCRIPTION OF THE PROJECT
A total of 16 early childhood educators (preschool teachers and directors) working with 3-to-5-year old children in state-funded preschool programs in California were recruited to participate in this project. All participating early childhood educators met in their teaching teams with the reflective consultant for monthly reflective consultation. Reflective consultation sessions were facilitated by a mental health clinician (trained through the Napa County Infant-Mental Health Fellowship) and occurred at their respective childcare sites. All of the reflective consultation sessions were video-taped. Selected video-taped sessions were analyzed to highlight questions reflective consultants used to facilitate self-awareness and reflective capacity.
CONCLUSIONS
This project illuminates the need to set the stage for responsiveness to inquiry and builds upon our understanding of the kinds of questions reflective consultants ask in service of promoting self-awareness and reflective capacities in early childhood providers.
Getting personal: The shift from group to individual intervention for the COS Intensive protocol.

**Mr Joe Coyne¹**

1QUT, Kelvin Grove, Australia

**Biography:**
Joe Coyne has worked for over 20 years in the area of child and family psychology. He is particularly interested in the developmental processes involved in healthy outcomes and the impacts of parenting and life events on personal trajectories. In recent years he has been exploring the benefits of incorporating attachment theory and research into contemporary treatment approaches for parents, children and adults. He is the Course Coordinator of the Masters of Psychology (Educational & Developmental) at QUT and an accredited therapist, trainer and supervisor for the Circle of Security Intervention.

**INTRODUCTION**
The Circle of Security Intervention began as an early intervention program to support the development of secure attachment between parents and young children. The original model was built around a 20-week group protocol.

**PURPOSE**
Changes in contemporary service delivery and the ecology of family life have seen the viability of the original model of intervention called into question. The development of COS-Parenting was an initial attempt to increase the access and utility of the model in changing times, however, this model is not a strictly therapeutic model and there is an ongoing need to provide access to intensive intervention for parents in the model.

**DESCRIPTION**
This paper reviews the changing influences on COS treatment delivery and introduces the importance of individualised delivery of the original intensive intervention. Work from different teams across the world is acknowledged the individualised protocol implemented at QUT, Brisbane is highlighted. The differences of the individualised from group delivery are discussed and the pros and cons of shifting to this modality highlighted. How the protocol relates to changing family needs and workforce is also described.

**CONCLUSION**
The ongoing value of providing access to the Circle of Security intervention’s more intensive form is highlighted and the need to adapt models to meet change in social and workforce conditions stressed.
How therapists experience and handle challenging Marte Meo video guidance processes for parent-infant dyads - findings from a qualitative study

Dr Indra Simhan¹,², Dr Marius Veseth², Dr Kari Vik¹, Dr Aslak Hjeltnes²
¹Department of Child and Adolescent Mental Health (ABUP), Sorlandet Hospital HF, Kristiansand, Norway, ²Department of Psychology, University Of Bergen, Bergen, Norway

Biography:
Dr. Indra Simhan works as a senior child psychiatrist and research fellow at the Infant Mental Health Team, Department for Child and Adolescent Mental Health, Sorlandet Hospital Kristiansand, Norway, and the Dept. of Psychology, University of Bergen, Norway. She uses psychoanalytic theory, mentalization-based therapy and Marte Meo video-guidance in her clinical work and is currently finishing a research project on video-guidance for dyads referred to specialized treatment where the parents struggle with own psychological problems and limited mentalization capacity.

INTRODUCTION

Studies on Marte Meo video guidance for parent-infant dyads stress the importance of therapist attunement and therapeutic relation and underscore a lack of research on foundering guidance processes. Investigating Marte Meo therapists’ experiences of challenging and problematic aspects of video guidance increases our understanding of its mechanisms and scope.

AIM

Explore how therapists experience and handle challenging or failing guidance video guidance processes with parent–infant dyads.

METHOD

Phenomenological-hermeneutic analysis of interview transcripts with 13 experienced Marte Meo video guidance therapists/supervisors using collaborative reflexive thematic analysis.

RESULTS

We identified four main themes: (a) promoting relational growth in a coercive context; (b) building an alliance that feels safe for the parents; (c) looking at positive moments in difficult lives; and (d) handling intense feelings as a therapist.

CONCLUSION
A sub-group of parent–infant dyads with specific requirements poses specific therapeutic and ethical challenges. Child protective issues, a high level of insecurity in parents that affects the therapeutic relationship and parents’ struggles with unsolved relational or mental health issues characterize these dyads. Therapists describe that they adapt video guidance to the requirements of these dyads. This renders their own role pivotal and demanding regarding the therapeutic alliance, interventions and therapists’ own emotion regulation. Implications: The sub-group of dyads posing specific should be identified through systematic assessment of parental’ vulnerabilities and child protective issues early in the guidance process. Training, practice and supervision in Marte Meo should address these challenges.

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Exploring the voice of Registered Music Therapists in Infant Mental Health Service Provision.

Mrs Louise Miles¹², Dr Raffaella Salvo¹
¹Edith Cowan University, Joondalup, Australia, ²Perth Children’s Hospital, Nedlands, Australia

Biography:
Louise Miles is a candidate for the Masters of Perinatal and Infant Mental Health at Edith Cowan University and is currently employed as a senior music therapist at Perth Children’s Hospital. She regularly works with children under 5 years and their families and is keenly interested in the ways in which music can support these families during stressful events such as hospitalization. As part of her studies, Louise is exploring the voice of Australian music therapists working with vulnerable infants and families and seeks to showcase links between music therapy and the field of Perinatal and Infant Mental Health.

INTRODUCTION
Increasingly, music therapy literature makes frequent use of common IMH language and terminology such as: attachment (Edwards, 2011), relationship development (Oldfield & Bunce, 2001), the emergence of a sense of self (Malloch et al., 2012), contingent communication (O’Gorman, 2007) and parental identity (McLean, Skews-McFerran, & Thompson, 2019). This paper presents a study into how these terms are being understood by RMTs within their everyday clinical practice.

AIM
This paper will present findings from a research study being completed in November 2019 which seeks to understand how registered music therapists (RMTs) in Australia are describing their work with infants, what is influencing their clinical practice and how RMT’s are addressing the relational needs of infants and their caregivers in the context of their clinical work.

METHOD
Data was collected via web-based interviews with 8 registered music therapists working with children aged 0-5 in a variety of contexts from acute care through to private community groups. Interview transcripts will be analysed using phenomenological micro-analysis to capture the fundamental elements of each RMTs experience.

RESULTS / CONCLUSION
This presentation will report findings from the study which is due to be completed in November 2019 and will seek to highlight the contribution of Australian music therapists to the field of IMH practice.

REFERENCES

Practitioners' perspectives on expansion of perinatal and infant mental health outreach services in Australia via telehealth

Mrs Karen Griffin1
1St John of God Health Care, Perth, Australia, 2Edith Cowan University, Joondalup, Australia

Biography:
Karen Griffin will graduate from Edith Cowan University's Master of Perinatal and Infant Mental Health course in 2019. Throughout her career, she has predominantly managed early intervention child protection programs, supporting vulnerable families with children aged 0-5 years. Karen is particularly experienced in providing group work with mothers experiencing complex psychosocial stressors, impacting their developing relationships with their infants. Karen is an accredited Parents under Pressure (PUP) Therapist and Supervisor and is also an accredited Circle of Security Parenting Facilitator. In her current role, she predominantly works with homeless youth, including overseeing the Horizon House Young Mother and Baby Program.

INTRODUCTION
Provision of Perinatal and Infant Mental Health (PIMH) support to families during pregnancy and the postpartum period is vitally important due to the adverse consequences of parental mental ill health on all aspects of infants’ development and future wellbeing across the lifespan. The research problem relates to limited access to vital PIMH support for families in rural Australia, therefore, interventions delivered via a telehealth modality have become a viable option for engaging remote families.

AIM
This research explored a variety of clinicians’ perspectives from St John of God Health Care’s Raphael Services, regarding providing PIMH support services via Telehealth. The principal purpose of the study was to inform policy, service delivery and future practice within Raphael Services.

MATERIAL and METHODS
This research adopted a case study approach, applying a mixed methods design underpinned by Attachment Theory comprising an online survey and in-depth interviews.

RESULTS
Findings within the qualitative data included two main themes: firstly telehealth as an opportunity, and secondly, telehealth as a challenge. Quantitative data confirmed a total 75% of clinicians in the sample were
motivated/highly motivated to consider telehealth as a mode of PIMH service delivery. Clinicians delineated the prerequisites of a measured transition of telehealth into practice, extensive training opportunities, effective pilot projects, provision of secure and high quality software and infrastructure, readily available access to IT support, rigorous governance in place to minimise risk and manage crisis situations and finally, vigorous supervision and support from clinical leads.

CONCLUSION

Recommendations to support clinicians to assimilate telehealth into practice included implementing a logic model to incorporate Telehealth into service delivery, applying a workforce development model and reinforcing the importance of clinician acceptance as a crucial element for a sustainable telehealth service. The implications were imperative for informing future practice within Raphael Services, potentially supporting the provision of specialist PIMH intervention services within Australia.

A Journey to Implementation and Trial of Animal Assisted Therapy

Mr Bruce Laing1, Ms Clare Redfern1
2Qld Centre for Perinatal & Infant Mental Health, Brisbane, Australia

Biography:
Clare Redfern is a Psychologist with 12 years’ experience in Child and Youth Mental Health. Clare currently works for QCPIMH as an infant mental health clinician within the 0-4 CYMHS clinical team where she continues to enhance clinical skills and knowledge through her work with infants, young children and their families. Clare has a special interest in Animal Assisted Therapies and together with her 2 year old Cavoodle Cookie has completed training in Human-Canine Clinical Therapy. Clare is passionate about implementing this innovative therapy with infants and children and continue to build the evidence base for animal assisted therapies.

Introduction:
The Queensland Centre for Perinatal and Infant Mental Health as a centre of excellence and innovation strives to offer families evidence-based interventions that are creative in trying to meet the needs of families where a small child suffers with emotional difficulties or mental health vulnerabilities. Few realise that Animal Assisted Intervention is a clinical therapy based on the accepted principles and goals of psychotherapy. Including animals in the intervention setting, with a therapist who understands the opportunities provided by the human–animal bond, may expand these principles to further advance the therapy process. Animals can be integrated into the play therapy setting based on the notion that children tend to identify with animals. The animals’ presence can expand the space needed for self-expression of the child’s inner world within play therapy, thus facilitating healing processes.

Purpose:
As part of Child and Youth Mental Health Services (CYMHS) of the Queensland Children’s Hospital we have sought endorsement for Animal Assisted Interventions (AAI) to be initially piloted within clinical services at 0-4 CYMHS to enhance practice and add to the emerging body of literature.

Description:
Working within a large public health system such as the Qld Children’s Hospital poses challenges for the endorsement and implementation of new ideas to integrate into mental health practice. In the context of working with distressed families how do we make sure our idea for innovation is sound and can work? Who
do we talk to and how do we negotiate the organisational rigors and requirements? How do we make sure we value add to our current mental health interventions? How do we gather like-minded people within our service to plan and manage accountability to our management? How can we add to the growing body of evidence for animal assisted therapy? How do we manage the welfare of our staff and the animals we are proposing to use in making a difference in little people’s lives?

Conclusions:
Come with us on a journey of organisational discovery to discuss strategies, pitfalls and delights of breaking new ground in mental health support and therapy for vulnerable infants, children and families.
An initiative for Victorian infants: Perinatal Infant Mental Health Initiative pimhi

Ms Catherine Teague1, Ms Lisa Bolger2
1Mercy Mother Baby Services, Werribee, Australia, 2Austin Parent Infant Services, Heidelberg, Australia

Biography:
Cate has a forty year background in nursing incorporating Midwifery, Maternal & Child Health, and Adult & Infant Mental Health. She has practiced within primary, secondary & tertiary sectors at clinical, educational & advisory levels. She presently holds the Perinatal Infant Mental Health Initiative (PIMHI) portfolio at Werribee Mercy Mother Baby Services

INTRODUCTION
Perinatal and Infant Mental Health Initiative, PIMHI, was established in the State of Victoria, Australia in 2006 by the three tertiary Parent-Infant Services located within metropolitan Melbourne. They each provide psychiatric treatment for ante and postnatal women and their infants under 12 months of age. These programs were established to address an identified gap in service provision and knowledge in Area Mental Health Services for adults with serious mental illness. These services were increasingly caring for women with serious and enduring mental illness who were also pregnant or had an infant.

AIM
The presentation will describe how this Initiative has developed from its inception to present day. It will describe the clinical work that has been undertaken, and the impact that this has had on clinicians and families. It will demonstrate the impact of funding changes on the program, and the challenges of keeping the focus on the infant in an Adult Mental Health system.

DESCRIPTION
This presentation will describe the service provided across two of the three geographical areas, including the evolution of each of these services. In one of the regions a decision was made to develop an outpatient service incorporating PIMHI as another arm to the already existing inpatient service. In the other region a stand-alone PIMHI service was developed. A brief comparison between these services will also be explored. The complexities of their establishment, maintenance and sustainability, while balancing all the competing needs of such ambitious programs will be described. And how the infant can be kept in mind throughout.

CONCLUSION
Although each present day PIMHI has changed from its inception, having to cut its coat according to its cloth, its intent to hold the infant in mind is still present.
Defining, measuring and guiding reflective interactions in supervision and consultation using the Reflective Interaction Observation Scale (RIOS)

**Dr Christopher Watson**

*University of Minnesota, St. Paul, United States*

**Biography:**

Christopher Watson, Ph.D., IMH-E®, is a Research Associate in the Center for Early Education and Development (CEED) at the University of Minnesota-Twin Cities. His research is centered on professional development with a focus on the social and emotional development of young children and reflective supervision/consultation to support practitioners working with young children and their families. Dr. Watson is director of Reflective Practice Center @ CEED. He holds Endorsement in Infant Mental Health (IMH-E®) from the Minnesota Association for Infant and Early Childhood Mental Health—Infant & Early Childhood division and is a certified Program for Infant Toddler Care (PITC) trainer.

**INTRODUCTION**

The Reflective Interaction Observation Scale (RIOS) was developed to identify the extent to which a reflective supervision or consultation session demonstrates a reflective process grounded in infant mental health theory and practice. The RIOS is aligned with the competencies of the Best Practice Guidelines for Reflective Supervision® developed by the Alliance for the Advancement of Infant and Early Childhood Mental Health.

**PURPOSE**

The RIOS is used to gain an understanding of supervision that is based in developmental and attachment theory and informed by the rapidly growing body of research exploring interpersonal neuroscience (Sroufe, 1996; Sroufe, Egeland, Carlson & Collins, 2005; Bowlby, 1969/1982; Siegel & Shamoon-Shahnook, 2010; Siegel, 2012). The RIOS is intended to identify and describe the content and characteristics of the interactions between the supervisor and supervisee at a given moment in time. The focus is not specifically on either the supervisor or supervisee, but rather on “the space between” the two; what the pair attends to and how they interact (Watson, Harrison, Hennes, & Harris, 2016).

**DESCRIPTION**

The RIOS identifies the “active ingredients” in a reflective supervision session. These active ingredients are organized as five “Essential Elements,” the first four of which focus on the content of the supervisory session. In addition, the first four Elements are evidenced by five progressively more reflective processes, referred to as “Collaborative Tasks,” employed by the supervisor and supervisee during supervision. Although the RIOS was originally created to identify the components of reflective supervision so they could be measured for research purposes, it has also proven to be an effective framework for training reflective supervisors and as a guide for reflective work. Programs have used it as the framework for the supervisory relationships throughout their program (Fitzgibbons, Smith, & McCormick, 2018).

**CONCLUSIONS**

This presentation will highlight research being conducted using the RIOS in the fields of home visiting and child welfare. In addition, it will summarize the impact of the RIOS framework in professional development in early care and education and home visiting, including its use in distance training and mentoring.
Interprofessional training to address developmental needs of fragile newborns and young infants and their families after intensive care

**Professor Joy Browne¹, Dr. Petora Spratt², Ms Emily McNeil²**

¹University Of Colorado School of Medicine, Albuquerque, United States, ²Private practice, Denver, United States

**Biography:**
Joy Browne is Clinical Professor in Pediatrics and Psychiatry, University of Colorado Denver Anschutz Medical Campus. Her professional work is as a Pediatric/Developmental Psychologist, Pediatric Clinical Nurse Specialist and Infant Mental Health Clinician. She directs the BABIES and PreSTEPS program for early interventionists and the Family and Infant Neurodevelopmental Education—US. She is a co-chair of the Gravens Conferences on the Environment of Care for High Risk Infants and their Families and chairs the Interprofessional Consensus Panel on Standards for Infant and Family Centered Developmental Care. Dr. Browne’s research is in neurodevelopmental supportive care, parent support and infant mental health.

**INTRODUCTION:** Providing evaluation, preventive-interventions, and family support services for medically fragile newborns and their families after discharge from intensive care is complex and requires a area specialization. Few early intervention or health care providers have education or mentored experiences working with this age group and the complexities associated with medical fragility and relationship-based development. Fewer have expertise in supporting parents who have been through stressful/traumatic experiences resulting in mental health challenges. To promote best practice for this population, providers benefit from evidence based, IMH infused training increasing their capacity to evaluate, intervene and support optimal relationships with families and fragile newborns.

**PURPOSE:** The presentation will emphasize the foundational infant mental health constructs essential for optimal outcomes for medically fragile infants and their parents. The purpose is to provide a comprehensive evidence-based training and learning collaborative using adult learning approaches in engaging interprofessionals-developmental therapy, mental health and medical care providers. The learning collaborative approach, including reflective consultation provides a broad-based foundation yielding expertise in support of newborns and young infants with health care needs, developmental disabilities and those at risk for relationship disturbances.

**DESCRIPTION:** Using the BABIES and PreSTEPS Model, the presentation describes an evidence based approach to training in assessment and intervention for an infant’s Body Function, Arousal and Sleep, Body Movement, Interaction with Others, Eating, and Soothing. Support for families will focus on the evidence based best practices of Predictability and continuity, Sleep and arousal organization; Timing and pacing, Environmental modifications, Positioning and handling and Soothing supports.

**CONCLUSION:** IMH infused training for early interventionists is a much needed approach for supporting medically fragile infants and their families after their intensive care experience.
The applying of Dynamic-Maturational Model of Attachment and Adaptation (DMM) to the psychological therapy in Post Natal Depression.

Mrs Shiqin Shen

Raindrop Psychology, Chongqing, China

Biography:
Dr Shiqin Shen is Female, Born in 1973, PhD, Vice Professor, Master Tutor, a clinical psychologist and psychotherapist in children and adolescences in Daping Hospital, Third Military Medical University, Chongqing, China. She earned PhD in Clinical Psychology at East China Normal University in 2014. She is an appointed Distinguished Professor at Mental Health Center in Chongqing in infants & early parent-child-psychotherapy. She also founded the Raindrop Psychology & Parents School, worked as a Child and Adolescent, mother-infants psychotherapist, and lecturer at parents school. She is the Board member of International Association for the Study of Attachment.

INTRODUCTION
According to Patricia M. Crittenden, etc (2015), the diagnosed parent using distorted ways of information processing with children played a role in enduring and detrimental effects on children, and family changes had more to do with clarity of information than with the diagnosed parent.

AIMS OR PURPOSE
To relieve the detrimental effects of mother’s depression on child, help the diagnosed mother and her family making better change, I applied DMM to both systemic family therapy and group therapy for the mother with diagnosed depression 4 months after the second child was born. More detail to see the Genogram in additional handouts.

DESCRIPTION OF THE WORK
There were 20 sessions of DMM-Based family therapy, and 50 sessions of DMM-Based group therapy applied to the mother. The relationship between the couple improved after 20 sessions of family therapy, and the relationship between mother-two children as well as the relationship between the mother and grandparents improved after 50 sessions of group therapy.

Conclusion
We found that applying DMM to systemic family therapy and group therapy had very obvious positive effects on post natal chronic depression. First, it made family members clearly see the circular cause-effects of interaction which facilitated them more reluctantly to make change. Second, it clarified specifically and clearly that how the families distorted the information during their interaction and subsequently influenced the children to make meaning of their experience, which help them more easily to integrate true information. Finally, it decreased the feeling of shame by psychiatric diagnoses when the family members focused on what strategies the family members used to protect themselves instead of psychiatric disease.
Unsettled Infants: Does Parental Attachment Style Impact on Treatment?

Mrs Kathryn Thornton¹, Dr Carmel Loughland¹,², Dr Agatha Conrad¹,²
¹University of Newcastle, NSW, Australia, Callaghan, Australia, ²Hunter New England Health, Waratah, Australia

Biography:
Kathryn worked as a primary school teacher, school counsellor and a researcher prior to working as a psychologist in the area of perinatal psychiatry for 20 years. She has a Graduate Diploma in Infant Mental Health. Since retiring she has embarked on a PhD at the University of Newcastle examining the assessment and management of infants presented for unsettled behaviour at the primary care level.

INTRODUCTION

Infants in their early months of life can be unsettled and some parents seek help from professionals like Child and Family Health Nurses. Treatment recommendations, when medical causes have been excluded, include reassuring parents that their infant is normal and will outgrow the behaviour and educating them about normal crying, feeding and sleep and settle patterns. For some parents this knowledge is reassuring whereas for others it offers no solace and can result in parents feeling dismissed and invalidated and a disillusionment with services. The question that arises is, why do parents respond differently to the same information? Does parental attachment style play a role?

AIM

The aim of this study was to explore whether there was any evidence to support the hypothesis that attachment style impacts on treatment.

DESCRIPTION

As people’s attachment styles are activated at times of stress, and having an unsettled infant is stressful, it was thought that parental attachment style may impact on treatment. A literature review was undertaken to explore whether there were studies that had examined the relationship between adult attachment style and treatment outcomes. There were studies in the range of areas including diabetes, pain and lupus management where most used self-report measures of attachment. Differences in treatment seeking behaviours, symptom reporting and treatment adherence were found between people with different attachment styles.

CONCLUSIONS

As attachment style has been shown to impact on treatment in other areas of health, it is likely to play a role in the work with parents of infants presented for unsettled behaviour. The research suggests that the measurement of parental attachment style could inform clinicians about the best ways to engage with
parents and to tailor appropriate interventions to optimise the outcomes for the infant, its parents and family. Research is required to confirm this conclusion.

Culturally sensitive PTSD screening in non-Western youth: an intervention program in Central African Republic

Professor Giampaolo Nicolais\textsuperscript{1}, Dr Camilla Modesti\textsuperscript{1}, Prof Alessandra Talamo\textsuperscript{1}
\textsuperscript{1}Sapienza University, Rome, Italy, Rome, Italy

\textbf{Biography:}
Professor of Developmental Psychology, Faculty of Medicine and Psychology, Sapienza University of Rome. President of the Italian Association for Infant Mental Health – AISMI. Ordinary Member of the World Association for Infant Mental Health – WAIMH. Faculty of Harvard University “Global Mental Health: Trauma and Recovery Certificate Program”. Main research topics and clinical areas of intervention are in the fields of developmental psychopathology, attachment, moral development in preschool and school years, post traumatic disorders. Author of several publications on peer-reviewed scientific journals on child maltreatment, methodology of clinical intervention in childhood trauma, intergenerational transmission of psychological trauma, parenting at risk.

\textbf{INTRODUCTION:} The mental health of 24 millions children is affected by war (Save the Children, 2019). Because culture and context concur in providing a complex and dynamic trauma response in children (Tsujii, et al., 2017), the cultural adaption of screening tools is highly recommended. In 2017 the Department of Medicine and Psychology of Sapienza University started a training for trainers project addressed to 41 local mental health providers working in Central African Republic (CAR), a country involved in a political and military crisis that provokes crimes against the population.

\textbf{AIM OF THE PROJECT:} One of the goals of our project is to culturally validate screening tools for the evaluation of traumatic disorders in CAR youth and infants. Methodology of this validation process will be described in the present work.

\textbf{MATERIALS AND METHODS:} Participants to the training were divided into five groups with the aim to evaluate the cultural suitability and translate into the local language the scales CAPS-C, HTQ, HSLC-A/D. Thereafter, leaders of each group discussed and drafted final versions of the scales that have been so far administered to 34 children and their families (F=25; M=9; mean age=13.77) living in Bangui. The same methodology will be applied for the cultural validation of the YCPS for preschoolers.
RESULTS: The following average score have been reported:
- CAPS-C M=1.1±0.5
- HTQ M=2.0±0.33
- HSLC-A M=2.2±0.56
- HSLC-D M=2.0±0.47

Each average overcomes the western cut-off score of the scales.

CONCLUSIONS: The cultural adaption of the screening tools made it possible to describe poor mental health conditions in CAR children enrolled in the study. With respect to the high rate of post-traumatic symptoms, a study addressing PTSD in preschoolers emerged as a priority. Given that instruments for PTSD screening in preschoolers are administered to parents, their effective cultural validation requires to consider how local culture shapes the parent-child relationship. Methodological challenges in culturally sensitive PTSD screening with preschoolers and their families will be discussed in detail.
The Implementation of a Parent Child Interaction Assessment Tool within Residential Early Parenting Units.

**Associate Professor Jenny Smit**²¹, Ms Nicola Brown², Catherine Fowler, Dr Jessica Appleton¹

¹Tresillian Family Care Centres, Sydney, Australia, ²University of Technology Sydney, Sydney, Australia

**Biography:**
Catherine Fowler is the Professor for the Tresillian Chair in Child and Family Health at the University of Technology, Sydney (UTS). As a child and family health nurse she has gained extensive clinical and education experience working with families with children aged five and under.

**INTRODUCTION**
Nurses are ideally positioned to support parents enhance the interaction with their young children. In February 2017, the University of Washington’s Parent-Child Interaction (PCI) assessment tools were introduced within the Tresillian Family Care Centres residential units. The two PCI assessments, infant feeding (validated to 12 months of age) and teaching the child a new developmentally appropriate task (validated to 36 months of age), are used in clinical work and research. The assessors must gain and maintain reliability with the University of Washington’s School of Nursing.

**AIMS**
These PCI assessments are aimed at enabling individually tailored clinical interventions to be designed and implemented with the anticipated outcome of improving residential outcomes for parents and their children.

**Description**
This study is an evaluation of the PCI assessment implementation process to establish it effectiveness and acceptability to parents and nurses using quantitative and qualitative research methods.

**RESULTS**
Initial findings demonstrate the PCI assessment to be highly acceptable to the parents and nurses. It has provided a common and descriptive language for nurses and parents to use when discussing a child’s behavioural cues and identifying strategies that the nurses can use to work with the parents. Parents reported that the PCI assessments and activities increased their understanding of their child, including their recognition and response to the child’s engagement and disengagement cues, improving their confidence and relationship with their child. Nurses reported that the PCI is a valuable tool and found the NCAST enhanced their knowledge and skill however integration of tools into a team nursing model of care is a continued area of refinement.
Recovering the Traumatised Infant through Child - Parent Psychotherapy: Regeneration by working within the constraints of Autism

Dr Dan Garrick

Goulburn Valley Health, Shepparton, Australia

Biography:
Dr Garrick is a consultant paediatrician at Goulburn Valley Health. He has undergone CPP training and is currently working within a trauma focussed project with CAHMS and paediatrician referred shared care.

INTRODUCTION:
The are many difficulties for clinicians in the evaluation and treatment of young children with Autism (ASD) who also have a significant history of trauma especially during the pre-verbal infant developmental phase. Potential trauma based problems are often compounded also by neurodevelopmental co-morbidities and behavioural idiosyncrasy.

AIM:
To illustrate how trauma informed CPP assessment and core intervention processes were utilised in the treatment of a pre-school child with autism who had adverse infant caregiver relational experience and presented with difficult behavioural management rigidities.

DESCRIPTION:
A brief overview of the early trauma history will be presented and its relevance to the restricted but informative themes unfolding within the psychotherapy that emerged and which further informed the interventional approach. Summaries of several sessional vignettes around the challenges of working within the functional neurobiological constraints of autism that also give elaborative insight to the possibility of a reparative developing sense of self through a reworking of mastery will be highlighted.

CONCLUSIONS:
The therapeutic approach to young children with autism who have had environmental and relational based trauma as infants is challenging but the obsessional and repetitive behaviours displayed within a CPP context may be incrementally informative and therapeutically utilised.
The unwanted twin girl - disconnection to reconnection

Dr Franziska Schlensog-schuster¹, Prof Miri Keren²
¹ University of Leipzig, Medical Faculty Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, Leipzig, Germany, ² Geha Mental Health Center, Tel Aviv University Medical School, Petakh Tikva, Israel, Tel Aviv, Israel

Biography:
Franziska Schlensog-Schuster is Head of the Department for Peadeatric Psychosomatic Psychotherapy and Parent Infant Psychotherapy as well as Research Coordinator for ages 0 to 5 at the Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics at the University of Leipzig (Speaker 1).

Miri Keren is child psychiatrist, director of the infant mental health unit at the Geha Mental Health Center and Assistant Clinical Professor at the Child and Adolescent Psychiatry department, Tel-Aviv Sackler Medical School. She is Advisor on the Editorial board of the Infant Mental Health Journal and Member of the DC:0-3R International Task Force (Speaker 2).

The psychotherapy started with a mother and one of her twin daughters. The daughter was severely ill and underweight; being fed by a tube. She also showed severe signs of autism and had a feeding disorder. The mother and child had disconnected during a long hospital stay after birth caused by a diaphragmatic hernia with lung hypoplasia and neonatal complications. They were in a functional/dysfunctional relationship. Through the 12-structured sessions of focus-based child-parent-psychotherapy (ESKP) a reconnection occurred and was followed by a massive physical and mental health improvement. The workshop describes the elements of the manual (ESKP) using this clinical case to gain further understanding and highlight the importance of integrating intrusive, hostile and destructive behaviour, fantasies, thoughts and wishes as a part of the relationship to the child during the process of psychotherapy.
Taking a closer look at parental reflective functioning and caregiving behaviour in early parent-child relationship: A systematic review

Ms Lydia Yao Stuhrmann¹, Ms Ariane Göbel¹, Dr. Carola Bindt¹, Dr. Susanne Mudra¹

¹Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Centre Hamburg-Eppendorf, Hamburg, Germany

Biography:
Lydia Y. Stuhrmann is a psychologist, research associate and PhD candidate at the University Medical Centre Hamburg-Eppendorf, Germany. Her main research interests include mentalization-related theories and parental as well as infant mental health. Her current PhD project focuses on parental reflective functioning and the development of early mother-baby relationship.

INTRODUCTION:

Since the introduction of parental reflective functioning (PRF), empirical studies have indicated it to be a central underlying construct in the context of early parenting. However, PRF has often been grouped with other related concepts under parental mentalization. Also, it is still not fully understood how parental behaviours other than sensitivity are associated with PRF.

AIM of the study:

Our study gives a systematic overview of the current research on the association between PRF and parenting behaviour in infancy and early childhood. Specifically, we take differences in assessment instruments and psychosocial influencing factors into account.

MATERIAL and METHODS:

Following the PRISMA guidelines, we conducted systematic searches in five databases. Studies were included if they assessed a) PRF regarding the specific parent-child relationship and b) observed parenting behaviour, and c) reported statistical associations between PRF and parental behaviour. The methodological quality of included studies was assessed using an adapted, standardised checklist.

RESULTS:

In total, 1,033 references were identified and screened. Fifteen studies were included in the final review. N = 1,141 parent-child dyads were involved. We summarised five instruments for PRF assessment and 10 observation instruments for parenting behaviour. Besides parental sensitivity, the included studies investigated a variety of behavioural dimensions such as disrupted affective communication or social-emotional support. We were able to identify differences in the associations depending on subdimensions of PRF, sample types, study settings, and cultural background.

CONCLUSIONS:
Our findings highlight the importance to take a differentiated look at PRF in association with early parenting. Although PRF was generally linked with the quality of parental behaviour, there is a complex interaction with further influencing factors. The factors identified should be considered for interventions to promote the quality of parenting. Moreover, the identified instruments give an orientation for future research.

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Incorporating Infant Mental Health into Maternal and Child Health Nurses' Clinical Practice

Ms Helen Stevens1, Dr Leanne Sheeran
1Parent Infant Consultants, Eltham, Australia

Biography:
Helen Stevens, RN, RM and MCHN with BAAppSci and MMHS. Helen works as a Maternal & Child Health Nurse and Manager of Parent Infant Consultants. Helen has written, researched and presented on infant-parent dysregulation in Australia and internationally.

Leanne Sheeran is a RN, RM, and IBCLC. She is also a MCH Nurse with more than 25 years experience. Leanne completed her PhD in 2012. She is a Program Coordinator and Lecturer for the Child and Family Health Nursing program at RMIT University in Melbourne, Australia.

Aim
This study explored how and to what extent Maternal and Child Health (MCH) nurses in clinical practice promote parental awareness of infant social and emotional needs.

Context
Research continues to identify the importance of early years’ experiences and the provision of quality care to promote lifelong mental health. In Victoria, Australia, Maternal and Child Health (MCH) nursing services work with families with children between birth and six years. This positions them ideally to support caregivers in providing quality social and emotional experiences important for infant mental health. The need to promote optimal early life experiences is clear; less clear is how MCH nurses translate knowledge into practice.

Method
Using Qualitative Exploratory Descriptive design, the experiences of ten MCH nurses were explored through semi-structured interviews to reveal how infant mental health concepts were incorporated into practice and conveyed to parents.

Results
Thematic analysis identified that physical health promotion features strongly in the minds of MCH nurses. Infant emotional or social health and wellbeing, however, was not raised as a health promotional activity. In clinical practice, ‘in the moment commentary’ during clinic visits was evident as MCH nurses described how they foster parental awareness of infant social and emotional needs and the interactive capacity of the
infant. MCH nurses expressed concerns about the integration of infant mental health concepts in the current service model. Reference to time constraints featured throughout the interviews as barriers to the inclusion of infant mental health considerations during consultations.

Conclusion
MCH nurses utilise ‘in the moment commentary’ in clinical practice to promote parental awareness of the infant social and emotional needs. However, MCH nurses did not consider infant mental health as a health promotional activity and find the current appointment structure hinders the nurses’ capacity to optimise parent awareness of their infant’s mental health and wellbeing.
Parent-child interaction therapy with toddlers: Two clinical case study reports within a large randomized controlled trial

**Dr Nancy Wallace**, Dr. Jane Kohlhoff, Mrs. Susan Morgan, Mrs. Sara Cibralic

1The University of New South Wales, Sydney, Australia, 2Karitane, Carramar, Australia

**Biography:**
Dr. Nancy Wallace is a post-doctoral research fellow at the University of New South Wales, Medicine, Department of Psychiatry. Dr. Wallace is licensed as a clinical psychologist (Maryland, USA), a Psychologist with Provisional Registration (Sydney, NSW), and is certified as a level 1 trainer with PCIT International. Dr. Wallace earned her Ph.D. in Clinical Psychology from West Virginia University (WV, USA) under the mentorship of Cheryl McNeil, Ph.D. An author of the recently published Parent-Child Interaction Therapy with Toddlers book, Dr. Wallace is primarily passionate about research, dissemination, and clinical practice of evidence-based intervention with young children and families.

**Introduction**
Previous research clearly indicates that approximately 80% of toddlers display disruptive behaviours (Alink et al., 2006). For some, such behaviours are likely to diminish over the course of typical development. However, for approximately 50% of those initially displaying behaviour at the most concerning levels, such difficulties have been found to persist one year later (Briggs-Gowan, Carter, Bosson-Heenan, Guyer, & Horwitz, 2006). Effective early identification and intervention with such children remains critical to promoting healthy development.

**Aims**
The current oral discussion will describe and demonstrate the efficacy of Parent-Child Interaction Therapy – Toddlers (PCIT-T; Girard, Wallace, Kohlhoff, Morgan, & McNeil, 2018) using a case study within a large randomized controlled trial. A relationship-focused Child-Directed Interaction- Toddler phase followed by a Parent-Directed Interaction- Toddler, listening skill focused phase will be discussed.

**Description**
A clinical case study for a toddler-aged child and his caregiver will be presented. A brief family background as well as clinical pre-treatment and post-treatment data will be included. A combination of observational and parent-report measures evaluating variables such as child attachment, child behaviour difficulties, parent skill acquisition, and parental depressive symptoms will be provided. Anecdotal clinical treatment data will also be discussed.

**Conclusions**
The brief oral presentation will add to the growing evidence for the efficacy of PCIT-T by providing clinical support to the intervention using data from a case study.

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Art psychotherapy with mothers experiencing the impact of Mental Health on mother-child relationship. Using Art in finding us

**Ms Jannie Olsen**

1YouniQ, Bardon, Australia

**Biography:**

Jannie Olsen is a child development and mental health accredited social worker with a strong theoretical belief in systems and family centred practice. A Masters in Mental Health Art Psychotherapy and years of experience working within government and private sectors with families and children in Denmark, Germany, Israel, USA, England, Vietnam, Nepal, India and Australia. She has a private practice, YouniQ, in Brisbane, works as a team leader for the Child Development Program QH and teaches art psychotherapy at Ikon Institute of Australia. She has several experiences with conference presentations and workshops as well as written papers and book chapter.

**INTRODUCTION**

This presentation are the voice of three women Julia, Cassandra and Claire who have all experienced the impact of postnatal depression on their relationship with self and their child. The presentation will provide a window into the power of using art in psychotherapy when working with women who are mothers struggling with the impact of depression. They attended individual therapy sessions. It will not present an insight to the theories behind the understanding of art psychotherapy processes.

**AIMS/PURPOSE OF WORK**

The aim of the therapy was to provide a safe space for Julia, Cassandra and Claire in their journey to find self and thereby bonding with their child. Finding words to describe what we feel and create meaning of self and others can be hard. Expressing self in art can be a space to create own meaning not filtered by the therapist.

**DESCRIPTION/METHODS**

For the initial session image elicitation was used. This provided an opportunity for Julia, Cassandra and Claire to focus on the image in front of them for expression of feelings and thoughts thereby taking the initial connection out of self but subconsciously linking with own moment in time experiences. Image with words are so much stronger in creating insight and meaning as this process evokes deeper aspects of the human consciousness. Then they would explore their own art using the phenomenological approach creating meaning by the use of reflective conversations. Claire also had joined sessions with her daughter.

**CONCLUSIONS**

Julia, Cassandra and Claire found words, self and ‘us’ using art individually or with their child.
Neurodevelopmental psychotherapy and mindfulness in working with parents and infants

**Dr Maria Pozzi Monzo**

1. NHS Underfives Service, Wandsworth - London, United Kingdom,
2. Parent Infant Clinic, Frognal - London NW3, United Kingdom,
3. Tavistock Clinic Belsize Lane, London NW3, United Kingdom

**Biography:**

Trained as a child and adolescent psychotherapist at the Tavistock Clinic and adult psychotherapist at the BAP/BPF. She has been working in C.A.M.H.S., PIP UK and The Parent-Infant Clinic for over 30 years specialising in parent-infant psychotherapy. Currently volunteering in Wandsworth CAMHS Under-fives’ Service. She is training child and adolescent psychotherapists and lectures in England and abroad; has published extensively on her clinical work. Winner of the Third Annual International Frances Tustin Memorial Prize and Lectureship, with the paper: "The Use of Observation in the Treatment of a Twelve-Year-Old Boy with Asperger’s Syndrome". Los Angeles, November 1999.

**Introduction:** Babies, before and after birth, toddlers and children under-three are greatly affected by their parents’ states of mind, attachment patterns and mental illnesses. Although there is no great evidence of genetic contribution to child psychiatric disorders, studies and research show the effect of the emotional and social environment on the warp and weft of the infant’s brain and budding personality (Rutter et al., 2015).

**Aims:** To offer parent-infant psychotherapy together with mindfulness practices to parents and infants at risk in order to foster healthier parent-infant relationships and more favourable infant development.

**Description:** The work describes parent-infant psychotherapy and mindfulness, how the latter is explained to, and practised with parents and infants in sessions and the changes produced - by both approaches - in the growing infant, in his developing brain and in his family. It gives an Epigenetically description of the interplay between genes and environment and indicates that chronic exposure to adversity shapes physiological and behavioural development. The Psychodynamic Diagnostic Manual (PDM2, 2017) states that infant experiences can only be understood within a relational, social and cultural context. This work describes how the infant can only grow healthily within a good relationship with a maternal or paternal figure. Clinical vignettes are presented regarding: risky pregnancy, post-natal depression, parental mental illnesses, immigration, dislocation, losses, substance abuse, the contribution of fathers and breaking the cycle of trauma and abuse. The work occurred in Children Centres and family homes.

**Conclusion:** Psychotherapy and mindfulness techniques contributed to parental capacity to see the infant as separate, with his/her own mind, freed from parental projections. They helped parents to contain their difficulties and to focus on their relationship with their infants and the infants’ needs as well as their own. Outcome measures and follow-ups at six and twenty-four months after treatment were used and showed good maintenance of these gains.

**References**


Early Intervention Clinician Case Study

Ms Leza Schultz, Mrs Debra Waugh
2Child Health Services, CYCHS, Nundah, Australia

Biography:
Leza Schultz: With 24 years’ experience as a passionate Mental Health Social Worker, presenter and blogger, Leza has worked across government, non-government as well as in private practice. Experience includes children and families, adoption and fostering, drug and alcohol as well as community health.
Debra Waugh: Experienced Psychologist working in hospital & health care and private practice, with interest and expertise in working with families early in the life of a child to enhance the relationships between children and caregivers, building foundations for brain development and best outcomes and with dedication to supervision for clinicians.

Introduction:
Child and Youth Community Health Service (CYCHS), Children's Health Queensland Hospital and Health Service (HHS), provides parents with access to Early Intervention Clinician (EIC) Support, within Child Health Services (CHS). The role of Early Intervention Clinician was introduced to help children thrive by supporting parents and caregivers, and acknowledging the experiences children have lay the foundation for their developing brain. Holistic care is provided to enhance family functioning and parental capacity to lay the strongest possible foundations and provide their children with the best outcomes in life. EIC’s are qualified Social Workers and Psychologists who draw upon evidence based approaches and the Family Partnership Model, to provide support, counselling, education and information for a variety of issues including: adjustment to parenting; parent / child relationships with a focus on attachment; manage daily stress, anxiety and emotions that come with being a parent; children’s development, behaviour and emotional regulation; family communication and parenting confidence issues. As service users navigate an even broader range of parenting issues which impact mental health and wellbeing, in the face of greater public awareness of domestic family violence and adverse childhood experiences, it is imperative that EIC’s maintain knowledge of contemporary issues.

Purpose:
This presentation outlines how the role of CHS EIC services parents and caregivers to ensure infant mental health and wellbeing is optimised along with improved parental capacity and family functioning. A Case Study will outline a client presentation including comprehensive biopsychosocial assessment, interventions and outcome measures.

Description:
Attachment research finds infants are 'hard wired' to experience affection, love, bonding and connection with their caregivers for increased brain growth and secure attachment. Findings suggest with appropriate education and early intervention support, parent child relationships can be repaired to ensure the infant/child develops secure attachment which leads to lifelong benefits and secure interpersonal relationships.

Conclusion:
CHS EIC support is a valuable resource for parents which contributes to improved parent/child relationships, improved parental capacity and family functioning, improved mental health for family members, with a view to raising securely attached children who are able to problem solve, emotionally self-regulate and reach their optimal capabilities.
Improving early parent-child interactions through group music therapy programs

**Mrs Julia Oreopoulos¹**, Ms Lorna Berry¹, Ms Kate Williams², Dr Sally Savage², Cathy Nielson²

¹Sing&Grow, Playgroup Queensland, Enoggera, Australia, ²Queensland University of Technology, Kelvin Grove, Australia

**Biography:**

Julia Oreopoulos has been a Registered Music Therapist since 2005 with clinical experience in early intervention, aged care, palliative care, children’s bereavement and trauma/adolescent refugees. Julia has managed Music Therapy teams in both an inpatient and community settings and is currently National Manager for Sing&Grow AUSTRALIA.

Lorna has over 14 years’ experience as a Registered Music Therapist in the community sector. During this time Lorna has managed teams and co-ordinated Sing&Grow services in Queensland, Northern Territory, Victoria and Tasmania. Nationally, Lorna has advised on rural and indigenous services, and managed workforce learning and development.

**INTRODUCTION**

Sing&Grow AUSTRALIA is a federally funded music therapy project working with children aged birth to five years in communities across Australia. The program provides an opportunity for parents to learn new ways to integrate positive social and communication experiences into their child’s daily routine to improve parent-child interaction and attachment. Group programs typically are of 6-8 weeks in duration with a cap of 10 families participating in each program. Music making and reflective discussion are the primary modalities through which parent-child interaction, child development and attachment focused goals are achieved. In 2009 Sing&Grow collaborated with Queensland University of Technology to undertake an evaluation of the Sing&Grow program focusing on the programs ability to increase parent and child capacities.

**PURPOSE**

This evaluation builds and extends upon the existing research to further discover the extent to which the Sing&Grow participants report changes in:

- parenting self-efficacy
- responsive parenting
- home use of music with children over time
- Changes in children’s self-regulation and behaviour over time

**DESCRIPTION**

All families enrolled in Sing&Grow programs across school Terms 2 and 3 in 2019 were approached to participate in a parent PRE AND POST self-report survey regarding their perceptions of their parenting and a parent reported child self-regulation and behaviour questionnaire. Children ages ranged from 0-5 and were referred to Sing&Grow as they were experiencing a range of determinants of vulnerability. Previous participants of Sing&Grow were also invited to take part in in depth interviews to share their experiences of Sing&Grow.

**CONCLUSIONS**
Initial complete sets of data analysed showed small but statistically significant improvements in:

- the parenting self-efficacy scales of nurturance, discipline and play
- parents’ use of singing at home
- children’s cognitive self-regulation

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Healing the ghost in the nursery – helping mother keep baby in mind

**Dr Helen Chen**

1 KK Women’s and Children’s Hospital; Duke-National University Of Singapore, Singapore

**Biography:**

Helen Chen has expertise in perinatal mental health with special interest in infant mental health. She has led the development of Singapore’s dedicated maternal mental health unit since 2006, focusing on the early detection of postpartum mental health disorders and provision of accessible care. Recognizing the needs of the infant, she has collaborated with early childhood interventionists to advance the care of at-risk infants and toddlers, and introduced new models of care to address gaps in service provision. She holds an academic portfolio in research and education as she firmly believes in advancing sustainable care for mothers and their infants.

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**INTRODUCTION**

The motherhood transition can be challenging, one that stirs repressed memories and awakens the ghosts in the nursery. It can be a time of turmoil, or healing when angels are invited to revisit, or to enter anew. Understanding how these processes can evolve allows the therapist or the clinician a way to help support and contain the vulnerable mother.

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**PURPOSE OF PRESENTATION**

A case study of a mother who presented postnatally with postnatal depression and resurfacing traumatic experiences from her childhood and early formative years will be discussed in detail. Growing up with a narcissistic mother who raged at her for having had depression in her teens, Lia longed for affirmation and validation, which was replayed in the transference. The covid-19 pandemic restrictions also brought challenges in her access to care.

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**RESULTS**

Over the year of weekly sessions, Lia was able to face the ghosts of her nursery, to name them so that they no longer haunted her but could be accepted as her past. Telehealth sessions provided a feasible way for work to continue in the midst of the lockdown, whilst email communications provided a form of dialectical behavioural therapy that would help create a healing experience to enable her to keep baby in mind.
Prenatal representations and other psycho-social factors as risks of postnatal bonding disturbance

Dr Erja Rusanen1, Dr Elina Vierikko2, Master of Psychology Tiina Kojo3, Professor (emerita) Anja-Riitta Lahikainen4, Professor (emerita) Pirjo Pölkki5, Docent, Specialist in pediatric psychiatry Juulia Paavonen6

1) University of Helsinki, 2) Department of Public Health Solutions, Mental Health Unit, Helsinki, Finland, 3) University of Tampere, Tampere, Finland, 4) Social and Family Services, Family Counselling, Oulu, Finland, 5) University of Eastern Finland, Kuopio, Finland, 6) Department of Public Health Solutions, Mental Health Unit, 2) University of Helsinki and Helsinki University Hospital, Helsinki, Finland

Biography:
I am a doctor of education and since 1999 I have worked as a lecturer in educational sciences at the University of Helsinki, online as well as in face-to-face learning-environments. I also hold courses in methodology and for 10 years I have had a special course at the department of psychology, based on the attachment theory. I have published four books, alone or with other authors, based on the attachment theory, aiming towards influencing parents about how significant they are to their children. In recent years I have analysed data of perinatal bond and its effects.

Introduction. The mother’s bond to her baby starts to develop during pregnancy, and it relates to the postnatal bonding, and the baby’s development.

Aim. We intend to study how the mother’s prenatal expectations of her unborn baby, the mother’s adult relationships, and postnatal psycho-social factors are separately and jointly related to the risk of bonding disturbance.

Methods. The study comprised 1398 mothers and their unborn babies assessed both during pregnancy and when the babies were three-months old. The mother’s risk of bonding disturbance was investigated using Brockington’s (2006) Postpartum Bonding Questionnaire (PBQ). The data was analyzed by a binary logistic regression analyses.

Results. The prevalence of risk of bonding disturbance was 5.1%. In a final adjusted logistic regression model, risk factors of bonding disturbance were the mother’s inability to form positive expectations about relationships with her unborn baby (AOR = 7.78, p < .001), maternal postnatal stress (AOR = 4.95, p < .001), maternal postnatal depression (AOR = 3.46, p < .01), or the baby was the mother’s first child (AOR=0.37, p<0.05).

Conclusions. The results challenge health care professionals to observe pregnant mothers and to identify at-risk groups for post-partum bonding disturbances. Effective suitable intervention programs to prevent bonding disturbance need to be developed and implemented.
Strengthening responsive care in the health system - the 1st 1000 Days blanket symbol story - Western Cape, South Africa.

Dr Elmarie Malek¹, Ms Rachel Rozentals-Thresher², Dr Hilary Goeiman³, Ms Elizabeth Pegram³
¹Department Paediatrics and Child Health, University of Stellenbosch, Tygerberg Academic Hospital, Cape Town, South Africa, ²Dlalanathi, Pietermaritzburg, South Africa, ³Western Cape Government Health Department, Cape Town, South Africa, ⁴Western Cape Government Health Department, Paarl, South Africa

Biography:
Elmarie Malek is a South African paediatrician with a keen interest in Maternal and Child Health. She is Head of General Paediatric and Newborn Specialist Services /Senior Lecturer, Department of Paediatrics and Child Health, University of Stellenbosch, previously holding a similar position with the University of Pretoria in Mpumalanga Province. She chairs the Western Cape Provincial Clinical Governance Committee for Newborn and Child Health and the Provincial Parent, Infant and Child Wellness Working Group for intersectoral and external partnership engagement. She is the clinical lead for and a founding member of the Western Cape’s 1st 1000 Days Initiative Executive Committee.

INTRODUCTION

Ibhayi Lengane (meaning baby’s blanket) is designed as a structured ‘add-on’ intervention, augmenting health care and nutritional interventions delivered by Community Health Workers (CHW’s). It proposes that the quality and effectiveness of a mother’s responsive care for her baby is influenced primarily by her emotional well-being, her skills, confidence and capacities, and though the support of those close to her. The central guiding principle is that fostering the responsive care needed for infant wellbeing requires at its core, that the home visitor should role model the same sensitive and caring approach towards the mother that they expect a mother to provide to her child.

The Western Cape Province has prioritized the 1st 000 Days Initiative with the aim of supporting vulnerable pregnant women, families and infant caregivers. To this end, the Western Cape Health Department, in partnership with Dlalanathi, is incorporating Ibhayi Lengane within its Parent and Caregiver Support package, to provide home and family relational support as a learning initiative in one sub-district.

AIM

The intervention aims to provide psychosocial emotional support to high risk mothers and caregivers in the 1st 1000 days through home visits by CHW’s.

DESCRIPTION

Designed to enhance parenting skills, reduce mental health symptoms and increase family support, it targets change in both the CHW’s and in the mother through experiential learning and activity though (i) training and appropriate supervision for CHW’s, and (ii) providing structured curriculum for 12 home-based
sessions with activities and materials to support the CHW’s to deliver content in a community setting context - including the symbolic use of a blanket as a metaphor for care.

CONCLUSIONS
This collaborative learning implementation partnership has provided a platform for exploring the fit and feasibility of Ibhayi Lengane for the Western Cape setting. Its integration into the health system is feasible and acceptable.

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I found my tribe - a mother and infant case study

Dr Catherine Lazarooⁱ
Gertrude St Clinic, Fitzroy, Australia

Biography:
Dr Catherine Lazaroo is a consultant psychiatrist working in both perinatal and Indigenous mental health contexts. She has a PhD which considered collective trauma and narrative memory in a refugee context, and is also a playwright in Melbourne's independent theatre scene

INTRODUCTION
This presentation details the significant transformation in a mother-infant dyad which resulted from the mother’s growing appreciation of the infant’s capacity for independent thought.

PURPOSE
The presentation describes a simple psychotherapeutic intervention with a mother who had suffered complex trauma as a child, which supported her to develop a confident and joyful approach to mothering.

DESCRIPTION
The mother was seen over a twelve month period for weekly psychotherapy, accompanied sporadically by her infant/toddler. The mother was referred to the clinic in a state of extreme distress with angry outbursts, inability to tolerate the sound of her baby crying, and increased risks (punched windows, thoughts of self-harm). She experienced motherhood as completely joyless. She described her own childhood as being one of extreme emotional deprivation where her opportunities to play and socialise were curtailed for the sake of academic achievement. Early in therapy she was encouraged to wonder about what was happening inside her daughter’s mind, which had a dramatic impact upon the dyadic relationship. Midway through the course of therapy she described witnessing another toddler’s rage about not being allowed to eat tomato ketchup if not accompanied by a lentil patty. In therapy sessions she was able to describe how deeply she identified with this girl’s sense of frustration. This allowed her a framework within which she was able to understand her daughter’s defiant behaviours. She derived increasing joy from her greater intimacy with her daughter.

CONCLUSION
This mother’s ability to identify with the inner world of a toddler enabled her self-liberation from habits of deprivation, after a simple intervention. This case exemplifies the connection between mother’s internal representations, and the behaviours and inner life of her baby, as elucidated by Daniel Stern.
Postnatal depression and maternal singing: a video-based analysis in the context of a Mother-Baby Unit

Ms Vasiliki Eirinaki

University of Roehampton, London, United Kingdom

Biography:
Vicky Eirinaki is a PhD candidate at the Roehampton University. Her research-project is funded by the Froebel Trust and focuses on the impact of maternal postnatal depression on mother-infant interaction and infants’ communication skills. She studied Psychology in Athens, Greece and obtained a MSc in Child & Adolescent Mental Health from the Institute of Psychiatry, King’s College London. She worked as an assistant psychologist in different clinical settings, as a Visiting Lecturer and as an independent researcher. She has published a number of papers and is currently an honorary researcher in the Mother & Baby Unit, Bethlem Royal Hospital, National Health System Foundation Trust.

Introduction:
Maternal singing is a tool for mothers to communicate with their children and a medium to feel engaged with them. Babies, through maternal singing, receive mother’s love and sensitivity, and then become able to reproduce these emotional narratives. However, the emotionally synchronised interaction between mother-infant interactions that normally occurs during maternal singing could be disturbed in the case of maternal postnatal depression. Mothers with postnatal depression (PND) may not be able to use effectively singing in order to engage with their babies. Despite the important role of maternal singing in mother-infant well-being, research focused on maternal singing in mothers with PND and their infants is sparse.

Aim:
This research aims to examine the impact of PND on mother-infant interaction and infants’ language development and argues for the importance of maternal singing in child development.

Material and methods:
80 video-clips of mothers with and without PND interacting with their babies will be used and compared. The case group consists of 40 mothers with severe PND who have been jointly hospitalized with their babies in the largest Mother-Baby Unit in the UK. The control group of 40 mothers without PND and their infants has been recruited from Children’s Centres in London. As part of this research, maternal sound-waves will be used to represent graphically the mothers’ voice volume from both groups.

Results:
The analysis of the results will be conducted to examine mother-infant interaction during maternal singing for both groups as well as to assess the impact of this interaction on infants’ communication skills. The research findings will contribute to explore in depth how maternal singing could be integrated into therapeutic programmes and interventions, especially designed for mothers with or without PND, in order to enhance mother-infant interaction and their well-being.

Conclusion:
Maternal singing benefits infant’s development holistically; however it is unclear what happens when a mother is too unwell to provide ordinary good enough responses to her baby. This presentation will focus on the maternal singing, providing an insight into its role in infant development, maternal well-being and mother-infant interaction in case of mothers with and without PND.
Losing control or finding agency: How parents struggling with mental health and limited reflective functioning experience video guidance (Marte Meo)

Dr Indra Simhan¹, Dr Kari Vik¹, Dr Marius Veseth², Dr Aslak Hjeltnes²
¹Department of Child and Adolescent Mental Health (ABUP), Sorlandet Hospital Hf, Kristiansand, Norway, ²Department of Psychology, University of Bergen, Bergen, Norway

Biography:
Dr. Indra Simhan works as a senior child psychiatrist and research fellow at the Infant Mental Health Team, Department for Child and Adolescent Mental Health (ABUP), Sorlandet Hospital Kristiansand, Norway, and the Dept. of Psychology, University of Bergen, Norway. She uses psychoanalytic theory, mentalization-based therapy and Marte Meo video-guidance in her clinical work and is currently finishing a research project on video-guidance for dyads referred to specialized treatment where the parents struggle with own psychological problems and limited mentalization capacity.

INTRODUCTION
Parents’ difficulties to mentalize and remain emotionally connected with their infants are a central focus for interventions. Marte Meo video guidance supports infant development, interaction quality, parental mentalizing and sensitivity. Yet there is a need for knowledge about using the method in specialized clinical settings with parents thus challenged. Which psychological and therapeutic processes are involved in the guidance? Our investigation sought insights into these parents’ challenges and requirements, with a view to adapting the method to this client group as well as further conceptualization. The results are reported in two separate scientific articles currently under review. This presentation gives an overview.

AIMS
A qualitative exploration of how clinical range parents with difficulties to mentalize and remain emotionally connected experienced Marte Meo guidance. Research questions: A) what did the parents experience as supportive and challenging elements in the guidance, and B) what was their experiences of the change process?

METHODS
We chose a phenomenological-hermeneutic approach using reflexive thematic analysis. A strategic sample of 15 parents of infants 0-3 years referred to an infant mental health clinic was recruited by criterion sampling assisted by Parent Development Interview (PDI). 12 participants were interviewed in depth. We analyzed the transcripts by a separate collaborative thematic analysis for each research question.

RESULTS
The analyses for research questions A and B each yielded four main themes. They range from handling initial feelings, experience of filming, the therapeutic relationship, feelings of disconnect or relatedness, to perspectives on the infants and own mental health challenges.
CONCLUSION
The results indicate that Marte Meo can assist change processes for parents with difficulties mentalizing and emotionally connecting with the infants. For these vulnerable clients, their own health struggles and need for recognition are important themes. Video guidance can enhance connectedness, mentalization, self-regulation and self-efficacy.
Relation between maternal depression and anxiety and infant social withdrawal signs

**Dr Omneya Ibrahim**, Professor Kaija Puura

1 Tampere University - Suez Canal University, Ismailia, Egypt, 2 Tampere University, Department of Child Psychiatry, Tampere, Finland

**Biography:**

Doctoral degree student at Tampere University, faculty of Medicine and Health Sciences. Psychiatry lecturer at Suez Canal University, Egypt.

Introduction: The psychological state of the mother is an evident important factor in directing and shaping the emotional development in children. Maternal depression and anxiety affect the infants, and we wanted to explore their impact on infant’s social withdrawal if present.

Aim of the study: Explore the association, if any, between maternal affective state (as suffering depression or anxiety), and sign of social withdrawal in infants 7-9 months old.

Material and methods: Sixty mothers, presenting to the outpatient psychiatry clinic suffering depression or anxiety and their infants.

Mothers interviewed using:

Demographic data sheet, General Health Questionnaire-28 (GHQ-28), Beck depression scaled Hamilton anxiety scale. Infants assessed using the "ADBB" scale (Alarm Distress BaBy scale).

Results: Anxiety as well as depression were associated with signs of Social withdrawal.

Conclusion: Maternal affective state has a great influence on their infants and efforts should be directed towards alleviating their symptoms.
Parental sensitivity and mentalizing capacity in Dyads with parents with a mental illness: Understanding the infant’s voice

**Dr Jean Paul**, Ms Elena Seis, Ms Julia Fahrer, Prof Hanna Christiansen, Prof Barbara Sperner-Unterweger, Prof Anna Buchheim

Mental Health Research Program, Ludwig Boltzmann Gesellschaft, Innsbruck, Austria, Medical University Innsbruck, Department of Psychiatry, Psychotherapy and Psychosomatics, Division of Psychiatry I, Innsbruck, Austria, Department of Psychology and Sports Science, Leopold-Franzens-Universität, Innsbruck, Austria, Philipps University Marburg, Department of Clinical Child and Adolescent Psychology, Marburg, Germany, Medical University Innsbruck, Department of Psychiatry, Psychotherapy and Psychosomatics, Division of Psychiatry II, Innsbruck, Austria

**Biography:**

Dr Paul is the PI of the ‘Village Project’ at the Ludwig Boltzmann Gesellschaft and Medical University of Innsbruck. She is a social scientist and applied linguist in child health research with expertise in multiple analytical methods. She uses qualitative approaches to explore how people experience and are impacted upon by their interactions with the healthcare system. Jean completed her PhD in healthcare communication and clinical genetics in 2015 and has lectured on topics related to research methods, genetic counselling, and applied linguistics in healthcare. She is an honorary fellow with The University of Melbourne and Murdoch Children’s Research Institute.

**INTRODUCTION**

Internationally, several programs have been established to support children whose parents have a mental illness, with evidence of family-focused early interventions improving healthy child development. However, the infant’s unique position has not received similar attention. The quality and nature of parent-child relationship is crucial for predicting emotional, cognitive and social outcomes during childhood and adolescence. Therefore, understanding infants’ needs when their parent has a mental illness could strengthen infant-parent attachment and reduce transgenerational transmission of poor mental health. This project will inform design of a practice approach to foster resources in the infant-parent interaction within the Austrian ‘Village Project’, How to raise a village to raise a child.

**AIMS**

Interactional observation, together with the assessment of resources in the infant-parent interaction, will produce practice recommendations for interventions for dyads with parents with a mental illness.

**METHODS**

The four-year ‘Village Project’ aims to enhance sensitive identification and strengthen children’s support networks. An underpinning philosophy is to hold the child at the centre of their care, and listen to and assist them in identifying their support needs. Taking a multidisciplinary approach provides an opportunity to understand the social wellbeing of the family.

**RESULTS**

Videotaped free play interactions are coded using the Coding Interactive Behavior (Feldman, 1998), a global rating scale for infant-adult interactions. Resources in the interaction are examined with the Adult Attachment Projective Picture System (George & West, 2012), a free-response assessment of adult attachment as well as with the Reflective Functioning Questionnaire (Fonagy et al., 2016), assessing
parental mentalization capacity. Observational data include approximately 15 interaction sequences between infants and parents, in the Psychiatry Department of the Medical University of Innsbruck, Austria.

CONCLUSIONS

Findings identified during this project will inform the Village Project regarding infant mental health, importantly, addressing knowledge gaps in this area and driving practice change.

Reliability and Validity of the Parent-Child Interaction Feeding Scale in China

Dr Hongyan Guan¹, Dr yuning zhang², miss Meiqi Ding¹, miss Mengxue Xu¹
¹Capital Institute Of Pediatrics, Beijing, China, ²Institute of Psychiatry, Psychology, & Neuroscience, King’s College London, London, United Kingdom

Biography:
Dr. Guan graduated from Peking Union Medical College for her Ph.D. 2010-2011, she became a visiting scholar, majoring in developing pediatrics, in Denver Children Hospital, University of Colorado, USA. Since then, Dr. Guan has been working as an associate professor in the Department of Early Childhood Development in Capital Institute of Pediatrics. Her research focuses on parent-child mental health, infant feeding and nutrition. Dr. Guan has hosted nearly 20 ECD projects funded by National Health Commission and UNICEF. Currently, she is specialist of project on migrant and left-behind children in ACWF and project on scientific parenting by National Health Commission.

Background: Quality of caregiver/parent-child in early childhood functions as a key indicator of nurturing care, and is strongly associated with child short-term and longterm development. Objective assessments of parent-child interaction are widely used in pediatric populations, however, China currently does not have a parent-child dyadic assessment.

Aim: To assess the reliability and validity of Parent Child Interaction (PCI) Feeding Scale in Chinese parent-child dyads.

Study design: Cross-sectional study

Participants and instruments: PCI Feeding Scale was adopted to code feeding interaction among 273 mother-infant dyads in four provinces of China. Reliability was evaluated by internal consistency (Cronbach’α coefficient) and test-retest reliability (Inter-item consistency) conducted with 10% of the sample randomly selected. Infant-Toddler, HOME Observation Measurement of the Environment (ITHOME) was used to exam the concurrent validity (Spearman correlation).

Results: The Cronbach’α coefficients of total score, caregiver, and infant total scores were 0.846, 0.805 and 0.690, respectively. Both Caregiver total score (r=.0786, p <0 .01) and Caregiver-Infant total score (r=.841, p < 0.01) had excellent test-retest reliability. Child total score showed acceptable test-retest reliability (r=0.470, p < 0.01). Two subscales, Social-Emotional Growth Fostering and Cognitive Growth Fostering, both had moderate associated with IT-HOME and its two subscales (Responsivity and Variety).

Conclusions: Our findings provide evidences that PCI Feeding Scale is a valid assessment for Chinese mother-infants, which fills the gap for assessment using an objective measurement of caregiver/parent-child interaction in China.
Factors impacting maternal trauma on child development: A serial mediation study of borderline personality features, environmental risk and caregiving quality.

**Dr Denise Hatzis¹**, Professor Sharon Dawe¹, Dr Paul Harnett¹, Dr Natalie Loxton¹

¹Griffith University, Brisbane, Australia

**Biography:**
Denise Hatzis, PhD, is a clinical psychologist based in Brisbane (Australia) and works for Griffith University. Dr Hatzis’ primary area of research is investigating the factors that contribute to caregiver’s ability to provide quality caregiving to their young children. Denise has a keen interest in supporting vulnerable families and she is a trainer of an evidence-based program called Parents under Pressure (PuP). The PuP program combines psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management framework while maintaining a trauma-informed lens.

**Introduction:** While there is a well-established link between maternal childhood trauma and poor infant outcomes, not all children raised by mothers who have faced extensive childhood adversity are affected. This raises questions about the potential factors that can help understand how and when poor outcome is most likely; i.e., what are the mediators of intergenerational risk?

**Aims:** The aim of this study was to examine factors that have independently been associated with poor infant and child outcome and test the mediational relationship between these and maternal childhood trauma. We explicitly tested the potential role of borderline personality features and ongoing exposure to environmental risk in adulthood to quality of caregiving using observational measures of emotional availability (Emotional Availability Scales) and, in turn, how this affected children’s developmental outcomes (using the Bayley Scales of Infant Toddler Development III Screening Test) in a sample of 125 mothers and their infants (aged 12-42 months).

**Results:** A serial mediation model (PROCESS; Model 6) was used to investigate these relationships. Two significant pathways were identified. Firstly, maternal childhood trauma was linked to borderline personality features which in turn was associated with environmental risk which was finally linked with poor child cognitive development. Secondly, all 3 factors (borderline personality features, environmental risk and quality of caregiving) contributed to poor child cognitive development.

**Conclusion:** These findings provide important information on the potential mediators of risk, which need to be addressed when providing interventions to reduce the impact of maternal trauma and intergenerational risk.
Birth-related PTSD symptoms and the mother-infant relationship: A meta-analytic study

Ms Lucy Frankham¹, A/Prof Einar Thorsteinsson¹, Dr Warren Bartik¹, Associate Professor John Malouff¹
¹University of New England, Armidale, Australia

Biography:
Lucy Frankham is a PhD Candidate at the University of New England. Lucy's research is focussed on the problem of birth-related PTSD, including its association with the mother-infant relationship. Lucy has worked as a clinical psychologist since 2010. She currently works as a perinatal and infant mental health psychologist at Tresillian Family Care Centre (early parenting service/residential day stay program) and as a consultant psychologist for the Sustaining NSW Families program (high-intensity sustained health home visiting service). Lucy is trained in relationship-based perinatal therapy and has completed a number of other perinatal focused courses.

INTRODUCTION
The nature of the caregiver-infant relationship significantly shapes a child’s future development. Early attachment influences the development of the architecture of the nervous system and may alter neural development resulting in permanent disruptions to the developing brain. Whilst much research has focussed on deficiencies in mothers with postnatal depression, there is a growing body of research showing that birth-related posttraumatic stress disorder (PTSD) symptoms can also impact the mother-infant relationship. Recent research suggests that mothers with PTSD symptoms are less sensitive, less warm towards their infants and more invasive and prone to negative evaluations of the infant. Mothers who have experienced birth-related trauma report numbing and difficulties with connecting closely with their infant. They also have a tendency, consistent with PTSD criteria, to avoid reminders of the traumatic birth, which may include actively avoiding or disconnecting from their own infant.

AIM of the study
The purpose of this study is to determine the meta-analytic association between birth-related PTSD symptoms and the strength of mother-infant relationship.

MATERIAL and METHODS
A total of seven studies have been identified through an extensive initial search. It is hypothesised that higher birth-related PTSD symptoms will be associated with poorer mother infant relationships.

RESULTS
Preliminary results of a meta-analysis using a random effects model with seven studies identified so far and a total of 735 participants, show that higher levels of birth related PTSD symptoms were significantly associated with poorer mother-infant relationship, \( r = -.34, 95\% \text{ CIs [-.42, -.25]} \).

CONCLUSIONS
Social determinants of health related to the developing infant are now well established. The preliminary results of this study suggest that interventions that improve childbirth experiences for women may improve infant mental health.

When someone is there: a study on ‘Mentalization’ and ‘Theory of Mind’ in Blind Children. Reflections on early relationship development.

Dr Gloriana Bartoli1,2,3,4
1Child and Adolescent Mental Health Service - Auckland District Health Board ADHB, Auckland, New Zealand, 2Private Practice, Auckland (NZ), New Zealand, 3New Zealand Institute of Psychoanalytic Psychotherapy (NZIPP), Auckland, New Zealand, 4Psychoanalyst Candidate with the Chicago Psychoanalytic Institute (APsaA, IPA), Chicago, United States of America

Biography:
I'm a Clinical Psychologist, Psychoanalytic Psychotherapist and Psychoanalyst Candidate (APsaA-IPA). I have been working as a Clinical Psychologist and Psychotherapist for over 20 years, in New Zealand and Italy, with infants/children and families in different settings: hospital, mental health services, NGOs, education. In particular, I've been working for many years with children with visual impairments and became interested in the development of early relationship. In this area, I completed a PhD on the study of mentalization in blind children within the relationship with their parents.

Introduction: Mentalization (Mz) and Theory of Mind (ToM) refers to the human ability to understand, predict and interpret one’s own and others’ behaviors in terms of Mental States (MS), although ToM is usually considered more a socio-cognitive competence and Mz a relational one. Fonagy et al. (2002) identified Mz as an internalized experience of having been mentalized by significant others, where upon ToM arises.

Aim of the Study: This study addresses the question on how Mz is developed when sight is missing as an important sense to relate and understand others. Previous researches focused on ToM in Blind Children showed a delay, not a permanent deficiency, in false belief (FB) tasks. Recent studies reported typical ToM development in Blind Children and suggested that comprehensive tools can be used to focus on socio-emotional competences and performance ability within a relational approach. The study explores the hypothesis that ToM can be developed based on the experience of being ‘kept in mind’ by significant others within early relationships, independently of vision.

Material and Methods: This study uses the audio ToM Storybooks (Blijd-Hooge, et al., 2008) to assess ToM as a sociocognitive competence in 17 Blind Children, selected from those attending an early intervention program, and 17 sighted typically-developing children, matched by gender, chronological age and verbal IQ. ToM as performance ability is measured with MS use in two tasks: ‘completion of a story’ and ‘video-recorded parent-child interaction’. Parents preference of MS is measured with Maternal MS Input InventoryMMSII (Peterson & Slaughter, 2003). Perceptions of Children’s Theory of Mind Measure - PCToMM-E is used to assess the parents’ perception of their children’s ToM (Hutchins et al., 2007)

Results: Results showed no significant differences in ToM in the two groups, both as a socio-cognitive competence (Bartoli et al., 2019) and performance ability. This is confirmed by the parents’ perception on the children’s ToM. Blind Children produce more MS terms when creating a story than interacting with others. The parents’ preferred use of MS terms is similar in the two groups. Parents’ role is related to them interacting verbally with their blind children more than parents of sighted so that the use of MS results significantly less in terms of percentage. This can be explained by the crucial function carried out by the parents of Blind Children to make the world intelligible for them, that is to support their children by interpreting the world around and therefore keeping them and their needs in mind.

Conclusions: The study highlights ToM comprehension and abilities in BC. This supports the understanding of Mz within early relationship when children lack vision. Preliminary results show parents’ RF as facilitating the process of ‘mentalizing’ within early relationships, that is when ‘someone is there’ to keep the child in mind.
Dyadic Synchrony and Mother-Infant Interactional Patterns Following Diagnosis of Complex Congenital Heart Disease

Ms Stephanie Tesson1,2, A/Prof Gary F Sholler1,3, Prof Phyllis N Butow2,4, Ms Claudia Nielson-Jones1,2,5, Ms Dianne Swinsburg1,5, Prof David S Winlaw1,3, A/Prof Nadine A Kasparian1,5,6

1Heart Centre for Children, The Sydney Children’s Hospitals Network, Sydney, Australia, 2School of Psychology, The University of Sydney, Sydney, Australia, 3Discipline of Child and Adolescent Health, Sydney Medical School, The University of Sydney, Sydney, Australia, 4Psycho-Oncology Co-operative Research Group (PoCoG), The University of Sydney, Sydney, Australia, 5Discipline of Paediatrics, School of Women’s and Children’s Health, UNSW Medicine, The University of New South Wales (UNSW), Sydney, Australia, 6Harvard Medical School, Boston, United States

Biography:
Stephanie Tesson is completing her doctoral studies at the Heart Centre for Children, The Sydney Children’s Hospitals Network. She is passionate about optimising the physical and psychological wellbeing of individuals and their families with congenital heart disease, and the relation of attachment patterns to psychopathology. Since 2015, she has published, or had accepted for publication, over 20 journal articles and abstracts and has presented her work at national and international conferences. She is currently the recipient of a research scholarship from the National Health and Medical Research Council of Australia (NHMRC).

INTRODUCTION: Mothers and their infants with complex congenital heart disease (CHD) may face relational challenges in the perinatal period, including marked psychological distress, mother-infant separation, infant hospitalisation and medical procedures, and maternal adjustment to a ‘new normal’. Very few observational studies have examined how cardiac diagnosis and surgery impacts the mother-infant relationship.

AIMS: We investigated dyadic synchrony, relational risk, and mother-infant interaction patterns in mothers and their infants with CHD compared with mothers and their babies without critical or chronic illness.

METHODS: All infants with CHD underwent at least one cardiac surgery in their first 6 months. Mother-infant interaction was assessed at infant age 6-months with 99 dyads affected by CHD and 75 dyads from the general community using the Child-Adult Relationship Experimental (CARE) Index. Dyadic synchrony, relational risk categories, and maternal (sensitivity, control, unresponsiveness) and infant (cooperativeness, difficultness, passivity, compulsivity) behavioural patterns were assessed. Mothers also completed a suite of self-report measures assessing sociodemographic characteristics.

RESULTS: Mean maternal age was 32.3 years (SD=4.5) and 33.3 years (SD=3.9) in the cardiac and comparison groups, respectively. Most mothers were married (94%), university-educated (74%), and first-time parents (53%). Dyadic synchrony was significantly lower in the cardiac group (M=4.6, SD=1.2) compared with the community sample (M=5.2, SD=1.6, p=.003). Relational difficulties were prevalent in both groups (CHD: 95% vs. control 80%), although the prevalence of ‘high-risk’ interactions was greater in the cardiac group (56%), compared to the community sample (35%; p=.002). Maternal sensitivity (M=4.6, SD=1.2, p=.003) and infant cooperativeness (M=4.5, SD=1.2, p=.005) were significantly lower in the cardiac group compared with the community sample (M=5.2, SD=1.6 and M=5.2, SD=1.7, respectively).

CONCLUSIONS: Relational difficulties were common for both mother-infant dyads affected by CHD and in our community sample; however, the proportion of dyads in the cardiac group exhibiting ‘high-risk’ interactions was significantly higher. Results will be used to inform clinical assessment and detection of at-
risk dyads and to guide interventions for primary prevention and early intervention in pediatric cardiac care and well-child clinics.

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Teacher-child one-on-one playtime: Teachers’ non-intrusive play promotes developmental gains of developmentally delayed children

Dr Efrat Sher-Censor1, Dr. Smadar Dolev1,2, Mrs. Ester Zach1, Mrs. Michal Shalem Gan-Or1
1University of Haifa, Haifa, Israel, 2Oranim Academic College and Teaching, Kiryat Tivo’n, Israel

Biography:
Efrat Sher-Censor is the Head of the Interdisciplinary MA and Ph.D. programs in Child Development, the School of Psychological Sciences, University of Haifa, and Haifa, Israel. Her work focuses on caregiver-child relationships. She explores how children’s and caregivers’ representations regarding their relationship shape their interactions and predict children’s adjustment. She is particularly interested in children at-risk, such as children with special needs and from immigrant and ethnic minority families. She is a former member of the editorial board of Infancy.

INTRODUCTION: Teachers’ attuned responsiveness is considered essential for fulfilling children’s developmental potential. However, the effects of teachers’ behavior on the development of children with special needs, such as Developmental Delay (DD), received little attention. The handful of studies in this context found that teachers tended to be more directive than responsive to children with DD, and the children tended to be passively engaged in learning tasks. Yet, these studies did not examine the links between teachers’ behavior and children’s developmental outcomes.

AIMS: To address this gap, we studied one-on-one play time of kindergarten teachers and children diagnosed with DD. We examined whether teachers’ non-intrusiveness (i.e., joining children’s play without interfering or dominating, Biringen et al., 2014), is associated with improvements in children’s socio-emotional and academic functioning.

MATERIAL & METHODS: We employed a longitudinal design. Participants were 47 teachers and a randomly chosen child from their special education kindergarten diagnosed with DD. In Time 1 (T1) teacher-child dyads were videotaped during three play interactions. Teachers’ non-intrusiveness was rated using the Emotional Availability Scales (Biringen et al., 1998; ICC = .84). Kindergartens’ therapists reported twice, in T1 and 12-months later, on children’s adaptive behavior (in terms of communication, socialization, motor and daily living skills), school performance, peer acceptance and externalizing behavior problems.

RESULTS: Study variables were not related to teachers’ and children’s demographics. Regression analyses controlling for children’s functioning in T1, indicated that children whose teachers were less intrusive, presented higher developmental gains over 12 months across all domains, p’s < .026.
CONCLUSIONS: In our presentation we will discuss the study implications for practice with young children with DD. For example, our findings point to the importance of including one-on-one play time between teachers and children, and not only didactic learning, as an integral part of the kindergarten curriculum.
Depression, Parental Stress and Infant Development in Chile

Dr Marigen Narea, Dr David Torres-Irribarra

1Pontificia Universidad Catolica De Chile, Santiago, Chile, 2Centro de Estudios Avanzados sobre Justicia Educacional, Santiago, Chile

Biography:
Psychologist and Master in Educational Psychology from the P. Universidad Católica de Chile. Master in Education and International Development from Boston University and PhD in Social Policy from London School of Economics (LSE). Assistant professor at the School of Psychology and principal investigator at the Center for Educational Justice (CJE) of the P. Universidad Católica de Chile.

Parental mental health and parental stress have shown a negative association with child development, as they interfere with parental abilities. Hence, parental distress is a risk factor for child development (Molfese et al., 2010; Cappa et al., 2011). Parental stress generates direct and indirect effects on children’s socio-emotional, cognitive, and language development (Harmeyer et al., 2016; Harewood, Vallotton & Brophy-Herb, 2017). Several researchers argue that this effect occurs indirectly, primarily through the type of interactions that mothers display with their children, or the degree of responsiveness and sensitivity to their needs (Noel, Peterson & Jesso, 2008).

Depressive symptoms are also associated with less desirable parenting practices. Studies indicate that while these types of symptoms increase, caregivers become less positive and responsive to children, more hostile, less committed, and less consistent when applying discipline, all elements that have been associated with child development (Belsky, 1993; Goldstein, Diener & Mangelsdorf, 1996; Nix and Meunier, 2009). We use data from Chile, a country with a high prevalence of mental health problems. The prevalence of depression among new mothers in Chile is 10.2% but increases to close to 40% when combined with anxiety (Jadresic, 2014). Although maternal depression appears to be similar across settings, its impact on parenting practices may vary in a culturally dependent fashion (Bornstein, 2010).

In this context, this study seeks to analyze the association between parents' psychological factors and practices and infant development. The first objective is to describe whether maternal mental health is associated with children's cognitive, language, and temperament development. Also, we seek to define whether this association is mediated by the practices that parents carry out or the quality of the environment at home. Our sample includes children aged 13 months old on average (n=1162) and their families, who participated in the first wave (2019) of the "First Thousand Days Study" (in Spanish, "Mil Primeros Dias"). The study includes several sociodemographic measures. Also, it provides infant temperament and infant cognitive and language development measures (Infant Behaviour Questionnaire-Revised and Bayley Scales of Infant and Toddler Development), and parental stress and depression measures (Parenting Stress Index and Center for Epidemiological Studies Depression). Also, the environment in which the children develop was evaluated with The Home Observation Measurement of the Environment (HOME) and the quality of mother-child interactions with the instrument Three Bags Tasks (Brady-Smith, et al., 1999). Using a “path analysis model”, our preliminary analysis shows that parental stress exhibits a negative association with children's temperament, cognitive and language development (see figure 1). Also, we find that parental stress shows a negative association with parenting interaction, especially with parental responsivity. On the other hand, we find a negative, indirect association between parental stress and adult responsivity and acceptance measured by the HOME instrument. Future analyses will include a more detailed exploration of all domains of the “Three Bags Task” and HOME instruments, and we will add
control variables to our analysis. We will also discuss emerging findings of commonalities and differences between this study and previous studies from developed countries.

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Emotional availability in dyads of mothers and young children with Spinal Muscular Atrophy who use Augmentative and Alternative Communication

Mrs Ravit Shahar-lahav1, PhD Efrat Sher-Censor1, PhD Orly Hebel2

1University of Haifa, Haifa, Israel, 2Levinsky College of Education, Tel Aviv, Israel

Biography:
Ravit Shahar Lahav is an occupational therapist, working with infants and children with disabilities. She holds a BA from the Hebrew University, Jerusalem, and an MA in Child Development from the University of Haifa, Israel. Currently, she is a PhD student at the Interdisciplinary PhD Program in Child Development, the School of Psychological Sciences, University of Haifa, Israel. Her research focuses on mother-child and father-child relationships in the context of children with severe motor impairments, such as children with Cerebral Palsy or with Spinal Muscular Atrophy, who cannot talk and use Augmentative and Alternative Communication.

Introduction: Emotionally availability (EA) in parent-child interactions, namely, when parents respond sensitively (i.e., timely and appropriately) to their child, and the child is responsive and involving the parents, fosters the socio-emotional adaptation of typically developing children and children with developmental disabilities alike. Due to a profound motor disability, children with Spinal Muscular Atrophy (SMA) have limited to no speaking abilities and limited abilities of non-verbal communication, which may impede their responsiveness and involvement of their parents as well as parents’ ability to read their children’s signals and respond in a sensitive manner. Augmentative and Alternative Communication aids (namely, all forms of communication other than oral speech), may help children with SMA to communicate, and thus may contribute to parents-children’s emotional availability. Yet, research of children with profound motor disabilities rarely examined the emotional world of the children or parent-child relationships.

Aim of the study: To address these gaps, we examined the emotional availability of three mother-child with SMA dyads who use AAC.

Material and methods: Dyads’ play and personal-care interactions were videotaped, and mothers were interviewed. Interactions were coded using the EA scales (Biringen et al., 1998), and interviews were analyzed using a qualitative grounded theory approach.

Results: Analyses suggested an “ordinary magic” (Masten, 2001): Despite very limited communication abilities of the children, dyads’ emotional availability ranged from good enough to very good. Mothers were sensitive and structured the interactions without intrusiveness or hostility, and the children were responsive and involving. Although cumbersome, AAC aids were crucial for children’s self-expression and active participation and for mothers’ ability to interpret their child’s signals. In our presentation, we will share the themes that emerged in the qualitative analyses.
Conclusions: This study points to the importance of addressing the socio-emotional needs of the young child, which are currently relatively neglected in both research and practice with children with profound motor disabilities.
Trajectories of parental mentalization from pregnancy to early childhood: Predictors and developmental consequences. FinnBrain Birth Cohort Study

Mr Jallu Lindblom1, Marjukka Pajulo2, Saara Nolvi3, Riikka Korja2
1University Of Turku and University Of Tampere, Tampere, Finland, 2University of Turku, Turku, Finland, 3University of Turku and Charité Universitätsmedizin, Turku, Finland

Biography:
Lindblom is a post-doc researcher at both University of Turku and at University of Tampere, Finland. His main research interests involve early parent-child and family relationships and self-regulation development.

Introduction: “Parental mentalization” refers to a parents’ capacity and curiosity to consider the individual experience and mental state underlying the reactions and behavior of the baby/child. Higher capacity to mentalize is considered a key aspect for parental sensitivity in interaction, self-and emotion-regulation and child socio-emotional development (Slade 2005; Sharp & Fonagy 2008).

Aim: 1) to examine the changes and distinct trajectories of parental mentalization from pregnancy to child’s early childhood, and 2) to test how parental mentalization predicts children’s social-emotional and self-regulatory development at the age of 1 and 2 years. Of specific interest was to look at how it predicts child’s capacity for empathy at 2 years of age.

Material and Methods: The study is part of the FinnBrain Birth Cohort (www.finnbrain.fi) (initial n=3808 families). The participants were recruited from maternal welfare clinics at 12 weeks of pregnancy. The current substudy includes families with complete longitudinal data needed to explore the research question (appr. 900 mothers/children and 600 fathers). Main measures (self-reports): 1) parental mentalization (pregnancy, 6 months and 2 years of child’s age) (P-PRFQ, PRFQ-Fi) 2) Child temperament and self-regulation (2 years) (CBQ), and 3) Child socio-emotional development (2 years) (BITSEA).

Results: In general, there was steep increase in parental mentalization from pregnancy to the postpartum period. Preliminary analyses based on cluster analysis suggest three distinct trajectories of parental mentalization from pregnancy to child’s ages of 6 months and 2 years: Stable high (51%), Stable Medium (26%) and Catch-up (23%). First time parents tended to show higher level of parental mentalization. Trajectories of more stable high mentalization predicted children’s better self-regulation and social competence, including empathy, at 2 years of age.

Conclusions: This is the first study to explore early longitudinal profiles of parental mentalization development in a population-based sample, with both mothers and fathers. The findings seem to support the importance of parental mentalization for child self-regulative and socio-emotional development. The sample, methodology, confounding factors explored, limitations, main findings and their clinical implication will be presented in more detail.
Mother-child pretend play and its association with maternal mental health

**Dr Zhen Rao**¹, Ms Beth Barker², Dr Christine O’Farrelly¹, Professor Paul Ramchandani¹

¹University of Cambridge, Cambridge, United Kingdom, ²Imperial College London, London, United Kingdom

**Biography:**
Zhen’s research interests lie in the interplay between play, emotions, and mental health. She has examined play across a wide range of ages (from early to middle childhood) and social contexts (e.g., home, school, and playground settings, both in the UK and in China). Zhen gained her PhD from the University of Cambridge in 2019, for which she investigated social pretend play and emotional development in 7- to 10-year-old children. Zhen is currently working as an ESRC Postdoctoral Fellow at the University of Cambridge.

**INTRODUCTION**
Maternal anxiety and depression have been found to increase the risks of negative mother-child interaction and child behaviour problems. Although play constitutes an important part of mother-child interaction during the early years, little is known regarding how maternal anxiety and depression are related to specific forms of mother-child play. This is an important gap because different types of play may afford different developmental opportunities and be affected by maternal mood differently, which could have implications for interventions that target anxious or depressed parents.

**AIMS**
This study aims to examine the concurrent associations between mother-child pretend play and maternal anxiety and depression, and the longitudinal association between baseline mother pretend play and child behaviour problems two years later.

**METHODS**
Mother-child pretend play was examined by analysing five-minute videos of play interaction in 60 mother-child dyads (Mean age of child = 29.67 months, SD = 3.25, 41.7% girls) recorded during home visits. Self-reported maternal anxiety and depression were assessed by the Generalised Anxiety Disorder7 questionnaire and the Patient Health Questionnaire-9, respectively. Child behaviour problem at 2-year follow-up was measured by the Child Behaviour Checklist/1½ - 5 reported by mothers.

**RESULTS**
Higher maternal anxiety predicted less mother pretend play. When mother pretend play was controlled for, higher maternal anxiety and depression respectively predicted less child pretend play. There was evidence (albeit weak) that more baseline mother pretend play predicted fewer child behaviour problems at 2-year follow-up, when baseline child behaviour problem and baseline maternal anxiety were controlled for.

**CONCLUSIONS**
This study suggests that maternal anxiety or depression may reduce the likelihood of parents and children engaging in pretend play. It suggests that higher levels of mother’s engagement in pretend play might help prevent the development of child behaviour problems.
"I know that it's something that's creating a bond": Fathers participating in Baby Theatre with their Infants in South Africa

Ms Brenda Cowley1, Prof. Astrid Berg1,2, Dr. Anusha Lachman1, Mr Elvin Williams1
1University Of Stellenbosch, Cape Town, South Africa, 2University of Cape Town, Cape Town, South Africa

Biography:
Brenda Cowley is an educational psychologist and parent-Infant psychotherapist in private practice. In 2018 she obtained her M.Phil. (Cum laude) degree in Infant Mental Health through the University of Stellenbosch. She is hoping to embark on a PhD furthering her research into ways of encouraging fathers to become more involved in the lives of their infants.

In many African countries, particularly those with largely patriarchal societies like South Africa, promoting father-child interaction can pose a challenge. An informative medium that could potentially encourage active participation in pleasurable interactions between fathers and babies may prove to be a way in which to stimulate fathers’ awareness of their infants’ abilities. A Cape Town based Theatre Company created the first ever South African baby play for caregivers and their babies between the ages of 2 weeks to 12 months. It is performed in a contained, relaxing space and offers carers and babies time to relate to each other in a pleasurable atmosphere, while specially trained actors model sensitive and responsive interactions. Baby Theatre could be a way to encourage fathers’ involvement with their infants, however, no research is currently available documenting fathers’ perceptions about Baby Theatre experience.

Aim: To explore fathers’ experience of participating in Baby Theatre.

Method: This qualitative study involved six fathers who, with their infants, participated in the Baby Theatre production. A week later the fathers were divided into two focus groups to give them the opportunity to discuss their thoughts about the experience and to reflect on whether it had any subsequent impact on their interactions with their babies. The audiotaped, transcribed material was thematically analysed using an interpretative phenomenological approach.

Results: The fathers described the experience as educative and enjoyable. They reported that the programme had a positive impact on the way they interacted with their infants and also positively influenced their relationship with them. Additionally, they appreciated the connection with the other fathers in the group. Cultural, societal and gender issues were also considered.

Conclusions: The subjective experience of the fathers was positive. Further research is needed to assess the lasting effects of the Baby Theatre experience.
“Making the best of a bad job" digital psychoanalytic psychotherapy with small children and families at times of Covid-19 pandemic

Dr Maria Pozzi Monzo

Biography:
Child, adolescent and adult psychotherapist. Special interests in autism, Asperger’s syndrome, mental handicap, infants and children under five with their families. Visiting tutor at the Tavistock Clinic, the School of Infant Mental Health, and teaches and lectures abroad.

Professional doctorate in psychoanalytic psychotherapy research on children under five and their families.

Publications: Psychic Hooks and Bolts (Karnac 2003); Innovations in Parent Infant Psychotherapy (Karnac 2007); the Buddha and the Baby (Karnac 2014); Developmental Parent-Infant Psychotherapy and Mindfulness (Routledge 2020). Winner of Frances Tustin Memorial Prize in 1990.

Teaches and tutors child psychotherapists, parent infant psychotherapists and others.

A brief literature review on working remotely is followed by on-line clinical vignettes of parent-infant/toddler psychotherapy. Patients and people have reacted differently to the pandemic, and whether they will go down the path of mourning or melancholia (Freud 1917) depends on many internal and external factors. Christopher aged two-and-a-half was referred to a specialist Underfive’s Service for generalised developmental delay, tantrums and lack of speech. His mother Grace appeared tired, depleted and flat. She had not grieved the many failed/unwanted pregnancies since being eighteen. During lockdown the therapeutic work continued by what’s app. Grace was no longer punctual in attending. I had to call her as she would still be asleep. She felt completely overwhelmed; yet Christopher progressed due to his mother’s constant presence at home. He was partially toilet trained and his speech developed albeit somewhat mechanical and repetitive. Grace became more lively, less enmeshed with him; able to set boundaries and in our last session shed few tears and un-locked her emotions! Norma, 13-months old, was referred as the paediatrician thought she was autistic. Norma had neither words nor gazes directed at people, developmental delay and eczema. She was left at 12 months - with her maternal grandmother abroad and when reunited with mother Annie, took several days to re-connect with her. In our first session Norma placed herself on Mum’s lap and chucked or dropped toys with great strength thus showing her feelings dropped and chucked while mother spoke about having left her. With lockdown on-line work continued. Annie was always at home and their relationship became closer: Norma began to utter words and to relate well also with me on screen. She would come closer and tries to touch my face. Father had distanced himself from the family and sadly separation procedures began. By the end of our work Norma’s development had caught up and she was a happy, playful and verbal toddler.

References
Depressive symptoms and parental stress in mothers and fathers 30 months after childbirth

Dr Maude Johansson

Linnaeus University, Växjö, Sweden

Biography:
Maude Johansson is an authorized psychologist and psychotherapist. She has mostly worked in the area of child psychiatry. The research topic concerns the identification and treatment of mothers and fathers with depressive symptoms and parental stress in early parenthood.

Research on parents with depressive symptoms and parental stress after the first year of childbirth is scarce. However, studies have demonstrated the importance of good mental health in both parents for supporting the parent-child relationship in young children.

AIMS
The first aim was to determine the prevalence of depressive symptoms in mothers and fathers two and a half years after the birth of a child and whether parental stress and attachment style affected depression. The second aim was to explore the lived experiences of parent’s experiences of depressive symptoms, and parental stress.

MATERIAL AND METHODS
The studies based on both quantitative and qualitative data from a Swedish parent-infant population-based cohort 30 months after childbirth. The parents completed three questionnaires, Edinburgh Postnatal Depression Scale, The Swedish Parenthood Stress Questionnaire and the Relation Questionnaire.

RESULTS
The prevalence rate of depressive symptoms in mothers was 14.9 %, while for fathers it was 11.5 %.

Parental stress (incompetence, social isolation, spouse relationship problems, and health problem) were the best predictor for mothers’ depressive symptoms, while parental stress (social isolation and health problems) was the best predictors for fathers. Both mothers and fathers described experiences of inadequacy, although fathers described external requirements and mothers described internal requirements as the most stressful. Experiences of problems during pregnancy or a traumatic delivery contributed to depressive symptoms and anxiety in mothers, and affected fathers’ wellbeing. Thus, identifying depressive symptoms with the EPDS, mothers described varying experiences of child health care support. Depressive symptoms seemed to affect the spouses’ relationships and both mothers and fathers experienced loneliness, and spouse relationship problems. Experiences of an insecure upbringing in the parents’ family of origin seemed to contribute to vulnerability in mothers.
CONCLUSION

The findings indicated that parental stress and depressive symptoms are closely related and can explain the difficulties parents face.

Sleep, mental health and wellbeing among fathers of infants up to 1 year postpartum: Implications of current evidence

Dr Karen Wynter1,2, Ms Lauren Francis3, Associate Professor Richard Fletcher4, Associate Professor Nyanda McBride5, Dr Eileen Dowse6, Dr Nathan Wilson7,8, Dr Laura Di Manno3, Dr Samantha Teague3, Dr Jacqui Macdonald3,9,10

1 Deakin University School of Nursing and Midwifery, Burwood, Australia, 2 Centre for Quality and Patient Safety Research – Western Health Partnership, St Albans, Australia, 3 Centre for Social and Early Emotional Development, School of Psychology, Faculty of Health, Deakin University, Burwood, Australia, 4 Family Action Centre, University of Newcastle, Newcastle, Australia, 5 National Drug Research Institute, Faculty of Health Sciences, Curtin University, Bentley, Australia, 6 School of Nursing & Midwifery, University of Newcastle, Newcastle, Australia, 7 Cognitive Behaviour Therapy Australia, Mentone, Australia, 8 Turner Institute for Brain and Mental Health, Monash University, Clayton, Australia, 9 Department of Paediatrics, University of Melbourne, Parkville, Australia, 10 Murdoch Children’s Research Institute, Parkville, Australia

Biography:
Karen has a background in Public Health, Psychology and Education. She is currently a Research Fellow at the School of Nursing and Midwifery, Deakin University and a member of the Centre for Quality and Patient Safety Research – Western Health Partnership. She has a keen interest in modifiable risk factors that contribute to perinatal mental health problems among women and men, and how these symptoms interact with parents’ relationships with their partners and infants. She currently the Secretary of the Australasian Marcé Society for Perinatal Mental Health, and serves on the Steering Committee for the Australian Fatherhood Research Consortium.

Introduction: Sleep disturbance among adults has consequences for their health and functioning, and can result in irritability and poor self-control. Among mothers of infants, sleep disturbance and fatigue are significantly associated with depression, anxiety and impaired relationships with partners and infants. It is not known whether consistent evidence of such associations exists for fathers.

Aim: The aim was to describe what is known about fathers’ sleep and its associations with mental health, relationships and workplace functioning, in the first 12 months postpartum.

Materials and Methods
A scoping review was conducted, searching MEDLINE complete, Scopus, PsycINFO and CINAHL complete, from 1990 to 13 May 2019. Articles were included if they were published in English, and reported on sleep among men cohabiting with their infants from birth to 12 months

Results: Thirty papers (reporting on 27 separate studies) met inclusion criteria. Although sleep constructs and assessment varied greatly, fathers consistently reported substantial sleep impairment. While some measures of fathers’ sleep improved, fathers’ fatigue increased significantly with infant age. In adjusted analyses, fathers’ sleep problems were associated with poorer mental health, relationships with partners, and safety compliance at work. No papers reported adjusted analysis of associations between fathers’ sleep problems and their relationships or interactions with their infants.
Conclusions: Associations between sleep disturbance and poor mental health are particularly important given that depression among fathers is significantly associated with maternal depression and can impact on the subsequent development of their infants. Well-designed longitudinal studies are needed to clarify the causal direction of associations between infant sleep, fathers’ sleep, their mental health and relationships with their infants. Health professionals should consider a brief assessment of fathers’ sleep when they consult families with young infants. Psycho-education regarding management of poor infant sleep could help to prevent long-term fatigue and its consequences among fathers.
Can a simple online CFT resource provide psychological support to mothers of infants?

Dr Koa Whittingham, Dr Amy Mitchell, Ms Georgina Lennard, Dr Stan Steindl, Dr James Kirby

1UQ Child Health Research Centre, UQ, South Brisbane, Australia, 2Parenting and Family Support Centre, School of Psychology, UQ, St Lucia, Brisbane, 3School of Psychology, UQ, St Lucia, Brisbane, 4Compassionate Mind Research Group, School of Psychology, UQ, St Lucia, Brisbane

Biography:

Dr Koa Whittingham is a senior research fellow at the UQ Child Health Research Centre, The University of Queensland and a registered psychologist with specialities in clinical and developmental psychology. Koa’s research covers three key topics: (1) parenting and parenting intervention, (2) neurodevelopmental disabilities and (3) acceptance and commitment therapy and related approaches. She is the author of Becoming Mum, a self-help book grounded in ACT for supporting mothers in the transition to motherhood and is first author of Acceptance and Commitment Therapy the Clinician’s Guide for Supporting Parents.

INTRODUCTION Childbirth and breastfeeding difficulties are common and contribute to maternal shame, with flow-on effects for maternal and infant mental health. Compassion-focussed therapy (CFT) neutralises shame and has established efficacy (Gilbert and Proctor, 2006).

AIM: To evaluate the acceptability and efficacy of a small package of CFT resources for mothers of infants.

MATERIAL and METHODS: This project comprised two studies: (1) a pre-post (uncontrolled) feasibility study (N=262) and (2) a micro-randomised controlled trial (micro-RCT; N≥200) with community samples of mothers ≤24 months post-partum living in Australia or New Zealand. All mothers completed baseline assessment (online self-report questionnaires). All mothers in the feasibility study received immediate access to the CFT resources and completed post-intervention assessment 4 weeks later. Mothers in the micro-RCT were randomised to either immediate (intervention) or delayed (waitlist-control) access, with post-intervention assessment 8 weeks later. The CFT resources consisted of two videos and a tip sheet with simple strategies for increasing self-compassion, including a guided exercise. Assessment measures included measures of self-compassion, psychological flexibility, shame, post-traumatic stress following childbirth, subjective breastfeeding experience and satisfaction with infant feeding.

RESULTS: Results of the feasibility study showed decreases in post-traumatic stress symptoms for intrusion (d=.14, p=.001), hyperarousal (d=.12, p=.002) and total (d=.11, p=.002) scores, and improvements in subjective breastfeeding experience (d=0.08, p=.033) and satisfaction with breastfeeding (d=.22, <.001). Data collection for the micro-RCT is still underway; however, preliminary analysis shows a trend toward reduced post-traumatic stress symptoms (η2= .021, p =.061, N=169). Final results from both trials will be presented.

CONCLUSIONS: Results provide initial support for the acceptability and utility of simple online CFT-based resources in supporting mothers’ well-being in the post-partum period, particularly in terms of trauma symptoms and breastfeeding satisfaction. Further research is warranted.
Supporting the transition to motherhood through acceptance and commitment therapy

Dr Koa Whittingham

UQ Child Health Research Centre, UQ, South Brisbane, Australia

Biography:
Dr Koa Whittingham is a senior research fellow at the UQ Child Health Research Centre, The University of Queensland and a registered psychologist with specialities in clinical and developmental psychology. Koa’s research covers three key topics: (1) parenting and parenting intervention, (2) neurodevelopmental disabilities and (3) acceptance and commitment therapy and related approaches. She is the author of Becoming Mum, a self-help book grounded in ACT for supporting mothers in the transition to motherhood and is first author of Acceptance and Commitment Therapy the Clinician’s Guide for Supporting Parents.

Workshop summary:
This workshop will provide a brief overview of acceptance and commitment therapy (ACT) and its application in the perinatal period. Drawing on her books Acceptance and Commitment Therapy the Clinician’s Guide for Parents and Becoming Mum, Dr Koa Whittingham will: (1) provide an evolutionary perspective on parenting, ACT and the wider literature, (2) present the parent-child hexaflex, a model of psychological flexibility in the parent-child relationship and (3) demonstrate simple ACT techniques.

Learning Objectives:
1. To understand the relevance of ACT including core concepts such as psychological flexibility and acceptance to women in the perinatal period.
2. To understand how an evolutionary perspective integrates the wider parenting literature with ACT.
3. To learn the new parent-child hexaflex, a model of psychological flexibility in the parent-child relationship.
4. To learn simple ACT strategies for supporting women in the perinatal period through live demonstrations and guided exercises.
Coparenting in the South: challenges for Chilean couples

Dr Francisca Pérez Cortés

1Universidad Alberto Hurtado, Santiago, Chile

Biography:
Psychologist of the University of Chile and Doctor of Psychotherapy of the Interfacultades Program of the University of Chile, Pontifical Catholic University and University of Heidelberg. She works as an academic of the faculty of psychology of the University Alberto Hurtado, in Santiago, Chile. Her main lines of research are childhood attachment, family interactions and parental depression.

Introduction: Although coparenting has been studied since the '90s in countries of the northern hemisphere in different families constellations, in the southern hemisphere it has been a less studied phenomenon. In Chile, parenting has historically been mainly in charge of women, and little is known about the relational dynamics within the parental couple at the time the first child arrives in the family.

Aim: The present study seeks to know the relational style, with focus in coparenting, of heterosexual couples during the transition to parenthood.

Methods: Seven couples, public health service users, were interviewed during pregnancy and postpartum. Transcripts were analyzed through thematic analysis.

Results: most couples didn’t plan their pregnancy, so parenting was lived with high amounts of ambivalence. An avoiding relational style predominates in both moments. Women assumed the primary care of the newborn and men a provider role. Although women recognized tensions and difficulties regarding coparenting, there were few spaces of negotiation and joint reflection.

Conclusions: the biggest challenge that couples have is to move from a reactive style to a preventive one, in which parenting and coparenting can be planned and co-constructed.
Bioanalytic parent-infant-psychotherapy has proven to be an effective way of treating peri- and postnatal depression. Giving words to emotions and finding their source in unsolved conflicts from one's own biography in the presence of a containing and mentalizing therapist offers a unique chance in transition to parenthood which also protects the baby. The interruption of transgenerational transmission of emotional load amplifies this effect.

We present the story of a young mother as an example of the life-saving importance of psychotherapy right from the early weeks of the baby's life. This mother asked for help three weeks after she had given birth to her first child in a desperately depressed state which she knew from previous periods of her life. Several psychotherapeutic attempts had had no lasting effect. This time she took the chance of creating her personal story. Daring to remember and finding words for emotions and situations is an activity which is reassuring for her. She is no longer a victim though still suffering. The odd situations in her and her parents'life became meaningful to her and encouraged her to continue. This activity transmitted to the partner who for his part had actually to deal with the sudden death of his father, which in turn now challenges him to create his story as well. The daughter's development was not impaired. For a while she seemed to be the little sunshine to clear her parents' depression. The low-frequencypsychotherapy is still ongoing and the partner has found his own psychotherapist.
How Parental Post-Partum Depression interacts with Co-parenting to explain Infant Sleep Quality: A Multilevel Actor-Partner Interdependence Model

Dr Benedetta Ragni¹, Prof Simona De Stasio¹, Prof Daniela Barni¹, Dr Francesca Bevilacqua², Dr Lucia Aite², Dr Silvia Bucci², Dr Simonetta Gentile²

¹Lumsa University, Rome, Italy, ²Bambino Gesù Children's Hospital, Rome, Italy

Biography:
Benedetta Ragni is a Ph.D. candidate in Developmental Psychology at LUMSA University, Rome, Italy. Her main area of research is parenting, sleep and bedtime routines in the first years of life.

INTRODUCTION
Infant intrinsic factors, parental mental health and parenting functioning could influence infant sleep quality (Camerota et al., 2019). The current study was designed to advance understanding of parental, and in particular, paternal factors’ influencing sleep quality in infants ageing 8-12 months.

AIM OF THE STUDY
The main aim of the present study was to examined relationships among parental post-partum depression, parental similarities in perceiving co-parenting quality, being a couple with a child born with anomalies requiring surgery and infants longest sleep bout.

MATERIAL AND METHODS
110 Italian families (43, enrolled at Bambino Gesù Children’s Hospital, had a child born with anomalies requiring surgery) participated in this study. Parents completed Brief Infant Sleep Questionnaire (Sadeh, 2009), Edinburgh Postnatal Depression Scale (Cox et al., 1987), Coparenting Relationship Scale (Feinberg et al., 2012). We examined both individual and dyadic levels with multilevel analysis. Moreover, we adopted the Actor–Partner Interdependence Model (Kenny et al., 2006). At the individual level, we examined the association between parental post-partum depression and children longest sleep bout and, at the dyadic level we considered two between-dyads variables: being a couple with a child born with anomalies requiring surgery, and parental similarities in perceiving co-parenting quality.

RESULTS
When examining the main effects [Null model ICC=.83, CI 95%=.76 - .88, p = .000], a significant post-partum depression actor effect emerged (b= -1.36, t=-2.97, p=.004). Moreover, parental similarities in perceiving co-parenting quality moderate the relationship between actor post-partum depression and infants sleep (b = .88, t = 2.02, p = .046). In particular, this association resulted significant for lower levels of parental similarity in perceiving co-parenting quality (b = -1.78, t = 2.95, p = .003) in both groups.

CONCLUSIONS
Findings support that parental post-partum depression and lower levels co-parenting quality can interfere with infants longest sleep bout
Parenting stress of foster mothers of early age children.

Dr Varvara Anikina¹, Elina Meldo¹
¹Saint-Petersburg State University, Saint-Petersburg, Russian Federation

Biography:
Varvara Anikina has worked in a number of international research and intervention projects aimed at studying and helping children in institutions and foster families. She is a certified parent coach in a ABC Intervention Program developed by M. Dozier, University of Delaware, USA.
Elina Meldo has worked in a Presidential Grant research project studying children in institutions, biological and foster families, is a trained assessor for PCERA, SSP and other tools of child and family assessment.

Introduction: The birth of a child brings the need to adapt to parental role (Solmeyer, Feinberg, 2011), child temperament and other physical and emotional characteristics (Kochanska et al., 2004; Nam, Chun, 2014, Gray et al., 2018, McMahon et al., 2015). Parent may feel stressed, and this, in turn, may influence parent’s sensitivity (Harmeyer et al., 2016) and relationship with a child (Copeland, Harbaugh, 2005; Savenysheva, 2016). Institutionalized children often have a traumatic experience of living in their native families and institutions; they often have delays in physical, cognitive, socio-emotional development, behavior problems (Gabler et al., 2018; The St.Petersburg-USA Orphanage Team, 2008). All these may lead to the additional stress in foster parents, but the existing research data is contradictory (Santos-Nunes et al., 2017).

Aim: We studied parenting stress of foster mothers of young children. Participants: 23 foster (40.65 ± 5.68) and 31 biological (30.39 ± 3.49) mothers of children 8-47 month old, and 26 foster (43.46±5.07) and 43 biological (33.91 ± 4.84) mothers of preschool (4-6 yrs old) and elementary school children (7-9 yrs old).

Methods: PSI-4, socio-demographic and health condition questionnaires.

Results: Foster mothers report on less parenting stress compared to biological mothers. Institutionalized children 8-47 months old have more often perinatal infections, digestion problems, respiratory disease, etc., and more often foster mother is the only adult caring for the child. For this child age group biological mothers more often have high and clinically significant parenting stress levels on majority of the subscales, except for Acceptability and Attachment.

Acceptability (foster mother’s expectations from her child) is a more stressful factor for foster than biological mothers for all accessed children age groups. Foster mothers need more partner support with child’s age and with greater length at the institution corrected for child’s age. Critical length of stay in the institution is more than 9 months for children 4-6 yrs old and more than 16 months - for children 7-9 yrs old.

Conclusion: In general foster mothers have less parenting stress, but more with regard to their expectations with the child; the stress increases with child’s age and length at institution, and foster mothers expect more support from their partner. For children under 4 years old foster mother more often is the only caring adult. This should be paid more attention to in preparing and supporting foster families.
Coparenting within couples who conceived by Artificial Insemination with Sperm Donor (AID): What challenges for parenting and child disclosure?

Ms Ophelie Segade1,2, Ms Veronique Drouinaud3, Ms Berengere Beauquier-Maccotta1,2

1Hopital Universitaire Necker Enfants Malades-APHP, Paris, France, 2Université Paris Descartes, Paris, France, 3Hopital Cochin -APHP, Paris, France

Biography:
Ophelie Segade is a clinical psychologist. She works with children with developmental disorders but also with mothers during pregnancy and postpartum. She is also a family therapist. Beyond her deep clinical experience, she is currently doing a PhD on "conjugality and co-parenting in sperm donation conceptions". This research was funded by the French Biomedicine Agency.

INTRODUCTION:
This clinical research in psychology, is a partnership between the child psychiatry department of the Necker-Enfants malades Hospital, the CECOS (Center for the study and conservation of eggs and sperm) of Cochin hospital and the University of Paris.
Studies show that Artificial Insemination with sperm Donor (AID) have no impact on the overall development of the child, but interrogations remain regarding the disclosure to the child of its conception with donor. Most couples reported wanting to talk to their child later, yet only 10% of couples do so, regardless of the legislation in terms of anonymity.

AIM:
In this research, we focus on the couple’s dynamics and coparenting to observe family alliance and communication. Coparenting refers to the support that adults provide for one another in the raising of children for whom they share responsibility. A cooperative coparental alliance would be predictive of a good development of the child.

DESCRIPTION:
This research was conducted as a 3 steps procedure with semi-structured interviews. Couples were first met at 8 months of pregnancy, then with their child at 3 months and when the child is 18 months. At 3 months and 18 months, couples participated at an interactive play with their baby, a LTP (Lausanne Triadic Play). The interactive dynamic of the couple with the child and coparenting were observed.

CONCLUSIONS:
The coparental and conjugal dynamics give us information on parents' difficulties to evoke the donor’s topic with the child. The family alliance is warm and cooperative. It also tells us about a difficulty for couples to deal with negative emotions such as distress, sadness or anger, observable both between them and with the child. Qualitative analysis shows that phantasms of fragile filiation is often associated with parents’ fears and difficulties regarding disclosure. A psychological support may be offered to families that uses sperm donation to conceive their child.
Coparenting quality and work-family balance in the context of parental leave

Mrs Monica Lidbeck1,2 Susanne Bernhardsson3,4

1Region Västra Götaland, Research and Development Primary Health Care, Gothenburg, Sweden
2University of Gothenburg, Department of Psychology, Gothenburg, Sweden
3University of Gothenburg, Department of Psychology, Gothenburg, Sweden
4University of Gothenburg, The Sahlgrenska Academy, Institute of Neuroscience and Physiology, Department of Health and Rehabilitation, Unit of Physiotherapy, Gothenburg, Sweden

Biography:
Monica Lidbeck is a PhD student at Gothenburg University, Department of Psychology, Sweden, studying division of parental leave and family life. The current study is part of her thesis Share and Care – experiences of equally shared parental leave. Mrs. Lidbeck currently holds a position as psychologist in multi-professional teams serving Maternal and Child Health Care in Gothenburg, Region Västra Götaland. She has been engaged in the development and implementation of methods for parental support targeting fathers of infants at a national level in Swedish child health care.

INTRODUCTION: The Swedish parental leave programme encourages both parents’ caregiving responsibility and close relationship to the infant, as well as dual breadwinning. Therefore, exploration of the dynamics of parents’ engagement in family life and working life, in this context of giving fathers and mothers the same opportunities, could potentially contribute to a deeper understanding of what influence parents’ division of parental leave may have.

AIM: The study aimed to explore associations between division of parental leave and perceived quality of coparenting in parents of infants, and to compare parents’ work-family balance in terms of satisfaction with time on parental leave and working time 18 months after childbirth.

METHODS: Using survey data from 280 parents at 18 months after childbirth, we compared parents who shared parental leave equally (each parent taking at least 40% of the leave) with those who did not share equally. Primary outcomes were parents’ perceived quality of coparenting, operationalised as parenting alliance and satisfaction with their partner’s involvement in caregiving, as well as satisfaction with time on parental leave and working time.

RESULTS: Both mothers and fathers who shared parental leave equally reported higher coparenting quality than those who did not share leave equally. Mothers, but not fathers, who shared parental leave equally reported higher satisfaction with their partner’s involvement in caregiving than those who did not share equally. Both parents’ work-family balance was positively related to equal division of parental leave.

CONCLUSIONS: Our findings suggest that equal division of parental leave is associated with higher quality of perceived coparenting for both mothers and fathers, and higher satisfaction with their work-family balance at 18 months after childbirth.
Estuaries and Swamps - a creative case study

Dr Catherine Lazaroo
Gertrude St Clinic, Fitzroy, Australia

Biography:
As well as her psychiatric practice, the author is an acclaimed playwright in Melbourne's independent theatre scene, under the name Kit Lazaroo. Her award winning plays include Asylum, True Adventures of a Soul Lost at Sea, and Letters from Animals, and her latest play - Body of a Girl - is currently undergoing a creative development at the Malthouse Theatre.

INTRODUCTION
This paper takes a creative approach to presenting a case study. Clinical observations and a patient history in a perinatal context are responded to with a theatrical imagination.

PURPOSE
The writer will apply her creative skills in order to explore and extend the shared space that opens up between mother, baby, and therapist in the therapy room. The possibilities of metaphor, playfulness and humour as a pathway to knowledge will be considered.

DESCRIPTION
It will take the form of interwoven monologues in three brief ‘acts’, gathering together in the room ancestral babies, family mythology (Bynge-Hall 1988), and the void spaces of unnarrated trauma and loss (Cavalli 2012). The clinical baby may defy interpretations, question the burdens of the past and redefine the nature of the room in which she finds herself. One question we might ask here is what bearing the baby herself has on the “thirdness” of the intersubjective process (Ogden, Benjamin 2004) – embodied, absorbent, dynamic, tentatively knowable.

The evocation of memory’s landscapes as a way into understanding self and loss will be explored. The estuaries and swamps of the title recall family holidays of the writer’s early childhood which join in her mind to fragments of her father’s upbringing in wartime Singapore, and provide her with a way of imagining the intrauterine environment and an intrapsychic space. Tidal flows, filtration and the processes of decay and fertility suggested by such geography will be offered as a metaphor for the processes of intersubjectivity.

CONCLUSION
The audience will experience a metaphoric and imaginative response to clinical material as a way of inviting curiosity and reflection.
Helping parents to parent in the acute care environment: improving role confidence and autonomy.

Ms Lisa Findlay

Children’s Health Queensland, Brisbane, Australia

Biography:
Lisa Findlay is the Clinical Lead Occupational Therapist (Neurosciences) at Queensland Children’s Hospital in Brisbane. Her work with infants and young children has included extensive clinical practice, education, research involvement and educational resource development. She is an associate investigator on current research projects through QCPRRC (Cerebral Palsy Rehabilitation Research Centre) and also practice educator for an inter-professional infant clinic at Australian Catholic University. She has particular interests in supporting parent and infant roles, dyadic interaction and very early intervention for infants with neurological injury and medical complexity.

INTRODUCTION
Sensitive care giving and parental co-regulation are pivotal factors in the development of the infant parent relationship, infant health and parent and infant wellness. The parent of a medically fragile infant can experience a loss (or delayed acquisition) of parental roles such as feeding and settling. Confidence and consistency in care are frequently affected and intrusions to the infant’s and family’s routine can be significant. Scoping interviews of long stay infants revealed many parents feel a lack of power to assert preferences regarding care and routines. Some did not want to appear ungrateful for the infant’s care or feared it may adversely affect care.

AIMS
The aim of this project is to provide parents of long stay infants with practical resources to support their autonomy and confidence to parent responsively in the difficult hospital environment. This is an inter-professional initiative involving Occupational Therapy, Psychiatry, Psychology and Nursing.

DESCRIPTION
Scoping questions were developed following interview with a number of long stay families. 20 long stay families were then interviewed to examine the impact of hospitalisation on parental roles. The information was analysed to extract common themes. A package of practical resources for parents will be compiled and potential changes to care delivery explored. Evaluation of these interventions will then be conducted. Potential benefits include improved parental confidence, consistency of care, co-regulation, physiological stability, improved health/developmental outcomes and reduced length of stay.

CONCLUSIONS
This paper will explore the project’s measures to improve infant and parent wellness through supporting parental confidence and autonomy in the acute hospital environment. Progress and results to date will be shared.
Life story methods in psychology: a better understanding of the experiences of parents with physical disabilities

Mrs Coralie Mercerat1, Mrs Nadège Aymon1, Mr. Thomas Saïas1
1Université Du Québec À Montréal, Montréal, Canada

Biography:
Coralie Mercerat and Nadège Aymon are two Ph.D candidates in psychology, at the Université du Québec à Montréal. Mrs Mercerat is in her last year of Ph.D in community psychology and she worked about parenting and physical disabilities. She also collaborated on various research projects about parenthood and early prevention practices. Mrs Aymon begins her Ph.D in developmental psychology and is working on the impact of birth attendants on the experience of future parents.

Introduction: The transition to parenthood is a developmental stage during which the individual can be more vulnerable due to the psychological, physical and environmental changes they experience. In such a period, adequate perinatal services (i.e. services surrounding parenthood from the prenatal period to services targeting families and children up to the age of 5 years) are important to reinforce a positive parenting experience, especially with parents with various vulnerabilities factors (for example parents with physical disabilities). However, despite the importance of these services, the literature of the past twenty years continues to emphasize that parents with physical disabilities are still facing barriers in accessing parenting services.

Aims of the presentation: The first objective of this presentation is to share the results of a doctoral research about the experience of parents with physical disabilities regarding their relation with perinatal and early childhood services (in the Province of Quebec, Canada). The second objective is to engage a reflection about the use of life story approach in psychology, as this method was used to gain a deeper understanding of the parents’ experience participating in this study.

Methods: Thirteen parents with various physical disabilities (10 mothers and 3 fathers) were interviewed for this study. A life story approach was used.

Results: Results showed that parents with physical disabilities shared some obstacles related to the attitudes of the professionals and their entourage, a lack of knowledge, and a lack of physical accessibility to services. The life story approach allowed to insert participants’ parenting experience in a larger life story they decided to share with the researcher and to give a more complex view of their situation.

Conclusion: Parents with physical disabilities need to have a better access to perinatal and early childhood services, in order to promote their well-being.
Mothers’ anxiety and parenting as mediators of the associations between COVID-19 and children’s behavior problems

Dr Keren Hanetz-Gamliel1, Dr Sigal Levy1, Dr Daphna Dolberg1
1The Academic College of Tel Aviv Yaffo, Givvatiym, Israel

Biography:
Keren Hanetz Gamiel, Ph.D., is a researcher and lecturer and former head of the Clinical Child Track in the graduate program in Clinical Psychology, School of Behavioral Sciences at The Academic College of Tel Aviv-Yaffo, Israel. Her research interests focus on interrelationships in family subsystems and their influence on child development. In addition, she explores training processes of novice psychologists. Keren is a supervising Clinical Psychologist and works in a private clinic with both children and adults.

Introduction

The outbreak of COVID-19 is affecting the lives of millions of parents and children around the world. We sought to identify COVID-19 related contextual features and the parental risk and protective factors accounting for the adaptation of parents and their children to the ongoing pandemic crisis in Israel.

Study’s Aim

Identify direct and indirect effects of mothers’ subjective experience of COVID-19 on the mothers’ and children’ wellbeing, and the mediating role of maternal anxiety and parenting behavior on these links.

Material and Method

A sample of 141 Israeli mothers with a child (50.7% girls) between the ages of 3 and 12 (M child age = 6.92, SD child age = 2.55) participated in the study. Mothers completed online questionnaires addressing perceptions about the health and economic threats of COVID-19 and availability of social support (both designed ad hoc for the current study), their anxiety symptoms (BSI), hostile and supportive parenting behavior (PBI), and their children’s externalizing and internalizing behavior (CBCL).

Results

Associations were found between mothers’ reports of little support, their anxiety symptoms, hostile parenting, and children’s internalizing and externalizing problems, as well as between mothers’ perceptions about the health and economic threats of COVID-19, their anxiety symptoms and children’s internalizing problems. Importantly, mothers’ anxiety and hostile parenting, each on its own and consecutively, mediated the links between the mothers’ perceptions about the threat of COVID-19 and their lack of social and family support and their children’s externalizing and internalizing behaviors.
Conclusions

Study’s results highlight the importance of mothers’ subjective experience of COVID-19 and how it relates to their mental health, parenting and their children’s behavior problems. Policy makers, healthcare providers, educators and all professionals working with children should think about supporting their parents during this prolonged, ongoing health crisis.
Mediation-moderation links between mothers’ anxiety and mentalization and children’s problems before and during COVID-19

Dr Keren Hanetz-Gamliel1, Dr Daphna Dollberg1, Dr Sigal Levy1
1The Academic College of Tel Aviv Yaffo, Givvatiym, Israel

Biography:
Keren Hanetz Gamil, Ph.D., is a researcher and lecturer and former head of the Clinical Child Track in the graduate program in Clinical Psychology, School of Behavioral Sciences at The Academic College of Tel Aviv-Yaffo, Israel. Her research interests focus on interrelationships in family subsystems and their influence on child development. In addition, she explores training processes of novice psychologists. Keren is a supervising Clinical Psychologist and works in a private clinic with both children and adults.

Introduction
The outbreak of COVID-19 has been marked by high levels of anxiety among adults and increases in children’s behavior problems. Young children’s responses to external threats are mediated through their primary caregivers’ emotional reactions, particularly their anxiety.

Maternal mentalization may help the mother assess the impact of negative events on the child.

Study’s Aims
(1) Compare reports of maternal anxiety and child behavior problems among mothers assessed before COVID-19 and a comparable group of mothers assessed after the pandemic outbreak
(2) Examine whether maternal anxiety mediates and mentalization moderates the association between COVID-19 group status and child behavior problems.

Material and Method:
140 Israeli mothers with a child 3-6 years of age (M = 4.18, SD = .88) participated. The sample consisted of
(1) a COVID-19 group (N=60), recruited during the first wave of the pandemic’s outbreak;
(2) a PreCOVID-19 group (N=88) of similar background, recruited prior to the pandemic. Mothers in the two groups reported on their anxiety symptoms and the targeted child’s behavior problems. Maternal mentalization was assessed with the Mind-Mindedness interview.

Results
Mothers in the COVID-19 group reported significantly higher levels of anxiety and children’s internalizing and externalizing problems compared to the PreCOVID-19 group.
Mothers’ anxiety partially mediated the links between the COVID-19 group status and the children’s externalizing and internalizing behaviours. Mothers’ mentalization moderated the direct and indirect links, but only in the case of children’s externalizing problems.

Conclusions

The findings indicate that COVID-19 is associated with heightened maternal anxiety and increases in children’s internalizing and externalizing problems. High maternal anxiety appears to be a major factor which is linked with the increased risk in children’s behavior problems. Maternal mentalization can help mothers appreciate and modulate the potentially overwhelming impact of their anxiety on their children.
Becoming Us: a whole family approach to supporting perinatal mental health and relationships.

Ms Elly Taylor¹, Ms Deborah Sims²³

¹Becoming Us, Cronulla, Australia, ²Sydney Adventist Hospital, Wahroonga, Australia, ³University Technology , Sydney, Australia

Biography:
Elly Taylor is a perinatal relationship specialist, author and founder of Becoming Us. An advisor for Monash, Newcastle, the Australian Catholic Universities and Columbia University (N.Y.) research projects, Elly’s Becoming Us model has been adopted by the Society for Pre and Postnatal Services (SPANS) in Zimbabwe to support professionals and parents in Africa and beyond.

Deborah Sims is a midwife, childbirth educator and child and family health nurse. She has both clinical and mixed methods research experience in early parenting support and perinatal mental health. Deborah is the President of the Australasian chapter and Secretary of the International Marce Society.

INTRODUCTION

Despite evidence that intimate partner relationship support is a vital part of perinatal mental health, healthcare workers are not necessarily equipped with the knowledge, training or skills to facilitate intimate partner relationship support with expectant or new parents.

The Becoming Us program develops stronger relationships and deeper bonds between intimate partners during the perinatal period. This supports individual coping, relationship wellbeing and a foundation for teamwork parenting. The program is designed so that couples can anticipate and manage common changes and challenges. Each participant is supported to understand the importance of supporting each other and moving forwards together as a team. Through awareness, adjustment of expectations and acquisition of new strategies participants are better placed to manage stress, negotiate conflict, foster connection and develop intimacy. Additionally, through early facilitation of adult partner attachment supports parent/infant bonding for both parents. A whole family approach has the potential to reduce risks for perinatal stress, anxiety, depression and relationship issues that can start and escalate during pregnancy and the postnatal period. This support the wellbeing and resilience of the whole family.

AIMS/PURPOSE OF WORK

This qualitative study aims to provide depth of information to explore participants’ experience of this new perinatal project. Pre and post training workshop data collection will provide a description of healthcare worker experience or perception in regard to knowledge of intimate partner relationship support and change in confidence to provide intimate partner relationship support. For new parents, data gathered following the class program will provide a description of their satisfaction and confidence to support their own relationship health, navigate relationship issues and access relationship support services.
DESCRIPTION/METHODS

Participants will be recruited by convenience sample. Data will be collected anonymously through SurveyMonkey and batch transferred to NVivo12 for management and coding. Results and conclusions will be presented at a future date.
Fathers' experiences in a neonatal intensive care unit in Santiago, Chile.

Ms Andrea Mira, Dr Soledad Coo, Mr Rodolfo Bastías

1Universidad Del Desarrollo, Psychology Department, Santiago, Chile, 2Luis Tisné Hospital, Santiago, Chile

Biography:
Andrea Mira, Ms. Infant Mental Health, Ph.D. (c) in Developmental Science and Psychopathology. For more than ten years working in academic and research areas, especially in the understanding of maternal and paternal roles' construction in the context of preterm births. Another research line is about preterm infants' developmental trajectories.

Introduction
In the context of preterm births early separation from the infant due to the Neonatal Intensive Care Unit (NICU) stay is associated with high levels of distress. Most fathers face considerable stress in relation to their partners, babies, home life and careers. They frequently feel awkward and excluded, and may feel blamed for being over-emotional or, conversely, for hiding their emotions (Arnold et al., 2013).

Aim
Explore the paternal experience of having a child admitted to the NICU in Santiago, Chile. Responding to need for local research regarding the impact of early separation and hospitalization of preterm newborn.

Material and method
This qualitative descriptive phenomenological study is based on the narratives of men who experienced an admission of their preterm newborn baby to NICU at birth. Data was collected during 25 in-depth semi-structured interviews. The transcripts were analyzed for thematic content, the codes that emerged were organized into meaningful categories.

Results
The analysis revealed four emergent categories. The first one was related to the construction of the ideal father, with all their expectations and beliefs, in contrast with the real experience. The second category refers to the invisibility of the father during the hospitalization, and the third one was related to the difficulties to express their emotions, and last one to the barriers that limits a more active participation, e.g. restricted time for visits, and employment conditions.

Conclusions
These results gave us important information about the fathers’ experience that can have a direct impact in the relations with their infant and their partner. This could be crucial to the development of family centered interventions in the NICU.

Catching Butterflies: Examining the impact of multiple adversities on neurodevelopment and attachment from conception to infancy

Dr Angela Lisa McLaughlin¹, Prof Ethel Quayle¹, Prof Matthias Schwannauer¹
¹University of Edinburgh, Edinburgh, United Kingdom

Biography:
Angela is a Developmental Psychologist based at the University of Edinburgh. Alongside her Ph.D. Clinical Psychology she supported families affected by perinatal mental health and other issues, including: trauma, abuse, war, torture, sexual exploitation and human trafficking. She has also independently delivered Infant Mental Health training to 150+ NHS staff.

Introduction
The concept of the ‘Butterfly Effect’ was first proposed by Lorenz (1972), an American mathematician and meteorologist who observed that within unstable dynamic environments a small initial event can amplify and result in greater outcomes. Retrospective studies show that exposure to Adverse Childhood Experiences can indeed negatively affect lifespan development, but few studies have prospectively sought to capture the Butterfly Effect from pre-birth.

Aim of the Study
This doctoral research study aims:
1. To track the neurodevelopmental and attachment trajectories of babies exposed to multiple adversities between conception and four months postpartum;
2. To explore whether the type, timing and intensity of the adversities experienced leads to differing neurodevelopmental and attachment trajectories.

Material and Methods
A prospective mixed-methods case series analysis approach was adopted within a psychoanalytically informed constant comparison grounded theory framework. Multi-modal methods gathered neurodevelopmental, attachment and adversity data from five high-risk mother-baby dyads between conception and four months postpartum. Measures included: Neonatal Behavioral Assessment Scale examinations, Bayley-III assessments, Infant CAREIndex video footage, maternal interviews and questionnaires. Infant growth measurements were also recorded.

Results
Findings demonstrate the neurodevelopmental and attachment trajectories of babies exposed to multiple adversities between conception and four months postpartum. Protective factors were also observed in some cases. The results suggest that the type, timing and intensity of adversities may be more important that multiplicity alone, with some adversities showing a greater impact on developmental trajectories than others.

Conclusions
This research is one of the first case studies to capture the developmental trajectories of babies exposed to multiple adversities from conception to early infancy. Closer observations are discussed alongside the limitations of this study and recommendations for future research proposed.
Gender-dependent effects of NICU environment on social interactive behavior in preterm infants: evidence from China

Dr Hui Li¹, Dr Huiping Zhang², Dr Zeen Zhu³, Dr Xiaqin Nan¹, Dr Jinhua Huang¹, Dr Ying Tian¹, Mr. Tawali Shah¹, Professor Zhongliang Zhu⁴

¹First Affiliated Hospital of Xi’an Jiaotong University, Xi’an, China, ²the Affiliated Children Hospital of Xi’an Jiaotong University, Xi’an, China, ³Medical College of Dalian University, Da’lian, China, ⁴Northwest University, Xi’an, and China

Biography:
Huili has completed her PhD from Xi’an Jiaotong University in China and postdoctoral studies from Boston Children Hospital in USA. She is the Professor,Doctoral Supervisor,Division of Pediatrics and Neonatology, First Affiliated Hospital, Medical School,Xi’an Jiaotong University. She is the director of Division of Neonatology,Xi’an Children’s Hospital, Affiliated Medical school,Xi’an Jiaotong University. She has published more than 60 papers in reputed journals and has been focusing on the behavior disorder of high risk infant by prenatal stress and neonatal health care and neonatal neurology. She has got 6 research projects from China’s national natural science foundation.

INTRODUCTION: Social interactive behavior in infants has important implications for children’s mental development. Premature infants in NICU of China still suffer from multiple environmental stressors, such as noise and light, and mother-infant separation.

AIM of the study: The present study aimed to determine whether there were gender-dependent effects of NICU environment in China on social interactive behavior in preterm infants.

MATERIAL and METHODs: The subjects were recruited from preterm infants in the NICU of the First Affiliated Hospital of Xi’an Jiaotong University in China between January 2017 and August 2019. In order to be eligible for this study, all the preterm infants of 32 to 36 weeks’ gestational age had to be admitted to NICU more than 15 days. According to the gender of the preterm infants, all the subjects were divided into two groups: female group (n=65), male group (n=69). The social interactive behavior were assessed by Neonatal Behavioral Assessment Scale (NBAS) at 21 and 28 days of corrected gestational age, respectively.

RESULTS: The score of orienting to animate stimuli (face, voice, face plus voice items of the orientation cluster) in the social-interactive items and self-quieting in the state regulation items were lower in female preterm infants compared with that in male preterm infants at 21 and 28 days of corrected gestational age. However, there were no significant difference in the other cluster scores of the NBAS (habituation, motor system, autonomic system, state organization) between the female preterm infants and male preterm infants at 21 and 28 days of corrected gestational age. (attachment: Case video)

CONCLUSIONS: The social interactive behavior in female preterm infants were more vulnerable to the NICU environment in China than male preterm infants.
Temperament in childhood among very preterm-born children; associations with participation in an early intervention, follow-up of an RCT

Dr Inger Pauline Landsem1,2, Mr Bjørn Helge Handegaard2, Prof. Stein Erik Ulvund3
1University Hospital of North Norway, Tromsø, Norway, 2UIT the Arctic University of Norway, Tromsø, Norway, 3University of Oslo, Oslo, Norway

Biography:
Dr. Inger Pauline Landsem is a clinical specialist in neonatal intensive care nursing, and have done her research on studies evaluating effects of an early structured intervention for families of very preterm-born children.

This presentation is based on a study published in the journal Children:Temperamental development among preterm born children. An RCT follow-up study (April, 2020).

This study included 146 preterm born children to form an intervention (PI) and a preterm control group (PC). The intervention group received a modified version of a structured program named “The Mother-Infant Transaction Program (MITP-M)” while PC received standard information and follow-up.

At 2, 3, 5 and 7 years, mothers and fathers rated their children's temperamental styles on a questionnaire that covered 5 dimensions: Sociability, Shyness, Emotionality, Activity and Soothability.

We found that PI-parents reported more favorable scores on the emotionality scale across several ages and PI-fathers reported their children to be more easily soothed compared to PC-fathers from 2 until 7 years. Parental reports on children’s sociality, shyness and activity did not differ between the groups.
Music therapy improves maternal mental health in a Brazilian NICU

Miss Ambra Palazzi1, Mrs Rita Meschini2, Mr Cesar Augusto Piccinini1

1Universidade Federal Do Rio Grande Do Sul, Porto Alegre, Brazil, 2Santo Stefano Rehabilitation Institute, Porto Potenza Picena, Italy

Biography:

Ambra Palazzi: Music therapist (Pro Civitate Christiana Institute, Assisi, Italy); Bachelor of Music degree ("G.B. Pergolesi" Conservatory, Fermo, Italy); Post-graduate degree in Neuropsychology and Master in Psychology (Universidade Federal do Rio Grande do Sul, UFRGS, Brazil), PhD student (UFRGS, Brazil).

Rita Meschini: Music therapist (Istituto Antoniano, Bologna, Italy); Degree in Philosophy (Macerata University, Italy). Music therapist at the S. Stefano Rehabilitation Institute since 1997. Professor of music therapy at Conservatorio “G. Frescobaldi” in Ferrara and Conservatorio “A. Casella” in L’Aquila.

Cesar Augusto Piccinini: Full Professor (Psychology Institute, Universidade Federal do Rio Grande do Sul, Brazil); PhD degrees (University of London).

Mothers of preterm infants commonly present higher levels of anxiety, depression and stress, due to the traumatic experience of premature birth and the hospitalization of the baby in the NICU. In last decades, music therapy showed evidence in reducing anxiety in mothers of preterm infants in the NICU, while some studies suggested positive effects for maternal depression and mother-infant bonding. This study aimed at investigating the music therapy impacts on maternal mental health (anxiety, stress and postnatal depression) and on mother-infant interaction. This is a mixed-methods study, with a quasi-experimental, pre-post intervention design, and an additional qualitative exploratory analysis. Participants were 33 mothers and their preterm infants hospitalized in a public hospital of Porto Alegre (Brazil). The Music Therapy Group (MTG) (n=16) took part in a music therapy intervention during 4-6 sessions with the mother and the infant in skin-to-skin contact. The Comparison Group (n=17) received standard care. Before the intervention and before discharge, maternal anxiety (State-Trait Anxiety Inventory - STAI), stress (Perceived Stress Scale - PSS) and postnatal depression (Edinburg Postnatal Depression Scale – EPDS) were assessed and mothers were interviewed. After having verified the homogeneity of the two groups, independent and paired t tests and ANOVAs were carried out. Maternal interviews were analyzed through thematic analysis. Results showed that music therapy reduced significantly anxiety and postnatal depression scores in the MTG compared to the CG; moreover, after the intervention mothers in the MTG presented significantly lower scores of stress, anxiety and depression. With regards to the interviews, three main themes were found, showing that music therapy contributed to: maternal empowerment, fostering the infant’s development and improving mother-infant connection. The overall results of this study supported the growing literature in NICU music therapy, revealing positive effects for maternal mental health and suggesting benefits for the infant’s development and mother-infant interaction.
Understanding the Early Lived Experiences of Infants Admitted to the Neonatal Intensive Care Unit

Natalie Duffy1,2,3, Leah Hickey, MD,1,2,4 Karli Treyvaud, DPsysch2,4,5,6,7, Clare Delany, PhD3,8

1 Neonatal Medicine, Royal Children’s Hospital, Melbourne, Australia
2 Neonatal Research, Murdoch Children’s Research Institute, Melbourne, Australia
3 Department of Medical Education, University of Melbourne, Melbourne, Australia
4 Department of Paediatrics, University of Melbourne, Melbourne, Australia
5 Department of Psychology and Counselling, La Trobe University, Melbourne, Australia
6 Neonatal Services, Royal Women’s Hospital, Melbourne, Australia
7 Victorian Infant Brain Studies, Murdoch Children’s Research Institute, Melbourne, Australia
8 Children’s Bioethics Centre, Royal Children’s Hospital, Melbourne, Australia

Biography:
Dr Natalie Duffy is a Consultant Neonatologist having received her fellowship in 2017. She works as a consultant in the Emergency Retrieval Service at The Royal Children’s Hospital whilst also studying a PhD through the University of Melbourne, Australia.

INTRODUCTION: Neonatal intensive care saves lives, but the environment in which this occurs is complex and has been shown to negatively disrupt some aspects of an infant’s early development. Identifying these negative effects has relied on measuring physiological and behavioural responses. Little research has sought to understand and learn from what an individual infant can communicate about their lived experience.

AIMS: To observe, describe, and interpret the experiences of infants in NICU from multiple perspectives including the infant, their primary care giver, the healthcare providers caring for them, and the researcher.

DESCRIPTION: Using case study methodology, guided by the overarching principles of phenomenology, our research project aims to explore an infant’s lived experiences during hospitalisation in NICU. For the purposes of this project, the lived experience, defined in phenomenological terms, is the infant’s situated, immediate activities and everyday first-hand encounters within the NICU environment. The goal of phenomenology is to describe the meaning of these experiences—both in terms of what was experienced and how it was experienced. We are interested in the infant’s daily encounters, activities, and opportunities for developing connections and relationships with others. We are particularly interested how an infant communicates what they are experiencing and how those caring for the infant interpret the infant experience. This study will be conducted in a quaternary NICU in Melbourne, Australia. Using novel technologies and tools, as well as participant observation, and caregiver interviews, we aim to understand in greater detail the infant’s everyday experiences, encounters, relationships, and interactions with this complex critical care environment.

CONCLUSION: Recruitment for the Experience Study is underway. We are aiming to recruit 20 infants, their families, and their healthcare providers. We hope to present our findings at the next WAIMH congress. The authors welcome any thoughts or comments on this project.
Family-centered music therapy for premature Infants and their caregivers during neonatal intensive care and beyond

Miss Tora Söderström Gaden¹, Mrs Łucja Bieleninik², Mrs Claire Ghetti¹

¹GAMUT – The Grieg Academy Music Therapy Research Centre, NORCE Norwegian Research Centre AS, Bergen, Norway, ²Institute of Psychology, University of Gdańsk, Gdańsk, Poland

Biography:
Tora completed her master in music therapy at the Norwegian Academy of Music in 2015. She later specialised in NICU music therapy (RBL-model) and completed Newborn Behavioral Observation training. Tora initiated the first project on implementation of neonatal music therapy in Norway and is currently a PhD candidate at GAMUT (NORCE Norwegian Research Centre AS; Norway)

Łucja Bieleninik, Ph.D. of Psychology - a senior researcher at GAMUT (NORCE Norwegian Research Centre AS; Norway) and assistant professor at the University of Gdańsk (Poland). Her scientific interests focus on quantitative research on the effectiveness of non-pharmacological intervention in mental health.

Introduction: Supporting healthy parent-infant interactions in the neonatal period helps buffer against stresses associated with preterm birth. Music therapy (MT) engages parents in attuned, developmentally-appropriate musical interactions with their infants as a means to promote mutual benefit.

Aims/purpose of the work presented: This presentation examines theoretical and clinical aspects of a MT approach designed to promote parent-infant bonding. This approach is being evaluated in the international randomized trial, LongSTEP (ClinicalTrials.gov Identifier: NCT03564184). We present core elements of the LongSTEP MT approach, and describe how music therapy is tailored to meet infant and parent needs throughout neonatal intensive care unit (NICU) hospitalization and during longer-term follow-up care.

Description of the work/project: The LongSTEP MT approach is designed for cross-cultural relevance in countries with high levels of parental presence in the NICU; including Norway, Poland, Israel, Argentina and Colombia. Parents engage in MT three times per week during NICU, and once per month during the first six months post-discharge. MT is provided by professional music therapists who have additional training in the use of MT in neonatal care. The music therapist supports and empowers parents to use their innate musical resources and develop their unique parental role, in line with family-centred care philosophy. Use of parental voice and parent-preferred music, and adapting musical interactions to infant responses in the moment are central elements of the approach. The approach aligns with modern attachment theory, including neuroscience perspectives emphasizing the importance of mutual co-regulation on infant development.

Conclusion: The LongSTEP MT approach aims to benefit both infants and parents by improving the interaction between them. Parent-infant bonding is enabled through infant-directed, developmentally-appropriate musical exchanges that build off of parents’ own innate resources. Parents gain skills that they can further develop during the ongoing nurturing of their infants.
Trajectories of early depressive and anxiety symptoms in fathers of very preterm infants and associations with parenting behaviour.

Ms Grace McMahon1,2, Professor Peter Anderson1,2, Associate Professor Rebecca Giallo2,3, Dr Carmen Pace2,3,4, Associate Professor Jeanie Cheong2,5,6, Professor Lex Doyle2,3,5,6, Associate Professor Alicia Spittle2,5,7, Dr Megan Spencer-Smith1,2, Dr Karli Treyvaud2,3,5,8

1Turner Institute for Brain and Mental Health, School of Psychological Sciences, Monash University, Melbourne, Australia, 2Murdoch Children's Research Institute, Melbourne, Australia, 3Department of Paediatrics, University of Melbourne, Melbourne, Australia, 4Department of Adolescent Medicine, Royal Children's Hospital, Melbourne, Australia, 5Neonatal Services, Royal Women's Hospital, Melbourne, Australia, 6Department of Obstetrics and Gynaecology, University of Melbourne, Melbourne, Australia, 7Department of Physiotherapy, University of Melbourne, Melbourne, Australia, 8Department of Psychology and Counselling, La Trobe University, Melbourne, Australia

Biography:
Grace is a Provisional Psychologist currently completing a Doctor of Psychology (Clinical Psychology) at Monash University. Grace has a strong research interest in parenting, parent mental health, and child development in high-risk populations such as those born preterm. Her current doctoral thesis is investigating parenting within the preterm population with respect to influencing factors and child developmental outcome.

Introduction: Mothers of infants born very preterm (VP) are at high risk of mental health difficulties. Less is known about the course of fathers’ depressive and anxiety symptoms over time, and the implications this may have for early parenting behaviours.

Aim(s): This study aimed to: 1) identify subgroups of fathers of infants born VP as defined by their trajectories of depressive symptoms and anxiety symptoms from shortly after their infant’s birth to 12 months’ corrected age, and 2) examine the associations between these trajectories of depressive symptoms and anxiety symptoms and a range of fathers’ parenting behaviours (sensitivity, structuring, nonintrusiveness, nonhostility) at 12 months’ corrected age.

Materials and Methods: 100 fathers of 125 infants born VP completed questionnaires assessing depressive and anxiety symptoms shortly after their infant’s birth, and when their infant reached term-equivalent age, 3 months, 6 months, and 12 months’ corrected age. At 12 months’ corrected age, fathers’ parenting behaviours were assessed using the Emotional Availability Scales. Longitudinal latent class analysis was used to identify trajectories of fathers’ depressive and anxiety symptoms, and linear regression equations examined relationships between these trajectories and fathers’ parenting behaviours.

Results: For both depressive and anxiety symptoms, two distinct trajectories were identified. For depression, most fathers were assigned to the persistently low symptom trajectory (82%), while the remainder were assigned to the persistently high symptom trajectory (18%). For anxiety, 49% of fathers were assigned to the persistently low symptom trajectory, while 51% were assigned to the trajectory characterised by moderate symptoms over the first postnatal year. There were no significant differences in parenting behaviors between fathers assigned to the different depressive and anxiety symptom trajectories.
Conclusions: Fathers of infants born VP are at risk of chronic depressive and anxiety symptoms over the first postnatal year, highlighting the need for screening and ongoing support.

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Is Neonatal Nursing at the Forefront of Infant Mental Health?

Mrs Jessica Gordon¹, Mrs. Joy A Lauerer², Mrs. Kathy Gaffney³

¹Johns Hopkins University School of Nursing Post-Masters Psychiatric Mental Health Nurse Practitioner Certificate Student, Baltimore, United States, ²Medical University of South Carolina College of Nursing, Charleston, United States, ³Retired Faculty, College of Nursing PMH DNP Concentration, Memphis, United States

Biography:
Dr. Gordon is a pediatric nurse practitioner with a post graduate certificate in infant family mental health. She is a PhD graduate from the College of Nursing at the University of South Florida. Her research interest include the early detection and intervention of early childhood mental health disorders in nursing practice. Mrs. Gordon has been published in multiple mediums, including the Journal of Child and Adolescent Psychiatric Nursing, Nursing Research and the Reflections of Nursing Leadership. She is a recipient of the Status of Latinos Hispanic Heritage Award and finalist for the Tampa Bay Health Care Hero award.

INTRODUCTION
Within the prevention model framework a wide range of professionals have been identified as part of the growing infant mental health (IMH) workforce (Armstrong et al., 2011, Mendez et al., 2015). Since neonatal intensive care units serve high-risk infants and families across all levels of prevention, neonatal nurses should be considered the forefront of IMH. However, the application of IMH to the neonatal nurses’ scope of practice is not widely understood.

AIM of the Study
This study reviewed IMH interventions from a scoping review that analyzed mental health prevention and intervention initiatives related to infants at risk for socio-emotional difficulties to conceptualize how to advance the role of neonatal nurses as IMH allied professionals.

MATERIAL and METHODS
Among the 162 manuscripts included in McLuckies et al.’s (2019) scoping review data file, 19 studies met inclusion criteria relevant to the neonatal-infancy period for this review. Post full text review, all 19 studies were included and critically appraised for type of intervention, theoretical underpinnings, age of participants, level of evidence, number of sessions, as well as the IMH workforce and impact of intervention.

RESULTS
No neonatal interventions or interventionist were included among the interventions reviewed. This gap in the literature raises awareness to the need for integrating neonatal nursing in IMH practice and research. The adaption of Gordon et al’s (2020) IMH model using the nursing process (i.e. - assessment, diagnosis, nursing diagnosis, planning, implementation and evaluation) was utilized to further conceptualize the early detection and intervention of IMH in neonatal nursing.

CONCLUSIONS
Conceptualizing the role of neonatal nurses as allied IMH professionals can potentially increase the IMH workforce by utilizing the nursing process. As allied IMH professionals, neonatal nurses are the forefront of
IMH by: 1) assessing for risk factors associated with IMH disorders, 2) implementing early interventions focused on primary level prevention (i.e. – skin to skin, attachment, IMH parent education) and, 3) referring to IMH specialist to strengthen infant-parent relationships via secondary and tertiary level of prevention interventions. Additional program development, trainings and bedside screening tools are needed to continue to advance IMH in nursing practice.
How helpful is Kangaroo Mother Care of Premature Infants?

Miss Krisha Changrani, Samuel Menahem

1Department of Medical Education, University of Melbourne, Melbourne, Australia, 2Department of Paediatrics, University of Melbourne, Melbourne, Australia, 3School of Clinical Sciences, Monash University, Melbourne, Australia

INTRODUCTION

Neonatal care especially for premature infants may require varying periods of intensive care which may limit parental involvement. Kangaroo mother care (KMC) allows for close contact between mother and infant, widely used by indigenous populations but now introduced into neonatal nurseries.

AIMS/PURPOSE OF WORK

This paper aims to review the growing literature on KMC, highlighting the physiological and psychological impact of its introduction in the care of preterm infants.

DESCRIPTION/METHODS

A brief introduction of current practices in the care of preterm infants is followed by discussing the rationale of KMC. The benefits or otherwise of such care is reviewed, drawing on the current literature. Future avenues of study are suggested.

RESULTS

KMC has been successfully undertaken of preterm infants. Such care improved the infant’s circulatory physiological parameters which included heart rate variability, oxygen saturations and temperature control. There also appeared to be a reduction in pain scores during uncomfortable neonatal procedures. An increase in successful breastfeeding, improved maternal-infant interaction and better developmental progress have also been observed. Further studies may draw upon routine vital signs recordings to assess outcomes. In addition, the administration of the Alarm Distress Baby Scale may objectively assess infant well-being and their resultant social interactions.

CONCLUSIONS

The current literature suggests multiple benefits for preterm infants exposed to KMC with improvement in physiological parameters and developmental outcomes. It also empowers mothers to be more intimately involved with their infants. These reported findings encourage the safe introduction of KMC into further nurseries.
Foster parents' adverse childhood experiences and their impact on foster children's emotional and behavioral difficulties

Dr Tina Adkins

1University of Texas At Austin, Austin, United States

Biography:
Tina Adkins is a Research Assistant Professor within the Texas Institute of Child and Family Wellbeing, Steve Hick’s School of Social Work at The University of Texas at Austin. Dr. Adkins is also a Research Fellow with the International Psychoanalytic Association and the director of the Sue Fairbanks Psychoanalytic Academy.

Introduction and Aims
Significant research exists on the negative impact of adverse childhood experiences (ACEs) on adult functioning and parenting. Studies reveal the more ACEs parents have, the greater the risk to their children. Despite these findings, there appears to be a dearth of studies examining the ACEs of foster parents, who care for at-risk children. The aims of this study were to explore the ACEs of foster parents and their relationship to the emotional and behavioral difficulties of their foster children.

Methods
ACEs were collected as part of a randomized controlled trial of a mentalizing intervention for foster parents, conducted from January 2017 to April 2018 in Texas. Pre/post data were collected from a total of 89 foster parents and included assessments of foster children’s emotional/behavioral difficulties (SDQ).

Results
Many more foster parents reported having four or more ACEs (20% vs 12%) compared with the general population. Using linear regression, three ACEs significantly predicted a significant increase in total emotional difficulties, conduct problems and hyperactivity in their foster children. Total ACE score also predicted 10% of the variance in total emotional difficulties of the foster children ($F(1, 83) = 8.71, p < .01$).

Conclusions
Given the fact that having four or more ACEs has been linked to a much higher risk of physical and mental health issues throughout adulthood, these results might be of concern. Furthermore, foster parents’ total ACE score, as well as history of emotional abuse, witnessing domestic violence or a divorce, predicted an increase in foster children’s emotional and behavioral difficulties. This is the first known peer reviewed study on the ACEs of foster parents and results highlight the importance of conducting more research examining foster parent ACE data, as it would allow for a more thorough assessment of caregiver risk and resilience.
How to support parents in mental health care with parenthood of infants and toddlers

Mrs Hanna Stolper¹, Mrs Majone Steketee², Mrs Karin van Doesum³

¹Dimencegroep, Jeugd ggz. Erasmus University Rotterdam (EUR), Zwolle, The Netherlands, ²Erasmus University Rotterdam (EUR), Department of Psychology, Education & Child Studies/ Clinical Child and Family Studies, Rotterdam, The Netherlands, ³Radboud University Nijmegen, Department of Clinical Psychology. UiT The Artic University of Norway.

Prevention psychologist at Dimencegroep, Nijmegen, The Netherlands

Biography:

Hanna L. Stolper, Clinical psychologist/Psychotherapist, EMDR therapist, Infant Mental Health Care at Dimencegroep, PhD student, Erasmus University Rotterdam (EUR).

INTRODUCTION:

Despite our extensive knowledge about the risks to children of a parent with a mental disorder, the practice of adult mental health care rarely translates this into a family-based approach with specific attention to the children, parenting and the parent-child relationship (Maybery and Reupert 2009).

Starting in 2012, an adult and child mental health care service in the Netherlands (Dimence Groep) has included parenting and the parent-infant relationship in the treatment program of parents with serious mental disorders.

AIMS of the study:

To increase the knowledge about supporting parents with a mental disorder with parenting, building a secure relationship with their young child and to prevent them from experiencing adverse outcomes and the transmission of psychopathology.

MATERIAL and METHODS:

In 2018 our research started by reviewing the literature about the topic, case studies of the treatment and investigating case-files. The case study consists of pre- and post- measurements (observation of the parent-infant relation and questionnaires) (n=30), group interviews with professionals (n=19), and interviews of patients about their experiences of treatment (n=18), as well as an extensive description of the characteristics of the sample group and features of treatment (n=70-100).

RESULTS

The project and preliminary findings will be presented. This will cover which factors should be addressed in the treatment program to prevent adverse outcomes in both parents and young children according to the current knowledge (literature review) of transmission of psychopathology, and in addition a part of the experiences of the workforce.

CONCLUSIONS

Risk factors and intervention targets are identified on different domains namely parental factors, the developing parent-child relationship, family factors, child factors and environmental factors. An Integrated Family Approach in treatments of adult and child mental health services is needed to stop detrimental cascade effects and promote cascading resilience.
Improving infant mental health and wellbeing in the context of the Families where a Parent has a Mental Illness Program

Ms Georgina Timmins, Dr Vivian Lee

1 Latrobe Regional Hospital, Traralgon, Australia, 2 Monash University - School of Rural Health, Latrobe Valley and West Gippsland, Traralgon, Australia

Biography:
Georgina Timmins is a Mental Health Nurse and Family Therapist who works as the Families where a Parent has a Mental Illness (FaPMI) Program Coordinator and as a Mental Health Clinical Nurse Educator with Latrobe Regional Hospital in Gippsland, Victoria, Australia. Dr Vivian Lee is a Perinatal and Infant, Child and Adolescent Psychiatrist working at the Agnes Unit - one of three parent and infant units in rural Victoria. She also works with Latrobe Regional Hospital. They are passionate about the mental health and wellbeing of infants, children, adolescents, parents and families.

INTRODUCTION
The Families where a Parent has a Mental Illness (FaPMI) Program is a unique Victorian government funded statewide program embedded in all 21 public mental health services to benefit families and the services that support them when parental mental illness is present. The program builds the capacity of services to respond in an enhanced family-inclusive manner with children, parents and families so that care is strengthened, coordinated and collaborative; the mental health and wellbeing of all family members, especially dependent children, is considered and optimised; there is a decrease in family vulnerabilities; and the service system is competent in family-inclusive practice. Being responsive to the mental health needs of infants (and families) within the perinatal period is known to be critically important and may contribute to beneficial outcomes. The FaPMI Program is committed to supporting families and services in early identification and intervention for this population.

AIMS/PURPOSE OF WORK
This presentation will provide a brief overview of the FaPMI Program and demonstrate how this program supports the service system to consider and respond to infants where parental mental illness is present and highlight the infant’s voice in this process.

DESCRIPTION
In Gippsland, the FaPMI Program has been committed to enhancing the service system’s ability to respond to the needs of infants in families where parental mental illness is present and has achieved this through such practices as secondary consultation, education/workforce development activities and provision of resources. Some examples of this work will be highlighted through the presentation.
CONCLUSIONS
The FaPMI Program has been integral in improving and strengthening the service system response to infants and families where parental mental illness is experienced and as a result has contributed to enriching the mental health and wellbeing of infants and families across Gippsland and the state of Victoria.
The quest to develop and design equal services for assessment of and interventions for high-risk families with children aged 0-6.

Mrs Kari Nåmdal\textsuperscript{1}, Mrs Marthe Finstadsveen\textsuperscript{1}, Mrs Line Birkeland\textsuperscript{1}
\textsuperscript{1}The Office For Children, Youth And Family Affairs, Bergen, Norway

INTRODUCTION
The Norwegian Directorate for Children, Youth and Family Affairs has recently begun developing evidence-based guidelines for the Norwegian Child Welfare Services to strengthen an evidence-based practice for all levels of services given in Child Welfare Services. One of the guidelines under development is regarding assessment and intervention for the infant and toddler and their families at high-risk.

AIMS or PURPOSE
Assessment of the child’s need on the edge of care is complex. For infants and toddlers, few effective interventions are available for the Norwegian population. The project’s aim is to develop clinical recommendations of high quality that are useful for the clinical practitioner.

DESCRIPTION
Search for evidence-based guidelines and systematic reviews for the population has been done. An independent committee has been established to represent user involvement, clinical expertise, and research evidence in developing recommendations on the topics.

CONCLUSIONS
We argue that the evidence-based assessment and interventions will improve the quality of the services for infants and toddlers at high-risk, reduce unwarranted variation in the Norwegian services, and strengthen the child and parents’ legal rights.

Adolescent’s mothers at the edge of the abyss.

Dr Veronica Stanganelli\textsuperscript{1,2}, Dr Beau Harman\textsuperscript{1}, SW Mereki Wirth\textsuperscript{1}, Psychologist Leishan Pace\textsuperscript{1}, Psychologist Sandra Don\textsuperscript{1}, Psychologist Danielle Wilkinson\textsuperscript{1}, Social Worker Tinchu Kumar\textsuperscript{1}, NP Mark Gingell\textsuperscript{1}, SW Paul Sutton\textsuperscript{1}, Psychologist Benjamin Hansen\textsuperscript{1}
\textsuperscript{1}Queensland Health, Mackay, Australia, \textsuperscript{2}James Cook University, School of Medicine, Mackay, Australia

Biography:
Dr Veronica Stanganelli is a Consultant Child Psychiatrist working in Mackay (Queensland) since 2002. Also, she is a Senior Lecturer at James Cook University Mackay. Originally, Dr Stanganelli completed her Child Psychiatrist speciality in Uruguay (South America).

Introduction:
Mackay is a region in Central Queensland (Australia) with 117,000 inhabitants with 1500 annual births and 23% are children and adolescents. Youth pregnancies led to high risk of pre-natal and post-natal depression,
prematurity, lowered Apgar scores, disruptive foetal development dealing with maternal stress, substance abuse, domestic violence, neglect and psycho social discrimination.

Purpose:

We reflect on the pre-natal and post-natal period of adolescent mothers and their babies; focusing on their anxieties, distress, outcomes and treatments after having their babies and being separated from them.

Description:

Approximately 20 % of women experience a mental health issue within the first year after birth of their babies. Adolescent mothers also suffer from post-natal depression, personality vulnerabilities, alcohol and substance abuse, previous history of childhood trauma that restrict the ability to provide a responsive care, or secure attachment relationship between infant/mother. We discussed different vignettes of adolescents dealing with the separation of their babies at birth.

Conclusions:

Child and Youth teams establish a strong bond with patients during childhood and adolescence. This secure attachment allows them to develop healthier relationships with their babies. Youth mothers have more frequently experienced a history of neglect, physical and sexual abuse in childhood. Also, the prefrontal-limbic and reward pathways associated with affect regulation are affected and critical for parenting.

Their relationship with their babies are altered and need strong support from different professionals to develop a sensitive and empathic parenting due to the transmission of maltreatment across generations.

Careful prenatal and postnatal monitoring of pregnant adolescents providing necessary psycho education and support would have positive effects on both mother and child health.
Exploring the parental mentalizing capacity of mothers with peripartum psychosis – considering clinical and contextual factors

Mrs Juané Voges¹², Prof Astrid Berg¹³, Prof Dana Niehaus¹²
¹Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University, South Africa, ²Stikland Psychiatric Hospital, Bellville, South Africa, ³Department of Psychiatry and Mental Health, University of Cape Town, South Africa

Biography:
Juané Voges is a senior clinical psychologist and lecturer at the Department of Psychiatry of the University of Stellenbosch. Her areas of interest include maternal and infant mental health. In particular, she is interested in how parental mental illness affects the development of attachment and the early caregiving environment. She is the current chairperson for the Western Cape Association for Infant Mental Health, an affiliate of WAIMH.

Introduction
The experience of psychosis during the peripartum period increases the vulnerability of that dyad for early separation and challenges related to the formation of a secure attachment. The development of reflective functioning (RF) occurs within the reciprocal early experiences of the parent-child dyad. The capacity for reflective function appears to be compromised in the presence of psychiatric conditions. Adults diagnosed with schizophrenia display significant impairment in mentalising, with associated difficulties with social-emotional processing. The examination of parental reflective capacity in context of peripartum psychosis is an understudied area.

Aim
This exploratory study aims to investigate the quality of parental reflective function (PRF) in a group of South African women who experienced peri- and postpartum psychosis.

Materials and methods
A descriptive, observational design was followed. Mothers who experienced psychotic symptoms during pregnancy or within 6 months postpartum were recruited. Participants were all psychiatrically stable with absent or minimal positive psychotic symptoms when assessed. PRF was coded from the Parent Development Interview and three illness-focussed questions were added. Grounded theory was used for qualitative examination of illness-focussed questions.

Results
Forty participants were recruited and diagnoses of schizophrenia and bipolar disorder were most frequent. Overall PRF ranged widely and the majority of mothers achieved scores below 5 (ordinary RF). However, a third of mothers achieved ordinary RF or above. The majority of mothers demonstrated the potential for ordinary RF or above. RF was associated with maternal relationship status, education level, employment and caregiver status. Thematic analysis of illness-focussed questions revealed experiences of loss in multiple forms.

Conclusions
Variation exists in the parental reflective functioning of mothers with peripartum psychosis. Despite low overall PRF, this capacity was not impaired in all participants and there appears to be the potential for
ordinary PRF. Thematic examination of illness-related questions underscore the lifechanging nature of peripartum psychosis and associated losses.
An infant – parent relationship approach to understanding assessment and intervention for injured or shaken babies

Dr Nicole Milburn
Privy Practice, Melbourne, Australia

Biography:
Nicole is a Clinical Psychologist and infant mental health specialist in Melbourne, Australia. She works across Victoria assisting Child Protection and Family Services in understanding the impact of maltreatment on mental health and development. She regularly provides expert testimony to the Children's Court. She is also actively involved in advocacy and service development in infant mental health and provides therapy and supervision in private practice to clients of all ages.

INTRODUCTION
Babies and toddlers who suffer injuries in the care of their parents are extremely distressing for medical and forensic services, particularly when the cause of the injury is unknown. It is very difficult to make decisions in the best interests of the baby if no one takes responsibility for the injury. When the cause of the injury is known it is easy to become polarised and demonise the perpetrator, with decision making that reflects this position. When the perpetrator is unknown it is easy to assume it is one parent or the other, again with resultant decision making.

AIMS
To present model based on a psychodynamic transactional model of relationships to evaluate strength and protective factors for the infant and the family to ascertain the infant’s best interests going forward.

DESCRIPTION
This presentation will explore these issues and demonstrate the model via case material of an infant who sustained abusive head trauma in the first three months of life. Information from observation, semi-structured interview to assess parents’ representation of their infant via the Working Model of the Child Interview, and family history will be shared to demonstrate the importance of a thorough assessment to ensure the infant’s experience is understood as much as possible.

RESULTS
Research shows that the incidence of abusive head follows the crying curve in the first three months of life.

CONCLUSIONS
Infant parent interactions and the parents’ internal working model of the child can be very helpful in teasing out risk and protective factors to assist in a more sophisticated formulation of the problem and identify the appropriate way forward.
Mothers with a Trauma History Require Specific Approaches so that Infants can be helped

Dr Minna Sorsa
Pirkanmaa Hospital District, Tampere University, Tampere, Finland

Biography:
Dr Minna Sorsa has begun her postdoctoral with research on help-seeking in encounters. Her background is within psychiatric nursing. She currently works as the Senior Administrator at the WAIMH.

It has been shown that mothers with a trauma history may not have words to express their needs, and thus specific woman-centered approaches within interventions are needed. There are elements in the mother’s vulnerable background and experiential level that cause problems in connecting to new persons within care encounters. The aim of this presentation is to introduce the Model of Help-seeking Encounters, which is directed towards meeting with mothers with a complex history of trauma as they seek help.

The Model was developed in a Multimethod study with the approach of help-seeking and engagement. The data were collected in Finland and the methods used included client interviews, an ethnographic field study, and interviews with staff within service encounters within primary care, social work, mental health care and substance services.

The opportunity for connections is created in the different interfaces where a micro-level of moments can prove valuable in the process of involvement. Engagement is the co-creation of possibilities between workplace staff and the client in a complex intertwined system. The sensitivity of the worker is one tool for engaging the client in manifold ways: even the smallest events are viewed as valuable. The work entails complexity in the negotiations over vulnerability. Engagement involves the intentional client in the process: the client needs to participate and become an acting and sensing part of the change, which occurs on an experiential level. The staff need sufficient time and resources to be available with an approach of perseverance.

The study questions whether current role expectations and operating within care structures are exclusive rather than inclusive by nature. Addressing the issue is important as helping mothers with vulnerabilities will make it possible for infants to be helped as early as possible.
When illness, death and dying become Ghosts in the Nursery

Ms Lynda Knight
QLD Centre for Perinatal And Infant Mental Health, Nundah, Australia

Biography:
Lynda Knight is a senior Psychologist/Infant Mental Health clinician with Zero-Four Child and Youth Mental Health Service (CYMHS) - a specialist infant mental health team for infants/children and their primary caregivers. Lynda holds a Masters of Perinatal and Infant Mental health and brings over 15 years of experience working across government, non-government and private practice settings. She is passionate about working with, and advocating for, the needs of infants, children and their families/carers and has worked in Child and Youth Mental Health for the past 11 years.

When you work as a psychologist within a community based infant mental health service you expect to work with families with diverse complex presentations, including parental mental health illness. However, when one’s caseload suddenly and unexpectedly contains a significant proportion of parents who are experiencing life threatening or limiting physical illnesses, one is suddenly faced with new and demanding clinical challenges. How do you support parents to have the best possible relationship with their child/ren when the family system is rocked by a cancer diagnosis and the parent’s fear that they won’t see their child/ren grow up? How do you support infants and young children to understand the reasons why daddy sometimes can’t play, or mummy looks scared? How do we talk to young children about dying?

This presentation will explore the clinical experiences and challenges in working with parents who have been diagnosed with various forms of cancer, and with different prognoses. Infant mental health is parent-child relational intervention that, at its core, has the goal of enhancing the parent’s reflective capacity in meeting the child’s needs. But how do we support this goal when the spectre of grief, illness and treatments are robbing the family of vitality, energy and a confidence in a shared future? How do we support parents to create a tangible relational legacy?
Contact as a therapeutic space for infants in care and their parents

Dr Rebecca Wild, Ms Kay Clifford

1Evolve, Maroochydore, Australia, 2Evolve, Maryborough, Australia

Biography:
Dr Wild is a psychiatrist who has worked with children in alternative care and is lucky enough to work in a team of skilled therapists. Circle of Security Intensive and Theraplay are current foci and working with infant dyads informs her work across childhood.

Kay Clifford is a Senior Social Worker and Child Therapist working in the same setting. She has further training in Infant Mental Health and as such is a great resource for a clinical team that is attachment informed but not specifically an infant team. She did the direct clinical work on which this presentation is based.

Intro
In our work with infants in the care system we have become used to children regressing in the context of situational stressors. Our treatment cohort: children who are developmentally delayed due to very prejudicial early experience, need enrichment rather than further periods of stress. Sadly, we were noticing that parental contact was sometimes posing as the latter.

Aims
We hoped that by using therapeutic frameworks to support contact we could protect the children from stress and subsequent regression. We also wondered if we could support parental reflective function, enhance infant parent relationships and reduce the stress on foster placements.

Description
One therapist in our service, who had particular interest in the infant group and had a caseload of infants who were having problematic contacts with parents, began using techniques informed both by Theraplay and Circle of Security to support parents during contact. Particularly helpful were the ideas of finding "strength in vulnerability" and using video feedback to show parents their increasing capacity to meet previously unmet attachment needs in their babies and toddlers. Also helpful was the opportunity to use Theraplay techniques to model attunement and we used the Circle of Security frame to support parental reflection.

Conclusions
A pleasing outcome was that parents did indeed, with supported watching, improve their capacity to think about their child's needs and perspective. Carers who were receiving similar support were sometimes able to be participants and supports for parents at contact and were much less distressed knowing that children were supported during contact and less likely to experience a period of regression following.
The Case that Remains with You

Ms Christine Hodges\(^1\)
\(^2\)Zero to Four Child and Youth Mental Health, Brisbane, Australia

_Biography:_
Christine Hodges is an Occupational Therapist with extensive developmental paediatric and infant mental health experience, in government, non-government and private practice settings. She currently works in the 0-4 Child and Youth Mental Health Service, Brisbane, Australia. She has presented at several forums on the relational context of development.

There are cases that are excruciatingly painful to watch and where the hopes of parents and clinician are not realized in the outcome. These cases linger in a clinician’s mind long after discharge. To continue this challenging relationship focused work, it is necessary to bring together the components of these cases in a way that integrates theory with the realities of practice, and enhances the therapy provided for future families. This presentation will describe an extremely difficult case and the role played by the clinician attempting to change the trajectory of a vulnerable infant. It shares learnings which contribute to a clinical culture that accepts the intent to support change while at the same time moving beyond a focus on fixing.

The case describes a refugee family where the traumatized mother is so fearful of danger that that there is little room for her son’s growth. The father denies the impact of trauma and struggles to develop an alliance from which to understand their child. The infant has breathed in fear from the womb and distrusts his own impulses for exploration. Within his developmental profile appears to be the convergence of autistic traits and attachment difficulties. The parents present as needing to believe that nothing is wrong, while at the same time fearing that they have damaged their child. Amid this chaos, a clinician attempts to understand and bear the parents unspoken anguish: negotiating a therapeutic relationship, while holding serious concerns regarding the infant’s development. Clinicians must be prepared for therapy to have some impact on us. No matter what the outcome, it is essential to understand the significant impact we can have by tolerating distress and sharing the experience of a family who are doing their best to bring up a child in the most challenging of circumstances.
Impact of Teaching Recovery Techniques and Clown Performance on Displaced Children’s Symptomatology after War

**Dr Alicia Alvarez-García**, Professor Ingeborg Porcar, Dr Gaspar Berbel

1Unitat de Trauma, Crisis i Conflictos de Barcelona, Cerdanyola Del Vallès, Spain, 2Universitat Autònoma de Barcelona, Bellaterra, Spain

**Biography:**
She has a PhD on premature newborn assessment and she is a clinical psychologist specialized in emergencies and PTSD. Professor at Universitat Autònoma de Barcelona, Universitat Oberta de Catalunya and Universitat de Barcelona. Collaborates as research board member in the National Institute of Health Research from England. Also collaborates with the Harvard Medical School as a Brazelton trainer in Spain. Actually works as a child protection specialist for the Barcelona City Council and as a Clinical Director of the Unit of Trauma, Crisis and Conflict of Barcelona.

**INTRODUCTION:** Posttraumatic stress disorder (PTSD) is one of the most prevalent disorder among displaced children in the aftermath of a war. Few interventions are designed to children in this situation, being the most adapted Teaching Recovery Techniques (TRT). In addition, other interventions, as clown performances have shown effectiveness with PTSD symptomatology on other settings as hospitals.

**AIM:** The aim of the study was to assess the real impact of clown performance and TRT on PTSD, depression and general symptomatology of displaced children after war.

**METHODS:** A sample of 192 children were assessed using a test-retest methodology with an interval of three months. Data about PTSD symptomatology, depression symptomatology and general psychiatry symptomatology was collected. Mean differences comparisons and logistic regressions were carried out.

**RESULTS:** Findings point that the most effective intervention in all cases was clown performance. TRT showed controversial results.

**CONCLUSIONS:** On one hand, this study demonstrates the effectiveness of clown performance in order to diminishing PTSD and depression symptomatology in the aftermath of a war. Further research is needed to establish the mechanism underlying this effectiveness. On the other hand, TRT results implies the need to define the characteristics and skills of teachers applying the techniques.
Nutrition therapy and breastfeeding Case of a one-year-old girl with cystic fibrosis

Dr Noémi Scheuring, Dr Ágnes Gulácsi, Ms Judit Stadler, Dr Éva Gács

1Heim Pál National Institute Of Pediatrics, Budapest, Hungary, Budapest, Hungary, 2Gödöllő Department of the Pest County Pedagogical Professional Services, Gödöllő, Hungary

Biography:
I work as pediatrician and neonatologist at Heim Pal National Institute of Pediatrics, Budapest. I have been interested in the topic of Infant Mental Health for over ten years now. Graduated from Integrated Parent-Infant Consultation in Budapest in 2012, I regularly attend national and international conferences on this topic to keep broadening my knowledge. My main area of expertise is early childhood feeding and sleep disorders. I lead the Early Childhood Eating and Sleeping Disorders Outpatient Clinic which I started with my colleagues in 2017. I attach great importance to helping and effectively solving problems for infants and their families.

Introduction
Our case report at the Heim Pál National Institute of Pediatrics presents the complex treatment of a 1-year-old girl with cystic fibrosis and feeding difficulties.

Purpose of the work described
We aimed to highlight the importance of a multidisciplinary approach to treatment of a toddler with severe eating disorder, who was treated for chronic organic disease.

Description of the work
The baby was the first child for this couple, born after an uneventful pregnancy at 38 weeks weighing 3070 g. She was exclusively breastfed.

At the age of one month, she began to have a dry, unproductive cough. After several examinations and attempts at treatment, cystic fibrosis tests were performed. At the age of six months, after her weight had not increased her mother began complementary feeding. However, the baby had to be hospitalized when she completely rejected the complementary feeds and the breastmilk became insufficient. Nutritional therapy was started via nasogastric tube, and her health improved. Breastfeeding also increased.

As she got older the aim was to introduce spoon feeding. The parent-infant consultant and the special needs teacher tailored a psychoeducational and behavioural intervention for infant and mother to address her eating disorder. The nasogastric tube was needed for the first month. Treatment was focused on building the mother’s competence, developmental education, and providing a sensory diet for the infant. Currently her feeding is excellent. Videotape is used to illustrate the stages of the therapy.

Conclusions
The presentation describes an intervention with a mother and baby where chronic disease (cystic fibrosis) and functional factors in the infant parent relationship contributed to poor infant nutrition and growth. Careful management and interdisciplinary teamwork was required to build a cooperative relationship with the parent to ensure the infant’s growth. Video documentation is a useful tool in follow-up.
The newborn regulatory behaviour (crying, feeding and sleeping) following early cardiac surgery

Dr Jessica Wong1, A/Professor Brigid Jordan1,2,3, Dr Jane Sheehan1,2, Dr Candice Franich-Ray1,2, Jessica Little1,2, Dr Michael Cheung1,2

1Department of Paediatrics - University of Melbourne, Parkville, Australia, 2Infant Mental Health Research Team - Murdoch Childrens Research Institute, Parkville, Australia, 3Social Work - Royal Children’s Hospital, Parkville, Australia

Biography:
Jessica is a medical resident working in Northern Health. She has graduated Bachelor of Science with Honours from the University of Toronto in 2014 and Doctor of Medicine from the University of Melbourne in 2018. She is currently undertaking research at the Royal Children’s Hospital under the supervision of A/Professor Brigid Jordan.

INTRODUCTION: Hospital admission and surgery for congenital heart defects have a significant impact on the ecology of the developing infant-parent relationship. Medical interventions and the intensive-care setting have shown to overwhelm the infant’s capacity to regulate environmental input.1 Parents emotional response to the crisis may compromise their buffering support.

AIM: The study examined the daily patterns of the newborn regulatory behaviour (crying, feeding, and sleeping) in a cohort of infants who had cardiac surgery in the first 6 months of life. The study explored the relationship between parent’s caregiving beliefs and newborn regulatory behaviour.

METHODS: Mothers of infants under 6 months of age who had cardiac surgery in 2015 were recruited. 6 weeks after hospital discharge following cardiac surgery, 26 mothers completed questionnaires (including the Schedule Demand Inventory and the Mother Responsiveness Scale) and behavioural diaries. These diaries documented the baby’s behaviour over a continuous 24-hour period when the baby was 5 months old.

RESULTS: Infants post-cardiac surgery spent 55% of the day sleeping (13 hours), 24% feeling content (6 hours), 10% feeding (3 hours) and 9% being fussy/crying (2 hours). Infants post-cardiac surgery cried longer (p<0.01) and slept more (p<0.01) and longer per day (p<0.05) compared to healthy infants.2 Mothers with poor sleep quality/quantity believed their infants had sleep problems, despite no difference in infant sleep time. Mothers who believed their infant had crying problems, had infants who cried more. Mothers who reported a scheduled approach to their baby’s sleep and feeding, had babies who slept and fed for longer than those who adopted a demand approach.

CONCLUSIONS:
Infants post-cardiac surgery had higher rates of regulatory behaviour problems. Methods of providing education to parents to identify abnormal newborn regulatory behaviour and possible hospital and community interventions should be explored to support infant emotional and behavioural regulation and parent-child relationship.

REFERENCES

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Parent-infant psychotherapy for two cases of relationship-specific disorder of early childhood: witness to video

Dr Dan Yao1 Qian Su1, Shan Wang1, Shuya Shao1, Shengquan Chen1, Zhongliang Zhu2, Hui Li1*

1Department Of Neonatology, The First Affiliated Hospital Of Xi’an Jiaotong University, Xi’an, China, 2Institute of Maternal and Infant Health, Northwest University, Xi’an, China

INTRODUCTION: Relationship-Specific Disorder of Early Childhood (RSDEC) is a problem in which a child exhibits a persistent emotional or behavioral disturbance in the context of one particular relationship with one primary caregiver but not with other caregivers. In China, parents often ignore babies’ psychological needs, which may be an important cause of RSDEC.

AIM: Parent-infant psychotherapy (PIP) is a dyadic intervention disposing of disorders of parent-infant relationship. By working with parents and infants together, PIP aims to improve parent-infant relationship and promote infant attachment and optimal infant development.

DESCRIPTION:
Two infants with RSDEC: A one-month and a five-month baby had been exclusively breastfed from birth. Due to mastitis, two mothers had to stop breastfeeding. Meanwhile, they stayed away from babies suddenly. The mothers tried to continue breastfeeding after recovery. However, babies refused to breastfeed and even cried when they saw their mothers, but not other family members. Babies also appeared fearful, with sleeping disturbance and stool retention, which caused distress to babies and families. Analysis of causes: Babies have a great need to keep attachment to their mothers and expect mothers to understand and respond to their emotions properly. However, two mothers neither noticed babies’ needs nor did accompany and calm them. According to these symptoms, two babies were diagnosed as RSDEC.

PIP intervention: We instructed two mothers to accompany and hold their babies more. Moreover, mothers explained and apologized to babies, and calmed babies via expressing their love. One week later, two babies could breastfeed easily; they smiled a lot, gazed at their mothers’ faces and responded with their mothers. The two mothers and families were in a relaxed atmosphere as well.

CONCLUSION: PIP helps mothers recognize and respond to babies’ emotional and mental needs, and re-establishes positive mother-infant relationship, proving that PIP is effective for RSDEC.
Regulatory problems in sleep, eating and cry at one year of age predict maternal parenting stress one year later

Dr Riikka Pyhälä1, PhD Kati Heinonen1, MD, PhD Elisa Holmlund-Suila2, MD Saara Valkama2, MD, PhD Jenni Rosendahl2, MD, MSc Maria Enlund-Cerullo2,3, MSc Helena Hauta-alus2, MD, PhD Outi Mäkitie2,3,4, MD, PhD Sture Andersson2, PhD Katri Räikkönen1
1University of Helsinki, Department of Psychology and Logopedics, Helsinki, Finland, 2Children’s Hospital, Pediatric Research Center, University of Helsinki and Helsinki University Hospital, Helsinki, Finland, 3Folkhälsan Research Center, Helsinki, Finland, 4Center for Molecular Medicine, Karolinska Institutet and Clinical Genetics, Karolinska University Hospital, Stockholm, Sweden

Biography:
Dr Pyhälä’s previous research has mainly focused on preterm birth and its consequences on psychological development. She is also interested in other early determinants of later cognitive and socioemotional development. Pyhälä’s main expertise is in clinical child psychology and mental health, and she is working as a university lecturer in University of Helsinki.

INTRODUCTION: Problems with sleep, eating and cry in infancy may reflect broader problems in regulatory abilities. They may challenge later development directly, but also via distress for parents and parent-child interaction. Longterm associations between infant regulatory problems and parental stress is little studied, however.

AIM of the study: To study how problems in sleep, eating and cry at 1 year are related with aspects of parental stress at 2 years of age.

MATERIAL and METHODS: Altogether 649 mothers of the Vitamin D Intervention in Infants Study filled in questionnaires concerning infant regulatory problems at 1 year of age and parental stress a year later. Sleep problems were determined as sleeping <11 h, waking up >3 times and/or being awake >1 hour per night based on the Brief Infant Sleep Questionnaire. Eating problems were determined as scoring >45 on the Montreal Children’s Hospital Feeding Scale, and crying problems as crying ≥ 3 h a day, on ≥ 3 days a week, on ≥ 3 weeks during the first 3 months of life (infantile colic) or intense crying also between 3 and 12 months of age. Subscales for parental distress, parent-child dysfunctional interaction and parental perception of the child as difficult were derived from the Parental Stress Index (PSI). Using linear regression models, the three PSI scales were predicted by dichotomous variables indicating 1) sleep, 2) eating or 3) crying problems, and 4) having at least two simultaneous problems. Child sex, maternal age and maternal education were controlled for in the analyses.

RESULTS: Having at least two simultaneous regulatory problems, and eating problems in particular, predicted higher scores on all parental stress scales. Perception of the child as more difficult was predicted also by both sleeping and crying problems separately, and parental distress was predicted by sleeping problems (p-values <.05).

CONCLUSIONS: Regulatory problems during infancy are associated with parental stress, perception of the child as difficult, and challenges in parent-child interaction still in toddlerhood. Recognizing regulatory problems early in infancy and providing support for parents thereafter is justified.
Changing the narrative: traumatized infants can recover during infancy-integrating EMDR into Infant Mental Health Practice

Ms Julie King1
1Self employed, Brisbane, Australia

Biography:
Julie King is a Psychologist with a Masters in Perinatal and Infant Mental Health. She has over 35 years’ experience with 15 years specifically in perinatal and infant mental health and is currently in private practice, and previously in child protection, and child and youth mental health. Julie completed EMDR training in 1993 and has done additional training specifically in EMDR with children and infants. Julie enjoys combining EMDR and Perinatal and Infant Mental Health to interrupt the cycle of trans-generational trauma. This includes using EMDR to resolve: birth trauma, parental childhood or recent trauma, and infant and child trauma.

Introduction

Infant Mental Health Clinicians are very aware that Infants can be traumatised by a range of early experiences including domestic violence, abuse, neglect, accidents, painful and intrusive medical procedures, natural disasters, war, and community violence. Infants can experience single, discrete traumatic experiences. And some infants also experience complex developmental trauma. When left untreated, trauma during infancy can adversely impact development both immediately and long term. Symptomatic behaviour can threaten previously healthy attachments. Where the primary attachment figure has also been traumatized, trauma treatment is even more critical. “The infant cannot wait”. Purpose of the paper

The purpose of this paper is to alert Infant mental health clinicians to the benefits of integrating EMDR into Infant Mental Health Practice.

Description

This paper highlights the application of the dual lens of attachment and trauma in both Infant Mental Health and EMDR. EMDR therapy for young children uses story-telling and play therapy in a way that uses parent’s attunement to the child to help guide the therapist in regulating the child’s stress level. Specific traumatic incidents and attachment wounds are processed in combination with play therapy to integrate changes and assist parents in mentalising, correcting misattributions, and repairing attachment relationships. Infants benefit more when parents’ own unresolved trauma is processed with EMDR so that they are no longer triggered.

Conclusion

Although this treatment has no specific research with objective outcome measures, parent and carer feedback is overwhelmingly positive. Therefore, therapists feel compelled to continue to use EMDR with traumatised infants to facilitate secure attachment and a return to a normal developmental trajectory – during infancy, and the interruption of transgenerational trauma. Specific research on EMDR with infants is needed.
Infant social withdrawal (ADBB) in infants subjected to psychological and/or physical stressors with special attention to congenital heart disease

Professor Samuel Menahem¹, Professor Antione Guedeney², Carla Pérez Martinez²
¹School of Clinical Sciences, Monash University, Melbourne, Australia, ²Department of Child and Adolescent Psychiatry, Denis Diderot University, Paris, France

Introduction

Most studies reviewing adverse effects on infants from illness and/or interventions depend on parental, especially maternal perceptions of the infant’s behaviour and responses. That is further aided by observations of the attending clinicians and supplemented by recordings of vital signs, weight gains etc., with additional information derived from the infant’s milestones. The Alarm Distress Baby Scale (ADBB) developed by Antoine Guedeney (2012), based on earlier work arising from the construct of the conservation withdrawal reaction observed in individuals faced with major adverse events, is a relatively simple objective measurement of infants’ well-being.

Aim

To evaluate social withdrawal (ADBB) in infants subjected to cardiac surgery, and to find possible associations with cardiac abnormality, the complexity of the surgery and maternal distress.

Materials and Methods

As part of a major study, infants were assessed two months after having undergone cardiac surgery with a brief video reviewing their interactions with their mother. The ADBB scores were analysed by certified observers and correlations sought for those with high readings.

Results

Of the 22 infants studied, approximately half scored above the accepted normal findings for social withdrawal, some reaching exceptionally high levels rarely seen previously in other infants subjected to adverse psychological stresses and/or significant illness. The high readings did not correlate with the severity of the cardiac abnormality, the complexity of the surgery or the hospital length of stay, but with the level of maternal distress – depression and anxiety. These findings suggested that timely intervention of affected mothers may improve the infant’s outcomes still to be determined.

Conclusion

The ADBB scale is a relatively easily performed tool that provides objective information of infants’ well-being. Its further use in subsequent studies may provide important information with respect to the merits of any interventions undertaken.
Hello it's me! Supporting community practitioners in listening to parents and infants

Dr Claudia Gold¹, Jayne Singer²
¹Berkshire Medical Center, Pittsfield, United States, ²Brazelton Touchpoints Center,

Biography:
Claudia M. Gold, MD has practiced general and behavioral pediatrics for over 25 years, specializing in early childhood mental health. She is the author of several books for parents and professionals. She is on the faculty of the University of Massachusetts, Boston Infant-Parent Mental Health Program and The Brazelton Institute.

The Hello It's Me Project brings together a wide range of practitioners who work with parents and infants in a high-needs, low-resourced rural community in rural Western Massachusetts. The project aims to creating community around the core infant mental health principle that behavior is rooted in relationships and serves to communicate a child's unique self. It aims to shine a spotlight on supporting caregivers' confidence in their capacity to listen to their baby, recognizing the inevitably imperfect and messy process of individuals getting to know each other.

A wide range of practitioners, including maternity nurses, direct care providers for moms in treatment for opioid use disorders, home visitors, lactation consultants, early childhood educators, day care providers, obstetricians, pediatricians, doulas, and a range of others meet for a 2-day training in infant observation and infant mental health principles. They meet every 3 months for dinner events that promote community collaboration and ongoing education in infant mental health.

Each educational event has its own evaluation tool designed to assess the effectiveness of the event in promoting community collaboration and education in infant mental health. At the first gathering in June 2019 survey results indicated high participant satisfaction with 94% indicating the opportunity to gather with professionals from other disciplines as "extremely valuable." Sharing ideas, learning about services, discussing common findings, and networking with others were all mentioned as valuable components of the evening. Over the first year of the project we will have evaluation data from the 2-day training, to be held in September 2019, and 4 quarterly meetings. We anticipate a total of 35 practitioners attending the majority of the events.

We hope to build a model that can be brought to communities of similar socio-economic distribution to spread the principles of infant mental health to a broad demographic.
Getting an early diagnosis of autism spectrum disorder in India: Experiences of parents

Professor Prahbjot Malhi¹, K. Venkata Durga Prasad¹, Renu Suthar¹
¹Post Graduate Institute of Medical Education and Research, Chandigarh, India

Biography:
Dr Prahbjot Malhi is a Professor in Child Psychology at the Department of Pediatrics, Post Graduate Institute of Medical Education and Research, Chandigarh, India.

Background: There is a paucity of research regarding the experiences of parents receiving diagnostic evaluations for autism spectrum disorders (ASD) from developing countries, and even fewer studies examining parental satisfaction with the diagnostic process.

Objectives: To examine the barriers to early identification of autism and the factors influencing parental satisfaction with the diagnosis of ASD.

Methods: 85 children with ASD (DSM 5 criteria) aged 2 to 12 years were recruited from the Department of Pediatrics of a tertiary care hospital in North India. The exclusion criterion was presence of a co-morbid medical diagnosis. An open ended parent questionnaire was used to elicit information regarding parental concerns, details of professionals consulted, investigations requested, barriers to earlier identification, and the time taken to get a formal diagnosis. Parents were asked to self-report their level of satisfaction with the evaluation process on a 3-point scale. The study was approved by the ethics committee of the Institute.

Results: Parents usually waited 7 months from the time when they first had concerns about their child’s development and seeking professional help. Parents consulted 3.60 professionals before getting a diagnosis and the most frequent professional consulted was a pediatrician (69%). The delay between initial parental concern and the child receiving a formal diagnosis was 2.68 years (SD=2.02). A significant time lapse of 1.96 years (SD=1.34) between age at first consultation and final diagnosis was found. Majority (55%) of the parents were dissatisfied and multiple regression analysis revealed that consulting multiple professionals explained 30% of the variance in overall satisfaction level of parents (F= 35.80, P=.0001).

Conclusions:
Obtaining an early diagnosis of autism in India is fraught with delays, multiple visits to health professionals, medical investigations, and prescriptions. The prolonged process delays timely initiation of therapy and is associated with dissatisfaction.
Hearing the voice of your infant through SMS Messages – a feasibility study supporting parents to connect with their infant

Mrs Cate Rawlinson¹, Dr Richard Fletcher², Dr Jennifer StGeorge², Dr Andrea Baldwin¹, Dr Paul Lanning¹, Dr Elisabeth Hoehn¹

¹Queensland Centre for Perinatal and Infant Mental Health, Brisbane, Australia, ²University of Newcastle Family Action Centre, Newcastle, Australia

Biography:
Cate Rawlinson is a Psychologist with 22 years’ experience as a clinician in the child and adolescent mental health, child protection and adult mental health sectors. Cate is currently one of the state-wide Service Development Leaders for the Queensland Centre for Perinatal and Infant Mental Health Strategy Unit.

Introduction:
Decoding infants’ needs and communication in the first six months is a key task for parents that often comes with stress, confusion and a great deal of detective work, at a time of reduced emotional and cognitive energy. Accessible evidence based information delivered to parents via text messaging may provide a useful means to support expecting and new parents.

Purpose:
The Queensland SMS4Parents feasibility study tested the delivery of mental health promotion, prevention and support information to women diagnosed with perinatal mental illness and their partners about their infants, via text messaging.

Description:
Research identifies mothers in the perinatal period to be prolific users of smart phone technology to communicate, find and receive information. Evidence also supports the use of SMS messages to engage new fathers in learning about their mental health and their infant’s development. Each message up to 160 characters, incorporating topic-related weblinks, delivered a key piece of information timed to the infant’s development through the antenatal period and postnatally to the age of six months. Messages about their infant were worded as if the infant were speaking directly to the parents. The initiative encouraged an indicated population to learn about their new infant’s needs and how to facilitate their infant’s mental health and wellbeing.

Conclusions:
Results indicate that participating parents discussed the text messages about their infant with their partner, and these discussions led to more cooperative parenting practices with increased understanding of the importance of connection and play with infants. Parent feedback indicated the strategies provided through text messages increased their understanding of what their infant’s behaviour was communicating, how this related to their emotional and physical development, and they could do to support their young infant’s development. All participants reported that they valued the messages highly, and most parents spontaneously suggested that all parents should receive this service.
Strengthening Women: Effectiveness of ArtsHealth to improve the SEWB of mother/carers of Indigenous children from birth to school age.

Miss Akeshia Dart1, Dr Beth Mah1,2,3, Dr Nicole Reilly1,4,5, Associate Professor Kym Rae1,4,5

1University of Newcastle, Faculty of Health and Medicine, Callaghan, Newcastle, Australia, 2Karitane, Carramar, Sydney, Australia, 3University of NSW, School of Psychiatry, Sydney, Australia, 4Research Centre for Generational Health and Ageing & School of Nursing & Midwifery, University of Newcastle, Newcastle, Australia, 5University Department of Rural Health, University of Newcastle, Tamworth, Australia

Biography:
Miss Dart is a proud Barkindji women from Broken Hill NSW Australia, a proud wife and mother of 2 beautiful children who completed her Indigenous Mental Health clinician training through Charles Sturt University in 2008. She has been working in a variety of roles including state health, community controlled, and privat and not for profit organisations supporting the mental health of Indigenous people since that time.

Introduction: Indigenous arts and cultural expression are fundamental to the social, cultural and economic wellbeing of Indigenous people, and facilitate development and strengthening of community resilience and cohesiveness. To date, few studies have examined the impact of an ArtsHealth intervention for mothers and carers of young Indigenous children.

Aims: This feasibility study will determine whether participation in a 5-week ArtsHealth intervention has a positive impact on the social and emotional wellbeing of mothers and female carers of Indigenous children aged from birth to school age. The suitability of the intervention for women and partner organisations will be examined and opportunities for future program improvement will be given.

Description: Participants will be recruited from established maternal and child health programs servicing Biripi and Worim Indigenous communities, located within the Manning and Great Lakes areas of New South Wales. The intervention will use art activities and yarning discussion groups, facilitated by an Indigenous mental health clinician. Discussion topics will include: a) What is social and Emotional Wellbeing (SEWB)? b) Maternal and Infant SEWB and Self-care, c) Toddler Behaviour, development and d) Managing challenges and e) Family relationship concerns- looking at Domestic Violence and the supports available within the communities. Outcome measures include the K-6, MOS Social Support Scale, Growth and Empowerment Measure, Aboriginal Resilience and Recovery Questionnaire and social and emotional wellbeing from the National Aboriginal and Torres Strait Islander Health Survey. Participant and organisational feedback will be captured using brief project-specific surveys.

Conclusion: This study uses methods that prioritises the health and wellbeing of Indigenous communities and bridges the gap between scientific methodology and holistic community approaches to research. It centres on building on the strengths of the community to bring about positive outcomes for Indigenous Australian women and families. Findings from this feasibility study will be presented and key learnings will be shared.
Solihull Approach; Clinical Practice Review Following Whole Team Training.

Ms Helen Stevens, Ms Bernadette O'Connor
1Parent Infant Consultants, Eltham, Australia

Biography:
Helen Stevens, RN, RM and MCHN with BAppSci and MMHS. Helen works as an MCH Nurse and Manager of Parent Infant Consultants. Helen has written, researched and presented on infant-parent dysregulation in Australia and internationally for over 15 years.

Bernadette O'Connor, RN, RM, MCHN and registered Solihull Approach trainer. Bernadette experience is in sustained home visiting programs for high-risk families. Working in both community health and education, she is also currently employed as a MCH nurse in an indigenous childcare program.

Aim
To examine to what extent, if any, the whole team Solihull Approach training influenced clinical practice, twelve months on.

Context
In the pursuit of optimising workforce, infant and family outcomes, an entire early years team undertook the Solihull Approach ‘2 Day Foundations’ training in Australia. This training is relatively new to Australia and the long-term outcomes are untested.

Method
The team of eleven (11) community-based professionals included the team manager, maternal, child and family health nurses, early childhood educators and family support workers. All undertook the Solihull Approach ‘2-Day Foundations’ training in Victoria. One year later trainees were invited to describe their experiences in a focus group format. Thematic analysis revealed that the cohort mostly identified similar experiences.

Results
The majority of the team continued to embed knowledge from their learning, to varying degrees, into their clinical practice. Experiences included a sense of ease from having a theoretical framework to structure thoughts. Over half the cohort noted improved family outcomes when the Solihull Approach was incorporated into their practice. Ten percent of the cohort had not integrated their learning from the training into practice.

Witnessing the team growth post training, the Coordinator actively sort ways to further support the incorporation of the Solihull Approach concepts into practice. The monthly team clinical supervision is threaded with Solihull Approach concepts as a means of supporting professional reflection, clinical competence and team cohesion. Unforeseen outcomes of the training were recommendation to other community-based organisations to offer the Solihull Approach training to their teams.

Conclusion
The majority of the team continued to benefit from the knowledge and skill gained from the Solihull Approach training, twelve months after the training. Not only did the team experience clinical, team and personal benefits from the training, they recommended it to a number of other similar community early years focused organisations across the state.
Lead family worker program

Ms Hanna Wyatt\(^1\), Mrs Karin Johnson\(^1\)
\(^1\)City Of Port Phillip, St Kilda, Australia

**Biography:**

**INTRODUCTION:** The Lead family worker program was piloted through 2018 and co-designed with Maternal Child Health and Family Support Services alongside other external stakeholder to identify service gaps in the community. City of Port Phillip is a diverse and overall prosperous community with between 9% – 15% of the population reported to be living in poverty. There are few support services available to families who present with few/no identified issues.

**AIMS or PURPOSE of the project or work described:** The intended outcomes of the program are:
- Increase community connectedness
- Increase knowledge of and comfortability with supports
- Parents are more skilled and empowered to support their child’s development
- Enhanced wellbeing and parent/child relationships
- Increase in skills and knowledge of staff

Critical success factors include:
- Flexibility and responsiveness
- ‘Wait, Watch and Wonder’ approach
- Targeted recruitment
- Decision-making localised
- Minimal eligibility, paperwork and data collection
- Availability of workers in community spaces- soft entry pathway
- Specialist port folios in Perinatal Health and Family Violence

**DESCRIPTION of the work or project:** Provide a generalist family advice, support and referrals to families with children aged 0-8 years who live, work or play in the City of Port Phillip, with the aim to improve community connectedness and enhance the health and wellbeing of caregivers and children. This is done through:
- Collaborative work with internal and external service providers
- Client consultations (up to 5 sessions) to provide support, information and referrals
- Weekly attendance and co-location arrangements at libraries, Children’s Services and Maternal Child Health centres
- Secondary consultation to staff

**CONCLUSIONS:** During the successful pilot year (2018) it was identified that mental health and social isolation were the two main presenting issues for families accessing the Lead Family Worker Program. The program is now embedded in the Family Support Services at City of Port Phillip. Next steps for 2020 is to commence a formal external evaluation, to increase the reach to fathers and scope capacity to address emerging trends and priority groups locally.
Family centre service model -right support at the right time

Mrs Leena Normia-ahlsten¹, Mrs Arja Hastrup¹, Mrs Katriina Bildjuschkin¹, Mrs Päivi Varonen¹
¹Finnish Institute for Health And Welfare, Helsinki, Finland

Biography:
Leena Normia-Ahlsten is senior planning officer in Finnish Institute for Health and Welfare. She works for development of services in basic level nationally.

INTRODUCTION
Finnish Family Centre is a national model which offers help and support families on a low threshold. Since 2016 every regions in Finland have committed to develop Family Centre’s. Regions have their characteristic feature but all of them have faced similar challenges of how to improve services to help families early enough.

AIMS
Main aim in the child and family-oriented services is to move the focus from curative services in to promotive and preventive services. Family Centre’s have several tasks in early support, treatment and rehabilitation. Parental support, helping in divorce as well as preventing domestic violence are in the focus of development. They require not only knowledge, but also systematic model focusing on the child, adolescent and family.

DESCRIPTION
Systematic model contains fast service counselling and the right employee as well as assessment in to services without delay. If necessary, multidisciplinary approach come in accounting for the entire family's situation and the parents’ service needs. Monitoring is essential part of systematic work.

RESULTS
Systematic and overall model is still under development, but some results can be seen already. Participatory working methods have become more common. Fragmentation and improved accessibility have been reduced via networking, coordination, cooperation and integration. Support for parenting and the parents’ relationship as well as assistance in case of separation were strengthened. Early support, care and rehabilitation were improved.

CONCLUSIONS
More efficient and systematic early support and care helps to reduce the need for expensive curative. The efforts to develop Family Centre’s and to implement the systematic model will be continued in keeping with the national policies in regions and nationally.
Implementation of Attachment Vitamins(c) Parent Education Support Groups within a Community Partnership Project

Ms Haruko Watanabe¹, Dr Janet Huggins¹, Ms. Erin Wentz¹
¹Navos Infant and Early Childhood Mental Health Program, Seattle, United States

Biography:
Haruko Watanabe is a Washington Association for Infant Mental Health endorsed Infant Mental Health Mentor and Program Manager at Navos Infant and Early Childhood Mental Health Program in Seattle, USA. She has worked with families with young children within various systems for the last 17 years. In addition to her Child-Parent Psychotherapy work with low income families, she has also provided reflective supervision/consultation and early childhood mental health consultation to providers in her community. Her clinical perspective and practice have also been informed by her personal experiences as an immigrant and having lived in three different countries.

INTRODUCTION

Navos Infant and Early Childhood Mental Health Program has been long serving low-income families with young children in the greater Seattle area through offering Child-Parent Psychotherapy. In order to better reach families from historically marginalized communities, who faced barriers in engaging in in-depth clinical services, our program sought alternative ways of supporting parents and caregivers with young children with trauma-informed and developmentally appropriate intervention. Attachment Vitamins© in a group format was identified as a strong option for us to pilot. Acknowledging the common stigma and emotional barriers parents experience in accessing mental health services, we designed the implementation in the context of partnership with organizations that are already embedded in the communities we wanted to reach.

AIMS/PURPOSE OF WORK

We worked to develop a Theory of Change for this project and to closely look at both qualitative and quantitative data gathered from the participants. We identified key targets to aim for (see our Theory of Change) as short-term goals, and identified key strategies to meet those targets. We hope to learn from the data to understand effectiveness of the Attachment Vitamins© group in various community settings.

DESCRIPTION

We identified several community organizations in various settings to partner with. Soon after the first Attachment Vitamins© group was implemented at a short-term homeless shelter, we had to adapt the Attachment Vitamins© to a virtual group (e.g. via Zoom) before we moved on to the next partner organization, due to COVID pandemic-related restrictions.

CONCLUSIONS
Qualitative data in the form of parent feedback will be shared, as will be the preliminary key findings from the early stage of the pilot project. As we continue implementing Attachment Vitamins© groups, we hope to continue gathering data that will allow us to answer the question, “for whom does this intervention work, and in what setting?”

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Integration in Action – How working collaboratively in the perinatal period leads to better outcomes for parents and infants.

Ms Alana Laundy, Ms Cassy Bishop, Ms Marisa Phillips

Benevolent Society, Nerang, Australia

Biography:
Alana is a Paediatric Social Worker with over 20 years’ experience working with children and families. Alana has long held an interest in infant and perinatal mental health, in particular how working within a public health model can provide safe and seamless pathways to support for our more vulnerable families. Alana currently manages the Early Years Places and Women’s Space on the Gold Coast.

INTRODUCTION
Early Years Places in Queensland provide services to families with children from pre-birth to 8 years of age. Using a public health approach of proportionate universalism, and working collaboratively in partnership with government and non-government services, families are provided opportunities for universal access of maternal and infant care.

AIMS/PURPOSE OF WORK
Drawing upon Winnicott’s famous statement, “there is no such thing as a baby” Early Years Places recognise that all families require wrap around community support, and that families with more complex issues require a more targeted, integrated approach. Early Years Places work collaboratively with midwives, Child Health Nurses, Infant Mental Health Specialist, Psychiatrists and others to ensure best outcomes for parents and infants.

CONCLUSIONS
Here we will discuss the Early Years Place model, and how, drawing on evidence informed practices, support is delivered in home, in groups, and in clinical settings across the family’s community. We will underpin this model using case examples that best illustrate how the model is instrumental in ensuring a wholistic and child and family centred approach.
The effectiveness of trained homevisiting volunteers within an Infant Mental Health service

Ms Samantha Jones, Daisy Morris

Queensland Centre for Perinatal and Infant Mental Health, Nundah, Australia

Biography:
Daisy Morris is the Coordinator for the Zero to Four Family Support Service, Child and Youth Mental Health Service, which operates within Children's Health Queensland in Brisbane, Australia. Daisy has extensive experience as an Accredited Mental Health Social Worker and has recently joined the service in this role. Samantha Jones is the former Coordinator of the Zero to Four Family Support Service and is currently working as an Infant Mental Health Clinician with the Zero to Four Child and Youth Mental Health Service. Samantha draws from her experience as a Social Worker in both the government and non-government sectors.

Introduction: The Zero to Four Family Support Service Quality Improvement Project is designed to progress the service outcomes for families offered volunteer assistance. This service matches families with Family Support Volunteers who undertake tailored training and supervision. Families complete psychosocial assessment measures on entry to the program, at 6 months after commencement, and at 12 months on exit. This project, conducted since 2018, is providing data on how effectively the program supports vulnerable families, and will inform further development of the service in the future.

Purpose: To explore the impact of the unique relationship between the home visiting volunteer and the infant and their family in an Infant Mental Health Service setting with the aim of improving service outcomes. Preliminary results will be highlighted from the ongoing Quality Improvement Project.

Description: The Zero to Four Family Support service works closely with Zero to Four Child and Youth Mental Health Service, the specialist infant mental health service, with both services co-located at The Queensland Centre for Perinatal and Infant Mental Health. Funding for the volunteer service is provided by the Department of Child Safety, Youth and Women under the targeted family support funding stream.

Psychosocial measures used include;
- the Parent Coping Scale, a self-report measure of parenting self-efficacy,
- the Home Observation for Measurement of the Environment (HOME) Inventory, a semi-structured interview with the parent, that assesses the quality and quantity of stimulation and support available to the child in the home environment, and
- a qualitative questionnaire asking parents about the impact of the Family Support Volunteer on family life.

This project has been gathering information since 2018 and will provide data on how effectively the program supports vulnerable families, and will inform further development of the service in the future.

Conclusions: The Quality Improvement Project has introduced preliminary findings regarding the effectiveness of a home visiting volunteer placed with a vulnerable family in an infant mental health context. Further research in this unique area of practice is necessary.
Helping children thrive by building capacity of local service providers to support perinatal and infant mental health (PIMH)

Dr Ewa Bodnar¹, Ms Naomi Kikkawa¹
²Queensland Centre for Perinatal and Infant Mental Health, Brisbane, Australia

Biography:
Dr Ewa Bodnar is a Child and Adolescent Psychiatrist working at the Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) within the Zero to Four Child and Youth Mental Health Service (CYMHS). This is a specialised public mental health service for infants and young children from birth to four years who are not yet at school... Ewa’s role is a combination of direct clinical service delivery as the clinical lead of the infant mental health team, supporting statewide development and training of the infant mental health workforce, and advocacy for the needs of infants.

Introduction:
Challenges to health service provision in rural, regional and remote areas of Queensland are well known and include geographically-dispersed populations, the transient nature of some rural and remote populations (including fly-in/fly-out workers and defence personnel), Aboriginal and Torres Strait Islander communities, culturally diverse communities, extreme environments, economic disadvantage, difficulty of recruiting to service positions and a generally sparse service environment. Queensland has one of the largest managed telehealth networks in Australia with videoconferencing available in more than 200 hospitals and community facilities across the state. It is a secure system and able to be easily accessed by non-government services.

Purpose:
To respond appropriately and flexibly to the PIMH needs in rural, regional and remote areas in Queensland. The service aims to strengthen local service delivery by increasing the confidence and a competence of local service providers, reducing the need for travel for specialist intervention and building the local PIMH continuum of care.

Description:
Infant mental health advice was provided to a regional area via e-PIMH. The case was discussed with service providers with consent from the parent. The infant in question came from a rural area and was from a culturally and linguistically diverse background. The main concerns for the infant were difficulties in the parent–infant dyad particularly around feeding, secondary to maternal mental health concerns. Whilst supports for the mother were present there was a service gap identified in providing mental health support to the infant.

Conclusion:
With commitment and dedicated staff from across sectors, e-PIMH can value add by providing a shared understanding and language around PIMH issues, and clinical advice to ensure the best possible opportunities for growth and development for the infant.
Brazelton Touchpoints training for early childhood and care providers – preventing and promoting infants healthy social and emotional development.

**Dr Ana-Teresa Brito**¹

¹Brazelton Gomes-Pedro Foundation for Baby And Family Sciences, Cascais, Portugal; ²Maria Ulrich College of Education, Lisboa, Portugal

**Biography:**
PhD in Child Studies (2009) and Postdoc in Educational Sciences (2013-2015). Member of the Administration board of the Brazelton Gomes-Pedro Foundation. Maria Ulrich College of Education Director and Teacher (Early childhood education, early intervention and inclusion). Researcher at UIED, Nova University and Associate Research Fellow at CEDAR, University of Warwick. Touchpoints site coordinator for the Fundação Brazelton/Gomes-Pedro.

Brazelton Touchpoints training in Early Childhood Education and Care (ECEC) aims to promote the quality of educational settings, enhancing family involvement and participation, and fostering a preventive intervention that promotes infants healthy social and emotional development. Research highlights that prevention is crucial to boost positive infant’s mental health, namely by ensuring that ECEC providers are prepared to promote and support infants’ healthy development and well-being.

In Portugal, the Municipal Council of Cascais (MCoC) coordinates, since 2002, the Growing Better Platform, currently involving 22 Non-Profit and 3 Profit Entities, that comprise: 45 nurseries/kindergartens; public organisations, such the Social Security, Early Childhood Intervention and the Local Commission of Protection of Children; and two training and research organizations - Brazelton Gomes-Pedro Foundation for Baby and Family Sciences (FBGP) and ISPA University Institute. It was in this context that Touchpoints training, provided by FBGP, occurred. ECEC institutions applied for this training through the funding provided by the MCoC within the scope of the Platform. The purpose was to prevent and promote children’s, families, professionals and community’s wellbeing, through Touchpoints. Training was approved for 17 nursery teams including more than 300 providers - ECEC Educators, Assistants, and Childminders. Within this group, half completed the Touchpoints initial awareness training (4-12h) and the other half completed the Touchpoints ECEC course (40h).

Results based on observations, focus groups, pre/post training questionnaires and reflective practice, show that providers strongly value the impact of Touchpoints training, both as individuals and professionals. Data and content analysis highlighted the trainings impact on increased knowledge of the child development process and improved provider-family relationships, namely when providers have longer periods of training, work in small groups (25 or less participants) and are supported by reflective practice.

In addition, Touchpoints created a common language between providers of the same Municipality which was vividly valued by professionals.

More studies concerning the relation between Touchpoints Training and its impact on key mental health prevention strategies for at young children and their families are being completed, assuring that childcare providers are prepared to promote and support their healthy social and emotional development.
Healthy kids: Bringing early childhood communities together to improve the health and wellbeing of Queensland kids

Ms Kym Dunstan\textsuperscript{1}, Ms Skye Frazer-Ryan\textsuperscript{1}
\textsuperscript{1}Children's Health Queensland Hospital and Health Service, Brisbane, Australia

Biography:
Kym Dunstan has practiced as paediatric speech pathologist for over 20 years in Australia and overseas, seeing children with a wide range of communication and literacy difficulties in Education, Health, Not-for-profit and private practice. Kym enjoys working with families, and groups such as teachers, early childhood educators and whole communities, helping them to support the children they interact with to achieve optimal communication, health and wellbeing. Currently, Kym works in Centre for Children's Health and Wellbeing, a team within Children's Health Queensland. The team aims to increase health equity for vulnerable children and families through addressing social determinants of health.

INTRODUCTION:
Early education benefits all children, especially those experiencing disadvantage, and it produces greatest return when it's high quality. Healthy Kids brings together Health, Early Childhood Education and Care (ECEC) and Education sectors to deliver a workforce strategy for ECEC sector around topics of health, including the impact attachment has on early development and mental health. It is delivered in 18 communities vulnerable in children’s outcomes on the Australia Early Development Census (AEDC) and socio-economic status.

AIMS OF THE PROJECT:
Increase capacity of cross-sector early years services to deliver an early childhood workforce strategy.
Increase the knowledge and skills of educators to implement evidence-based strategies to support children’s development, including infant mental health

DESCRIPTION:
Healthy Kids involves free, quarterly events delivered in partnership with local early childhood stakeholders, in their local community, including content webinar, Q&A, reflective practice, and newsletter. Data was gathered though surveys after each event. An evaluation was also conducted to determine the effectiveness of the Healthy Kids strategy by a university.

CONCLUSION:
Qualitative and quantitative data indicated that educators demonstrated strong support and engagement. They believed the initiative to be useful, relevant and of value to their roles. It increased skills and confidence around topics, including language and communication, and encouraged reflection of their own practices. Healthy Kids strengthened new and existing connections between staff from different centres, and between centres and services in community. Healthy Kids is an innovative strategy using technology as a cost-effective, efficient, and modern approach to health promotion. It is sustainable and transferable to a range of health professions. Healthy Kids is an innovative strategy using technology as a cost-effective, efficient and modern approach to health promotion. It is sustainable and transferable to a range of health professions.
Reflective practice in child welfare and supporting the development of a culture change to create relational safety

Mrs Desiree Yoo1,3, Ms. Adriana Molina2, Dr. Richard Cohen3, Ms. Roxana Flores-Aguilar4

1Children’s Institute, Los Angeles, United States, 2Allies for Every Child, Culver City, United States, 3California Association of Infant Mental Health, Sacramento, United States, 4Los Angeles County Department of Children and Family Services, Los Angeles, United States

Biography:
Desiree Yoro Yoo, LCSW is endorsed in California as an IFECMHS and RPF.
Roxana Flores-Aguilar, MSW is the Chief of the LA County DCFS CQI Division.
Richard Cohen, PhD works as a consultant and RPF in the LA area.
Adriana Molina, LMFT is the Chief Program Officer at Allies for Every Child in LA.
Marian Williams, PhD is an Associate Professor of Clinical Pediatrics at the USC UCEDD at Children’s Hospital LA.
Carolyn Kaneko, LCSW is a Clinical Program Manager for LA County Department of Mental Health.
Elsa Poyatos-Barajas, MSW is an Assistant Regional Administrator for LA County DCFS.

INTRODUCTION

Reflective practice is based on the understanding that, in our work helping children and supporting families, we bring ourselves as the agents of change. Those strong feelings that go with the work also engender compassion fatigue and burnout. These conditions can lead to bad decision making and, ultimately, turnover. While losing a social worker is problematic for all children, it’s particularly difficult for young children who experience another attachment loss at critical developmental periods. The reflective approach is also valuable for managers. Incorporating reflective practice into supervision normalizes the fact that we all have feelings that affect our work. The opportunity is to develop a culture and a practice of recognizing and using those feelings as tools to further our goals for children and families.

PURPOSE OF WORK

This presentation will discuss the transdisciplinary efforts to develop reflective practice and relational safety within the child welfare culture of a large urban county.

DESCRIPTION

A two-pronged relational approach was developed to introduce reflective practice into the child welfare culture. The approach involved members from various community agencies and managers across the countywide system of care. Key managers were formally trained on reflective practice and opportunities for reflective practice were offered to leaders across the county. These trained managers are currently tasked with developing more opportunities for reflective practice across the countywide child welfare system, using the experiences of an existing reflective practice group at a regional office as a model to inform their next steps.

CONCLUSIONS

New practices that foster culture change are a slow process. With committed leaders who find value in reflective practice, these efforts can take time to demonstrate its impact on developing relational safety within the system’s culture so that relational safety can be supported and modeled for the families in their care.
“Even just to talk about it”: improving visibility of children aged 0-3 and enabling participation of vulnerable families through assessment innovation in social care.

Mrs Daniela Moreno Boudon, Mrs. Sara Serbati, Professor Paola Milani

1University of Padua, Padua, Italy

Biography:
Psychologist, graduated in Chile (2009), master’s degree in Educational Policy and Management (2015). As a PhD student in Pedagogical Sciences, Training and Education at the University of Padua, I collaborate with the Lab of Research and Action on Family Education from UNIPD in the field of parenting support of families with children aged 0-3 accompanied by socio sanitary services. My interests concern the promotion of a culture of compassion and the humanization of organizations responsible for work with early childhood.

INTRODUCTION
This pilot research is embedded in a larger study evaluating the effects of the Italian Citizenship Income, the national measure to combat poverty, on parental skills and the development of children aged 0-3 years, in order to break the intergenerational transmission of poverty.

AIM OF THE STUDY
The aim of the study is to describe the process of introducing specific assessment tools within a participative framework and its effects on practices with vulnerable families and children aged 03.

MATERIALS AND METHODS
From a pragmatic paradigm that understands knowledge as an active process of intervention on reality (Dewey, 1938), Participative and Transformative Evaluation (Serbati & Milani, 2012; Serbati, 2017) is introduced, proposing assessment tools both as conceptual framework for understanding children and families’ needs, as well as means for enabling participation and the construction of intersubjective knowledge. Practitioners are involved in an action-research design, where training is combined with practitioners’ actions with 17 families, research data collection and reflexive analysis. For an in-depth understanding of the practitioners’ perspectives, semi-structured telephonic interviews are conducted with 19 practitioners participating in the study.

RESULTS
The majority of participants report an improvement in observing and analysing parent-child interactions. This, as a consequence, impacted on creating a new space for dialogue and reflexivity on parenting and the
developmental needs of 0-3 year old children that was not happening before in participants’ professional work.

CONCLUSIONS
Despite early childhood is already considered a priority within the Italian C.I. policy, younger children are likely to remain invisible to social services if these latter are not equipped with specific assessment tools that they can use during their first encounters with C.I beneficiaries. Indeed, using these tools within the P.T.E. approach enables practitioners to better observe the parent-child relationship and understand the “child’s world”, as well as her developmental needs. Leveraging on the newly created space for dialogue families’ participation requires reinforcing communication skills and a revision of the dominant paradigms regarding change processes.
Congress Institutes
Congress Institutes

Continuing Cultures: Stories that generate social, emotional, spiritual and cultural wellbeing for infants and families

Broadening and enriching WAIMH’s focus on understandings of strong, healthy children, families and communities is at the forefront of this Institute.

In this four-part gathering we will hear from cultural representatives and service providers whose focus is on infants’ social and emotional health in Aboriginal and Torres Strait Islander families, in families in the Pacific and in Asian families, including the diverse ways social, emotional and spiritual well – being are generated for the youngest members of their cultures. Commitments to practices that demonstrate cultural continuity will be embedded in these stories.

To conclude a multicultural, multidisciplinary panel will comment on commonalities and key differences in these stories. Recommendations to WAIMH are likely to emerge for it’s ongoing attention to and appreciation of diversity and richness in these and other continuing and dynamic cultures which demonstrate how their infants flourish and thrive.

Part 1 – Aboriginal and Torres Strait Islander Culture

Chairperson

Helen Milroy

Consultant Child and Adolescent Psychiatrist, Professor at the University of Western Australia, Commissioner with the National Mental Health Commission, Australia

Helen Milroy is a descendant of the Palyku people of the Pilbara region of Western Australia but was born and educated in Perth. Currently Helen is a Consultant Child and Adolescent Psychiatrist, Professor at the University of Western Australia and Commissioner with the National Mental Health Commission. Helen has been on state and national mental health advisory committees and boards with a particular focus on Indigenous mental health as well as the wellbeing of children. From 2013-2017 Helen was a Commissioner for the Royal Commission into Institutional Responses to Child Sexual Abuse.

Speakers

Kathy Crouch
Darren Charlie Faulkner
Kirstie Watego
Megan McGrath

Part 2 – Pacific Culture

Chairperson

Speakers

Kathy Crouch
Darren Charlie Faulkner
Kirstie Watego
Megan McGrath
Dr. Nick Kowalenko

*Acting Head and Child Psychiatrist, Consultation and Liaison Team*

*Sydney Children’s Hospital Network, Randwick Campus.*

Dr. Nick Kowalenko is a psychiatrist with experience in leadership roles providing policy advice to state, national and international organisations. He is Vice President and Oceania Coordinator International Association of Child and Adolescent Psychiatry and Allied Professionals (IACAPAP), and Deputy Chair, RANZCP Pacific Steering Group and immediate post chair, RANZCP Faculty of Child and Adolescent Psychiatry. He is also Deputy Chair of Emerging Minds, which is developing Australia’s Digital National Workforce Centre for Children’s Mental Health (0-11years) & Chair, Tresillian Family Services championing workforce development and the promotion of parental, infant and early childhood mental health.

Speakers

**Lynaire Doherty**

*Ohomairangi Trust, New Zealand*

Lynaire has firstly worked in special education as an early intervention teacher and then as a psychologist within government organisations. Lyn, as a psychologist believes passionately in the idea that the parent-child relationship is a critical source of resilience at individual, whānau and community levels. Fifteen years ago Lyn helped establish Ohomairangi Trust, a not for profit, NGO, Kaupapa Maori early intervention service, to better support whanau and to develop this idea in a practical way. A consequence of this was the establishment of a remarkable programme known as ‘Hoki ki te Rito – Oranga Whānau’. The programme is held one a day week, over a 14 week period, builds on relationship, offering home visits and parenting support. Lynaire believes that, “It has become clear to us that history doesn’t have to repeat itself. It is possible for parents who have had difficult childhoods to make sense of their experiences”. Lyn is of Ngati Porou and Ngapuhi iwi descent. She is a mother of four and grandmother of six children. She recently graduated as a Doctor of Philosophy - PhD from Faculty of Medical and Health Sciences in department of Psychological Medicine University of Auckland.

**Norah Simon**

*Ministry of Health Vanuatu, Mental Health Department, Vanuatu*

Norah Simon became Vanuatu’s first female mental health nurse working for the Ministry of Health Vanuatu. After beginning work in 2012 as a General Registered nurse, from 2014 she began working at the Mental Health Department, MindCare clinic. She works as a case manager of child and adolescent cases in the hospital clinic. She does weekly home visits to patients who default their clinic appointments. In addition, she assists at Mental Health and Psychological Support Services (MHPSS) and Psychological First Aid (PFA) workshops and trainings in the urban and remote communities which were affected by Tropical Cyclone Harold which hit in April 2020. She lives in Port Vila, Vanuatu and a proud mother of 1 son.

**Dr. Monica Kakirau-Hagali** MBBS, MMED (Psychiatry), MCHIC

*Chief Psychiatrist, National Department of Health, Port Moresby, Papua New Guinea*
Dr. Monica Kakirau-Hagali graduated with MBBS from the Medical Faculty, University of Papua New Guinea in 1991. Her working life began with two years of Residency in various hospitals in Papua New Guinea. Prior to beginning her Postgraduate training in Psychiatry at the University of Papua New Guinea, she worked as a General Medical Practitioner at the Lorengau General Hospital on Manus Island, a job that introduced her to administration when she was appointed as the Acting Director of Medical Services. Dr. Monica Kakirau-Hagali holds a postgraduate Master of Medicine in Psychiatry (MMED (Psychiatry) from UPNG) and Master of Mental Health in Child and Adolescent (MCHIC) from the New South Wales Institute of Psychiatry, in Sydney. She is the only Child and Adolescent Psychiatrist in Papua New Guinea. Currently she works for the National Department of Health as the Chief Psychiatrist and as the Acting Clinical Coordinator for Psychiatric Unit at the Port Moresby General Hospital. Her role as honorary lecturer at the School of Medicine and Health Sciences, UPNG has seen her participate actively in teaching and training of both the undergraduate and postgraduate psychiatry students since 2002. She was instrumental in linking the International Child and Adolescent Mental Health (iCAMH) team with the University of Papua New Guinea in 2016. In 2019 Dr. Monica Kakirau-Hagali was appointed a Member of the Parole Board of Papua New Guinea representing the Secretary for Health. Since then she has worked closely with the Department of Justice and Attorney General and the Correctional Institution Services conducting Parole Board Hearings in the different Prisons in the country. She has co-presented at numerous Pacific Forums.

Part 3 – Asian Culture
Five of the top eight most populous countries in the world are in Asia. In this symposium infant mental health clinicians from China, India, Indonesia, Bangladesh, the Philippines, and Japan will discuss the contribution that the field of infant mental health can make to the lives of troubled and stressed infants and their families. The range of cultural diversity throughout Asia is huge and the challenges facing families diverse. Some of the common phenomena confronting families through Asia now include the impact of cultural change, digital technology but of course limited resources for huge populations, poverty and the challenges parental and infant mental health stress and disorder. The process of global change will also have increasing impact on the lives of very young children and their families. Panel members will discuss recent developments in infant mental health through the region and how important is a clinical understanding of the infant, the family and their current world experience and cultural heritage.

Co-Chairs
Hisako Watanabe & Maree Foley

Panelists

Uniting in Harmony to Cope with Current and Newly Emerging Challenges of Infant Mental Health in Asia

Dr Hisako Watanabe, Chair
Former Director, Mental Health Division, Dept. Paediatrics, Keio University, Current Vice-Chair, Life Development Center, Watanabe Clinic, Yokohama, Japan

Hisako Watanabe is a child psychiatrist in Japan who has integrated Western trans-disciplinary, neurobiological and psychodynamic approaches with Japanese concept of Ame. Trained at the Tavistock Clinic, she has participated in WAIMH activities since 1986, and has pursued manifold practice and researches. She founded a national forum for studies of infants and neonatal development support in Japan, conducted post-disaster care of the 2011 Great East Japan Earthquake and made outreach visit to Bangladesh. She maintains that WAIMH has a crucial role in this pandemic by responding to diverse voices from around the world.
The Development and Progress for Mental Health in Infant and Young Children, and the Impact of Covid-19 on the Infant and Family

Prof Guan Hongyan, China
Professor, Department of Early Childhood Development, Capital Institute of Paediatrics, Beijing, China

Setting up of an Infant Mental Health Clinic in a tertiary care hospital set up in India

Prof Satya Raj, India
Professor in the Child and Adolescent Psychiatry Unit, Christian Medical College, Vellore, India

Dr Satya Raj is a Professor in the Child and Adolescent Psychiatry Unit, Christian Medical College, Vellore, India. Dr Raj has set up an innovative infant mental health clinic in Vellore. She has completed her Diploma in Psychological Medicine, MD (Psychiatry) and her Diplomate of the National board. She is a Fellow of the Royal Australian New Zealand College of Psychiatrists. She has published more than 20 papers in national and international journals and is currently engaged in the three research projects regarding mood disorders in children, and on the impact of Covid-19 on the psychological well-being of children. She has produced a research guide and supervises students in psychiatry.

Raising a child the Chinese way: The Hong Kong practice

Joyce W.S. Mok, Ph.D.
Department of Clinical Psychology, United Christian Hospital, Hospital Authority, Hong Kong SAR, China

Joyce Mok, Ph.D. is Senior Clinical Psychologist, Head, Department of Clinical Psychology, United Christian Hospital, and President, Hong Kong Association for Infant Mental Health Limited. Dr. Mok received her clinical psychology training in Hong Kong and has been working as a clinical psychologist in the Hospital Authority for over 30 years, with a special interest in infant mental health (IMH). In regard to her clinical work, she has set up the Infant and Early Childhood Psychological Service in her workplace, offering specialized assessment and intervention for young children under five. She is actively involved in DIR/Floortime training for ASD young kids, infant cases with feeding problems, parent-child dyadic relationship assessment, attachment-based parenting, and Child-Parent Psychotherapy. She enjoys observing babies and working with their caregivers. In 2014, she initiated the establishment of the Hong Kong Association for Infant Mental Health with a group of professionals to bring the IMH training to Hong Kong clinicians and to advocate for the IMH among the public.

Developing infant mental health in Indonesia, the world’s fourth most populous country

Prof. Dr. dr. Tjhin Wiguna, Indonesia
Child and Adolescent Psychiatrist in the Child and Adolescent Psychiatry Division, Department of Psychiatry, dr. Cipto Mangunkusumo General Hospital and the Faculty of Medicine, Universitas Indonesia
Prof Tjhin Wiguna is of child and adolescent psychiatrist, and Professor in the Department of Psychiatry and the Faculty of Medicine at Universitas Indonesia.

Directions and Developments in Infant Mental Health in the Philippines

Dr Joy Malinit
Head of the Section of Child and Adolescent Psychiatry of the Child Neuroscience Division of the Philippine Children’s Medical Center and Professor and Consultant at the University of the East Ramon Magsaysay Memorial Medical Center in Quezon City, Philippines.

Dr Malinit is a consultant child and adolescent psychiatrist with a special commitment to developing the field of infant mental health in the Philippines. As Head of the Section of Child and Adolescent Psychiatry, Child Neuroscience Division of the Philippines Children’s Medical Centre she has developed the field of infant mental health, supporting colleagues across all disciplines to engage with stressed infants and parents.

Ensuring a system of care for Bangladeshi and Rohingya caregivers

Dr Erum Mariam
Executive Director of BRAC IED (Institute of Educational Development) BRAC University, in Bangladesh

Erum Mariam is the Executive Director of BRAC IED (Institute of Educational Development) BRAC University, in Bangladesh. Mariam completed her PhD in Education from Cambridge University in 2008. She has extensive experience of scaling up education interventions both nationally and globally, and was involved in the expansion of the unique BRAC run Non-Formal Primary (NFP) Schools in the 1990s. Since 2008, Mariam has promoted BRAC IED’s vision of contributing to the improvement of quality, equity, and efficiency in the education system in partnership with the public sector. The globally recognized Play Labs and Humanitarian Play Labs have been developed under her leadership, focusing on early stimulation and children’s wellbeing in diverse settings.

Part 4 – Panel Discussion
Chairperson
Maree Foley
Panelists
Helen Milroy

Consultant Child and Adolescent Psychiatrist, Professor at the University of Western Australia, Commissioner with the National Mental Health Commission, Australia

Helen Milroy is a descendant of the Palyku people of the Pilbara region of Western Australia but was born and educated in Perth. Currently Helen is a Consultant Child and Adolescent Psychiatrist, Professor at the University of Western Australia and Commissioner with the National Mental Health Commission. Helen has been on state and national mental health advisory committees and boards with a particular focus on Indigenous mental health as well as the wellbeing of children. From 2013-2017 Helen was a Commissioner for the Royal Commission into Institutional Responses to Child Sexual Abuse.

Nick Kowalenko
Acting Head and Child Psychiatrist, Consultation and Liaison Team

Sydney Children’s Hospital Network, Randwick Campus.

Dr. Nick Kowalenko is a psychiatrist with experience in leadership roles providing policy advice to state, national and international organisations. He is Vice President and Oceania Coordinator International Association of Child and Adolescent Psychiatry and Allied Professionals (IACAPAP), and Deputy Chair, RANZCP Pacific Steering Group and immediate post chair, RANZCP Faculty of Child and Adolescent Psychiatry. He is also Deputy Chair of Emerging Minds, which is developing Australia’s Digital National Workforce Centre for Children’s Mental Health (0-11 years) & Chair, Tresilian Family Services championing workforce development and the promotion of parental, infant and early childhood mental health.

Hisako Watanabe

Associate Professor Campbell Paul

Infant Psychiatrist, Royal Children’s Hospital and The Royal Women’s Hospital Melbourne and Honorary Principal Fellow, Department of Psychiatry, The University of Melbourne

Campbell Paul is a Consultant Infant Psychiatrist at the Royal Children’s and Royal Women’s Hospitals Melbourne. With colleagues at the University of Melbourne he has delivered postgraduate courses in Infant and Parent Mental Health since 1992. These courses developed out of a longstanding experience in paediatric consultation-liaison psychiatry and infant-parent psychotherapy. He has a special interest in the understanding of the inner world of the baby, particularly as it informs therapeutic work with infants and their parents. With Frances Salo he has developed models of working in therapeutic groups with troubled parents and infants. Campbell has been the director of the Australian training centre for the Newborn Behavioural Observation program at the Royal Women’s Hospital Melbourne. He is President the World Association for Infant Mental Health.

Anna Huber

Nicole Milburn

Clinical Psychologist and Infant Mental Health Specialist

Nicole is a Clinical Psychologist and Infant Mental Health Specialist who works throughout Victoria from her base in Melbourne. In addition to general psychotherapy to adults and families, she has conducted therapeutic assessments of infants and children who have been maltreated for more than 20 years and provides training in the Working Model of the Child Interview and Crowell Procedure throughout Australia.
Running an Infant Mental Health Organisation: Models of Working

This institute will be facilitated by the WAIMH Affiliates Council in response to feedback from Affiliates, and will explore the realities, challenges and local solutions of running an infant mental health association. Drawing on member examples from around the world, each regional workshop will present a variety of models of running an infant mental health association and share ideas about how common challenges might be addressed, including through our WAIMH connection. Participants will gain an understanding of context specific as well as common needs and how different organisations have responded to these needs.

We have adapted the original format to suit our hybrid live and online congress in/from Brisbane 2021, so the institute will be run live in three one hour parts at region friendly times to enable both onsite, regional and online participation. Sessions will be recorded for access during the congress and online afterwards for six months.

**Sessions 1&2** will focus on brief presentations by invited Affiliate presidents or representatives, of how they have developed their local associations in response to their social, political and economic contexts to build awareness, education and support for infant mental health.

Presenters from each organisation will briefly describe their organisation’s history and current structure, the size and range of backgrounds of their membership, how the organisation is funded and their financial circumstances, activities they engage in to carry out their aims, their main operational challenges and the advantages of WAIMH Affiliation.

**Session 3 will summarise themes** that emerge from the first two sessions. This discussion will also be informed by research from a study into the sustainability of IMH organisations currently being undertaken by the Alliance for Infant Mental Health. This will be presented as a live discussion between Affiliate Chair, Anna Huber (Australia), Affiliate Representative Jane Barlow (UK), Nichole Paradis from Alliance for Infant Mental Health and Nicole Milburn (Australian AIMH).

Specifically, panelists and workshop participants will be invited to share innovative solutions and ideas to address common challenges such as:

- Engaging and retaining members
- Becoming financially viable and generating adequate income to carry out aims
• Making the organisation sustainable over time
Finding ways to easily connect with other WAIMH affiliates and members to support these goals will also be discussed.

**Session 1** will feature affiliate presidents presenting **from Europe, UK and Africa**.

*(Chair Jane Barlow)*

Europe: Piret Visnapuu-Bernadt, Estonian Association
Africa: Nicole Canin, Gauteng Association for IMH
UK: Jane Barlow, UK Association for Infant Mental Health

**Session 2** will feature affiliate presidents presenting from **North and South America**.

*(Chair Anna Huber)*

North America: Claud Bisaillon, Quebec Association
Sheryl Goldberg, Michigan Association for IMH
South America: Clara Schejtmann, Argentinian Association for IMH (online)

**Session 3 Summary and discussion**

Anna Huber, WAIMH Affiliate Council Chair
Jane Barlow, WAIMH Affiliate Council Representative
Nichole Paradis, Executive Director, Alliance for Infant Mental Health
Nicole Milburn, Australian Association for IMH
Posters
Using Community Based Participatory Research in Infant Mental Health: The Development of the Reflective Interaction Observation Scale (RIOS)

Dr Angela Tomlin¹, Ms. Nichole Paradis³, Dr. Alyssa Muessen², Ms. Maren Harris,² Dr. Christopher Watson²

¹Indiana University School of Medicine, Riley Child Development Center, Indianapolis, United States, ²Center for Reflective Practice @ CEED, University of Minnesota, Minneapolis, United States, ³Alliance for the Advancement of Infant Mental Health, Southgate, United States

Biography:
Angela Tomlin is Professor of Clinical Pediatrics, Chief of the Division of Child Development, Department of Pediatrics, and Director of the Riley Child Development Center LEND interdisciplinary leadership training program located at the Indiana University School of Medicine. She is the author of over 20 publications. Dr. Tomlin is an alumna of the Robert Wood Johnson Foundation Interdisciplinary Research Leaders Fellowship.

INTRODUCTION/AIM: We report on a community-based participatory research (CBPR) approach to developing a tool describing the content and characteristics of Reflective Supervision/Consultation (RSC) sessions. RSC is widely used by infant/early childhood professionals; until recently there has been limited empirical data to form an evidence base suitable to guide practice and training, inform policy, and support requests for funding. Given these needs, a national group of infant mental health (IMH) leaders approached researchers to develop a method of evaluating RSC. The project aimed to determine the elements of RSC, how these are defined, and what behavioral indicators of these elements can be observed.

MATERIAL and METHODS: In 2010, IMH leaders with expertise in RSC reviewed video recordings of sessions to identify features of RSC. Research team members used qualitative approaches to review and summarize the initial data. IMH leaders and the research team formed a Research Committee that met monthly over a period of 6 years to review and refine the tool through ongoing discussions. Participants included a consistent core group of 12 IMH leaders with other members joining for shorter periods. Researchers also tested the tool by coding video and audio recordings of RSC sessions. In addition, several iterations of the tool were piloted at national meetings with large groups of clinicians using live RSC sessions.

RESULTS/OUTCOMES: The CBPR process resulted in publication of the RIOS™, a tool for evaluating the use of reflective processes in RSC sessions. Recently completed research has demonstrated that the RIOS™ shows that 3 of the Essential Elements (Professional Use of Self, Parallel Process, and Reflective Alliance) showed change across a 6 month time period, and 2 (Professional Use of Self and Reflective Alliance) showed concurrent validity with established self-report measures.

CONCLUSIONS: The CBPR model structured clinician input to achieve consensus on the definition of RSC, its elements, and the supervisor and supervisee behaviors that demonstrate it. This process resulted in a tool that can serve to legitimize the practice of RSC, guide training, facilitate research, and aid the promotion of RSC with policy/program leaders.
Workplace Supports in the Infant Mental Health Field: A Quantitative Exploration

Dr Tanika Eaves Simpson¹, Dr. JoAnn Robinson²
¹Fairfield University, Fairfield, United States, ²University of Connecticut, Storrs, United States

Biography:
Dr. Simpson has been a Licensed Clinical Social Worker for over 20 years, and holds the CT Association for Infant Mental Health Endorsement as an Infant Mental Health Specialist. Her clinical experience includes: child and family guidance clinics, early intervention programs, early childhood mental health consultation, policy work, parent-infant psychotherapy, and training/consultation with home visiting clinicians. Dr. Simpson is currently an Assistant Professor of Social Work at The Egan Center for Nursing and Health Studies at Fairfield University in Connecticut. Her research investigates individual and organizational factors related to work-related stress management amongst frontline and supervising infant mental health practitioners.

INTRODUCTION: This study surveys the infant mental health workforce about their identification of workplace supports and individual self-care practices that may facilitate the management of work-related stress. The infant mental health workforce is at high risk for burnout and secondary traumatic stress due to the relational nature of infant mental health work and the strains of performing intense emotional labor with vulnerable infants, toddlers, and their families.

Aim of the study: This investigation examines associations between organizational supports and work-related stress and satisfaction in the infant mental health workforce using a social ecological framework (Brofenbrenner, 1979) that considers the interdependent relationship between micro and macro level factors in promoting employee care and well-being within organizations (Lizano, 2013; Maltzman, 2011).

MATERIAL and METHODS: A cross-sectional online survey was distributed to a national sample of 280 infant-family frontline practitioners and program supervisors across various child and family service sectors (i.e., early care and education, child welfare, healthcare, home visiting, and mental health). The survey consisted of the Professional Quality of Life Scales (Stamm, 2005; 2010), and a Workplace Supports Survey (Simpson & Robinson, 2018) created for this study. The survey probed participants about levels of personal work-related stress (i.e., burnout, secondary traumatic stress, and compassion satisfaction), and availability of seven types of workplace supports that may assist employee management of work-related stress: tools, organizational policies, information and education, supervisory support, peer support, professional development, and self-care practices.

RESULTS: Correlational analyses revealed significant, small to moderate associations between work-related stress and satisfaction and tools provided in the workplace for job performance, supervisory support, and the availability of information and education about types of work-related stress (i.e., burnout and vicarious trauma). Cluster analyses yielded findings suggesting that secondary traumatic stress, a particular feature of work-related stress, varied significantly by groupings based on job role.

CONCLUSION: Implications and recommendations for further investigation of the interdependent relationship between organizational and individual mechanisms of managing work-related stress and promoting employee well-being are discussed.
Prenatal and postnatal maternal depression, general anxiety and fear of birth: their relations to infants’ Negative Affectivity at three months

Dr Laura Vismara¹, Dr Cristina Sechi¹, Prof Loredana Lucarelli¹  
¹University Of Cagliari (Italy), Cagliari, Italy

INTRODUCTION: Negative affectivity may be considered a non-specific risk for internalizing and externalizing problems. Mothers who report perinatal anxiety or depression tend to represent their infants as more difficult; in addition, an infant in such caregiving context may experience disruptions within the affective regulation system that posits further risk for the child’s development.

AIM of the study: Our study aimed to analyze the relations between mothers’ self-reported anxiety, depression, prenatal perception of childbirth and her experience with delivery - assessed from pregnancy to 3 months postpartum - and her perceived infant’s Negative Affectivity (NA).

MATERIAL and METHODS: The sample was composed by 76 primiparous mothers and their healthy babies (58% boys, 42% girls). During pregnancy, mothers answered to the State-Trait Anxiety Inventory, the EPDS and the W-DEQ version A. At one month of the child, mothers completed the W-DEQ version B. Finally, three months after the infants’ birth, they filled out the EPDS, the STAI, and the four IBQ-R scales of NA.

RESULTS: Linear regression analyses showed that perinatal fear of childbirth, trait anxiety and depression were associated with maternal perception of higher infant’s negative affectivity.

CONCLUSIONS: The study highlights the importance to assess prenatal and postnatal anxiety, fear of childbirth and depression in research on infant’s temperament and suggests to support mothers’ psychological health and sense of competence to enhance their ability to acknowledge and adapt to their child’s temperamental characteristics, favoring her/his emotional and behavioral functioning.
Difficulties with daily life activities during early postpartum: relationship with postnatal depression at 1 month postpartum

Miss Akiko Yamada, Dr Yuki Takahashi, MSN Miki Kamiya, MSN Yurika Usami, MSN Chieko Yanase, MSN Masami Hirose, Dr Koji Tamakoshi

1Nagoya University Graduate School Of Medicine, Nagoya, Japan

Biography:
Akiko YAMADA is a midwife and a doctoral student at the Nagoya University Graduate school of Medicine. She has been working a project to describe the relationships of perineal pain, difficulties of daily life activities after birth and maternal confidence in health full-term dyads since 2017.

INTRODUCTION

Becoming a mother is an identity shift for women, involving significant physical and psychological changes. Mothers’ difficulties with daily life activities are related to child-rearing difficulties, which may contribute to lower maternal role confidence or later postnatal depression at 1 month postpartum.

AIM of the study
To describe the relationship between obstetrical, psychological, and demographic factors and postnatal depression at 1 month postpartum.

MATERIAL and METHODS

A longitudinal study from birth until the 1 month health check-up was conducted at 4 maternity clinics in Aichi, Japan in 2018. We administered a questionnaire survey to 182 postpartum mothers who gave vaginal birth to healthy full-term infants. We distributed 5 questionnaires: the Edinburgh Postnatal Depression Scale (EPDS), the Difficulties with Daily Life Activities Scale, the Mother-to-Infant Bonding Scale, the Postpartum Maternal Role Confidence Scale, and the Postpartum Maternal Satisfaction Scale. Participants’ demographic data were obtained from medical records. The study protocol was approved by the Ethics Review Committee of Nagoya University School of Medicine, Nagoya, Japan.

RESULTS

Participants were 92 mothers (47 primiparas, 45 multiparas). Multiple linear regression analysis using SPSS indicated that Difficulties with Daily Life Activities Scale scores on the day before discharge [ß (95% confidence interval)=-.207 (.004-.076)] and Mother-to-Infant Bonding Scale scores on the day before discharge [ß (95% confidence interval)=-.274 (.054-.871)] were significantly and positively associated with EPDS scores at 1 month postpartum. Postpartum Maternal Satisfaction Scale scores on the day before discharge were significantly and inversely associated with EPDS scores [ß (95% confidence interval)=.321 (-.481--.060)].

CONCLUSIONS

This study showed that mothers’ difficulties with daily life activities during early postpartum were independently associated with postnatal depression at 1 month postpartum. Early postpartum nursing may be an import element for prevention of postpartum depression.
Evaluation of a Mother and Child Support System using the Antenatal/Postnatal Promotional Guide

Dr Mami Sonobe1, Dr Chisato Kimura1, Dr Masami Usui2, Dr Takahide Omori3
1Tokyo Metropolitan University, Tokyo, Japan, 2Toho University, Chiba, Japan, 3Keio University, Tokyo, Japan

Biography:
After working at a University Hospital as a midwife, I received PhD from the University of Tokyo Medical and Dental University. At the Tenshi College as a lecturer, and then an associate professor in the Graduate School of Human Health Sciences, Tokyo Metropolitan University. Research field is Mother-child interaction and Infant Mental Health.

Background and Purpose
The Antenatal/Postnatal Promotional Guide (A/P PG) (Day, 2012) is based on the Family Partnership Model (FPM) developed by Davis and Day (2010). A/P PG may contribute to consistent parent-child support throughout pregnancy and after childbirth. This guide has core themes: health and development of the baby, mother, and father; family and social support; couple relationship; parent-infant care and interaction; the developmental tasks of early parenthood and infancy. Our study evaluates the effectiveness of this guide.

Methods
We conducted home visits once during pregnancy and twice after birth. Midwives trained to use the guide were allocated to the intervention group, and untrained midwives were allocated to the control group. Questionnaires were distributed 1) before visiting during pregnancy, 2) after visiting during pregnancy, 3) one month after childbirth, and 4) two months after childbirth. Questionnaires include the social support scale, SUBI, CES-D, PAI-J, MAI-J, PSI-SF, and evaluation form, as appropriate. Changes in scores (before and after first visits, first and second visits after birth) of the two groups were compared by ANOVA. This study was approved by the ethics committee of the institution of the lead author.

Results
The intervention group consisted of 12 dyads; the control group 11. Well-being in the intervention group and prenatal attachment in both groups increased significantly after visits during pregnancy (p=.01, p<.001). Well-being in the intervention group and maternal attachment in both groups increased significantly from first to second visits after birth (p=.01, p=.02). Child domain stress tended to decrease from first visits to second in both groups (p=.04). No other significant differences were apparent.

Conclusion
This study fails to demonstrate the effectiveness of the A/P PG intervention, but indicates that visiting support affected mothers positively in both groups.
Perinatal maternal mental health, sleep quality, and infant development: A Japanese prospective cohort study

Dr Satoshi Yago1, Ms. Motoko Okamitsu2, Ms. Noriko Sato2, Ms. Hidemi Takimoto3, DMs. Chihiro Imai2, Ms. Ayako Fudono2, Mr. Hiroshi Yomogida4, Ms. Tomoko Aoyama2, Mr. Naoyuki Miyasaka4

1 Graduate School of Health Care Sciences, Tokyo Medical and Dental University, Tokyo, Japan, 2 Medical Research Institute, Tokyo Medical and Dental University, Tokyo, Japan, 3 National Institutes of Health and Nutrition, Tokyo, Japan, 4 Graduate School of Medical and Dental Sciences, Tokyo Medical and Dental University, Tokyo, Japan

INTRODUCTION

Perinatal mental health problems affect a considerable number of mothers and pose significant health risks to both the mothers and offspring.

AIM of the study

This study investigated the changes in maternal mental health during pregnancy until the end of the first month postpartum as well as their relations with particular time period, sleep quality, and infant development.

MATERIAL and METHODS

Pregnant women at 8–27 weeks of gestation were enrolled and followed up. The Edinburgh Postnatal Depression Scale (EPDS) were used to assess depressive symptoms at the first/second trimester, third trimester, and at one month postpartum. Sleep quality in the third trimester was evaluated using the Japanese version of the Pittsburgh Sleep Quality Index. The data pertaining to infant’s weight at the age of 4, 6, 9, and 18 months were collected from the maternal and child health handbook. The study was approved by the ethics committees of the study institution.

RESULTS

The data from 107 women were analyzed. The mean age of the women was 34.28 ± 4.22, and 46.73% women were primiparous. The depressive symptoms were positively correlated among three time points ($\rho = 0.33–0.47, p < .01$). The result of multiple regression analysis showed the EPDS score at 1 month postpartum was predicted by the EPDS score in the third trimester ($R^2 = .25, F (7, 97) = 4.63, p < .01$). Significant correlations were found among depressive symptoms, subjective sleep quality, and sleep duration. No significant associations were found between depressive symptoms and the infant weight standard deviation score.
CONCLUSIONS

Our findings indicate the importance of assessing maternal mental health issues and sleep quality throughout pregnancy. Provision of adequate support from early pregnancy can help prevent postpartum depression.
Effectiveness of the Solihull Approach online antenatal course for parents

Dr Hazel Douglas1, Ms Ayesha Shahid1
1 University Hospitals Birmingham NHS, Birmingham, United Kingdom

Biography:
Dr Rebecca Johnson is a Consultant Clinical Psychologist with 20 years of clinical experience in the UK’s National Health Service (NHS), predominantly in the field of Child and Adolescent Mental Health, with a special interest in Infant Mental Health and Parenting. Her most recent clinical work was in Perinatal Mental Health in Warwickshire. She has been a Solihull Approach trainer and contributor since 2001 and is currently employed by the University Hospitals Birmingham NHS Foundation Trust as the Solihull Approach Development Manager. Rebecca is also the mother of two school aged children.

INTRODUCTION
Digital antenatal education classes can offer increased accessibility and flexibility to expectant parents. It also means that grandparents can access an antenatal course as usually there are no places for grandparents in antenatal groups. However, this method of course delivery is new, with no previous evidence to date. This study examines the impact of the Solihull Approach Online Antenatal Course on participants’ attitudes towards pregnancy, labour and birth, and their feelings towards their baby.

AIM of the study
The aim of this study was to evaluate the efficacy of the online antenatal course for parents ‘Understanding your pregnancy, labour, birth and your baby’.

MATERIAL and METHODS
A repeated measures design was used. Self-report measures were completed by 139 participants before and after completing all 9 modules of the Solihull Approach Online Antenatal Course. The measure was based on Likert scales.

RESULTS
Statistical analyses were conducted using paired samples t-tests, and Cohen’s d to determine effect sizes. Participants showed a reduction in anxiety towards pregnancy and birth ($p = <.0001$), felt closer to the baby ($p = <.0001$), and showed increased intention to breastfeed ($p = <.001$) after completing the online course. 88% of participants reported that the course was helpful. 77% found it enjoyable and 83% would recommend the course to others.

CONCLUSIONS
This study indicates that online antenatal education shows promise, with the potential to reach parents at a whole population scale. The online antenatal course reduced parental anxiety, increased intention to breastfeed and improved the relationship with the unborn baby. With the addition of a focus on the parent-infant relationship, combined with traditional content, such courses may contribute to the emotional health and wellbeing of both parents and babies.
Factors that promote midwifery practice to support women with perinatal mental health needs: qualitative research in three medical facilities.

Ms Hisami Shimonaka¹, Dr. Matsuyo Inoue¹, Dr. Masaki Shinjo²
¹Okinawa Prefectural College of Nursing, School of Nursing, Naha, Japan, ²Okinawa University, Department of Health and Nutrition, Naha, Japan

INTRODUCTION
In order to prevent the child abuse and maternal suicide, it is demanded that the medical facilities identify the women who have perinatal mental health needs from the early stage of pregnancy and support them.

AIMS
To explore factors that promote midwifery practice in perinatal mental health care (PMHC).

METHODS
Qualitative methods for collecting data include semi-structures interviews, and the data were analyzed by the qualitative descriptive methods.

The participants of survey were specialist (10 person) who practiced PMHC in the three medical facilities. They were invited in the focus group interviews in each facility. The items of the question were included following. They were "How do you identify the women with perinatal mental health needs?", "How do you support the women?", "What is the difficult things in supporting the women?", "What kinds of the educational support were needed among the midwives for PMHC?" and etc. This study plan was approved by the research ethics committee of Okinawa Prefectural College of Nursing (Approval No: 18001).

RESULTS
The participants were nine midwives and one clinical psychologist, and their clinical experience range were from 3 to 31 years. Environmental factors at these facilities that promote PMHC were "A culture of organization where everyone can consult with each other", "Presence of clinical psychologists", and "Opportunities to continue to engage with the same pregnant women". Personal factors promoted midwifery practice in PMHC were "Communication skills" and "Ability to know and perform what should be done".

CONCLUSIONS
In order to promote midwifery practice in PMHC, it is important to ensure that the organization: 1) provides a system in which midwives are able to continue their engagement with pregnant women; 2) has an open culture; 3) provides midwives appropriate educational support; and 4) provides supervision to address the emotional needs of midwives.
Perinatal bonding Disorders: Concept analysis and Assessment method in infant mental health practice

Dr Hiroshi Yamashita, Dr Yumi Nishikii, Professor Keiko Yoshida
1Department Of Child Psychiatry Kyushu University Hospital, Fukuoka, Japan, 2Nagasaki National Children’s Hospital, Nagasaki, Japan, 3Iris Psychiatric Clinic, Fukuoka, Japan

Biography:
As an associate professor of Department of Child Psychiatry, Dr. Yamashita is engaged in Clinical Practice for Perinatal women with Psychiatric Disorder or Psychosocial risk in Mother Infant Mental Health Clinic. Dr. Nishikii is attending the liaison-consultation work as researcher and specialist of NICU practice. Professor Yoshida is one of the leading psychiatrists of Perinatal Psychiatry in Japan

Introduction: The development of an emotional bond with a newborn is the key biopsychosocial process in the perinatal period. Advancing the concept will allow both researchers and practitioners to measurement it appropriately, possibly leading to the development of psychosocial interventions that can improve perinatal bonding and bonding disorders, thereby improving maternal and child outcomes.

Aims: To provide a principle-based analysis of the concept of perinatal bonding and bonding disorders.

Methods: Principle-based method of concept analysis for which the data set included 72 articles published in the last few decades from PubMed, CINAHL, and PsychINFO/PsychARTICLES.

Measurement and findings: After a review of the history of perinatal bonding studies, a principle-based concept analysis was conducted to examine the state of the science with regard to this concept. The concept was critically examined according to the epistemological, pragmatic, linguistic and logical principles. Analysis of the concept revealed the following: 1) Perinatal bonding describes maternal feelings and emotions toward a foetus or infant during the perinatal period. Evidence that the concept encompasses “bonding disorder,” defined as pathological multidimensional phenomena, has been accumulating in recent years; 2) Perinatal bonding is clearly operationalized in the affective domain for postnatal bonding; however, the concept of prenatal bonding includes behavioural and cognitive definitions; 3) The current status of assessment tools for perinatal bonding started to be established after the accumulation of validation studies across diverse cultural backgrounds; and 4) The boundaries between the concepts of bonding and attachment are clearly delineated; therefore, although maternal–infant bonding is linguistically differentiated from attachment, prenatal bonding remains linguistically confused with attachment.

Key conclusion: The concept of bonding has been operationalized and standardized based on the sharp increase of validation studies with theoretically integrated research procedures (e.g. utilizing data sources in large-scale cohort studies), especially in the postnatal period. On the other hand, the concept of maternal bonding in the prenatal period is sometimes confused with related concepts. Therefore, maternal child health practitioners should use the theoretical definition of perinatal bonding and bonding disorders as a preliminary guide for identifying and gaining a better understanding of the concept in multidisciplinary practice.
Maternal-Infant Support Team for High Risk Pregnant Women

Howard J. Osofsky, MD, PhD,1 Joy D. Osofsky, PhD1, Andrew L. Frazer, PhD1, Megan A. Fields-Olivieri, PhD1,2 Michele Many, LCSW1, Marian Selby, LCSW1, Stacey Holman, MD1, & Erich Conrad, MD1

1 LSU Health Sciences Center, New Orleans, LA, USA
2 University of North Carolina at Greensboro, Greensboro, NC, USA

Biography:
Howard J. Osofsky, M.D., Ph.D., is the Kathleen and John Bricker Chair, Department of Psychiatry at Louisiana State University Health Sciences Center. He has written or edited several books and published over 150 papers. He serves as co-director of the National Child Traumatic Stress Network Terrorism and Disaster Coalition for Child and Family Resilience. Joy D. Osofsky, Ph.D. is Paul J. Ramsay Chair of Psychiatry and Barbara Professor of Child Welfare. She is Director of the Harris Center for Infant Mental Health. She is past-president of WAIMH and Zero to Three. She has published seven books on children and trauma.

INTRODUCTION

Maternal mental health problems during pregnancy are associated with poor neonatal outcomes (e.g., prematurity, low birth weight, increased NICU admission), problems with parent-child attachment, and poor child cognitive and socioemotional outcomes later in development. Further, the experience of Adverse Childhood Experiences (ACEs) increases the risk of prenatal mental health problems and substance use, as well as poor infant outcomes. The Mother Infant Support Team (MIST) was developed to mitigate these risks by providing support and addressing the mental health needs of pregnant women.

AIMS/PURPOSE OF WORK

This presentation will describe the rationale and development of the MIST program.

DESCRIPTION/METHODS

Information about screening, services delivered, and populations represented will be discussed, along with preliminary data regarding service implementation and patient characteristics.

RESULTS

Although MIST clinical services are offered as a standard part of the clinic in which the program operates, approximately 248 women are currently enrolled in follow-up research evaluation. The mean number of MIST encounters is 4.62 (range 1-32), with approximately 47.2% of these visits occurring in the OBGYN clinic and another 41.9% occurring via telehealth. Expansion efforts into a local Neonatal Intensive Care Unit (NICU) are also discussed.
Providing breastfeeding support during the COVID-19 pandemic: Concerns of mothers who contacted the Australian Breastfeeding Association

Mrs Naomi Hull¹, Mrs Renee Kam¹, Dr Karleen Gribble
²Australian Breastfeeding Association, South Melbourne, Australia

Biography:
Naomi Hull is a Registered Nurse, an International Board-Certified Lactation Consultant (IBCLC), has a Master of Public Health (MPH) and a Cert. IV Breastfeeding Education. Naomi’s dissertation for her MPH focused on a qualitative review of stakeholder’s perceptions of the implementation of the Australian National Breastfeeding Strategy. She has lead a national team in the assessment of Australian breastfeeding policies using the World Breastfeeding Trends Initiative Assessment Tool. As the Senior Manager for Breastfeeding Information and Research with the Australian Breastfeeding Association, Naomi is responsible for the provision of up-to-date, evidence-based information for the general community and health professionals.

Introduction: During the COVID-19 isolation period in Australia, Australian Breastfeeding Association (ABA) volunteers reported anecdotal evidence of more mothers seeking support to relactate or increase their supply. It appeared the pandemic might be changing the feeding practices of mothers and the support ABA volunteers were being asked to provide.

Aim: The study aimed to assess whether ABA was providing volunteers, mothers, and other service users with the support they needed during the COVID-19 pandemic.

Methods: Data were collected via an online survey using the SurveyMonkey® platform between 16 March and 18 May 2020. Survey responses were exported into Excel® and all authors participated in a conventional content analysis of the data.

Results: One hundred and thirty-six mothers (64%) sought support to protect their infants by continuing breastfeeding, increasing milk supply, or restarting breastfeeding. Mothers were commonly stressed, isolated and needing reassurance. Thirty-four (10%) raised concerns about COVID-19 and breastfeeding safety. One hundred and twenty-nine (61%) informed volunteers they were unable to access face-to-face health services because of fear or unavailability. Most common breastfeeding concerns were related to insufficient milk or weight gain, painful breasts, relactation, and reducing supplemental milk. Volunteers reported mothers were worried stress had reduced milk supply, that milk supply concerns were exacerbated by the inability to weigh infants, and that seeking medical treatment was being delayed. ABA volunteers stated they felt supported and confident assisting mothers while also expressing distress at mothers’ situation.

Conclusions: The role of a support organisation such as ABA is demonstrated to be of importance during a pandemic. Mothers and families were feeling isolated, fearful of attending medical services, and wanting to
breastfeed for as long as possible. ABA’s role in emergency response should be recognised and national planning for infant and young child feeding in emergencies, must be urgently developed, funded, and implemented.

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Assessment, prevalence and eating disorder treatment for women in the perinatal period with an eating disorder: A systematic review of the evidence

Miss Joanne Hanna, Dr Melissa Hart, Dr Carmel Loughland, Dr Suzanne Cosh, Dr Navjot Bhullar, Dr Beth Mah

1University Of New England, Armidale, Australia, 2University of Newcastle, Callaghan, Australia, 3University of New South Wales, Kensington, Australia, 4Karitane, Fairfield, Australia, 5Hunter New England Local Health District, Hunter New England Region, Australia

Biography:
Joanne is a student at the University of New England, working towards a Doctor of Philosophy (Clinical Psychology). Joanne’s PhD is on the subject area of perinatal eating disorders. Specifically examining existing identification/assessment and interventions.

INTRODUCTION
Eating disorders during the perinatal period have significant and adverse health and psychological impacts for the mother and infant. The course and prevalence of eating disorders within the perinatal period is divided in the literature

AIMS
This systematic review aimed to examine current prevalence rates, existing identification or assessment practices and treatment interventions for women with an eating disorder during the perinatal period.

DESCRIPTION
The review was conducted in accordance with PRISMA guidelines. Eligible articles were sourced from the following databases: Medline, PsycINFO, CINAHL, Scopus, and Cochrane Library. Articles were selected and included in the study based on the eligibility criteria.

RESULTS
A total of 29 articles were included in the study (25 related to assessment and prevalence and 5 related to treatment, with 1 overlapping). Three studies used eating disorder tools modified for the perinatal period, however, limited validation was reported. Prevalence rates for eating disorders and disordered eating within the perinatal period were between 0.0% and 27.8%. Prevalence rates for eating disorders increased postnatally from between 0.2% and 11.5% to between 2.3% and 12.8%; while disordered eating increased postnatally in some studies, overall it decreased from between 1.0% and 27.8% to 1.2% and 24.4%. Eating Disorder Not Otherwise Specified/Other Specified Feeding and Eating Disorder was the most prevalent in
the perinatal period. Limited evidence to support effective treatment interventions during the perinatal period were found.

CONCLUSIONS
The findings show significant research gaps exist regarding the validity and reliability of identification and assessment practices for a perinatal population, making it difficult to accurately report on prevalence rates. Research is needed to establish tools and processes for effective identification and evidence-based treatments for women with an eating disorder during the perinatal period.

Usage of mobile device during the first mother-infant interactions immediately after birth—a case report

Dr Takahashi Yuki, MSN Yamada Akiko, Dr Nagata Masako, MSN Usami Yurika, MSN Kamiya Miki, MSN Yanase Chieko, Dr Tanabe Keiko

1Nagoya University Graduate School of Medicine, Nagoya, Japan, 2Nagoya University Graduate School of Education and Development, Nagoya, Japan, 3Ichinomiya Kenshin College, Ichinomiya, Japan

Biography:
Yuki TAKAHASHI is an associate professor on department of nursing at the Nagoya University Graduate school of Medicine since 2014. Her areas of interest and research are in the Skin-to-Skin contact, Breastfeeding and Mother-Infant interaction. She has been working with Swedish Study team of Karolinska Institutet. Look for new corroborators!

INTRODUCTION: The sensitive period after birth is exciting. It has been reported that the infant goes through nine behavioral stages during skin-to-skin contact with its mother, creating an opportunity to understand the biological and physiological situation for the dyad. However, mobile device use has increased significantly over the past decade, which may disturb the mother’s perception and understanding of their infant’s cues or behaviors.

AIM OF THE STUDY: Describe how the mother used a mobile device during skin-to-skin contact immediately after birth.

MATERIALS and METHODS: This study was a larger study. It focuses on a 29-year-old mother who has given birth to six children. She consistently used her smartphone for about one hour after birth until the initiation of breastfeeding. The dyads were videotaped and described infant’s behavioral sequence following Widström’s 9 stages and mother’s smart phone usage. The initiation of their behaviors and frequency were measured which were presented as Hour:Minute:Second (hh:mm:ss). The study protocol was approved by the Ethics Review Committee of the Nagoya University School of Medicine, Japan.

RESULTS: She used her smartphone three times as a camera for a total duration of 0:00:55, twice as a phone for a total duration was 0:02:23, and 11 times to access apps for a total duration of 0:09:43 during the infant’s behavioral sequence. Until her baby latched-on to the breast at 1:13:32, her baby never opened eyes and intermittently cried. Although she touched/stroking/picking the baby to sooth and placing the baby to the breasts, they could not match the timing for suckling.

CONCLUSIONS: Infants show unique inborn behaviors, e.g., gazing, soliciting, touching, and crawling, to
reach breasts and interact with mothers during the first hour after birth. To foster a setting in which mothers understand their infants' abilities since immediately after birth must be useful for initiating the interaction.
Investigating the interrelations between coordinated joint engagement, attachment and attunement in infants with visual impairments

**Miss Stefania Victorita Vacaru**, Dr Andrea Urqueta Alfaro, Prof Wouter Wittich, Prof Paula S. Sterkenburg

1Donders Institute For Brain, Cognition And Behaviour, Nijmegen, Netherlands, 2School of Optometry, Université de Montréal, Montreal, Canada, 3Vrije Universiteit, Amsterdam, Netherlands, 4Bartimeus, Netherlands

**Biography:**
Vacaru Stefania is PhD candidate at the Donders Institute, researching early social cognitive development in infancy and childhood, within an attachment framework, in typical and atypical populations.

**INTRODUCTION:** Early parent-infant interactions form the basis for healthy developmental outcomes and long-lasting attachment styles. Secure relationships are organized around contingent, mutually responsive exchanges (i.e. vocalizations, gaze) and parents’ sensitivity and attunement to their infants’ signals. While previous studies have focused on the emergence of secure attachment and coordinated joint engagement (CJE) in sighted infants, it remains unknown how CJE develops in infants with visual impairments (VI) and its relation to parents’ sensitivity, attunement and attachment security.

**AIM of the study:** The aim of this project was twofold: investigating the interrelations between visual acuity (VA), CJE in parent-infant interactions and parent’s sensitivity (study 1), and whether the degree of parents’ attunement to their infants predicts infants’ attachment and this relationship is mediated by parents’ sensitivity (study 2).

**MATERIALS and METHODS:** Twenty infants (Mage(years) = 1.57, SDage(years) = .26) with VI and their parents were recorded in a free-play home-interaction. VA was indexed by a preferential looking paradigm and a visual evoked potential paradigm. Attachment was assessed with the Strange situation paradigm. Parents’ attunement was assessed with the Attune and Stimulate mother-infant checklist and parents’ sensitivity with the Maternal Behavior q-sort.

**RESULTS:** Study 1 showed that VA negatively predict CJE in infants with VI (β = -0.589, p = .008), and CJE was positively related to parents’ sensitivity (r = .45, p = .047). Furthermore, preliminary results from study 2 showed positive relations between sensitivity and attunement. Moreover, descriptive analyses revealed lower scores on attunement and sensitivity for insecure, compared to secure infants. Further results will be presented.

**CONCLUSIONS:** Our findings highlight the importance to identify the cues through which infants with VI engage with their parents, and understand the interrelations between parents’ sensitivity and attunement to their infants to promote secure attachment.
Associations among caregiving helplessness and child conduct problems and CU traits in a clinic-referred sample of young children

Dr Adam Johns¹,², Dr Catherine McMahon²

¹Sydney Children's Hospital, Randwick, Australia, ²Macquarie University, North Ryde, Australia

Biography:
Adam Johns is employed as a Senior Clinical Psychologist at Child and Family East at the Sydney Children's Hospital, Randwick. Adam recently completed a PhD in Psychology at Macquarie University that investigated associations among parenting, parent-child attachment relationships and child conduct problems and CU traits in a clinic-referred sample of young children. Adam's research interest involves the application of attachment theory to the assessment and treatment of developmental and psychiatric disorders of childhood.

Introduction: Children with severe conduct problems display anger, defiance and aggression towards others. Those who also have high levels of callous-unemotional (CU) traits display earlier and more severe conduct problems and are shown to experience more problematic parent-child relationships. Attachment theory (Bowlby, 1969/1980) proposes that caregiving helplessness, characterised by parent helplessness, frightened or frightening caregiving, or role-reversed caregiving, is related to child maladjustment. Despite its apparent relevance, caregiving helplessness has rarely been examined in relation to child conduct problems and CU traits, and no previous research has explored caregiving helplessness experiences of mothers and fathers.

Aim: The current study expected that more parent helplessness and frightened or frightening caregiving, but not role-reversed caregiving, would be related to more severe child conduct problems and higher CU traits.

Material and Methods: Participants were mothers (n = 92) and fathers (n = 36) of 92 clinic-referred children (72% boys) diagnosed with conduct disorders (3-9 years). Caregiving helplessness was assessed using the parent-report Caregiving Helplessness Questionnaire.

Results: Mothers’ reports of more parent helplessness, fathers’ reports of more frightened or frightening caregiving, and both parents’ reports of low role-reversed caregiving were significantly associated with higher child CU traits, controlling for conduct problems and demographic variables. Mothers’ reports of more parent helplessness were related to more severe conduct problems, controlling for child CU traits and demographic variables. Further, mothers of children diagnosed with high CU traits reported more caregiving behaviours in their children and more severe conduct problems.

Conclusions: The findings suggest that caregiving helplessness may be relevant to the conceptualisation and treatment of child conduct problems and CU traits, and fathers’ parenting may make unique contributions to the development of child CU traits.
Attachment style and trajectories of internalizing and externalizing problems in young adulthood

Dr Marie Korhonen1,2, MD, PhD, Professor Ilona Luoma3,4, MSc, PhD Raili Salmelin5,6, MD, PhD Arja Siirtola5, MD, PhD, Adjunct Professor Mirjam Mantymaa1,7, MD, PhD, Professor Kaija Puura1,5
1 Tampere University, Faculty of Medicine and Life Sciences, Tampere, Finland, 2 Helsinki University Hospital, Department of Child Psychiatry, Helsinki, Finland, 3 University of Eastern Finland, Faculty of Health Sciences, Kuopio, Finland, 4 Kuopio University Hospital, Department of Paediatric and Adolescent Medicine, Kuopio, Finland, 5 Tampere University Hospital, Department of Child Psychiatry, , Finland, 6 Tampere University, Faculty of Social Sciences, , Finland, 7 Seinäjoki Central Hospital, Department of Child and Adolescent Psychiatry, Seinajoki, Finland

Biography:
Post doc student in the Tampere University and child psychiatrist in Helsinki University Hospital, psychiatric clinic for under school age children. Study interests in parental mental health and child development especially in longitudinal study settings. Emerging projects also in clinical RCT studies of mental health interventions.

Introduction: Attachment is developed in the infant-caregiver relationship during the first years of life and it serves as a guide for future relationships. The experiences later in life may, however, modify the attachment style which is found to be associated with internalizing and externalizing problems later in life.

Aim of the study: To study whether the trajectories of internalizing and externalizing problems from early childhood to young adulthood are associated with the young adult attachment style.

Material and Method: The current study is a part of a longitudinal study started in Tampere, Finland in 1989 following primiparous mothers and their first-borns. The trajectories were derived from assessments with age-specific ASEBA forms at ages 4-5, 8-9, 16-17 and 27 years. The trajectory groups for internalizing problems were low-decreasing, low-to-moderate, high-decreasing and high-increasing. Those for externalizing problems were low-to-moderate, low-decreasing, moderate-stable and moderate-to-high. The adult attachment style was evaluated with ASQ-SF at the 27 years’ follow-up (n = 144).

Results: Of the attachment subscales, Avoidance and Anxiety were associated with the trajectory of internalizing problems (p < 0.001, for both). Pairwise analyses indicated statistically significant associations between the high-increasing and all the other groups. The median for both subscales was highest in high-increasing group.

Avoidance and Anxiety were associated with the trajectory of externalizing problems (p = 0.012 and 0.001, respectively). For both, pairwise analyses indicated statistically significant associations between the low-stable and all the other groups. The median of the Avoidance score was highest in moderate-to-high group, while the median for the Anxiety score was highest in low-to-moderate group. The median for both scores was lowest in low-decreasing group.

Conclusions: The findings suggest that young adults with concurrently low level of problems had a less distressed attachment style, despite their earlier evolution of internalizing and externalizing problems.
Improving the attachment security of children with disability or developmental delay

Ms Stacey Alexander
La Trobe University, Alphington, Australia

Biography:
Stacey is a psychologist with a background in Child Protection, Disability Services, Early Childhood Intervention, management and consultancy. Stacey is co-author of The Key Worker: Resources for Early Childhood Intervention professionals and created the Key Worker Online Course which has now been undertaken by over 1500 professionals internationally. She is currently a PhD candidate researching how ECI professionals can improve the attachment security of children with a disability or developmental delay.

INTRODUCTION
The aim of Early Childhood Intervention (ECI) services is to enhance the development, wellbeing, and participation of children with developmental delay or disability (DD) (Early Childhood Intervention Australia, 2016). Secure attachment is favourable to this aim however fewer than half of children with DD develop a secure attachment and they are significantly more likely to develop disorganised attachment than children without DD (in press). ECI professionals come from a range of allied health and early childhood education backgrounds and may not have learnt about attachment in their undergraduate training (author’s own, 2018).

AIM
To explore how ECI professionals can improve the attachment security of children with DD.

METHOD
21 in-depth semi-structured interviews were conducted with parents of children with DD, ECI professionals, professionals outside of ECI who work with an attachment focus, and a range of early childhood experts. Transcripts were analysed with a Constructivist Grounded Theory approach.

RESULTS
Focussed coding produced seven categories: Importance, Challenges, The System, The Key Worker, Assessment, Strategies, and Outcomes. The dominant themes were the significance of the relationship between the ECI professional and the family as the context for change, and the association between attachment security and self-regulation. Many practical strategies were identified as well as a framework for intervention.

CONCLUSIONS
Secure attachment optimises the development, wellbeing, and participation of children with DD and can be supported by attachment-focussed ECI professionals deeply engaged with families and supported by a system committed to this aim.

REFERENCES
Exploring the link between couple relationship quality and attachment to mother—Results from a German study on differently burdened families of young children

Dr Ulrike Lux1, Jennifer Gerlach2, Dr Christoph Liel1, Dr Marc Vierhaus3, Prof Dr Gottfried Spangler2

1German Youth Institute, Munich, Germany, 2Friedrich-Alexander-University Erlangen-Nürnberg, Erlangen, Germany, 3Education and School Counselling, Gütersloh, Germany

Biography:
Dr. Ulrike Lux has been a senior researcher at the German Youth Institute since 2016. Since nine years, she also works as a psychologist and family therapist in a child guidance counselling center near Munich. Her research is grounded in the field of family psychology and couple research. She did her PhD on the impact of previous pair bonds on current attachment relationships, where she combined qualitative and quantitative research methods. Partnerships and attachment relationships through the life course as well as the promotion of child development and parenting skills in childhood are the main areas of her research.

Attachment security (to mothers) has been shown as a protective factor for children's psychosocial adjustment. Given considerable changes in family structure and role division, increasing attention has been paid to the role of fathers, although attachment research only infrequently focuses on fathers as attachment figures. Also, the parents’ partnership as a contributing factor to attachment security came into the focus of attachment research more recently (Tan et al., 2018). However, we still know too little which characteristics of the interparental relationship play a role in predicting child attachment.

Thus, we aimed to investigate the potential spillover from partnership dissatisfaction, interparental conflict or domestic violence, and dyadic coping to children’s attachment security to their mothers in a sample of German families with different extents of psychosocial risk exposure.

A cohort sequential design was used to follow N=197 parents with their toddlers (12 months vs. 19 months) at t1 for a seven-month interval. Besides other information, psychosocial risks and partnership quality were assessed using self-reports (e.g. DAS-4; DCI) and trained observers coded attachment security to mothers using the Attachment Q-Sort. Data of n=171 triads (mothers, fathers, children) were available for the longitudinal analyses.

Controlling for child age, sex, and risk exposure, preliminary results show, that, as expected, mothers’ or fathers’ partnership dissatisfaction neither cross-sectionally nor longitudinally predicts attachment security to mother. By comparison, domestic violence as well as dyadic coping significantly contribute to attachment security. Beyond mother’s, also father’s view on dyadic coping plays a significant role for children’s attachment security to mother. Further analyses will extend these results. Results will be discussed in a family system’s perspective on attachment security.

Examining associations between preschool teacher's self-efficacy beliefs, work-related stress, and job satisfaction

Dr Ayumi Nagase1, Dr Elita Amini Virmani1, Dr Holly Hatton-Bowers2
1Sonoma State University, Rohnert Park, United States, 2University of Nebraska, Lincoln, United States

Biography:
Dr. Nagase has been a professor of Early Childhood Studies at Sonoma State University since 2016. One of her longstanding interests is promoting young students’ growth through effective collaborations among family, school, and larger community. Since 2008, she has been involved with a number of research projects focusing on effective ways to promote equity in educational settings by empowering mothers’ parenting self-efficacy beliefs across diverse countries.

INTRODUCTION
Teacher self-efficacy has gained increasing attention as an effective way to promote preschool teachers' professional competence and psychological well-being. Nevertheless, less is known about how self-efficacy is associated with teacher well-being as well as support available at the workplace. We address this gap in the literature by examining associations of early childhood educators' self-efficacy, perceived work-related stress, and job satisfaction.

PURPOSE
Using cross-sectional survey data, we explored how early childhood educators' self-efficacy beliefs relate to job satisfaction, life stress, and burnout (Chronic exhaustion; Depersonalization/Loss of empathy; Personal achievement). We hypothesized that early childhood educators’ higher self-efficacy is associated with lower life stress and lower burnout. Also, we examined whether early childhood educators’ higher self-efficacy is associated with higher workplace satisfaction.

METHODS
Using a snowball sampling approach, 32 Early childhood educators recruited from two childcare centers in Northern California. Surveys were administered in primary language spoken (Spanish, 65%). For this study, participating preschool teachers were asked to participate in a brief interview and complete paper-based surveys consisting of the Teacher Self-Efficacy Questionnaire, Early Childhood Job Satisfaction Survey, and Child Care Worker Job Stress Inventory.

RESULTS
Early childhood educators’ higher self-efficacious beliefs as a teacher was associated with higher workplace satisfaction, higher workplace personal achievement and lower life stress. Early childhood educators’ work-related satisfaction was associated with the higher teacher self-efficacy in these three specific domains; to change school resources, to promote parental involvement, and to make positive changes on school climate.

CONCLUSIONS
It is important to identify ways to support ECE teaching competence and efficacy. Positive work climates need to be enhanced for early childhood educators and children at the program level. This study will further
our understanding of the ways in which preschool teachers' self-efficacy and psychological well-being work together, and ultimately promote sensitive care and responsive care.
How are benevolent childhood experiences, secure attachment, and mindfulness related to workplace and mental well-being among early childhood teachers?

**Dr Holly Hatton-Bowers¹, Dr. Elita Amini Virmani², Dr. Ayumi Nagase²**

¹University of Nebraska Lincoln, Lincoln, United States, ²Sonoma State University, , United States

**Biography:**
As an Assistant Professor and Early Childhood Extension Specialist in the Department of Child, Youth, and Family Studies (CYAF) at the University of Nebraska-Lincoln (UNL), my scholarship activities focus on identifying and implementing effective ways to promote the well-being of early childhood educators, families and young children. The key areas of my work focus on: (1) developing the reflective capacities of caregivers to increase their potential for learning, (2) identifying effective contemplative strategies to support the well-being of caregivers and children, and (3) enhancing social-emotional learning in early care and education.

**Intro:** Studies find that adverse childhood experiences (ACEs) are negatively associated with mental and physical well-being. There is emerging evidence that ACEs and insecure attachment styles are associated with worse health among early childhood teachers. Less is known about what fosters mental and workplace well-being among early childhood teachers, such as positive childhood experiences, secure attachment, and mindfulness.

**Aim/Purpose:** This study will examine how benevolent childhood experiences, attachment security, and mindfulness are associated with early educators’ mental well-being and burnout among early childhood educators working with vulnerable children and families.

**Methods:** Thirty-two preschool teachers from state-funded preschool programs in California were recruited to participate in this study. Data collection is currently taking place. For this study, participating preschool teachers are asked to complete paper-based surveys consisting of the Attachment Styles Questionnaire, the Benevolent Childhood Experiences Questionnaire, the Mindfulness Process Questionnaire, the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) survey and the Maslach Burnout Scale.

**Results:** Descriptive analysis will be conducted for all relevant variables and bivariate correlations will be conducted among benevolent childhood experiences, secure attachment, mindfulness practices, mental well-being and workplace burnout. We will then use regression analysis to examine how benevolent childhood experiences, secure attachment and mindfulness are associated with mental well-being and workplace burnout. Controls will include age, level of education, years as an early childhood educator, and gender. We hypothesize that benevolent childhood experiences, secure attachment, and mindfulness practices will positively associate with mental well-being and negatively with workplace burnout.

**Conclusions:** This study contributes to our understanding of factors that are positively related to early childhood educators’ wellbeing. Specifically, its focus on promotive characteristics, specifically positive childhood experiences, secure attachment and mindfulness, help us identify factors that contribute to mental wellbeing and those that suppress burnout.
The collective educational environment on the relationship between nursery educator and child with disability

Dr Tatiele Jacques Bossi1,3, Mrs Sofia Sebben Colognese1, Dr Cesar Piccinini1
1Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil, 2FSG Centro Universitário, Caxias do Sul, Brazil

Biography:
Tatiele Jacques Bossi is a psychologist and Postdoctoral researcher (Universidade Federal do Rio Grande do Sul - UFRGS)/Brazil). Lecturer of Psychology (FSG Centro Universitário/Brazil). She investigates the nursery educator and child with disability relationship in daycare centers and the inclusive education.
Sofia Sebben Colognese is an undergraduate Psychology student (Universidade Federal do Rio Grande do Sul - UFRGS/Brazil).
Cesar Piccinini is a Full Professor in the Institute of Psychology (Universidade Federal do Rio Grande do Sul - UFRGS/Brazil). PhD degrees (University of London).

INTRODUCTION
Family plays a fundamental role in child development, but other caregivers, such as nursery educators, also contributes to children's socioemotional development. When caring involves a child with disability, the child-nursery educator relationship may have certain specificities.

AIMS/PURPOSE OF WORK
The aim of this study was to investigate the influences of collective environment on the relationship of educator with a child with disability in a daycare center.

DESCRIPTION/METHODS
A multiple case study design was used, involving 10 nursery educators, who took care of girls (24 and 18 months-old) with physical disability in two daycare center in Porto Alegre/Brazil. The educators took part in an intervention named Monitoring Program for Day Care Educator in an Inclusive Context (PROAECI), which consisted of six meetings, aimed at listening and sensitizing the educators about child's needs. For this study, date from the first meeting of the PROAECI entitled Daycare and the emotional development of the child with disability, were used. The narratives were transcribed and examined through thematic analysis.

RESULTS
The results revealed that the child-nursery educator relationship was permeated by the child's greatest demand for attention, particularly when moving on the room and playground, since she needed help to get around. Educators acted to organize the environment, just to facilitate and encourage her to explore the spaces and toys. Sometimes such stimulations were overwhelming and even intrusive, since signs of fatigue demonstrated by the child were not much taken into account.
CONCLUSIONS

The results indicate that the collective demands of the class sometimes hindered the individual's care demanded by a child with disability and consequently challenged the educators in the inclusive process. The care of a child with disabilities in the daycare center is physically and emotionally demanding for the educator, with impact on the relationship established with the child, with potential consequences for its socioemotional development.

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Children with physical disabilities in daycare centers: the nursery educators’ closer look

Dr Tatiele Jacques Bossi1,2, Miss Antônia Madeira Rodrigues1, Miss Amanda Schöffel Sehn1, Dr Cesar Piccinini3

1Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil, 2FSG Centro Universitário, Caxias do Sul, Brazil

Biography:
Tatiele Jacques Bossi is a psychologist and postdoctoral researcher (Universidade Federal do Rio Grande do Sul - UFRGS/Brazil). Lecturer of Psychology (FSG Centro Universitário/Brazil). She investigates the nursery educator and child with disability relationship in daycare centers and the inclusive education. Antônia Madeira Rodrigues is a psychology graduate (Universidade Federal do Rio Grande do Sul - UFRGS/Brazil). Amanda Schöffel Sehn is a psychologist and a PhD student (Universidade Federal do Rio Grande do Sul - UFRGS/Brazil). Cesar Piccinini is a Professor in the Institute of Psychology (Universidade Federal do Rio Grande do Sul - UFRGS/Brazil). PhD degrees (University of London).

INTRODUCTION

In daycare centers, nursery educators are responsible for attending the needs of different children. This is a challenging task, especially in the presence of children with disability, which tends to present particular demands.

AIMS/PURPOSE OF WORK
The aim of this study was to investigate the perceptions of nursery educators when attending a child with physical disability in inclusive daycare centers.

DESCRIPTION/METHODS
Ten nursery educators who attended two children with physical disabilities (18 and 24 months-old), from two different daycare centers in Porto Alegre/Brazil, took part in the study. They answered a semi-structured interview that was qualitatively analyzed deriving a clinical report.

RESULTS
The results revealed that nursery educators emphasized the need for stimulation and physical support for the child. They also pointed out the importance of providing a sensitive and closer care for the children due to the particular disabilities' and different needs of each child. In order to promote children inclusion, the importance of dialogue between educator and public health professionals, it was also highlight. The educators tried to offer the same opportunity of activities to the child with disability and the other children, though recognizing and respecting the children potentials and limitations to follow some activities.

CONCLUSIONS
Overall, the results revealed that the inclusion process demands to nursery educators, openness and sensitiveness to a more close relationship with the children needs. The challenge is how to provide the nursery educator with qualifying education to deal with different children’s disability. Furthermore, how important is to give them emotional support so that they can better help the child to develop his/her full potentials, in spite of the limitations.

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The Importance of the Facilitator: Training Extension Professionals to Deliver a Mindfulness Based Intervention in Early Care and Education Setting

Dr Holly Hatton-Bowers1, Lynn DeVries1, Leanne Manning1, Tasha Wulf1, Carrie Gottschalk, Jaci Foged1, Linda Reddish1, Katie Krause1, Jackie Steffen1, LaDonna Werth1, Lisa Poppe1

1University of Nebraska Lincoln, Lincoln, United States

Biography:
Lynn is an Extension Educator on The Learning Child Team, University of Nebraska Extension in South Central Nebraska. Lynn has a Bachelor’s Degree from the University of Nebraska Kearney in Vocational Family and Consumer Science Education, and a Master’s Degree in Curriculum and Instruction from Concordia University Nebraska. Lynn works with families, child care providers, teen parents and schools to promote developmentally appropriate practices and enhance parent involvement throughout the child’s education. Lynn has 11 years of experience teaching in the public schools, and 10 years of experience coordinating programming and curriculum with the Head Start programs.

INTRODUCTION
Implementing mindfulness based interventions (MBIs) in early care and education settings has gained increasing attention as a way to support the well-being and workplace engagement of early childhood educators. While research continues to examine the potential benefits of implementing MBIs, less attention has been given to the development and training of facilitators to deliver these interventions. Developing relevant and accessible ways to develop facilitator competency and to measure fidelity is important in understanding the outcomes of MBIs.
AIMS
The Cultivating Healthy Intentional Mindful Educators (CHIME) intervention was developed in 2017 to provide early childhood educators with a small group experience to learn about mindfulness, reflection, compassion, and social-emotional learning over eight weeks. The overall aim of the project is to enhance early childhood educators' emotional well-being and relationships with children, families, and co-workers. This project presents information on the iterative development and process of training facilitators to deliver CHIME.

DESCRIPTION
Seven extension educators participated in an 8-week online mindfulness training inclusive of developing a personal meditation practice, a day long silent retreat, and then a two and half-day professional training to learn how to facilitate the CHIME sessions. Part of the training included being observed and rated with an adapted mindfulness adherence scale and using a session fidelity measure to indicate the practices and information taught in each CHIME session. After completing the training to deliver CHIME, these extension educators were invited to participate in a focus group to share their perceptions for what worked and would could be improved when training future CHIME facilitators.

CONCLUSION
All of the extension educators found the adapted observer-rated adherence scale and session fidelity forms helpful in developing their competency to deliver CHIME. All but one extension educator felt completely competent to deliver CHIME to another group of early care and education professionals. The ways in which the measures were used to support the facilitator training and delivery of CHIME will be discussed.
Fathering during college: A qualitative, multiple case study of father-child relationships

Mrs Kristin Hall¹, Mrs Lisa Boyce¹, Mrs Audrey Juhasz²
¹Utah State University, Logan, United States, ²The Family Place, Logan, United States

Biography:
Kristin Hall is a fifth year doctoral student at Utah State University. She currently teaches Human Development Across the Lifespan, and has experience teaching courses on parenting and marriage and family relations. Her research has two main branches: first, how health and nutrition impact early childhood development and the role that culture plays in this relationship. Second, how institutions of higher education can support children’s development while their parents are completing their degree.

INTRODUCTION The contagion of stress theory emphasizes the spillover of stress from one role to another (Bolger, DeLongis, Kessler, & Wethington, 1989) and has recently been applied to university students’ family and school roles (Manymaa et al., 2006; Pedersen & Joidin, 2016). Researchers have reported that mothers and fathers experience stress spillover differently, however there are mixed findings as to who experiences more spillover. AIM To understand how student fathers experience their multiple roles, including if and how their spillover may impact their parent-child relationship.

METHODS A multiple case study method (N=2) was utilized. Semi-structured qualitative interviews were conducted with each father. In addition, they completed several surveys about their stress, school and family roles, and parent-child relationship, including the PSI-4 and ITSEA, that will be used to more deeply describe and understand each case. Each case was chosen because they had a child under the age of 3 years, were enrolled in the Child Care Access Means Parents In School program, and the father was not working while in school so results could focus on spillover between school and family rather than work and family roles.

RESULTS To analyze the data, researchers will conduct a cross-case synthesis within a general pattern matching approach to first compare the fathers’ stories of being a parent and student to each other and then to the contagion of stress theory (Yin, 2018). Preliminary analyses show that both fathers experience school to family and family to school spillover, and that although being a student has negatively impacted their parent-child relationship, college has taught them how to be a better parent and to cherish the time they do have with their child.

CONCLUSIONS Directions for future research and implications for father-child relationships and institutions of higher education will be discussed.
Hospitalized Children’s Electronic Media Use Environment: Comparing a Children’s Hospital and a University Hospital

**Dr Ruka Saito^1, Akiko Tsuda^1, Sota Koike^1, Xueqing Wang^1, Maho Endo^1, Mami Shioura^1, Lisa Shibuya^1, Shiho Takimoto^1, Yui Takeuchi^1, Saori Nakamura^1, Mizuki Hoshino^1, Kohdai Tanaka^1**

^1Kanazawa University, Kanazawa, Japan

**Biography:**
Ruka Saito recieved Ph.D in Health Science from Kanazawa University, Ishikawa Japan, in 2017. Ruka Saito works as assistant professor in Kanazawa University, and specialty is Pediatric Nursing and International Nursing. Akiko Tsuda is professor in Kanazawa University. Sota Koike and Xueqing Wang are now a master course of Kanazawa University. Maho Endo, Mami Shioura, Lisa Shibuya, Shiho Takimoto, Yui Takeuchi, Saori Nakamura, Mizuki Hoshino and Kohdai Tanaka are college student of Kanazawa University.

Electronic media have become extremely popular, and children increasingly have opportunities to use electronic media, including video games, smartphones, and television. Previous research indicates that long hours of electronic media use delay language acquisition and disturb children’s daily routines, yet electronic media are useful to hospitalized children, enabling them to study, play, and keep in touch with their friends. Little is known about how hospitalized children use electronic media and how nurses address their media consumption. The present study compared the environments for children’s electronic media use in a children’s hospital and a university hospital. A cross-sectional questionnaire was given to 520 nurses who worked in a children’s hospital or the children’s ward of university hospital in Japan, and a chi-squared test was used to explore the associations between the types of hospital. Two hundred and one nurses (response rate: 39.4%) were analyzed (children’s hospital nurses: 33.8%; university hospital nurses: 66.2%). The nursing modality was primarily team nursing (49.8%). The percentage of children who had been hospitalized for more than one month was 30–70% (median: 50%), and the percentage of guardians who attended children all day differed significantly between the children’s and the university hospital (81.9% vs. 87.0% for children 1–6 years old, respectively; p <0.01). The children’s hospital had significantly more Child Life Specialists (CLS) than the university hospital. More children’s hospital nurses felt that electronic media were useful in relieving children’s stress. Overall, the results indicate that the environment differs between a children’s hospital and a university hospital, as does the experience and awareness of nurses about electronic media usage. Effective management of a hospital system, including the distribution of support staff, is necessary to cultivate a suitable environment for children’s hospitalization.
Mindfulness for preschool teachers: Supporting caregivers in increasing intentionality and reflection in their work with children

Dr Gina Cook, Stephani Smith, Avery Myers, Alicia Lauder

California State University, Stanislaus, Turlock, United States

Biography:
Dr. Gina Cook, Associate Professor of Child Development at California State University, Stanislaus, is involved in the development and evaluation of early intervention programs for children and families in populations facing challenges of poverty and disabilities. She has worked on the Early Head Start Research and Evaluation Project and has extensive experience as program evaluator. Dr. Cook’s work includes providing professional development and consulting to programs to improve parent engagement. She co-developed the PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes) measure of developmental parenting and HOVRS (Home Visit Rating Scales) observational measure of home visitor effectiveness.

INTRODUCTION
Sensitive caregiving is key to working with young children and requires the ability to be observant and correctly interpret and respond to cues. Many caregivers struggle with evaluation, observation, and self-reflection, are not mindful of their own emotions, behaviors, or perspective, and thus may find it difficult to be mindful of those in their care. Targeting mindfulness and reflective functioning may be an effective way to support caregivers’ abilities to notice infant/toddler cues and respond sensitively. Mindfulness may underlie caregivers’ abilities to see the world from the child’s perspective and to use this information to respond sensitively and connect with the children in their care (Jennings, 2014).

STUDY AIMS
This study examined Early Childhood Education teachers’ experiences with the use of mindfulness and reflection to support intentionality in their interactions with the children in their care. An additional aim is to provide examples of how mindfulness can be used ECE.

METHODS
Participants were 8 infant/toddler teachers from four classrooms at a university lab school. Teachers participated in a 10-week intervention in which they had weekly mini lessons with mindfulness challenges and reflective writing activities. Teachers were videotaped interacting with the children in their classroom before and after the intervention and those interactions were scored using the PICCOLO assessment. Teachers also responded to a set of vignettes before and after the intervention to assess how they would respond to typical classroom scenarios.

RESULTS
Mindfulness practices and beliefs increased from pre to post-test and were positively related to teacher-child interaction scores. Vignette and PICCOLO scores increased from pre to post-test and teachers reported that they felt that the mindfulness and reflective practices helped them be more present and intentional.

CONCLUSIONS
producing a high quality workforce of sensitive, reflective caregivers for infants and young children is vital. Focused, reflective practice-based coaching shows promise in increasing mindfulness and developmental caregiving practices.
The impact of the COVID-19 pandemic on prenatal psychological distress in pregnant women with a history of childhood interpersonal trauma

**Miss Gabrielle Duguay**\(^{1,2,3,4,5}\), Dr. Roxanne Lemieux\(^{1,2,3,4}\), Miss Mathilde Loiselle\(^{1,2,3,4}\), Miss Julia Garon-Bissonnette\(^{1,2,3,4,5}\), Miss Élodie Martel\(^{1,2,3,4}\), Dr. Christine Drouin-Maziade\(^{1,5}\), Dr. Nicolas Berthelot\(^{1,2,3,4,5}\)

1 Université Du Québec À Trois-Rivières (UQTR), Trois-Rivières, Canada, 2 Centre de recherche interdisciplinaire sur les problèmes conjugaux et les agressions sexuelles (CRIPCAS), Montréal, Canada, 3 Centre d’études interdisciplinaires sur le développement de l’enfant et de la famille (CEIDEF), Trois-Rivières, Canada, 4 Groupe de recherche et d’intervention auprès des enfants vulnérables et négligés (GRIN), Trois-Rivières, Canada, 5 Centre de recherche CERVO, Québec, Canada

**Biography:**
Gabrielle Duguay is a Ph.D. student in Psychology at the Université du Québec à Trois-Rivières (UQTR). Her research interests are parenting and pregnancy in high-risk contexts, ACEs, child development and mental health of parents and offspring.

**INTRODUCTION:** The COVID-19 pandemic leads to a surge of anxiety and depressive symptoms in pregnant women (Berthelot, 2020), which could have implications for infant mental health and early development (Meaney, 2018). Simultaneously, women who experienced childhood interpersonal trauma could be more vulnerable to the psychosocial repercussions of the pandemic, since the social climate of uncertainty and worry could trigger trauma related anxiety (Collin-Vézina, 2020).

**AIM of the study:** This study aimed to evaluate whether history of childhood interpersonal trauma exacerbates the impact of the COVID-19 pandemic on psychological distress in pregnant women.

**MATERIAL and METHOD:** Two cohorts of pregnant women (N=1639) were recruited in the province of Quebec, Canada, one before the COVID-19 pandemic (n=413, 46% experienced childhood trauma) and the other during the COVID-19 mandatory confinement of April 2020 (n=1236, 47% experienced childhood trauma). Trauma was assessed using the Childhood Interpersonal Traumas Checklist. Psychological distress (distress, negative affectivity, post-traumatic stress) was evaluated using the K10, the negative affect subscale of the PANAS and the PCL-5. An ANOVA was performed, including trauma (trauma-exposed vs non-exposed) and COVID-19-pandemic (pre-COVID vs COVID) as independent variables and a factor score of psychological distress as dependent variable.

**RESULTS:** Significant group differences were observed, F(3,1645)=71.643, p < .001, n² = .116. Post hoc analyses (Bonferroni) revealed that psychological distress is significantly higher during the pandemic, both in trauma-exposed women (BC=.322, p < .05; M=.142, SD=.807, pre-COVID: M=.180, SD=.874) and non-exposed women (BC=.579, p < .05, M=.178, SD=.768, pre-COVID: M=.757, SD=.671). Women exposed to trauma during the pandemic reported more distress than women non-exposed to trauma (BC=.320, p < .05).

**CONCLUSIONS:** Our findings suggest that psychological distress is exacerbated during the COVID-19 pandemic in pregnant women, especially in women having an history of childhood interpersonal trauma.
Those results call for innovative online interventions aiming to support maternal mental health during pregnancy.
The 'good mother' construct and instrumental mothering discourse: Informing parent-infant interventions in South Africa.

Dr Siobhán Kinahan Sweeney
Rhodes University, Grahamstown/Makhanda, South Africa

Biography:
Dr Siobhán Sweeney is a HPCSA registered Counselling Psychologist in private practice (Cape Town, South Africa) offering parent-infant and psychodynamic psychotherapy. Previous experience includes counselling in work and community contexts. Qualifications include PG Diploma in Children and Adolescents Therapeutic Communication (Institute of Psychodynamic Child Psychotherapy/Tavistock Clinic, London), MA in Counselling Psychology and PhD in Psychology (Rhodes University) titled “The precarious position of the ‘good mother’: A psychosocial study of maternal subjectivity of working mothers in South Africa”. Relevant membership includes Cape Town Child and Adolescent Psychotherapy Group, Institute for Psychodynamic Child Psychotherapy, and Western Cape Association for Infant Mental Health.

INTRODUCTION: In psychological theories, the voice of mothers employed in semi-to unskilled occupations, living in scarcely-resourced communities is absent; however, to offer valuable parent-infant interventions in South Africa, it is crucial to recognize mothers in their particular contexts.

AIM: This psychosocial study speaks to this gap by exploring how social meanings and mothers’ internal worlds shape maternal experience and working roles in this context. This psychosocial study investigates maternal subjectivity of mothers returning to work after maternity leave, who are living in scarcely-resourced South African communities.

METHOD/MATERIAL: The methodology draws from discourse analysis and psychoanalysis - more specifically, contemporary attachment theory and intersubjectivity theory - to collect data and interpret interview texts, reflexive notes and field notes. Engaging with texts, the study explores how and why maternal subjectivity is constructed discursively and defensively in our talk.

RESULTS: These mothers predominately employ an instrumental mothering discourse to defend against feelings associated with working and mothering in a problematic social system. The traditional subject position of the intensive mother – which is typically assumed to be the ‘good mother’ – is not a position available to these mothers due to their social circumstances and working role. Subsequently, providing instrumentally and financially is constructed as a quality of ‘good’ mothering in our talk. Nevertheless, this ‘good mother’ construct is a precarious position constantly encountering threats.

CONCLUSION: The findings provide insight into what working mothers could tell us about parent-infant interventions aimed at promoting mentalization or reflective functioning located in South Africa. Based on this study’s process and findings, I inform these interventions by proposing parent-infant interventions facilitate a ‘psychosocial mindfulness’ and critically reflect on a practitioner’s role in co-constructing subjectivities.
The link between language and looking: Early gaze shifts promote speech production growth in toddlers with autism spectrum disorders

Mrs Jessica Blume¹, Ann M Mastergeorge¹, Mrs. Kacie Wittke², Dr. Letitia Naigles³
¹Texas Tech University, Department of Human Development & Family Studies, Lubbock, United States, ²University of Connecticut, Department of Speech, Language, and Hearing Science, Storrs, United States, ³University of Connecticut, Department of Psychological Sciences, Storrs, United States

Biography:
Dr. Mastergeorge studies health disparities, the impact of poverty on developmental outcomes, and prevention and intervention strategies for young children at risk for autism. She has published manuscripts in substantive areas related to early social communication, joint attention, and the impact of parenting on young children’s developmental outcomes.

Introduction: Children with autism are characterized by delays in social communication and language delays. While some individuals with autism remain nonverbal throughout childhood, others develop functional, age-appropriate spoken language abilities.

Aim of the study: This study aims to assess the interaction between spoken language production in toddlerhood and frequency of social affective signaling behaviors associated with joint attention including gaze shifts, displays of negative affect, and shared positive affect in spoken language production at preschool age.

Material and methods: A subset of secondary data collected longitudinally (N=55, 42 males, mean age at initial visit=33.9 months, SD=5.5) was utilized. A linear regression analysis was performed for TWT at the age of diagnosis to predict growth in total word types (TWT) three years later. Multiple linear regression models incorporated the interaction effects of TWT and frequency of Social Affective Signaling behaviors observed the Communication and Symbolic Behavior Scales, Developmental Profile Behavior Sample.

Results: Total frequency of social affective signaling behaviors produced a significant moderation effect ($DR^2 = 0.0377, F(3; 50) = 4.4287, p = 0.0404$). This was consistent with a significant moderation effect for frequency of gaze shifts ($DR^2 = 0.0780, F(3; 50) = 10.2496, p = 0.0023$). Conversely, frequency of shared positive affect ($DR^2 = 0.0176, F(3; 50) = 1.9178, p = 0.1723$) and episodes of negative affect ($DR^2 = 0.0377, F(3; 50) = 4.4287, p = 0.0404$) were not significant moderators. The focal predictor had a significant effect for gaze shift frequencies less than 16.8401 (87.04%) and total social affective signaling frequencies less than 32.8322 (96.30%).

Conclusions: Findings indicate frequency of social affective signaling behavior moderates the relationship between growth in TWT from toddlerhood to preschool age in three distinct and consistent interaction patterns. Greater frequency of social affective signaling behaviors, specifically gaze shifts, propels spoken language growth above and beyond early language alone.
Early emotional, behavioural and social development of infants and young children with Congenital Heart Disease

Ms Tamera Clancy¹, Dr Frank Muscara², Prof Carolina deWeerth³, Associate Professor Brigid Jordan²

¹University Of Melbourne, Melbourne, Australia, ²Murdoch Childrens Research Institute, The Royal Children’s Hospital, Melbourne, Australia, ³Radboud University Medical Centre, Nijmegen, The Netherlands

Biography:
Tamera Clancy is a PhD Candidate in the Department of Pediatrics, University of Melbourne. Her research interests include infant mental health, attachment and psychological development in the context of critical and chronic illness. As a qualified Clinical Psychologist, Tamera has worked primarily with infants, children and their families for over twelve years, with a passion for early intervention.

BACKGROUND
Congenital heart disease (CHD) is a leading cause of hospitalisation in newborns and the experiences of early diagnosis, cardiac surgery and hospitalization(s) are distressing for an infant and family. These experiences may profoundly influence psychological development and infant mental health. Patterns of neurodevelopmental dysfunction and cognitive impairment have been identified, however little is known about emotional and behavioural regulation in children with CHD.

AIM
The primary aim of this study is to describe the emotional and behavioural regulation and stress response system of pre-schoolers who had cardiac surgery in the first six months of life. The secondary aims are to investigate whether parent-child relationship quality moderates preschool outcomes, and to identify modifiable predictors of emotional and behavioural regulation

METHODS
This is a prospective cohort study. Data was collected six weeks after discharge from cardiac surgery (Time 1) and preschool age (3-4 years-old; Time 2). Novel measures include use of standardised, clinician-rated observational measures, and a biomarker of stress regulation.

RESULTS
The primary outcome is emotional and behavioural regulation measured at Time 2, using parent-report (CBCL 1½-5years), standardised observational measurement (LabTAB) and a biomarker (salivary cortisol). Secondary outcomes include: quality of the parent-child relationship, measured by the Maternal Postnatal Attachment Scale (Time 1) and Emotional Availability Scales (Time 2). Predictors were infant emotional and behavioural data collected by parent-report at Time 1.

CONCLUSION
This novel research design, associating salivary cortisol measurements with child emotional and behavioural outcomes, will demonstrate if there is a physiological basis for altered behaviour and emotional regulation. Identification of modifiable predictive factors and the role of parent-child relationship quality on young children’s mental health will inform the development of effective screening tools and prevention strategies, informing psychological interventions for vulnerable children with CHD.
How strongly do maternal depression and insecure attachment patterns predict children's affective problems?

Ms Maria Khan¹, Dr. Kimberly Renk¹, Ms. J’Nelle Stephenson¹  
¹University of Central Florida, ORLANDO, United States

Biography:  
Maria Khan is a doctoral candidate in Clinical Psychology at the University of Central Florida in Orlando, Florida, USA. Her research and clinical work focus on high-risk young children, parents, and families who may have endured difficulties such as trauma and attachment insecurity.

INTRODUCTION  
The negative impact of maternal depression on children’s functioning has been well documented. Nonetheless, more work is needed to understand factors that may buffer these negative outcomes for high-risk families. Given that adverse childhood experiences (ACEs) and depression increase mothers’ risk for insecure attachment with their children, mother-child attachment may serve as an important protective factor.

AIMS  
Our study hypothesized that, in a sample of mothers with ACEs, mother-child insecure attachment patterns would mediate the relationship between mothers’ depressive symptoms and children’s affective problems.

MATERIAL AND METHODS  
The U.S. sample included 146 mothers (M=32.08-years, SD=6.16-years) with children aged 1-to-5-years (M=3.10-years, SD=1.11-years). Mothers completed an ACEs Questionnaire (ACEs), Beck Depression Inventory-II (depression), Experience in Close Relationships Scale-Revised and Caregiver Helplessness Questionnaire (mother-child attachment), and Child Behavior Checklist (affective problems). Approximately 27% of mothers reported a significant ACEs score (>4).

RESULTS  
Regression analyses indicated that mothers’ depressive symptoms alone predicted significantly children’s affective problems (p<.001; R²=.62). Next, multiple regressions determined that depressive symptoms and avoidant (F(2,143)=72.69, p<.001, R²=.71), anxious (F(2,143)=72.69, p<.001, R²=.72), helpless-disorganized (F(2,143)=72.69, p<.001, R²=.66), and frightened-disorganized (F(2,143)=72.69, p<.001, R²=.73) attachment predicted significantly children’s affective problems. Upon including mother-child attachment patterns into the equations, mothers’ depressive symptoms decreased in significance, and greater variance was explained. Therefore, insecure attachment mediated the relationships between mothers’ depressive symptoms and children’s affective problems (confirmed with Sobel Tests).

CONCLUSIONS  
Findings suggested that maternal depression and insecure attachment together pose substantial risk for children’s affective problems. Given that secure attachment is a driving force for emotional regulation development, attachment could help to buffer the impact of mothers’ depression on children’s affective problems. These data highlight the importance for traumainformed parenting interventions, especially for mothers who experienced ACEs and exhibit risk for both depression and hindered abilities to facilitate secure attachment with their children.
Baby PACEs: The Development of the Protective and Compensatory Experiences Survey (PACEs) for Children ages 0-5

Dr Amanda Morris¹, Dr. Jennifer Hays-Grudo¹, Jens Jespersen¹
¹Oklahoma State University, Tulsa, United States

Biography:
Dr. Amanda Sheffield Morris is a Regents Professor and the George Kaiser Family Foundation Chair in Child Development at Oklahoma State University in the Department of Human Development and Family Science, and a Core Scientist at the Laureate Institute for Brain Research (LIBR). Dr. Morris is a developmental scientist with research interests in parenting, socio-emotional development, and risk and resilience. She is endorsed as an Infant Mental Health Research Mentor, Level IV, and is a certified Trainer of Trainers for Active Parenting programs. She has authored numerous articles and chapters on child development and emotion regulation and parenting.

Introduction: Large epidemiological studies have established a predictive relationship between Adverse Childhood Experiences (ACEs) and subsequent adult health and behavior (Felitti, Anda, et al., 1998). The ACEs model posits that childhood stress resulting from abuse, neglect and family dysfunction is biologically embedded in the immune, metabolic, and neurological systems (Miller, Chen & Parker, 2011), resulting in impairments in emotion regulation and attachment (Danese & McEwen, 2012). We argue that research on the effects of ACEs should also include environmental conditions and relationships that mitigate the neurological impairments associated with ACEs.

Aims: The purpose of this poster is to present information on a survey of protective experiences that counteract ACEs, with a focus on experiences in children ages 0-5 years.

Description: From the developmental literature we identified 10 Protective and Compensatory Experiences (PACEs) focused on relationships (e.g., unconditional love from a caregiver) and resources (e.g., learning opportunities, safe environment). In parallel to the ACEs survey, the PACEs survey has ten “yes” or “no” items, and focuses on experiences prior to age 18. Evidence from multiple studies with over 1100 diverse participants indicates that the PACEs is a reliable and valid measure and is an excellent complement to assessing ACEs. Recently, our research team expanded the PACEs to include items focused on young children, ages 0-5. These items parallel the original PACEs. Baby PACEs include relationships factors (e.g., nurturing care, opportunities to play with other children) and resources (e.g., family outings, daily routines). The poster will present study findings on the Baby PACEs indicating evidence for PACEs as a protective factor against early adversity (underway), the Baby PACEs survey questions, and guidance for survey administration and utilization in intervention programming.

Conclusions: The Baby PACEs is a tool that can be used in research, clinical training, and in education and parent programming.
Collaborating to implement and evaluate an infant mental health intervention model for vulnerable infants and their families.

Ms Tania McNamara\textsuperscript{2}, Mr Sam Wybrow\textsuperscript{1}, Ms Chloe Robinson\textsuperscript{2}, Ms Kathy Stapley\textsuperscript{1}

\textsuperscript{1}Aftercare, Ipswich, Australia, \textsuperscript{2}Stride Kids, Ipswich, Australia

\textbf{Biography:}

Kathy is a Social Worker and gained a Certificate in Child and Adolescent Psychotherapy. She has worked in multiple mental health roles in Melbourne, Cairns, Brisbane and New Zealand. In Cairns she was responsible for the provision of CYMHS clinical outreach services to the Torres Strait Islands and the Northern Peninsula region, an experience which ignited her interest in Aboriginal and Torres Strait Islander peoples’ mental health. As Regional Manager, Integrated Services with Aftercare she has reconnected with her origins and is thrilled to have been part of the early intervention mental health service implemented through The Poppy Centre.

\textbf{Introduction}

Stride Kids offers mental health services to children aged 0-11 years. Due to growing need and evidence based research, the provision of a targeted intervention for infants and young children aged 0-4 years, inclusive of their primary caregivers, was identified as key to working with this cohort.

\textbf{Aims/Purpose of Work}

The primary aim of the Early Social & Emotional Wellbeing Service (ESEWS) Pilot Project, was to improve the mental health and emotional well-being of infants and children in the West Moreton Hospital & Health Service district, and reduce the stress levels, and increase confidence, of their primary caregivers.

A further aim of the 12-month Pilot Program was to develop, implement and evaluate the outcomes of an early intervention mental health service model for infants with mild to moderate mental health presentations.

\textbf{Description}

Through a collaborative approach with members of an Expert Reference Group, a model of early intervention to address an identified gap in the mental health continuum of care for infants was developed. The model was implemented, with both implementation and outcomes evaluated to identify factors that would determine if the model could be replicated in other settings.

\textbf{Conclusions}

Evaluation of the ESEWS Pilot Program demonstrated significant positive outcomes for infants and their primary caregivers. There is limited, but promising, quantitative data to indicate positive clinical outcomes in relation to social and emotional wellbeing of infants, parent stress and confidence. Feedback from caregivers has supported these findings.

The evaluation report also included the processes, challenges, and on-going rewards of collaborative relationships with public and non-government organisations. The evaluation demonstrates the benefits of working collaboratively to develop and implement an innovative approach to service provision.
Prenatal stress and infant cognitive development: residential quality as a protective factor

Ms Elaine Johnson¹, Dr. Patricia Brennan¹, Ms Madeleine Cohen¹, Ms Brooke McKenna¹, Ms Cassandra Hendrix¹
²Emory University, Atlanta, United States

Biography:
Elaine Johnson is a second year graduate student in the Clinical Psychology program at Emory University researching risk factors that influence the development of optimal health outcomes and resilience in young children and adolescents

Pre and postnatal stress exposures have been well documented as a risk factor for developmental deficits in infant cognition. The current study aimed to examine home quality dimensions as potential moderators for the relationship between prenatal stress and cognitive development. We hypothesized that optimal residential quality (specifically high levels of natural light exposure) and positive parenting practices would act as protective factors for the negative cognitive outcomes associated with prenatal stress within a socioeconomically diverse sample of African American women and their children (n=75). Mothers completed a stressful life index during pregnancy, and infant cognition was assessed with the Bayley III when the infants were 6 months of age. Observational data on the quality of the parenting and natural light levels in the homes were collected at the 3 and 6 month postpartum visits, and coded offline with reliability over 85%. Our results supported a protective factor model in that prenatal stress was predictive of lower cognitive scores on the Bayley more strongly in cases of low maternal regard, and low levels of natural light in the homes. Results remained the same when controlling for mother’s education and relationship status, as well as infant gestational age at birth. These findings provide new evidence that home quality features beyond parenting may act as protective factors for infant cognitive development in cases of high maternal prenatal stress, and suggest novel targets of intervention for high-risk families.
The Role of Father in the Development of Children’s Emotion Regulation: A Systematic Review

Mrs Nur Islamiah, Mrs Barbara Hoff Esbjørn

1Department of Psychology, University of Copenhagen, Copenhagen, Denmark

Biography:
Nur Islamiah, a Ph.D. student at the Department of Psychology, University of Copenhagen (KU). She received her master’s degree in clinical child psychology, University of Indonesia. Her current Ph.D. project exploring emotion regulation and how it is developing on children.

Barbara Hoff Esbjørn, a managing director of the center for anxiety (CFA), Department of psychology, KU. CFA is an umbrella term for a number of projects in treatment and theoretical research on anxiety states in children. She has several years of work experience as a professor (mso) in areas of clinical child psychology, anxiety, cognitive behavior therapy, and emotion regulation.

Introduction: Emotion regulation is a substantial aspect of positive psychosocial and mental health development in childhood (Eisenberg & Morris, 2002). The majority of studies investigating the role of parents for emotion regulation in children have focused on a mother-child dyad (Morris et al., 2007). A small but growing body of research has investigated the role of fathers, yet results have not been systematically reviewed.

Aim: This systematic review aimed to summarize the results of research exploring a potential role of fathers in the development of emotion regulation in children.

Methods: Three databases PsychINFO, Web of Science and Scopus were searched systematically using the terms “emotion regulation” AND “father” OR “parent”. Studies using father reports and measuring child emotion regulation were included.

Results: A total of 34 studies met inclusion criteria, which covered 30 themes of paternal factors influencing emotion regulation in children. Fifty-three analyses were conducted in the included studies to investigate these themes in relation to child emotion regulation, and 23 (43%) analyses showed significant correlations between the paternal factors and children’s emotion regulation. Fathers’ positive response to the child’s expression of emotion, fathers’ sensitive parenting behavior, fathers’ engagement and availability as well as fathers’ harsh parenting found to have significant relationship with children’s outcome.

Conclusion: The exploration of the father’s role in relation to children’s ER is a relatively new line of research. None the less, findings suggest that fathers play a role in the development of their children’s emotion regulation. However, since the role of some factors, such as paternal modeling of emotion regulation strategies, fathers’ emotional coaching, father-child play, father-child attachment, and fathers’ characteristics is still unclear as findings are inconsistent, further research within the area is warranted.
Screen time and school readiness in young children: Does home stimulation matter?

Professor Prahbhjot Malhi¹, Professor Bhavneet Bharti²
¹Post Graduate Institute of Medical Education and Training, Chandigarh, India

Biography:
Dr. Prahbhjot Malhi is a professor in child psychology and Dr Bharti is a professor of Social pediatrics in a leading tertiary care teaching hospital in North India.

Background: The relationship between screen time and child development is well studied and research shows that watching television is negatively associated with early literacy skills. However, little is known about the protective factors that may buffer the negative effects of screen time on school readiness among young children, especially in developing countries.

Objective: To examine the association between duration of screen time (primarily measured by time spent on viewing television) and school readiness among young children and whether home stimulation plays a mediating role.

Methodology: A total of 129 children (2 to 4 years) were recruited from four government preschool centres (Anganwadis) from a North Indian city. A semi-structured parent report schedule was used to elicit information on duration of screen time, parental rules about viewing, and parent-child co-viewing practices. Home learning environment was assessed using the StimQ questionnaire (toddler and preschool version) which measures cognitive stimulation at home. School readiness (SR) was assessed by testing the child’s knowledge of numbers, letters, words, colors, body parts, and nursery rhymes and a total score was generated with higher scores indicating greater school readiness. The study was approved by the ethics board of the Institute.

Results: Nearly two-third of the children (60%) watched more than one hour and 18% watched more than two hours of television daily. Majority (54%) of the children did not own a single children’s book and only 12% owned more than 10. There was a strong positive relationship between school readiness and availability of children’s books. Homes of children high on SR were nearly twice as likely to own children’s books as compared to children low on SR ($\chi^2 = 17.41, P=.002$). Toddlers with richer literacy home environment had significantly better school readiness skills ($P=.013$) and also watched on an average half an hour of less TV.

Conclusions: There is need to limit the screen time of young children as it negatively impacts school readiness skills. Enhancing home literacy environment can help ameliorate the impairing effects of screen time, especially for children from developing countries.
Mental and autonomic dysfunctions in children with Autism Spectrum Disorders (prospective research)

Mrs Marina Kalinina¹, Mrs Galina Shimonova¹
¹MHRC FSBSI, Moscow, Russian Federation

Biography:
Kalinina Marina - leading researcher in the Department of child psychiatry MHRC, psychiatrist, candidate of sciences in medicine. The main scientific interest is aimed at studying the peculiarities of mental health and abnormalities in early childhood.
Shimonova Galina - senior researcher in the Department of child psychiatry, neurologist, candidate of sciences in medicine. Scientific studies are devoted to the study of neurological features and vegetative disorders in children with autism spectrum disorders.

INTRODUCTION. In early ontogenesis, autonomic disorders may stand out as early precursors of mental disorders.

AIM of the study was to evaluate the prognostic significance of autonomic status to qualify of the mental state of children with autism spectrum disorders in age dynamics.

MATERIAL and METHODS. For 15, 1 + 2,4 years 150 children (81 boys and 69 girls) from parents of schizophrenia spectrum disorders with psychopathology, neurologic, psychology, EEG examinations were dynamically observed. For assessment of the vegetative status original screening table was applied. Statistics 7 were used for mathematical processing.

RESULTS. The mental condition of children was qualified as specific premorbid of development, which concerned all spheres of mental activity, including emotional, cognitive, behavioral, motor, and autonomic, or as the schizotypal diathesis. In the course of dynamic observation the cohort was divided into cases with schizotypal disorders, typical, atypical autism and schizophrenia. Autonomic disorders in children occurred from the first months of life. It was detected in the system "sleep-waking," nutrition, less often cardiovascular, respiratory systems, skin hypersensitivity. By age 1, in most children, vegetative tone acquired a typical eitonia focus. In children with emerging autism disorders in 2-3 years of life there were specific disorders of behavior, anxiety, fears, retardation of speech development. Vegetative disorders occurred within the framework of psychopathological disorders. Compared to healthy control it was noted a labile amfotonia without the prevalence of sympathetic or parasympathetic orientation. There was expressiveness of soft neurologic signs. Further against the background of the general positive dynamics of a mental state the expressiveness of vegetative disturbances, extrapyramidal symptoms decreased saving separate eye, and some other soft neurologic signs.

CONCLUSIONS. Results of a research allow to confirm correlations of dynamics of vegetative disturbances with a mental condition of the child that can be used in clinical practice.
Growing a mentally healthy generation. We are all part of a mental health support team

**Ms Maree Kirkwood**

1Be You, National, Australia, 2Early Childhood Australia, Canberra, Australia

**INTRO**

Critical incidents, stress and challenges can have a range of impacts for everyone in a learning community. The role of the learning community in responding sensitively and safely to these mental health challenges reminds us that ‘no-one can do it all by themselves’. As part of this preparation and response Early Years settings make use of strong clear messaging through action charts to promote & embed the message that, ‘There is no shame in seeking help’.

**PURPOSE**

These Always Be You resources are for everyone in every learning community in Australia. They were developed in a respectful space where culture is acknowledged, considered and celebrated. Using these resources begins an ongoing process of embracing Aboriginal and Torres Strait Islander ways of being, knowing and doing—to get to a point where these perspectives are always embraced and embedded, destigmatising mental health challenges and connecting through every day acts.

**DESCRIPTION**

Stories are told of the power of multiple perspectives to create and grow a safe and inclusive Mental Health Community for the Community. There are links between having a strong sense of your identity and having a strong sense of wellbeing so make time to layer the messages. Make time to yarn with others about your individual identity before yarning about your collective identity. Feelings of trust, welcome and acceptance can influence the ongoing engagement of children and families within settings and greatly decrease the occurrence of shame. Staying connected and in partnership with an Early Learning Community provides safe long term access to continue building help seeking and helping strategies and ways of being.

**CONCLUSION**

Providing a holistic support framework for building mental health literacy, messaging and a culture of ‘we are all in this together’ is possible through the national Be You Education Initiative.
The Outcome of an Attachment-Based Infant Mental Health Therapeutic Play Programme on Infant Temperament, Parent-Infant Relationship & Maternal Reflective Functioning

Dr Joy Malinit

1Philippine Children’s Medical Center, Makati City, Philippines, 2University of the East Ramon Magsaysay Memorial Medical Center, Quezon City, Philippines

Biography:
A child, adolescent & adult psychiatrist
A certified play therapist
A perinatal & infant mental health practitioner
A professor at the College of Medicine of the University of the East Ramon Magsaysay Center
Involved in clinical services, training & research at the Philippine's largest paediatric centre

This experimental study sought to determine whether an attachment-based, infant-mental health therapeutic play programme, Baby Bonding, improved infant temperament, parent-child relationship and maternal reflective functioning. The mother-baby dyads were recruited from the out-patient services of two selected tertiary hospitals and indigent local communities.

The methodology utilised the randomised controlled design wherein the usual care group (N= 51) was compared to the intervention group (N=53). Pre & post assessments using the Filipino translated and validated- Infant Characteristics Questionnaire, Mother Object Relations Scale and Parental Reflective Questionnaire- were gathered & statistically analysed.

The final results showed that the Baby Bonding programme improved sociability of the healthy infants (7 months or younger) from the low socio-economic stratum.

Limitations of this research included the use of parent-rated assessment and outcome measures, therapist & participant-factors, missing data due to high drop-out rate in the control group and researcher bias.

It is recommended that future studies be conducted on larger scale and of longer duration, using culturally-responsive clinician-assessed tools that may particularly capture the dynamic mother-baby dyadic interactions.
Parental Internet Use and its Relationship with Maternal Mood in an Early Childhood Eating and Sleeping Disorder Study

Dr Noémi Scheuring¹, Dr Judit Gervai², Dr Ágnes Gulácsi¹, Dr Ildikó Danis³, Dr László Szabó¹
¹Heim Pál National Institute of Pediatrics, Budapest, Hungary, ²Hungarian Academy of Sciences, Budapest, Hungary, ³Institute of Mental Health, Semmelweis University, Budapest, Hungary

Biography:
I work as pediatrician and neonatologist at Heim Pál National Institute of Pediatrics, Budapest. I have been interested in the topic of Infant Mental Health for over ten years now. Graduated from Integrated Parent-Infant Consultation in Budapest in 2012, I regularly attend national and international conferences on this topic to keep broadening my knowledge.

My main area of expertise is early childhood feeding and sleep disorders. I lead the Early Childhood Eating and Sleeping Disorders Outpatient Clinic which I started with my colleagues in 2017.

I attach great importance to helping and effectively solving problems for infants and their families.

Introduction
In January 2017, the Early Childhood Eating and Sleeping Disorders Outpatient Clinic was established in the Budapest Heim Pal Children’s Hospital. Besides clinical work, parents were invited to fill in questionnaires for research purposes. Here, we report relations of parents’ internet use with their current mood

Methods
Data were collected from mothers of 62 and 321 children (46.5% boys, 53.5% girls, aged 0-36 months) with sleeping and eating problems, respectively.

Results
Internet was accessed in all households, with 90% of mothers visiting child care/health pages, 93% joining Facebook. Usage was skewed towards higher frequencies: 2%, 3%, 35%, 47% and 13% browsed a few times/month, a ‘few hours/week’, ‘<1 hour/day’, ‘1-2 hours/day’ and ‘>2 hours/day’, respectively. Regarding benefit, 39%, 54% and 7% of parents found the accessed information ‘definitely’, ‘moderately’ and ‘little’ useful, respectively. Frequency of use and perceived benefit were not related, nor was usage correlated with parents’ satisfaction regarding children’s development or seeking medical help. Internet use positively correlated with parental Fatigue (p=0.04), especially in the subgroup with sleeping difficulties, although Internet usage did not differ between the two clinical subgroups. Parental reports on mood were weakly, but positively correlated with the frequency of Internet use in the whole sample: Lonely (p=0.003), Depressed (p=0.002), Tense (p<0.0005), Irritated (p=0.003). Again, correlations were stronger in the subgroup with sleeping problems. The two subgroups differed on some mood measures. Mothers in the sleeping problem group felt more Fatigue (p<0.0005) and were more Irritated (p=0.001).
Conclusions
Since parents widely use the Internet, it is important that professionals share highly reliable medical information and practical knowledge on websites frequented by parents. Mothers, whose mood was negatively affected by the challenges of child care, especially when they struggled with difficulties, were likely to browse the Internet more frequently. Establishing causal relationships needs further investigation.

Robots as instructional tools? Examining visual attention to robot and human-delivered instruction in young children with and without autism

Dr Rebecca Beights¹, Dr Ann Mastergeorge¹, Dr Andy King², Dr Wesley Dotson¹
¹Texas Tech University, Lubbock, United States, ²Iowa State University, Ames, United States

Biography:
Dr. Rebecca Beights, PhD, BCBA is a Research Associate at Texas Tech University’s Burkhart Center for Autism Education and Research. She completed her PhD in Special Education at Texas Tech University and her MS in Clinical Psychology at Auburn University. Prior to completing her doctoral studies, Dr. Beights worked at the Kennedy Krieger Institute’s Center for Autism and Related Disorders as a research clinician on several multi-site research studies investigating early detection and early intervention for ASD. Dr. Beights’s research and clinical interests emphasize technology and behavior analytic methodology in assessment and intervention of young children with ASD.

INTRODUCTION. Autism spectrum disorder (ASD) impacts developmental trajectories of approximately 1 in 160 children worldwide, with higher reported prevalence in countries such as the United States. Robot-assisted interventions are one treatment approach with an increasing interest, which points to a need for more comparative research to define how children with and without ASD respond to robots in an intervention and instructional capacity.

AIM. The present study sought to evaluate visual attention responses to robot- (RDI) and humandelivered instructions (HDI) in young children with and without ASD, with additional consideration of baseline behavioural skill repertoires.

MATERIALS AND METHODS. RDI and HDI stimuli included motor imitation and intraverbal language, two instructional targets often used in early intervention programming for young children with ASD. Participants were ten children with ASD (Mean age = 29 months, 8 male) and eight children without ASD (Mean age = 35 months, 4 male). Visual attention metrics were evaluated using a Tobii TX300 eyetracker and consisted of: 1) Time to first fixation; 2) Total visit duration; and 3) Percentage fixated. Multilevel regression analyses were completed to compare responses across group, instructional delivery, and baseline behavioral performance.

RESULTS. In general, children with ASD exhibited slower first fixation for HDI. More limited baseline behavioral repertoires were a significant covariate for children with ASD, particularly for total visit duration. Percentage fixated values were significantly different between groups, with children with ASD demonstrating lower fixation percentages, especially for HDI.

CONCLUSIONS. Results confirmed different patterns of visual attention for children with and without ASD.
Matching types of instructional or intervention targets to delivery method and baseline performance could promote more effective robot-assisted intervention.
Search results: The group as a treatment in mother-baby/parents-baby unit.

Professor Cindy Mottrie

1Université Libre De Bruxelles, Bruxelles, Belgium

Biography:
Lecturer, Université Libre de Bruxelles, Service de Psychologie du Développement et de la Famille, Brussel, Belgium
Clinical Psychologist and Psychotherapist at Mother-Baby, Parent-Baby Unit, Clairs Vallons, Pediatric Medical Center, Ottignies, Belgium,
Board member of the WAIMH Belgo-Luxembourgeoise

The first part of the research aims to show the fundamental aspect of the group, of psychic groupings and of the filial process in the interactive stakes parent-baby. We are studying how the literature on mother-baby interactions and baby suffering can only partially shed light on early relational disorders. This led us to analyse the weaving of the filiative and affiliated bonds in ten women hospitalized in mother-baby/parents-baby unit, with their baby aged from two to eight months from interviews and genograms.

While some women manifest “nourishing needs” alienating them to their original family group and preventing them from entering into a filial relationship with society, others assume a fundamental dependence on the group. The latter activate the work of creating a support matrix by trying to expand their affiliated network while also demonstrating stumbling blocks in establishing a psychic filiation for her and their baby. Secondly, based on direct mother-baby observations, we find that babies of mothers who are highly “nourishing” dependent show more signs of suffering than others.

Finally, while this research helps to confirm the need to treat the vitality of these suffering babies, it demonstrates the need for specific support for these women, if possible with their families, centered on a group re-affiliation.
Assessment and intervention for at-risk children in the child welfare system

Professor James Reynolds¹, Ms. Emily Collis¹, Ms. Karys Peterson-Katz¹, Dr. Nicole Letourneau², Dr. Chaya Kulkarni³

¹Centre for Neuroscience Studies, Queen’s University, Kingston, Canada, ²Faculty of Nursing & Cumming School of Medicine, University of Calgary, Calgary, Canada, ³Infant Mental Health Promotion, The Hospital for Sick Children, Toronto, Canada

Biography:
Dr. James Reynolds is a Professor in the Department of Biomedical & Molecular Sciences and The Centre for Neuroscience Studies at Queen’s University. The major focus of Dr. Reynolds’ research is on the effects of prenatal alcohol exposure on cognitive, behavioural and socio-emotional development in children. Dr. Reynolds is the Chief Scientific Officer for the Kids Brain Health Network, a national Network of Centres of Excellence dedicated to the study of neurodevelopmental disabilities in children. KBHN funds collaborative interdisciplinary research programs with the goal of mobilizing the knowledge generated to improve outcomes for children and families.

INTRODUCTION: Early relational experiences lay the foundation for children’s development throughout the lifespan. In particular, the quality of children’s relationships during the first five years of their life are critical to determining long-term outcomes across multiple developmental areas. The Hand-in-Hand resource (https://www.imhpromotion.ca/Resources/Hand-in-HandResources), developed by Infant and Early Mental Health Promotion (IEMHP), utilizes a relational approach to construct customized Developmental Support Plans (DSPs) for parents to support the physical, social, and emotional development of their children. A child welfare organization in a major Canadian urban centre established a new policy requiring Ages and Stages Questionnaire screening and DSPs based on Hand-in-Hand for all children in care.

AIM: To evaluate the efficacy of a customized developmental support planning model by examining child development scores in an at-risk population of children aged 0-5 years.

MATERIALS AND METHODS: Developmental scores from the Ages and Stages Questionnaire Edition 3 (ASQ-3) and the Ages and Stages Questionnaire – Social-Emotional Edition 2 (ASQ-SE:2) were collected on all children in foster care in a major Canadian city in 2017-18. Children included in this analysis (N=236) received at least three ASQ assessments at intervals of approximately 3-4 months. The first assessment was taken as the baseline for each child, and these scores were compared to those obtained for the same children at each of the subsequent assessments using repeated measures analysis of variance.

RESULTS: There was a statistically significant effect of time in all five domains of function assessed by the ASQ-3. Post-hoc tests revealed that children with the greatest developmental vulnerability (lowest z-scores) exhibited the greatest gains in achieving age-appropriate developmental milestones. There was no significant effect of time on scores obtained on the ASQ-SE:2.

CONCLUSIONS: Developmental vulnerability across multiple domains of function is common in young children in the child welfare system. These developmental vulnerabilities appear to be responsive to a child and caregiver-centered intervention. Further analyses will be required to confirm these findings and identify
predictors of resilience and vulnerability in this population. Future work will be aimed at scaling up the intervention and adapting the research program to other populations.
Sensory patterns, mental health and parenting outcomes in mothers with admitted to a mother-baby unit

Ms Grace Branjerdporn, Dr Susan Roberts, Ms Linda Parlato

Lavender Mother-baby Unit, Southport, Australia

Biography:
Service development and research coordinator

INTRODUCTION
Individuals process sensory information from internal and external stimuli, which may impact on how their everyday activities. Evidence suggests that people with mental illnesses may display atypical sensory processing, which may hinder functioning. Understanding people’s sensory patterns may be helpful due to sensory modulation intervention that may be implemented to foster more optimal engagement. Scant literature has examined the sensory profiles of mothers with mental illnesses admitted to a mother-baby unit.

AIMS/PURPOSE OF WORK
The aim of the present study was to examine the sensory patterns of mothers with mental illnesses admitted to a mother-baby unit, and compare this to normative data for people without mental illnesses.

DESCRIPTION/METHODS
Women with a severe mental illness and have a baby under one year old, admitted to a specialist public mother-baby unit in Australia, were eligible for participation. Women completed a self-report questionnaire (Adolescent/Adult Sensory Profile) during admission with the occupational therapists. Descriptive statistics and independent samples t-tests were conducted.

RESULTS
Mothers displayed extreme sensory patterns, including higher low registration, sensory sensitivity and sensory avoidance, as well as lower sensory seeking, compared to normative data for people without mental illnesses. Specifically, for low threshold patterns, 59% of women had sensory avoidance ‘more than most’ or ‘much more than most’, and 64% of women had sensory sensitivity ‘more than most’ or ‘much more than most’.

CONCLUSIONS
Women with severe mental illnesses have atypical sensory patterns that may impact on their parenting occupations such as mother-baby bonding and mother-baby interaction. Assessing for a mother’s sensory patterns is helpful in understanding her mental health presentation, as well as beneficial to consider during treatment planning to improve well-being and maternal-infant attachment.
Infant Sleep: Evaluation of a Womb-Like Sensory Intervention to Improve Infant Sleep

Mr Harvey Karp
1USC School Of Medicine, Los Angeles, United States

Biography:
Dr. Harvey Karp is an Assistant Professor of Pediatrics at USC Medical School. His books/DVDs, The Happiest Baby on the Block; The Happiest Toddler on the Block; The Happiest Baby Guide to Great Sleep, are translated into 20+ languages. Thousands of certified educators teach his techniques of baby calming/sleep promotion in hospitals, military bases and public health clinics in 20+ nations. His theories on infant calming have been proven effective in multiple studies. His responsive, womb-like infant bed is being studied at universities in Australia, US and Europe. He is also an authority on children’s environmental health and breastfeeding.

Introduction:
Frequent infant waking causes maternal exhaustion. Maternal exhaustion triggers marital stress, breastfeeding failure, postpartum depression/anxiety, unsafe sleep practices and infant death, car accidents, obesity, missed work, etc.

Aim:
Boosting infant sleep could be a valuable support to new parents. Studies have identified 3 womb-like interventions that improve infant sleep: swaddling, sound, rocking. This study evaluates a responsive baby bassinet that provides these 3 stimuli through the night and responds to fussing with increased motion + sound to lull babies back to sleep. The bed has a swaddle that secures the baby and prevents rolling to an unsafe position.

Methods:
The bed is a connected device and provides real-time, continual data on sleep. Approximately 12,000 babies using the bed were reviewed eliminating babies using it less than 6-months and or less than 6 hours/night and/or with sleep periods exceeding 13 hours (a sign the bed may have been kept on, without a baby inside). A cohort of 7157 babies was identified and their longest sleep period and total night sleep (7p-7a) were measured and compared to a compilation of 16 peer-reviewed, published studies of normative infant sleep.

Results:
Among babies using the bed, longest sleep period increased (on average): 0.7 hours (0-1 month); 1.13 hours (1-2 months); 1.99 hours (2-3 months); 1.84 hours (3-4 months); 0.86 hours (4-5 months); 0.75 hours (5-6 months). The duration of night sleep increased (on average): 1.3 hours (0-1 month); 1.11 hours (1-2 months); 1.25 hours (2-3 months); 1.08 hours (3-4 months); 0.35 hours (4-5 months); 0.60 hours (5-6 months). Each improvement was significant to p<0.0005.

Conclusion:
In a large prospective, objective infant sleep study, a responsive bed providing swaddling, womb-like rocking + white noise significantly improved infant sleep from the first weeks of life through to 6-months of age.
Parenting interventions at the transition to parenthood: The evidence for Baby Triple P

Dr Anja Wittkowski

1 The University of Queensland, Brisbane, Australia

Biography:
Associate Professor Alina Morawska is the Deputy Director (Research) at the Parenting and Family Support Centre, The University of Queensland. Supported by numerous grants, she has published extensively in the field of parenting and family intervention.

Introduction:
Baby Triple P focuses on positive parenting at the transition to parenthood and throughout the first twelve months of life. It aims to give babies a healthy start in life by enhancing their parent's knowledge, skills and confidence in early parenting practices. In addition, it intends to protect the mental and emotional wellbeing of men and women as they become parents.

Aim:
The aim of this presentation is to provide an overview of Baby Triple P as well as a summary of evidence to date.

Methods:
This will be a summary of the evidence base to date for antenatal and postnatal parenting interventions in general and more specifically of Baby Triple P.

Results:
A number of trials of the program have been conducted, and this presentation will provide a critical analysis of the existing evidence base.

Conclusions:
The challenges of testing the intervention and future directions for program development and research directions will be discussed.
Findings from the Feasibility IMAgINE trial: Was a parenting intervention beneficial and acceptable to mothers with severe mental health problems?

Anja Wittkowski¹,²,³, Paula Duxbury², Richard Emsley⁴, Penny Bee¹, Elizabeth Camacho¹, Rachel Calam¹, Kathryn Abel¹,²,³ and Paula Gomez²

¹ The University of Manchester, Manchester, UK
² Greater Manchester Mental Health NHS Foundation Trust, Manchester, UK
³ Manchester Academic Health Science Centre, Manchester, UK
⁴ Institute of Psychiatry, Psychology and Neurosciences, King’s College London, UK

Biography:
Dr Anja Wittkowski is an Associate Professor in Clinical Psychology in the Division of Psychology and Mental Health, at the University of Manchester. She is particularly interested in examining the effectiveness of psychological and parenting interventions in the treatment of women with serious mental illness. She is a co-applicant and the Manchester Lead for the National Institute Health Research (NIHR) Public Health Research funded THRIVE trial and the Principal Investigator of a NIHR Research for Patient Benefit funded feasibility study of the Baby Triple P Positive Parenting Programme for mothers with severe mental health problems, called the IMAGINE study.

INTRODUCTION: The importance of early interventions to alleviate maternal mental health problems and strengthen the mother-infant relationship has been well documented. Baby Triple P (BTP) is a positive parenting intervention (see Triplep.net) aimed to prepare parents for their transition into parenthood by providing them with knowledge and skills to promote secure attachment with a new baby, improve the quality of partner and social support and increase maternal coping resources to reduce maternal distress. As part of a larger feasibility trial (see Wittkowski et al., 2018), we explored the acceptability of this intervention when it was offered to mothers admitted jointly with their babies to one of two Mother and Baby Units (MBU) in the UK.

METHOD: Mothers who were offered BTP completed a Client Satisfaction Questionnaire to gauge their satisfaction with the intervention and its overall acceptability. Seven mothers and 13 MBU staff provided consent and were interviewed about their experiences with this intervention. Interview data were analysed using Framework Analysis within a Thematic Analysis approach.

RESULTS: Questionnaire data revealed that the intervention was rated to be highly acceptable by 83% of the mothers who were offered it. They were particularly satisfied with the overall intervention and their child’s progress. In addition, interview data demonstrated that mothers experienced the intervention as acceptable and valuable. MBU staff also viewed the intervention as acceptable and as addressing key problems for the mother and the dyad. Three main themes were identified relating to the feasibility and acceptability of delivering this intervention within a MBU setting:

Theme 1: Hopes and expectations
Theme 2: Experiences
Theme 3: Implementation considerations
“It [the Baby Triple P intervention] enabled me to understand me as a person, also to understand me as a parent and to realise that I am actually a good parent.” “I could put what I’d learn into practice and not shout as much, not get upset as much, and just focus on what I needed to do, and then also think things like ‘this is normal, she’s a baby, she’s communicating to me and this is the only way that she can’, which, funnily enough, I never actually thought of, you know, babies can’t say, ‘mum, I need this’, so that was helpful to know as well.” CONCLUSIONS: Mothers and MBU staff described a range of positive outcomes for mothers and their babies. They also found the intervention to be acceptable and deliverable within an inpatient, psychiatric setting. A full process evaluation should be undertaken as part of a full trial.

THRIVE: Trial of Healthy Relationship Initiatives for the Very-Early years: impact on maternal mental health

**Dr Marion Henderson**, Dr Anja Wittkowski

1 The University of Glasgow, Glasgow, United Kingdom, 2 The University of Manchester, Manchester, United Kingdom

**Biography:**

Dr Marion Henderson, a Senior Investigator Scientist (MRC/CSO Social & Public Health Sciences Unit) at the University of Glasgow, is Chief Investigator on two funded RCTs, called the SEED and THRIVE trials.

**Introduction:**

Social adversity, maternal depression and anxiety during pregnancy may affect foetal brain development, increase infant reactivity to stress and impair sensitive mother-infant bonds developing. Additionally, social adversity and maternal mental ill-health have long-term effects on children’s health, social and educational outcomes. Parenting interventions show promising improvements to child outcomes; however, there is little evidence of their efficacy in the UK.

**Aim:**

THRIVE will compare the impact of taking part in one of two antenatal parenting support programmes both incorporating cognitive behavioural therapy (Enhanced Triple-P for Baby (ETPB) or Mellow Bumps (MB) both in addition to care-as-usual (CAU)) with CAU on the mental health and maternal attunement of vulnerable mothers-to-be, as well as the socio-emotional, behavioural and language development of their children.

**Method:**

THRIVE is a three-arm randomised controlled trial. Vulnerable pregnant women are invited to participate (n=500). Participants are randomly allocated to ETPB + CAU, MB + CAU or CAU. ETPB consists of four weekly group-based antenatal sessions followed by up to 3 postnatal home visits and is completed with one postnatal group session. It aims to provide babies with a healthy start to life by combining parenting skills training with strategies to enhance individual wellbeing and couple adjustment. MB in comparison, comprises of seven weekly antenatal sessions and one postnatal session. It aims to decrease maternal stress, increase understanding of neonates’ capacity for social interaction and emphasise the importance of early interaction for brain development and attachment.

**Results:**

Recruitment to the trial begun in early 2014, with findings due to be published in due course.
Conclusions:
As part of this presentation, Dr Marion Henderson will outline findings for this large trial.
Mixed methods evidence of longitudinal family functioning COVID-19 impacts among low-income families

**Dr Beth Russell¹, Ms. Eleanor Fisk²**

¹University of Connecticut, Storrs, United States

**Biography:**

Dr. Russell is an expert in parenting and emotion regulation across normative and at-risk populations. She is the Director of the Center for Applied Research in Human Development, which provides evaluation and technical support to community-based organizations providing human services across the lifespan.

**INTRODUCTION**

In the US, Early/Head Start is a federal initiative that supports low-income families by providing childcare and early education, parent education, referrals to services, and health and development screenings. Given the negative child health and development impacts from poverty, low-income families are likely disproportionately impacted by crises like the COVID-19 pandemic.

**AIM**

This study assessed: 1) longitudinal family functioning impacts from the US COVID-19 pandemic and 2) qualitative family-reports of program support during the initial COVID-19 quarantine conditions.

**METHODS**

315 adult caregivers of 365 children enrolled in Early/Head Start services were surveyed in Fall 2019 and Spring 2020. At each time point, families identified areas of need across 25 items aligned with the Head Start PFCE Framework. During the COVID pandemic, at the Spring assessment point, families additionally identified which items were impacted by COVID-19, and provided free-text responses to items concerning their COVID-specific experiences.

**RESULTS**

Compared to pre-COVID reports in the Fall, families reported significant decline on items susceptible to the economic impacts of COVID-19 (e.g., employment and financial security; paired t-tests ranging from 2.10 to 5.94, *p* < .05). Results indicate 77% of families reported COVID-19 impacts in at least one area, the most common of which were Employment, Scheduling & Daily Routines, and Education at Home. Thematic analysis of families’ open-format, qualitative responses to the question: *How do you feel the program supported you during the COVID-19 pandemic?* revealed that the most common experience was families feeling a sense of valued connection with staff and their provision of developmentally appropriate activities. One primary caregiver stated “during the pandemic, there was constant communication and reaching out and proving educational activities even though the home visitor couldn't be here in person”.

**CONCLUSION**

Despite disruptions in some areas of family functioning during the COVID-19 pandemic, families viewed their Early/Head Start program as a valuable source of support in areas beyond just child care and early
education (e.g., help with unemployment paperwork, offering a sense of routine and normalcy with at-home lessons). Results indicate several significant gains were achieved by the Spring and endured despite COVID-19 across family structure and process domains.

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Pilot evaluation of a statewide reflective supervision consultation (RSC) model with infant-early childhood professionals

Dr Sarah Shea¹, Brandy Fox², Nichole Paradis³
¹Eastern Michigan University, Ypsilanti, USA, ²The Pennsylvania Key, Harrisburg, USA, ³Alliance for the Advancement of Infant Mental Health, Southgate, USA

Biography:
Sarah Shea, PhD, LMSW, IECMH-E® is an Associate Professor and Field Program Director in the School of Social Work at Eastern Michigan University. Sarah teaches and conducts research in the areas of reflective practice and reflective supervision, the IECMH needs of infants and toddlers in foster care, and the impact of trauma on infants and toddlers. Sarah was the PI for the Alliance for the Advancement of Infant Mental Health and the PA Key’s pilot of an RSC model in an infant-early childhood service system and is currently the project director for Michigan’s DHHS’s implementation of mandatory foster parent training.

Introduction: The pilot of a statewide reflective consultation (RC) model for infant-early childhood mental health consultants, infant-toddler and preschool program specialists, supervisors, and managers offered an opportunity to explore the impacts of RC on a statewide infant-early childhood professional development program’s leadership and staff.

Aims of the Study: 1) Assess changes in the reflective practice skills of reflective consultees following participation in 12 months of RC; 2) Explore the ways in which the implementation of RC across direct and indirect service sectors impacts work experiences and understanding of services for infants, toddlers and young children and families.

Materials and Methods: Using quantitative data collected from a statewide pilot evaluation of RC with infant-early childhood professionals (n = 38), one-way repeated measures analysis of variance were used to compare consultees’ pre-and post-test reflective practice self-efficacy and use of reflective practice skills. A two-cycle coding process was used to analyze pre-and post-test qualitative data regarding consultees’ experiences of work and reflective consultants’ (n = 6) experiences of the groups.

Results: There was a significant increase in consultees’ reflective practice self-efficacy (F (2, 60) = 4.4, p = .017) and self-reported use of reflective practice skills (F (2,22) = 4.05 p = .032) during the pilot. Posttest qualitative analysis highlighted a decrease (n = 16) in consultee identification of burnout risk factors when compared to pretest (n = 87). At 12 months, consultants identified an increase in consultees’ reflective practice skills/strengths as a primary qualitative theme (n = 51).

Conclusions: Pilot results suggest the implementation of a system-wide RC model for infant-early childhood programs increases consultees’ reflective practice skills, reduces burnout risk factors, and enhances reflective practice in an infant-early childhood professional development program. Findings contribute to the evidence regarding the impacts of RC on indirect service providers’ personal and professional development.
Preparing out-of-home caregivers and adoptive parents for relationship-based parenting

Dr Sarah Shea¹, Dr. Jennifer Farley¹, Dr. Jennifer Kellman Fritz¹, Ms. Kamila Graham²
¹Eastern Michigan University, Ypsilanti, USA, ²Vista Maria, Dearborn Heights, USA

Biography:
Sarah Shea, PhD, LMSW, IECMH-E® is an Associate Professor and Field Program Director in the School of Social Work at Eastern Michigan University. Sarah teaches and conducts research in the areas of reflective practice and reflective supervision, the IECMH needs of infants and toddlers in foster care, and the impact of trauma on infants and toddlers. Sarah is Project Director for the Michigan DHHS’s implementation of mandatory foster, adoptive and kinship parent training and was PI for the Alliance for the Advancement of Infant Mental Health and the PA Key's pilot of an RSC model in an infant-early childhood system.

Introduction: Infants and young children (ages 0-5) in out-of-home care are at risk for exposure to Adverse Childhood Experiences, toxic tress, and trauma. Adoptive parents and out-of-home caregivers require specialized training about such children’s unique relationship needs. However, there has been minimal attention to parents’ and caregivers’ specific training needs and to the efficacy of existing preparatory adoptive and out-of-home care training curriculums.

Aims of the Study: To assess the parenting confidence and knowledge of adoptive parents and out-of-home caregivers; To identify gaps in existing parent and caregiver preparatory training; To identify the most important elements of parent and caregiver preparatory training.

Materials and Methods: Using data collected from statewide surveys of parents and caregivers (n = 240), child welfare professionals (n = 142), and parent curriculum trainers (n = 40), one-way ANOVAs were conducted to assess for differences among the three groups with regard to ratings of the training delivery and confidence about parent/caregiver preparation for parenting children ages 0-5. Measures of central tendency and variability described parent/caregiver parenting knowledge. A two-cycle coding process identified themes on essential relationship-based preparatory content.

Results: The level of agreement with the training format differed (F(2,394) = 4.81, p = .009) with parents (M = 3.421, SD = .644) reporting greater levels of agreement than child welfare professionals (M = 3.231, SD = .461). Out-of-home caregivers reported attachment and its importance to development as the topic about which they were most knowledgeable (n = 226). Trauma (n = 196) was the most frequently identified area of focus for out-of-home care and adoptive parent preparation in the thematic analysis.

Conclusions: Evaluation results informed recommendations for a statewide child welfare relationship-based training curriculum for out-of-home caregivers and adoptive parents. Recommendations for parenting young children (0-5) included attention to attachment, trauma’s neurobiological impacts, and the importance of maintaining connections with birth families and extended networks.
Using Logic Models to support clinical-research partnerships: Evaluating an infant mental health service for immigrant mothers at risk for depression

Ms Marette Abdelmaseh¹, Ms Khadija Bint-Misbah¹, Dr Yvonne Bohr¹, Ms Marette Abdelmaseh¹, Ms Yookyung Lee²
¹York University, Toronto, Canada

INTRODUCTION: Peripartum depression (PPD) is considered a serious public health concern due to its profound impact on children and their parents. Although recent immigrants are typically initially healthier than non-immigrants, over time they experience deterioration in their mental health with increased feelings of loneliness and depression. The challenges of immigration and new parenthood combined create additional risk for immigrant families, resulting in an up to three-fold higher vulnerability to PPD. It is critical that culturally competent infant mental health services be available to immigrant parents of infants, as existing services are often under-utilized by newly settled families. New approaches and models of service and evaluation are needed.

AIM OF STUDY: To provide an example of Logic Models’ (Kaplan et al., 2005) usefulness in supporting and evaluating clinical-research partnerships in novel mental health interventions designed to address gaps in service delivery.

DESCRIPTION OF PROJECT: The Crying Clinic (CC) is a culturally sensitive walk-in service designed to increase access to infant mental health services for immigrant parents deemed at high risk for PPD. 44 demographically diverse parents participated in its evaluation. A Logic Model facilitated the collaborative design and evaluation of this community-based program, providing a framework for reviewing process and outcome and outlining the following key elements: context (need for the CC), inputs (required institutional investments), activities (what happens and who attends the CC), and projected outcomes (short-term, intermediate, long-term). Itemized tables detail projected and actual short-term outcomes.

CONCLUSIONS: Using a Logic Model to systematically articulate goals and achieved outcomes for this initiative facilitated the clinicians’ and researchers’ collaborative conceptualization of the initiative, assisting in highlighting some underlying assumptions, for example how to operationalize the initiative’s attention to multiculturalism and diversity. Furthermore, the Logic Model approach supported the building of consensus as the initiative was implemented and evaluated.
Tackling the tough stuff: Training early intervention providers in reflective practice

**Dr Angela Tomlin**, Mr. Stephan Viehweg, Dr. Susan Dickstein, Dr. Elesia Hines, Dr. Christine Raches, Dr. Lynne Sturm

1Indiana University School of Medicine, Riley Child Development Center, Indianapolis, United States, 2Warren Alpert Medical School at Brown University/Rhode Island Association for Infant Mental Health, Providence, United States

**Biography:**
Angela Tomlin is Professor of Clinical Pediatrics, Chief of the Division of Child Development and Director of the Riley Child Development Center LEND interdisciplinary training program located at the Indiana University School of Medicine. She is the author or co-author of over 20 publications.

**INTRODUCTION/AIM:** Family home visitors (FHVs) increasingly serve high need families, yet we have substantial challenges training and sustaining a skilled workforce with specialized knowledge and experiences required (Shonkoff, 2016). This creates misaligned and uncoordinated care and diminished parent engagement. Workers without adequate knowledge and reflective skills are more susceptible to secondary trauma, burn-out, and turnover that is costly for programs and disruptive for families (IOM, 2015). The aim of the present study was to determine whether FHVs would experience changes in knowledge and use of infant mental health (IMH) concepts following participation in training specifically focused on IMH core concepts, relationship-based and reflective practices.

**MATERIALS and METHODS:** We created a 24-hour training series based on Tackling the Tough Stuff: A Home Visitor’s Guide to Families at Risk (TTTS, Tomlin & Viehweg, 2016). TTTS provides home visitors with information and materials to promote reflection and relationship-based practice when working with families of young children. Pilot participants were family home visitors recruited in State 1 (n=9) and State 2 (n=8), working in a variety of evidence-based home visiting programs. Participants completed pre and post measures including: a) questionnaires assessing knowledge and use of infant mental health core concepts and practices; and b) 5-minute interviews to obtain narrative responses to standardized clinical vignettes designed to assess reflective strategies (State 1 only). Posttraining surveys were collected in State 1 from 5 of 9 participants and in State 2 from 7 of 8 participants.

**Infant/Early Childhood Mental Health Knowledge Self-Assessment (I/ECMH)**

15-item self-report of skills in 4 areas (Early childhood development and family relationships; Early risks and vulnerabilities; Professional practice; Issues of professional practices). Respondent separately rates preparation/knowledge and application/use on a 5-point scale (not well at all, somewhat well, fairly well, very well, extremely well). Responses were collapsed into 3 groups to reflect little (not at all/somewhat) moderate (fairly well) and very (very/extremely well) for ease of reporting. Note: Only participant’s self-rating of knowledge of skills on the I/ECMH is reported here for space.

**Infant Mental Health Practice Assessment** (Shea, 2016, adapted by Dickstein)

17-item self-report of frequency (not often, sometimes, a lot) of use of typical IMH practice activities including direct services with family and self-reflection.

**RESULTS:** All participants were white women serving early intervention (EI) systems as supervisors/managers (State 2) or as EI therapists (State 1). Participants’ thinking about and proposed actions with families is estimated from responses to a clinical vignette. Participants rated themselves in four "knowledge" areas at pre- and post-training: 1) Early child development/family relationships; 2) Early risks and vulnerabilities; 3) Understanding direct service skills/practices; and 4) Reflection and self awareness. Most participants rated feeling very knowledgeable (at pre and
post) in areas 1, 2 and 4. In particular, most participants (>60% pre and >80% post) rated feeling very knowledgeable regarding of early childhood development and family relationships. Overall, the largest reported gains in knowledge from pre-post was noted in areas 1 and 3. Most participants reported feeling slightly/moderately knowledgeable (at pre and post) in early risks and vulnerabilities. From pre-post, participants tended to feel less knowledgeable in area. This may be due to becoming more aware of gaps in training over time.

Overall, participants reported more skills related to trauma, self-awareness, and perspective taking (parallel process) in post-assessments than pre-assessments. Most reported pre-training knowledge areas included direct skills such as establishing safe relationships, identifying areas of concern (i.e., need for developmental screening), and providing developmental guidance. Following training, participants continued to report these skills, but also reported use of supervision to understand their own responses, increased recognition of trauma (State 2), providing emotional support to families, considering one’s own biases, and connecting one’s own personal/emotional responses to families to the family response to child (State 1). Similarly, in pre-training narrative response to a home visiting scenario, the most common themes included providing the parent with information or teaching, taking a direct action to support the child, and providing emotional support to the parent. Most common themes post-training included drawing attention to the baby’s experience, recognizing that a parent may have a different experience than oneself, and attending to one’s own reactions to parent behaviors.

CONCLUSIONS: In this pilot project, participants reported growth in knowledge related to infant mental health concepts and reflective skills. We examine the extent to which an innovative training protocol may guide improvement of FHVs knowledge of infant mental health concepts and reflective practices. Although the sample size is small, we see growth in participant self-reported knowledge from a reliance on concrete skills with more participants seeming to be aware of other perspectives and beginning to report recognition of links between self, parent, and baby. This shift may also occur in practice, as available post-training narratives included similar themes. Further research with larger samples is needed, but this pilot suggests that some changes in knowledge and application can occur through direct instruction in training in IMH core concepts with intentional promotion of reflection and relationship-based practices.
The Little Engine that Could: Tennessee’s (USA) Effort to Build a Cross-Disciplinary Infant and Early Childhood Mental Health (IECMH) Workforce

Ms Alison Peak1, Ms. Diana Morelen2, Ms Mindy Kronenberg3, Mrs Angela Webster4

1Allied Behavioral Health Solutions, Nashville, United States, 2East Tennessee State University, Johnson City, United States, 3Private Practice, Memphis, United States, 4Association of Infant Mental Health in Tennessee, Nashville, United States

Biography:
Alison D. Peak LCSW, IMH-E (IV-C) has an MSW from the University of Michigan and two post-graduate certificates: Integrated Behavioral Health in Primary Care Settings and Pediatric Integrated Behavioral Health. Alison is a founding member of AIMHiTN and of the team essential in the development of Tennessee’s promising IECMH workforce.

INTRODUCTION:
Tennessee is a large geographical state within the USA marked by three distinct regions with their own cultures, histories of racial discord, and a variety of socio-economic and substance abuse complications that place children at risk. Ten years ago, Tennessee’s IECMH services were limited and varied in purpose. The majority of services were preventative in nature and reflective supervision was rare and lacked a cohesive systematic framework.

AIMS:
Through the Association of Infant Mental Health in Tennessee (AIMHiTN) and Allied Behavioral Health Solutions (ABHS), three projects were developed and deployed to increase reflective capacity across disciplines and to build a foundation for clinical IECMH services.

DESCRIPTION:
The projects targeted home visitors, child care consultants, and clinicians. In each project, 6-8 professionals of like disciplines were assigned to a group to receive either weekly or biweekly Reflective Supervision/Consultation (15 total groups, 110 total participants) for a minimum of 12 months. All projects utilized the Fraiberg Mindfulness Assessment, Curiosity Inventory, and Provider Reflective Process Assessment Scale (PRPAS) as pre, mid, and post measures (Heller, S & Ash, J, 2016). Reflective Supervisors were consistent across projects to ensure consistency and cohesion. Further, utilization data was tracked to assess increase in provision of IECMH services.

CONCLUSION:
The data presented in this workshop will showcase implementation of these projects, individual-level change pre/post on Reflective Capacity of providers, and resulting increase in utilization of clinical IECMH services for the state. Additionally, this workshop will discuss the process of engaging state leaders from the Departments of Health, Mental Health, and Human Services in these projects and next steps for furthering the work achieved to date.

REFERENCES:
The role of school psychologists and IMH service delivery

Dr Robert Margolies1, Ms. Mykelle Coleman2, Ms. Rebekah Chessic1, Dr. Natalie Starling2, Dr. Liane Leedom3

1 The Connecticut Coalition For Child Development Education, Shelton, United States, 2 Southern Connecticut State University, New Haven, United States, 3 The University of Bridgeport, Bridgeport, United States

Biography:
Dr. Robert Margolies is a licensed Clinical and School Psychologist. He has past affiliations with NYU School of Medicine, Southern CT. State University, and the New Haven Public Schools. He is presently chair of the CT Coalition for Child Development Education, and serves on the professional development committee of the CT Association for Infant Mental Health.

Introduction: Historically, the role of school psychologists in relation to teaching infant mental health and child development has been limited to the service delivery of family-school collaboration. It has been suggested that the role should reflect a change of some sort to better encompass this family-school collaboration by preparing students to care for children and parent children later in life. Specifically, the role of the school psychologist should continue to expand to include involvement in teaching child development and infant mental health to students, especially at the high school level, as this will increase connections between families, schools, and communities.

Aims: The purpose of this literature review is to examine the present role of school psychologists in the role of infant mental health and child development education across the world and propose opportunities for school psychology practice and impact in the field of infant mental health.

Description: Results of the literature review have found limited empirical support validating the experience of school psychologists in direct service delivery teaching infant mental health and child development. Ten (10) potential areas of school psychology practice and impact in the field of infant mental health are presented and discussed.

Conclusion: Opportunities for school psychologists to support infant mental health exist. School psychologists have an important role to play in supporting primary prevention and dissemination of information regarding infant mental health to teachers, students, and families/communities. This expanded role may need to include changes in training and service delivery models. Implications for school psychologists and future directions of the practice are explored within.
Influencing change within the education system towards secure attachment relationships.

Ms Jill De Vries

Qld Health - Cymhs, Maroochydore, Australia

Biography:
Jill de Vries is an Infant Mental Health clinician at the CYMHS in Maroochydore. For the past 8 years she has developed the Infant Mental Health Program on the Sunshine coast whilst she obtained a Masters in Perinatal and Infant Mental Health. She is passionate about infant led psychotherapeutic work, with a particular interest in early feeding and is an International Board-Certified Lactation Consultant.

Non-mental Health services are often at the forefront of providing essential supports to those effected by mental illness yet often have little education or training to meet those needs. One high School on the Sunshine Coast provides a program to young mothers and their infants that enables mothers to continue secondary studies by providing social supports and inhouse childcare to their infants. The majority of dyads that attend the program have mental health issues, a trauma history and/or disorganised attachment relationships.

Relationships take time to build. Education, support and child care staff of the program were offered services such as ongoing professional development and reflective group supervision by the Infant mental health clinician to promote their understanding of attachment theory. Over time an attachment framework of care was developed amongst all staff that promotes secure relationships between staff and the young mothers that attend the program and the child care staff and the infants of the program. Ultimately this has an impact on the dyads attachment relationship without direct dyadic intervention from the Infant Mental Health Clinician.

This body of mental health knowledge shared over time in an educational system has resulted in a model of care that promotes secure attachment relationships (thus preventing mental health illness) and greater work satisfaction amongst the education, support and child care staff.
Psychology Interns in the Nursery: Exposure to Infant Mental Health in Clinical Psychology Training

Ms Ella Sexton¹, Ms Helena Bean², Ms Grace McMahon³, Ms Claire Noonan³, Mr Dave Reid⁴, Dr Megan Chapman⁴

¹School of Psychological Sciences, The University of Melbourne, Parkville, Australia, ²School of Psychological Sciences and Turner Institute for Brain and Mental Health, Monash University, Clayton, Australia, ³School of Behavioural and Health Sciences, Australian Catholic University, Fitzroy, Australia, ⁴Royal Children's Hospital, Melbourne, Parkville, Australia

Biography:
Ella is studying the Master of Psychology (Clinical) at the University of Melbourne and Helena is a clinical psychology doctoral candidate at Monash University. As part of their clinical training both have undertaken placements at the Royal Children’s Hospital, Melbourne, with the Consultation and Liaison Team.

Introduction: Postgraduate training in Clinical Psychology involves gaining knowledge and experience across a diverse range of populations. However, infants have traditionally not been a population where clinical placements have been available.

Purpose: This poster provides the reflections of four postgraduate Clinical Psychology students who have been exposed to a tertiary hospital-based Infant Mental Health (IMH) program as part of their clinical training. It describes what the students believed was added to their development as clinical psychologists as a result of their IMH experience.

Description: This poster illustrates the experiences of IMH work of four clinical psychology interns who were placed in the hospital consultation liaison team for 6 months (n = 3) or 12 months (n = 1), from 2018-19. It provides descriptions of the type of IMH work undertaken as part of the internship, including participating in therapeutic assessment and treatment with inpatient infants and their families, weekly ward rounds of the neonatal intensive care unit and multidisciplinary meetings, and reflects on the contributions of these experiences to their clinical learning. Key learnings for the interns included gaining skills in holding the baby at the centre of a clinical formulation and intervention, and better understanding the impact of the NICU environment on infant development. Interns also developed clinical skills in working therapeutically with infants and caregivers and supporting parents to develop a sense of their baby’s identity as separate from their medical diagnosis.

Conclusions: Exposure to infant mental health work is a valuable experience and a unique opportunity to learn about the emotional world of the infant and family, which was not gained elsewhere within clinical psychology training. The trainees felt that having IMH experience broadened their perspective of mental health, and supported clinical work across the lifespan.
Parent training for promoting parent-child relationships based on infant mental health

Keiko Komoto1,2, Mrs Kayoko Suzuki1, Dr Hiroji Okawa1
1Okawa Children And Family Clinic, Tokyo, Japan, 2Tokyo Medical and Dental University, Tokyo, Japan

Introduction

The characteristics of children with developmental disabilities (difficult, impulsivity, lose one's temper, etc.) have become apparent since infancy. Parents have difficulty raising their children and continue to have conflict and anxiety. As a result, parent-child relationships are often confused. Many of the support is an interest and support that focuses on the behavioral characteristics of the child, and there is little support for parents who spend a lot of time with their children and are required to deal with difficulties. Support is needed to promote relationships between children with developmental disabilities and their parents.

Aims or of the intervention

The purpose of this study is to conduct parent training for parents with children with developmental disabilities and to verify the effects. This intervention is based on Infant Mental Health (IMH). The focus is on properly understanding the development and characteristics of children, reducing confusion in parent-child relationships, and promoting better development of children.

Results and Description of the intervention

The subjects were 60 mothers with children with developmental disabilities from 3 to 10 years old. Training is 2 times / month (10 times in total) 2.5 hours / time. Guidance to promote parent-child relationships based on IMH. Parent training developed by UCLA and revised by the National Mental and Nerve Center in Japan. Before and after the intervention, we measured parent-child relationships, maternal childcare stress and mental health, and children's social life ability.

Conclusion

Parent-child relationships that are interfering and dependent on children have improved in a balanced relationship after intervention. The mother’s stress was reduced and positive emotions increased, but negative emotions remained unchanged, indicating that mental fatigue was chronically high. Comprehensive support for mothers and their children and improving the quality of parent-child interactions are important.
Trauma Informed Care for Infants and Preschool Age Children

Dr Mahlet Girma

1Johns Hopkins University School of Medicine, Department of Child and Adolescent Psychiatry, Baltimore, United States

Biography:
Dr. Mahlet Girma received training in Child Psychiatry at the Johns Hopkins Hospital in Baltimore, Maryland and Adult Psychiatry at the University of Florida-Jacksonville. She presented research posters at the 2016 and 2018 American Academy of Child and Adolescent Psychiatry (AACAP) national conferences. She received the AACAP Systems of Care Scholarship, Resident Teacher of the Year Award, and First place for her Oral Platform Presentation where she discussed the results of a large epidemiological study funded by the CDC. She recently co-authored a manuscript submitted for publication in an international journal. She is practicing as a Child Psychiatrist in California.

INTRODUCTION

Approximately 53% of all maltreated children in the United States are ages 0-6. Longitudinal studies show that 50% of preschoolers who develop PTSD maintain a chronic course. The ACEs study demonstrated correlations between childhood traumas and adverse health outcomes in adulthood. These public health implications warrant effective interventions for young children who are at the highest risk of being victimized.

AIMS/PURPOSE OF WORK

To examine the impact of trauma on the developing brain and review evidence-based treatment options for infants and preschool age children.

DESCRIPTION

This poster will provide a review of randomized control trials conducted on the efficacy and feasibility of Child Parent Psychotherapy and Trauma Focused Cognitive Behavioral Therapy for young children exposed to various traumatic and stressful events. This poster will also provide an overview of outcomes from a randomized control trial and open label trials of pharmacotherapy for PTSD in preschool age children.
CONCLUSIONS

Psychotherapeutic interventions should be used before medications for treatment of PTSD in young children. Child Parent Psychotherapy and Trauma Focused Cognitive Behavioral Therapy are two evidence-based treatments available for this patient population. Further research on pharmacotherapy and other interventions are needed.
Effectiveness of a training program based on the Family Partnership Model for antenatal and postnatal support

Dr Motoko Okamitsu¹, Dr Satoshi Yago¹, Dr Keiko Komoto², Dr Noriko Okubo¹
¹Tokyo Medical and Dental University, Tokyo, Japan, ²Okawa Children and Family Clinic, Tokyo, Japan

Biography:
Motoko Okamitsu is an Associate Professor of Child and Family Nursing in the Graduate School of Health Care Sciences at Tokyo Medical and Dental University. After I had clinical experiences, I received my Master’s degree from Hiroshima University, and received my PhD from Tokyo Medical and Dental University. My research interests include pediatric nursing and infant mental health, parent-infant interaction and early relationship development. I completed my dissertation on interactions between infants with cleft lip and palate and their mothers.

Introduction
Providing professional training to prevent perinatal and infant mental health problems is one of the important challenges in Japan. The Family Partnership Model (FPM) was developed in the UK, and is a strength-based approach to building partnerships between parents and professionals during the support process.

Aim
The aim of this study was to evaluate the effectiveness of the training program based on the FPM for healthcare professionals supporting families during the antenatal and postnatal periods.

Materials and Methods
Pre and post questionnaires were administered to participants of 3 training groups. Quantitative data was collected using the Constructions of Helping Questionnaire which measures the participant’s qualities and skills in building partnerships with parents, the Course Feedback and Evaluation Form, and the Effectiveness in Practice Form. The study was approved by the ethics committees of the author’s institution.

Results
Thirty-eight participants completed questionnaires before and after the training program, including 24 public health nurses, 4 midwives, 3 pediatric nurses, and 3 other healthcare professionals. Among them, 76.3% had experience with family support during pregnancy and 81.6% with high-risk intervention for child abuse and neglect cases. After the training program, 92.3% of the participants considered it to be effective in supporting families. The total scores in the Constructions of Helping Questionnaire increased significantly from pre-program to post-program (p < .01). There was a positive correlation between both total scores in the Constructions of Helping Questionnaire and the Effectiveness in Practice Form after the training program (p = .39, p < .05).

Conclusions
The findings suggest the FPM training program is effective in developing the competence of participants supporting families as healthcare professionals. Further studies are required to examine more effective training programs for developing partnerships with parents and promoting child development.
Strengthening the power and collaboration to bring up the children of Fukushima's childminder

Mrs Nobuko Sakai1, Mr Shintaro Kikuchi2, Mrs Kanae Narui3, Mrs Hisako Watanabe4
1Jin Kids Clinic, Koriyama, Japan, 2Kikuchi Pediatric Clinic, Koriyama, Japan, 3NPO Heartful Family Care Society, Koriyama, Japan, 4LIFE DEVELOPMENT CENTER, Yokohama, Japan

Biography:
1999 Graduated from Fukushima Medical University School of Medicine. Japan Pediatric Society an attending doctor, Japan Society of Nephrology an attending doctor

Introduction
Home environment for infants in Fukushima has become unstable with the fear and uncertainty brought by the Great East Japan Earthquake and the subsequent fear of radiation as well as the mass evacuations. More children started demonstrating behavior patterns that resembled developmental disorders. In the early days after the disaster, however, it was difficult to discern whether they were neurodevelopmental or stressor related. Confused, in 2015 the frontline childminders started “Moominvalley Study Group,” a peer-support group to better inform themselves on emerging issues. In 2017, the group expanded to include primary school teachers to discuss cases. This case conference continues to date.

Aims of the project
To implement case conferences and to evaluate their effectiveness

Description of the project
The case conference is held every two months. As it is a voluntary group, participants meet in the evening and there is no fee. In each conference, two or three presenters give outline of their cases and difficulties that they faced. In addition to the exchanges of opinions and experiences among the participants, child psychologists and other experts provide knowledge and advice from their respective field. Through the cases, the participants improved their understanding of child development, how to engage with parents, as well as different ways to address complicated issues. This presentation analyses the surveys filled out by the participants each time regarding their professional background, reflections on the conference, as well as remaining issues. The personal data of the cases is depersonalized.

Conclusions
Frontline childminders in Fukushima are committed to the healthy development of infants despite repeated disasters including the recent COVID19 pandemic by learning skills from psychodynamic approach. It is desirable that childminders, primary school teachers and other experts on infants collaborate to improve their skills to respond well to the adversities that infants face.
Pilot project; “Moominvalley Study Group” Difficulties faced by infant care professionals in the aftermath of the earthquake, and Post-traumatic Growth

Ms Kanae Narui1, Ms Hisako Watanabe2, Ms Kayoko Sekino3, Ms Miho Kawaragi4, Ms Norie Munakata5, Ms Chiaki Yaita6

1Npo Heartful Family Care Society, Koriyama, Japan, 2LIFE DEVELOPMENT CENTER YOKOHAMA, Yokohama, Japan, 3Himawari Nursery School, Koriyama, Japan, 4Koharada Kindergarten, Koriyama, Japan, 5Umenoki Nursery School, Koriyama, Japan, 6Morinokaze Residential Child Care Center, Sukagawa, Japan

Biography:
Narui Kanae is a Clinical psychologist. She began her work in the mental health field in 1978, where she referred to the treatment for a wide range of issues and disorders that affect children. She also began working as a junior high school counselor in 2000. She had taught in Iwaki Meisei University and the Kanagawa University. She established the Heartful Family Care Society for mental health care for people in Fukushima after the Great East Japan earthquake.

Introduction
The Great East Japan Earthquake and Tsunami and the subsequent Nuclear Accidents in March 2011 drastically changed the childcare landscape in Fukushima. Infants grew up in the stressful unsettled environment, and started manifesting delays in language, restlessness, panic reactions, emotional lability, impulsivity, noise hypersensitivity and frequent fall-overs. Nursery school teachers and other professionals did not know what was happening, and struggled to attend to these infants. The peer support group, “Moominvalley Study Group” was set up in this context.

Aim and Purpose
We will discuss its efficacy on PTG of infant care professionals conducted through peer support in the post-disaster environment.

Description
We held the study group on an average monthly basis between January 2015 and December 2019 in Fukushima Prefecture. The group was coordinated by a clinical psychologist with an infant psychiatrist as supervisor. Net total of 512 infant care professionals participated in 40 sessions. As a group they shared cases, gave advice and supported each other.

Conclusion
When the group started in 2015, the members suspected ASD for 70% of the cases brought forward by the professionals. Over time, however, it became clear that they were dealing with the cases of attachment
disorders, developmental stress disorders, or PTSD. Based on this observation, in 2017, Watanabe introduced the theory of “the psychological birth of human infant” (Mahler, M. S., Pine, F., & Bergman, A. 1975) to the group. By 2018, the professionals grew their knowledge and skills base to differentiate PTSD and attachment disorder from developmental disorders, and become able to respond to each case accordingly. They learned how to manage a difficult case together by bringing in their respective expertise and experience. In the face of the unprecedented disaster, we found ourselves dealing with many complex cases. We in a way overcame these difficulties and grew as infant care professionals.

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Developing an infant/early childhood mental health workforce across Colorado: One state's 5-year strategic plan

Dr Shannon Bekman1, Dr Michelle Roy
1Mental Health Center of Denver, Denver, United States

Biography:
Shannon Bekman, PhD, IMH-E® is a licensed clinical psychologist and the Director of Right Start for Colorado at the Mental Health Center of Denver. Dr. Bekman is clinical faculty with the Harris Program at University of Colorado. She has published on the topics of assessment and treatment of infant/early childhood mental health concerns.
Michelle Roy, PhD, IMH-E® is a licensed clinical psychologist and Program Manager of the Right Start for Infant Mental Health team at the Mental Health Center of Denver. She has supervised and trained clinicians and students in Infant/early childhood mental health practices for the past four years.

Introduction: There is currently a workforce shortage crisis in Infant and Early Childhood Mental Health (IECMH). Mental health agencies routinely struggle to find qualified staff to treat the 0-5 population. Right Start for Colorado, funded by SAMHSA and private local funders, is a 5-year IECMH workforce development initiative led by the Mental Health Center of Denver.

AIMS:
Right Start for Colorado aims to improve access and quality of mental health services for infants, young children and their families by training mental health clinicians in evidence based and developmentally sensitive practice, and to support allied professionals who routinely work with the zero to five population to develop greater awareness of IECMH and know when to refer for mental health services

Description: A state-wide needs assessment was conducted to identify areas of the state that were most in need of and receptive to IECMH training. After completion of the needs assessment, we developed training plans for the clinical and allied workforce that target these areas of the state.

• Clinical workforce training focuses on four main areas: relationship-based assessment, developmentally sensitive diagnosis, evidence-based treatments for the 0-5 population, and reflective practice. Select clinicians participate in a 12-month community of practice with an ongoing community of support and reflective supervision.

• Allied workforce training provides IECMH foundational training to non-mental health professionals that routinely serve the 0-5 population. Training formats have included ECHO series, brief lunch and
learns, as well as more extensive statewide 12-month communities of practice for early interventionists and home visitors.

Conclusions: To adequately support the mental well-being of very young children, the workforce needs specialized training in IECMH. While front line clinical staff are eager for this training, organizational barriers exist (i.e., loss of billable productivity). Policy changes and on-going financial investment are recommended to further address these barriers.
Early childhood educators' knowledge and perception of mental health in their preschool classroom

Ms Asia Leon

Ryerson University, Toronto, Canada

Biography:
Asia Leon has completed her Master’s Degree in Early Childhood Studies at Ryerson University. She has also completed her Bachelor’s Degree in Child Development and her diploma in Early Childhood Education. Research interest includes mental health, childhood adversity, and the effects of stress on the brain, and child and family development.

INTRODUCTION: Decades of research on the impact of early mental health challenges in young children suggest that the effects are detrimental on children’s development without the presence of protective factors. As a factor for promoting mental health, early childhood classrooms and educators create optimal opportunities to identify and respond to children’s mental health concerns. However, little research explores the knowledge and skills of ECEs to effectively promote and support mental health challenges.

AIM: The present study aimed to identify the mental health promotional knowledge, practices and experiences of ECEs in their preschool classrooms, as well as contribute to the area of mental health promotion.

MATERIALS AND METHODS: A qualitative research approach and a thematic analysis approach was chosen. Semi-structured interviews were conducted with 10 ECEs. The interviews were digitally recorded and transcribed for analysis.

RESULTS: ECEs self-reported low confidence in addressing mental health concerns. ECEs rely on external resources like resource consultants and early interventionist. All educators demonstrated some knowledge of children’s poor and good social emotional well-being. 20% attended workshops on mental health. 80% reported no knowledge of mental health promotion workshops. ECEs reported some mental health training as a pre-service educator. Finally, ECEs reported a need for more resources and training in mental health.

CONCLUSIONS: Findings indicate that ECEs have little knowledge in promoting and supporting mental health in their classroom. Infant mental health promotion is an important and serious task. However, educators receive little support and training to teach children those life-long skills and how to address children’s mental health concerns. It is essential that educators are equipped with the knowledge and skills to recognize and respond appropriately to the challenges of children.

Findings suggest that educators have a strong desire to provide the best care possible to children. Future research is needed to take a closer look at how educators promote mental health.
A Model for the Early Detection and Intervention of Infant Mental Health Disorders in Nursing Practice

Mrs Jessica Gordon¹, Mrs. Joy A Lauerer², Mrs. Kathy Gaffney³

¹Johns Hopkins University School of Nursing Post-Masters Psychiatric Mental Health Nurse Practitioner Certificate Student, Baltimore, United States, ²Medical University of South Carolina College of Nursing, Charleston, United States, ³Retired Faculty College of Nursing PMH DNP Concentration, Memphis, United States

Biography:
Dr. Gordon has over 18 years of clinical and academic experience. She currently works as a pediatric nurse practitioner with a post graduate certificate in infant family mental health. She is a PhD graduate from the College of Nursing at the University of South Florida. Mrs. Gordon has been published in multiple mediums, including the Journal of Child and Adolescent Psychiatric Nursing, Nursing Research and the Reflections of Nursing Leadership. Her leadership abilities have allowed her to serve as faculty and honored as a Health Care Hero finalist for her contributions to women, infants and children in Tampa.

INTRODUCTION
In 2016 the World Association of Infant Mental Health (WAIMH) Task Force addressed the worldwide burden associated with IMH statistics in a policy statement. Within the statement the top two priorities included: 1) adequate education in the principles of IMH and strategies to support parents of infants and young children experiencing stress and major mental health challenges, and 2) early identification of IMH problems and the provision of increased access to evidence-based prevention and intervention services. Globally, nurses are well positioned to impact the worldwide burden of IMH. However, integration of IMH practice is not standard in nursing practice or academic programs.

AIM OF STUDY
To enhance IMH in nursing practice this study provides an overview of IMH practice models, discusses nursing implications of each model and presents a model for integrating IMH into nursing practice.

MATERIAL AND METHODS
A scoping review with the keywords “infant mental health” AND “models of care” was conducted in the PubMed and CINHAL databases from 2002-2018.

RESULTS
Twenty-one of the publications retrieved, met search criteria. Among the 21 manuscripts reviewed, 11 addressed clinical based content related to IMH practice and 10 addressed non-clinical based content of IMH practice associated with IMH educational training, policy development or system based models of care. Nursing implications were applied to each model of care and synthesized into a step-wise framework to create an IMH nursing practice model of care utilizing the nursing process (i.e. assessment, nursing diagnosis, planning, implementation and evaluation).

CONCLUSIONS
The model presented provides the nursing process as a practical framework for the integration of IMH in nursing practice that can be expanded upon as IMH evolves in nursing practice.
Compassion and vulnerability: clinician perspectives on disseminating the Circle of Security Parenting Program (COS-P)

Dr Rebecca Reay¹, Dr Judith Bragg², Ms Nicola Palfrey³, Mr Matthew Kelly⁴, Ms Cathy Ringland⁵

¹Academic Unit of Psychiatry and Addiction Medicine, ANU Medical School, Garran, Australia, ²Perinatal and Infant Mental Health Consultation Service, ACT Mental Health, Justice Health, Alcohol and Drug Services, Canberra, Australia, ³Australian Child and Adolescent Trauma Loss and Grief Network, Australian National University, Garran, Australia, ⁴Private Practice, Canberra, Australia, ⁵Child Health Targeted Support Services, Division of Women, Youth and Children Community Health Programs, ACT Health, Canberra, Australia

Biography:
Rebecca Reay is a senior research coordinator and the Academic Unit of Psychiatry and Addiction Medicine, ANU Medical School. She has published on attachment based interventions for parents affected by mental health disorders. Her academic interests include research into prevention and early intervention with parents affected by moderate to severe mental health conditions, to prevent the transmission of risk with the next generation. Rebecca works closely with clinical services to evaluate their programs and continuously improve their delivery of care.

Introduction: The Circle of Security Parenting Program (COS-P) is a relationship-based intervention which has been widely disseminated in Australia and internationally. COS-P aims to improve parents’ sensitivity to their children’s cues, capacity to reflect on their own and their children’s internal experiences and strengthen their caregiving behaviours. Despite extensive uptake, there is a need for more qualitative and quantitative research evidence for its effectiveness in clinical practice.

Aims: We aimed to investigate the perspectives of clinicians who routinely deliver COS-P to vulnerable families, including parents affected by childhood trauma and mental illness. We sought to understand their experiences in terms of the program’s strengths and weaknesses, challenging and rewarding aspects, as well as its impacts on their clients and their own professional practice.

Materials and methods: Two focus group interviews, involving clinicians and clinical supervisors from a diverse range of professional backgrounds, were conducted by an independent interviewer. The interviews consisted of a series of open-ended questions related to the participants’ experiences of delivering COS-P. A psychologist-researcher analysed the transcripts using inductive thematic analysis. Themes were confirmed by two senior researchers who independently reviewed the transcripts.

Results: According to participants, the strengths of COS-P include its ease of use, brief, engaging format, widespread applicability, and empathic, non-judgemental stance. We report on what clinicians view as critical components to its successful implementation and maintenance. Although their response to the program was generally positive, the clinicians offered ideas for improving the delivery of this novel parenting intervention in public-sector settings.

Conclusions: Clinicians in the field can shed light into how COS-P can be successfully delivered to parents affected by significant mental health problems. Using qualitative methods, the findings highlight the challenges and opportunities for delivering COS-P in busy, resource-constrained settings.
Validation of the Reflective Interaction Observation Scale (RIOS) in reflective consultation for child welfare workers

Dr Alyssa Meuwissen¹, Ms Meredith Reese¹, Christopher Watson ¹
¹University of Minnesota, St. Paul, United States

Biography:
Alyssa Meuwissen, Ph.D. is a Research Associate at the Center for Early Education and Development (CEED) at the University of Minnesota. She is the Research Coordinator for CEED’s Reflective Practice Center, leading projects that focus on how reflective supervision/consultation can improve the effectiveness and well-being of the early childhood professional workforce. Other work has focused on how adult-child interactions can support dimensions of school readiness. She has created and validated observational coding schemes for measuring interactive behavior in multiple contexts. Dr. Meuwissen is a graduate of the College of Saint Benedict and the University of Minnesota.

INTRODUCTION
Child welfare workers are at high risk for burnout and turnover due to the emotional stress in their work. Reflective Consultation (RC) is a professional development strategy designed to address these issues by increasing reflective capacity. However, little research has been done on RC’s effectiveness.

AIM OF THE STUDY
This study aimed to examine pre/post changes across 6 RC sessions in observed characteristics of the session conversations, and in participant’s perceptions of their self-efficacy, reflective alliance, and burnout.

MATERIAL AND METHODS
Thirty six child welfare workers received up to 6 months of RC. Workers met monthly in groups of 1-3 with an Infant Mental Health Endorsed Consultant via video calls. The first and last RC sessions were coded using the Reflective Interaction Observation Scale (RIOS), an observational rating scale to measure the degree to which reflective consultation sessions align with best practice guidelines. After the first and last sessions, child welfare workers completed a set of surveys: 1) Reflective Consultation Self-Efficacy: 17 items about confidence participating in RC; 2) Reflective Supervision Rating Scale: 17 items about perception of alliance with reflective consultant; and 3) Professional Quality of Life Scale: 30 items about compassion satisfaction, secondary traumatic stress, and burnout.

RESULTS
The following changes were statistically significant, p < .05. Groups deepened their openness/vulnerability (Cohen’s d = .57), and had greater reflection on parallel process (the interconnectedness of relationships; d = .56). Individuals increased their ratings of self-efficacy (d = .62), alliance with their consultant (d = 1.17), and compassion satisfaction (d = .51).

CONCLUSION
This study suggests that child welfare workers quickly formed effective RC relationships. Results are consistent with the hypothesis that reflective consultation increases compassion satisfaction and decreases burnout/secondary traumatic stress, although higher doses of consultation than in this study may be more beneficial.
Using the RIOS framework to strengthen reflective practice in early care & education: A pilot project

Dr Christopher Watson 1, Alyssa Meuwissen 1
1 University of Minnesota, St. Paul, United States

Biography:
Dr. Alyssa Meuwissen’s work focuses on supporting professionals through reflective supervision/consultation, as well as supporting parents in promoting the development of children’s cognitive skills and self-regulation. Other work has focused on adult-child interactions. She has published multiple studies showing that observed parental autonomy support contributes to children’s directly assessed executive function, self-regulation, and early academic skills in laboratory tasks and interaction tasks across multiple settings.

Dr. Christopher Watson focuses on professional development with a focus on the social and emotional development of young children and reflective supervision/consultation, to support practitioners working with young children and their families.

INTRODUCTION

Reflective Supervision/Consultation (RS/C) is in wide use among infant and early childhood professionals. Initially developed as a research tool, the Reflective Interaction Observation Scale (RIOS)™ provides a framework for developing and maintaining a reflective stance in infant and early childhood work.

AIM of the study

The Reflective Interaction Observation Scale (RIOS) was developed and validated to identify the extent to which a supervisory session demonstrates a reflective process grounded in infant mental health theory and principles. It is aligned with the competencies of the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health® supported by the Alliance for the Advancement of Infant and Early Childhood Mental Health. This study explored the use of the RIOS as a framework for supervisors to use in their reflective work with staff.

MATERIAL and METHODS

Twelve early care & education supervisors from three preschool centers participated in a threeweek online RIOS™ course. They regularly provide reflective supervision for their staff members. We coded recordings of their supervision sessions at three time points and provided feedback using the RIOS™ framework.

RESULTS

The RIOS™ provided supervisors with a shared language for reflection and a framework to integrate their prior training. Supervisors were able to connect their use of the Conscious Discipline curriculum with the RIOS™. The RIOS™ bar graphs facilitated thinking and talking about reflective practice and provided
concrete validation of their good work from an outside observer. Participants rated individual feedback as highly valuable – and would have liked additional feedback.

CONCLUSIONS

The RIOS is a promising tool for helping early care and education staff organize their understanding of reflective practice and apply it to their work. The RIOS framework provides a structure that integrates practitioner prior knowledge and models of intervention already in use.
Toy Library – an experience in stimulating early development of underprivileged children in urban poor area

Dr Juriza Ismail, N Raihan Mohamed
1 Universiti Kebangsaan Malaysia, Malaysia, 2 Toy Libraries Malaysia, Malaysia

INTRODUCTION
Play is vital for healthy early childhood development. It has been observed that underprivileged children from the low-cost flats in urban area Kuala Lumpur have limited toys, no safe place to play and fewer playtimes with their parents. Awareness of the importance of play is poor among parents and caregivers. Both parents are working and children are taken care of by caregivers and they do not have enough toys to stimulate developmental skills. Four in ten households in low-cost flats have no toys for children under five (UNICEF Malaysia).

AIMS
A toy library is an initiative project to provide safe space and wide range of toys for children at low-cost flats. Developmentally appropriate play with caregivers and peers is a singular opportunity to promote the social-emotional, cognitive, language and self-regulation skills in children.

DESCRIPTION
Thirty stays at home mothers who are caregivers to their neighbours’ children and twenty children aged 12-17 years are trained separately to become toy librarians. They are responsible to open the toy library at least three times per week and to advocate play among the community. The caregivers are trained to do play activities with children.

CONCLUSIONS
This project has a long way ahead, among the challenges are 1) caregivers do not have a strong understanding of the benefits of play 2) no motivation to do volunteer work to manage the toy library unless being paid 3) safety issues 4) teenagers are second parents to younger siblings, unable to spare time to play 5) community only depends on non-governmental organizations (NGO) to run continuous programs for them 6) lack of funding for maintenance of the toy library. It is hoped that with continuous support from funders and NGOs, the community of low-cost flats will be motivated to utilize the toy library for their benefits.
Motherhood specificities with the Rorschach method: Results of a non-consulting French population in the post-natal phase

Ms Rose-Angélique Belot¹, Associate Professor HDR Marie-Christine Pheulpin⁵, Professor Pascal Roman⁴, Ph D Margaux Bouteloup⁵, Ph D Student Mathilde Pointurier¹, Student Diane Paez¹, Obstetrician Gynecologist Nicolas Mottet³, Professor Denis Mellier¹

¹University Of Franche-comte, Besançon, France, ²University Lyon 2, Lyon, France, ³CHU Jean Minjoz, Besançon, France, ⁴University of Lausanne, Lausanne, Switzerland, ⁵University of Paris 13, Paris, France

Background: Motherhood, listed by the World Health Organization as a period of fragility and vulnerability, involves significant changes at the individual, family and societal level. It is therefore necessary to carry out studies on general populations not suffering from psychopathological disorders to better apprehend risk-factors linked to motherhood.

Methods: The research is carried out in France on a non-consulting population in the postnatal phase (N = 30) using the Rorschach test, as it presents numerous advantages to appreciate the psychic and corporeal transformations linked to birth.

Results: The quantitative results of the test were compared with recently updated norms (De Tychey & al., 2012). Eight values of the psychogram remained normative, reflecting the characteristics of a general population; conversely, eight other values of the psychogram differed significantly from general population norms.

Conclusion: These results increase knowledge to help appreciate the complexity of the psychic processes at work during the postnatal period, and to prevent psychopathological disorders.
Usefulness of the emotional availability scales for supporting mothers of children with autism spectrum disorder

Professor Arata Oiji1, Dr Fumi Adachi1, Mrs Masako Miura1, Mrs Miho Yoshikawa1, Dr Tetsuji Sawa1, Mr Shuhei Kaneko1, Miss Satoe Ueki1, Miss Yuka Torigoe1, Mr Yasuharu Okada1, Ms Miki Takada1, Ms Yurika Tsuji1, Professor Yikiko Morioka2

1Kitasato University, Graduate School Of Medical Science, Sagamihara City, Japan, 2Seigakuin University, Ageo City, Japan

Introduction: In Japan, many of children with ASD and their parents received psychological interventions based on usual psychoeducation and applied behavioral analysis (ABA). However, some children with ASD and their parents have needs of intervention for emotional aspects of their relationships, such as emotional availability (EA).

Aim of the study: In this study, we examined the usefulness of the Emotional Availability Scales 4th edition (EAS) (Biringen Z et al., 2008) for supporting mothers of children with ASD.

Materials and Methods: The subjects were six children with ASD and their mothers who received psychological interventions in the Kitasato University Center for Clinical Psychology. The mothers gave written informed consent to participate in this study. We provided multidimensional interventions for the children and the mothers including usual psychoeducation program for parents of children with ASD, communication training for their children based on the Picture Exchange Communication System (PECS) and specific counseling for the mothers based on the EAS with video feedback. We evaluated their emotional availability according to EAS. Semi-structured interview was conducted with the mothers soon after specific counseling. This study was approved by the Research Ethics Committee of the School of Allied Health Sciences, Kitasato University and supported by Grant-in-Aid for Scientific Research (C).

Results: The mother-child dyads were categorized to three groups according to the results of EAS, high EA group (n=2), moderate EA group (n=3), mid-range EA group (n=1). The results of the semi-structured interview suggested that single session counseling based on EAS and video feedback was helpful especially for the mothers in moderate EA group. The mother in mid-range EA group was thought to need long-term counseling.

Conclusions: Short-term Counseling for mothers of children with ASD based on EAS may be useful to improve their emotional relationships with their children with ASD.
Behavioural / developmental disorders and ACEs (Adverse Childhood Experiences): a community paediatric clinic study

Dr Hilary Holmes¹, Ms Margaret Goodchild¹
¹Community Paediatric and Child Health Service, Canberra Health Services, Holder, Australia

Biography:
Dr Hilary Holmes is a paediatrician, working in Community Paediatric and Child Health Service, Canberra Health Services, Australia, for the past 15 years. Originally from the UK, she trained in South Africa and has practiced as a paediatrician in South Africa, New Zealand and Australia. Her particular interests are how attachment and trauma affect the developmental trajectories of children and the consequent implications for public health policy.

Introduction: Children present to community paediatricians with various symptoms including suspected Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD).

Aim: To investigate a possible link between psychosocial factors and ADHD or ASD symptomatology.

Methods: This was a retrospective chart review of 267 children who attended an initial community paediatric clinic appointment in 2018. 6 family factors were noted, if disclosed: mother from non-English speaking background (mother-NESB) and five household stressor ACEs: parental separation, mother treated violently, parental substance abuse, parental mental illness, parental incarceration. Paediatricians’ concluding differential diagnoses (dds) were grouped into categories (which could coexist): ADHD; ASD; Other.

Results:
65 children had dd of ADHD without ASD. 64 children had dd of ASD without ADHD.

11 Children had dds of ADHD+ASD.

Of children with dd of ADHD (total 76), median age was 8 years; median number of ACEs was one.
Of children with dd of ASD (total 75), median age was 4 years; median number of ACEs was zero.

Statistically significant findings:
Higher proportion of separated parents in ADHD and ADHD+ASD than in ASD.
Higher proportion of mother-NESB in ASD than in ADHD.
All 5 household stressor ACEs positively correlated with each other.
All household stressor ACEs (except incarceration) negatively correlated with mother-NESB.

Conclusions: ADHD was associated with separated parents and ASD with NESB-mothers. Household stressor ACEs tended to cluster together but occurred rarely with NESB-mothers. We suggest that some household factors may lead to attachment insecurity in children, resulting in symptomatic behaviours. Whilst parental separation is a known childhood adversity, NESB families may face less recognised stressors involved in adjustment to an unfamiliar culture. Childhood behavioural symptomatology may reflect family distress.
rather than simply intrinsic factors in the child and exploring these issues further may lead to better strategies for prevention and management.
Dialectical behavior therapy based skills training group for preschool children with emotional regulation problems at school environment

Mrs Suvi Luomala¹, RN Janne Pöyhtäri¹
¹Department of Child Psychiatry, Tampere University Hospital, Tampere, Finland

Biography:
Suvi Luomala is Medical Doctor (2008) and child psychiatrist (2017) who works as a deputy chief in The Family and Infant Psychiatry Unit in Tampere University Hospital. She is interested in diagnostic process and treatment of preschool children.

Janne Pöyhtäri is Registered Nurse (1996) and psychotherapist (2008) who works in the department of child psychiatry in Tampere University Hospital. Jannes professional interests are family focused psychotherapy, internet based therapy and health services, Dialectical Behavioral Therapy (DBT) and group skills training for parents and for children. Janne and his colleagues have been developing DBT based applications at Tampere University Hospital.

Introduction

Dialectical Behavior Therapy (DBT) originally developed by Marsha M. Linehan, (University of Washington) to treat female outpatients diagnosed with borderline personality disorder. DBT is an integrative treatment that blends the change-based strategies of cognitive behavioral therapy with Eastern philosophies and acceptance-based approaches. DBT teaches patients more adaptive ways of coping with emotions and interpersonal situations without maladaptive behaviors. Research has shown that DBT is also effective in treating of other disorders. DBT for children was developed to address treatment needs of children with severe emotional dysregulation and corresponding behavioral problems. We have done skill groups with 3-12-year-old children for six years at our clinic by psychiatric professionals.

Purpose of the work described

This pilot project was designed to adapt group skills training program to be part of preschool day for 6-7 year old children with their teacher. Idea was to bring skills training to the school environment and part to the school days by taking teachers part of the system.

Description of the work

DBT skills group intervention consisted of eight 45-min sessions twice a week, which taught patients age standardized psychoeducation about emotion regulation, mindfulness and DBT skills. Every session included discussions and exercises. This pilot sample consisted of five patients who completed feedback surveys. Teachers also filled feedback forms.

Conclusions

Preliminary results suggest that DBT skills training group at school seems to be encouraging pilot intervention. This intervention could be short and cost-effective way to help children with emotional regulation, behavioral and interpersonal problems and coach teachers to help and reinforce patients to use skills in daily environment. Earlier we have noticed it seems that skills training group process reduces children’s depressive
symptoms, helps them to change their own maladaptive behaviors and increases their ability to control their emotions. More experience and research is needed.

Cross-checking responses to the Japanese IFEEL Pictures and the psychotherapy process of a physically abusive mother

Professor Yoko Hamada¹, Dr. Kako Inoue², Dr. Sawako Nagaya³, Ms Chiyo Chiba⁴, Professor Chikako Fukatsu⁵
¹Keio University, Fujisawa City, Japan, ²Yokohama National University, Yokohama City, Japan, ³Tokoha University, Shizuoka City, Japan, ⁴National Hospital Organization Tokyo Medical Center, Meguro-ku, Japan, ⁵Otsuma Women's University, Tama City, Japan

INTRODUCTION
In Japan, a rapid increase in reported child abuse cases indicates a need for clinical interventions for abusive mothers who experience parenting difficulties and anxiety. The Japanese Infant Facial Expressions of Emotion from Looking at Pictures (henceforth, JIFP; 30 infant photographs) can be used to illustrate characteristics of the mother-child relationship.

PURPOSE
The JIFP responses of a mother who physically abused her baby and her interpersonal characteristics recognized during psychotherapy sessions were cross-checked to examine the clinical usefulness of JIFP.

DESCRIPTION
Married woman Ms. A, in her early 20s, became pregnant shortly after getting married. The husband contacted the health care center, because he was terribly shocked at incidents of her abusive behavior to the 18-month-old baby. The baby was provided shelter and personal psychotherapy was conducted on her.

The psychotherapy revealed that she was unable to recall memory of her life before the age of 10, and disliked the atmosphere of her home. She has grown up to be a ‘good girl’. The husband was a crucial figure in Ms. A’s life, and that she got pregnant to maintain his affections; therefore, she perceived the infant as an obstacle between them, who cried to criticize her. During the course of psychotherapy, Ms. A revealed her severe borderline personality pathology.

Her JIFP responses classified as “object-seeking” and “physiological states” were extremely few, indicating her inability to focus on the infant’s behavior or condition and maintain an appropriate emotional distance. When speculating on the infant’s thoughts, her responses were persecutory and delusional.

CONCLUSIONS
Ms. A’s psychopathology revealed during psychotherapy sessions, was also understood in her JIFP responses. The JIFP functioned as a fast and simple tool to understand a mother’s reactions to, and understanding of, a baby’s needs as well as her interpersonal relationships, which facilitates an adequate clinical intervention.
Cross-checking responses to the Japanese IFEEL Pictures and the psychotherapy process of a mother with parenting-based anxieties

Dr. Sawako Nagaya¹, Dr. Yoko Hamada², Dr. Kako Inoue³, Ms Chiyo Chiba⁴, Professor Chikako Fukatsu⁵
¹Tokoha University, Shizuoka City, Japan, ²Keio University, Fujisawa City, Japan, ³Yokohama National University, Yokohama City, Japan, ⁴National Hospital Organization Tokyo Medical Center, Meguro-ku, Japan, ⁵Otsuma Women’s University, Tama City, Japan

Biography:
Professor, Faculty of Education, Tokoha University, April 2018-. Professor, Faculty of Literature, Nagoya Women’s University, April 2016-March 2018. Associate Professor, Faculty of Literature, Nagoya Women's University, April 2013-March 2016. Associate Professor, Faculty of Human Relations, Tokai Gakuin University, April 2012-March 2013. Lecturer, Faculty of Human Relations, Tokai Gakuin University, April 2011-March 2013. Ph.D. (Psychology). Clinical Psychologist. Certified Public Psychologist.

INTRODUCTION
Characterized by the culture of shame, there is a strong tendency in Japan to avoid disclosing private family issues. Thus, many mothers often struggle without support. The Japanese Infant Facial Expressions of Emotion from Looking at Pictures (henceforth, JIFP; 30 infant photographs) can be used to illustrate characteristics of the mother–child relationship.

PURPOSE
The psychotherapy process of a typical Japanese mother struggling alone with parenting-based anxieties and her JIFP responses were cross-checked to demonstrate the clinical usefulness of JIFP.

DESCRIPTION
Ms. B was a married woman in her late 30s. As she was raising her baby practically alone, she started to feel anxious about abusing her baby just one month after the delivery. Eventually she decided to receive psychotherapy. It was discovered during the sessions that Ms. B’s parents adopted her eldest sister’s son as their youngest child and her mother doted on the boy, which made her jealous. Keeping this to herself, she grew up to be a respectable career woman and got married soon after her mother died. Because of all the suppressed emotions toward her mother, Ms. B feared she would abuse her own child. Psychotherapy helped alleviate this conflict.

Ms. B perceived more infant anger and physiological states such as drowsiness in the JIFP. This indicted that she projected her own aggressiveness onto her baby; however, perceiving drowsiness attenuated her anxiety towards the infant’s aggressiveness and helped maintain the mother–child relationship.

Ms. B’s JIFP responses were consistent with her conflicts revealed during psychotherapy. Her love, hate, and jealousy toward her mother were being projected onto her baby.

CONCLUSIONS
JIFP is fast and simple tool to uncover issues associated with the mother–child relationship, consistent with those revealed via psychotherapy. Further refining of the evaluation method of JIFP as a screening tool is needed.
German Version of the Prenatal Parental Reflective Functioning Questionnaire (P-PRFQ): A Preliminary Analysis

Ms Lydia Yao Stuhrmann1, Ms Ariane Göbel1, Dr. Susanne Mudra1

1Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Centre Hamburg-Eppendorf, Hamburg, Germany

Biography:
Lydia Y. Stuhrmann is a psychologist, research associate and PhD candidate at the University Medical Centre Hamburg-Eppendorf, Germany. Her main research interests include mentalization-related theories and parental as well as infant mental health. Her current PhD project focuses on parental reflective functioning and the development of early mother-baby relationship.

INTRODUCTION:
Parental reflective functioning (PRF) is a key predictor for child attachment security and the quality of parenting. To our knowledge, the Prenatal Parental Reflective Functioning Questionnaire (P-PRFQ), developed and validated in a Finnish sample, is the only existing questionnaire for the assessment of prenatal PRF. It consists of three factors – “Opacity of mental states” (F1), “Reflecting on the foetus-baby” (F2), “Dynamic nature of mental states” (F3). However, the questionnaire has not yet been tested in other language versions.

AIM of the study:
Our study aims to demonstrate the first indications for the psychometric properties of the German version of P-PRFQ. Specifically, we aim to explore its association with sociodemographic features, prenatal psychological distress, maternal-foetal bonding and postnatal PRF.

MATERIAL and METHODS:
A sample of $N = 110$ women filled out a set of questionnaires in late pregnancy, while a subsample ($n = 34$) participated in the Parent Development Interview-Revised at seven months postpartum.

RESULTS:
An alternative three-factor structure (P-PRFQ-12) was revealed, showing good psychometric properties and construct validity. Nulliparous women reported significantly higher scores on P-PRFQ-12. There were no associations with prenatal depression, state anxiety or postnatal PRF. The association with prenatal emotion dysregulation was limited.

CONCLUSIONS:
Our analysis was the first to investigate the performance of the P-PRFQ in German. Further, the analyses regarding sociodemographic factors, pregnancy-related anxiety and prenatal bonding give an insight into the structure of prenatal PRF, relevant for future research on the early parent-infant relationship.
The prevalence of PTSD of mothers and fathers of high-risk infants admitted to NICU: A systematic review

Mrs Lisa Mckeown¹, Associate Professor Vanessa Cobham, Professor Leonie Callaway, Mrs Katie Foxcroft
¹University of Queensland, St Lucia, Australia

Biography:
Lisa McKeown is a Neonatal Intensive Care Registered Nurse at the Royal Brisbane & Women's Hospital and 1st year student completing her Masters in Philosophy at the School of Psychology, University of Queensland. She has a special interest in the mental health and wellbeing of mothers and fathers of high risk infants admitted to the neonatal intensive care unit.

INTRODUCTION
The birth of an infant admitted to the Neonatal Intensive Care Unit (NICU) for specialised care is a stressful event for parents. The NICU admission may be sudden and unexpected (Elklit, 2007). Parents may feel overwhelmed and helpless as they witness their infant in an incubator attached to highly technical medical equipment surrounded by noisy alarms and nurses and doctors (Elklit, 2007). As a result, this experience can affect the mental health and wellbeing of parents. Evidence suggests parents of premature or high-risk infants are at risk of developing psychological symptoms such as Post-Traumatic Stress Disorder (PTSD) (Feeley et al., 2011; Vanderbilt et al, 2009). There is limited research on the prevalence of PTSD of mothers and fathers of infants admitted to NICU. Most studies focus only on the mother and premature infants. Typically, PTSD is problematic and if left untreated can negatively affect the mother-infant attachment relationship, maternal health, and infant outcomes (Aftyka et al., 2014). It is important further research is conducted to identify parents with PTSD and provide support once discharged home from the hospital.

AIMS
This review aims to assess the need for clinical services focusing on mothers and fathers symptoms of PTSD for parents of high risk infants admitted to NICU.

DESCRIPTION
The protocol will be registered with PROSPERO. The search strategy will occur in three stages searching the published peer reviewed electronic databases: Medline, CINAHL, PsycINFO, PubMed, EMBASE.

Study eligibility includes mothers and fathers (of any age and ethnicity) of infants admitted to NICU, studies of qualitative, quantitative or mixed designs, all validated DSM III-IV and ICD criteria measures of screening for PTSD by a self-report and clinician administered questionnaire where a diagnosis of PTSD is likely, peer reviewed studies, full text articles, published studies and studies of English language. Studies of non-English language and PTSD related to childbirth will be excluded.

CONCLUSIONS
I do not have my results yet but will have the review completed by the date of the conference. I intend to publish my work. Email received from the secretariat 14/10/19 stating it was fine to submit the abstract.

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Screening for Emotional Availability (EA) and a single session of parent coaching (the EA Brief)

Dr Zeynep Biringen¹, Ms Emma Clark¹, Ms Jessy Jiao¹
¹Colorado State University, Boulder, United States

Biography:
Zeynep Biringen is Professor at Colorado State University's Department of Human Development & Family Studies. She is the developer of the Emotional Availability (EA) Assessment System as well the intervention EA Brief, a single session of parent coaching. She conducts research on this topic as well as adverse childhood experiences, stress, and mindfulness in relation to parent-child relationships across the life span.

Introduction: The Emotional Availability (EA) Assessment System involves a fine quantitative calibration of dimensions of the parent-child relationship, including 4 EA Scales on the parent side (sensitivity, structuring, nonintrusiveness, and nonhostility) and 2 on the child side (responsiveness and involvement). The EA zones additionally provides an assessment of “attachment style” including Emotionally Available, Complicated, Detached, as well as Problematic/Disturbed, patterned after traditional attachment categories. The system has become the most highly utilized observational system of parent-child relationships, and has been used by both researchers and practitioners, with a 3-training program and reliability/certification process (another 7-10 hours minimum). Given the system is in demand by practitioners who often do not need this fine calibration to help families with relational issues, a screening system (EA-Practitioner Screening Guide, EA-PSG) was conceived. Either the more detailed research version or the EA-PSG can be used to then help parents through a single session of parent coaching using videoplayback (the EA Brief).

Aim: 1) To describe (qualitatively) the EA-PSG and EA Brief, and demonstrate its first use with 7 professionals; and 2) Describe the empirical results of an evaluation study using the research version and the EA Brief.

Description of the Work: Describe how the language of EA (either the EA-PSG or the full EA System) can provide the basis for conducting parent coaching (the EA Brief).

Conclusions: A qualitative approach to the use of the EA-PSG and EA Brief by a small group of professionals (n=7) completely new to the assessment and intervention will be described. In addition, the results of a recent quantitative evaluation study (n = 25) using the use of the full EA System and the EA Brief will be described. The two efforts will demonstrate that one can easily move from assessment to a single session of parent coaching based on the EA framework.
Pilot Study: Are Maternal and Infant Distress Levels Aligned During a Bedtime Stressor?

Mrs Jo Osborne¹, Professor Sarah Blunden⁠, Dr Amy Reynolds¹
¹CQU University, Wayville, Australia

Biography:
Jo Osborne has over twenty-five years’ experience in medical and public health research. She has a strong interest in perinatal and infant mental health, mother-infant attachment, infant sleep, and is undertaking a Master’s degree in clinical psychology.

INTRODUCTION
Mothers commonly report maternal and infant stress at bedtime. The relationships between maternal stress, maternally perceived infant stress and actual, physiological infant stress during bedtime separation are unclear, with inconsistent research findings reported.

AIM
The study aims were to explore the alignment of maternal and infant stress during a bedtime stressor (maternal-infant separation at bedtime).

MATERIALS and METHODS
Maternal self-reported stress, maternal perceptions of infant stress (visible stress, presence of crying, and intensity of crying) as well as an objective measure of infant physiological stress (cortisol) were compared pre- and post-bedtime stressor on two consecutive days for sixteen maternal-infant dyads (infants aged 6-12 months) to explore the alignment of maternal and infant stress levels during a bedtime stressor.

RESULTS
The hypothesis that maternal perceptions of infant stress would be aligned with infant cortisol levels was partially supported, with statistically significant findings pre-stressor on Day 1. A trend was observed that may support the hypothesis that maternal stress would be aligned with maternal perceptions of infant stress, however, these findings were not statistically significant and require cautious interpretation.

CONCLUSIONS
When mothers believe their infants are distressed during a bedtime stressor, they tend to be stressed themselves. Maternal perceptions of infant stress are, for the most part, aligned with infant cortisol levels. Further research with a larger sample size is needed to explore additional measures of maternal and infant stress during a bedtime stressor, evaluate maternal accuracy in reading infant cues and evaluate cortisol’s suitability as a measure of infant stress during a bedtime stressor.
Treating disruptive behaviours in toddlers with ASD symptoms using Parent-Child Interaction Therapy for Toddlers: A case study

Mrs Sara Cibralic1,2, Dr Jane Kohlhoff1,2, Dr Nancy Wallace1,2, Associate Professor Catherine McMahon3, Professor Valsamma Eappen1,4

1University Of New South Wales, Sydney, Australia, 2Karitane, Carramar, Australia, 3Macquarie University, Sydney, Australia, 4Academic Unit of Child Psychiatry South West Sydney & Ingham Institute, Liverpool Hospital, Liverpool, Australia

Biography:
Sara Cibralic is a clinical psychologist currently completing a PhD at UNSW. Her PhD is exploring the association between attachment, emotion regulation and behavioural difficulties in toddlers with ASD symptoms and looking at the impact that PCIT-T may have on improving these factors in toddlers with ASD symptoms.

BACKGROUND: Up to 27% of children with autism spectrum disorder (ASD) experience clinically significant externalizing behavior. Child emotional dysregulation is thought to be one of the main reasons for the manifestation of externalizing behaviors during toddlerhood and has also been associated with insecure and disorganized parent-child attachment relationships. Parent-Child Interaction Therapy for Toddlers (PCIT-T) is an attachment and behavioral based parent training program targeted at children aged 12 to 24 months with externalizing behavior.

AIM: This study assessed the effectiveness of PCIT-T in reducing child externalizing behavior as well as improving child emotional regulation and the parent-child attachment relationship in a child with moderate-to-severe ASD traits, low intellectual and adaptive functioning, externalizing behaviors within the clinical range, and a disorganized/insecure mother-child attachment relationship.

METHODS: The intervention occurred over a 12-week period and focused on improving positive parenting skills, parent emotional regulation, and child emotional regulation. Treatment progress was tracked using the Child Behavior Checklist Externalizing Behavior subscale, the Deverux Early Childhood Assessment for Toddlers Attachment/Relationship and Self-Regulation subscales, the Dyadic Parent-Child Interaction Coding System, version 4, and the Strange Situation Procedure. Study results provide preliminary support for the use of PCIT-T in reducing externalizing behavior, improving the parent-child attachment relationship and child emotional regulation.

RESULTS: Study results provide preliminary support for the use of PCIT-T in reducing externalizing behavior, improving the parent-child attachment relationship and child emotional regulation.

CONCLUSIONS: Results indicate that PCIT-T can be beneficial for children with ASD traits, however, further research with a larger sample size is needed to strengthen these findings.
Mindful parenting: How Take Root Home Visitation (TRHV) fosters parent-infant interactions

Dr Tara Saathoff-Wells, Dr. Melina Czymoniewicz-Klippel, Dr. Daniel Perkins

1 Penn State Clearinghouse For Military Family Readiness, University Park, United States, 2 Pennsylvania State University, Dept. of Biobehavioral Health, University Park, US

Biography:
Dr. Saathoff-Wells has 20+ years’ experience in parent education and home visitation programming and evaluation. Her current work focuses on intensive child abuse prevention efforts within US military families. Dr. Czymoniewicz-Klippel focuses on understanding and addressing the determinants of health and health risks and resilience of vulnerable children and families, including refugees and asylum seekers. Dr. Perkins’ work involves the integration of research and practice in three focus areas: (1) Healthy Family Development; (2) Implementation Science; and (3) Community Collaboration.

All three authors are collaborators on a suite of parent education programs developed for the US Department of Defense.

INTRODUCTION
Recent years have seen increasing recognition of the value of mindful parenting in strengthening the parent-child interactions. Specifically, by fostering parenting capacity and parental wellbeing, mindful parenting is thought to contribute to lower parenting stress and, in turn, promote a range of positive—and prevent negative—child and parent outcomes.

AIMS/PURPOSE
Take Root Home Visitation (TRHV) is a trauma-informed, non-clinical secondary prevention parenting program developed by research scientists at the Pennsylvania State University in partnership with staff from the United States Department of Defense. It was designed to be implemented by home visitation staff working with military and civilian families who have children aged birth to three and who have been identified as being “at risk” of child maltreatment. Framed with a Protective Factors framework, the TRHV curriculum centers on Everyday Moments in family life, mindful decision making, and family strengths to draw attention to moment-to-moment parenting experience and disrupt “automatic” parenting responses.

DESCRIPTION
TRHV fosters parent-infant interactions via mindful parenting in several ways. First, parents are coached to be more mindful and emotionally available to their infant by asking themselves three questions throughout the course of their everyday parenting encounters. These questions center on encouraging parents to develop consciousness of their own, and their child’s, thoughts and feelings with the aim of identifying how—in partnership—they can “work this out together.” Second, TRHV includes written resources, such as a series of Family Pages, which develop understanding of infant development and outline specific mindful parenting activities.

CONCLUSIONS
The U.S. Army Family Advocacy Program recently completed a beta-test of TRHV is currently at 11 military installations across the U.S.. Preliminary data indicate that two curricular tools designed to promote mindfulness and perspective-taking are used consistently and with positive feedback from home visitors and their supervisors suggests feasibility and parent-clients.
Supporting home visitors and families through a trauma-informed home visitation curriculum

Dr Tara Saathoff-Wells1, Dr. Melina Czymoniewicz-Klippel2, Dr. Daniel Perkins1

1Penn State Clearinghouse For Military Family Readiness, University Park, United States, 2Pennsylvania State University, Dept. of Biobehavioral Health, University Park, United States

Biography:
Dr. Saathoff-Wells has 20+ years’ experience in parent education and home visitation programming and evaluation. Her current work focuses on intensive child abuse prevention efforts within US military families.
Dr. Czymoniewicz-Klippel focuses on understanding and addressing the determinants of health and health risks and resilience of vulnerable children and families, including refugees and asylum seekers.
Dr. Perkins’ work involves the integration of research and practice in three focus areas: (1) Healthy Family Development; (2) Implementation Science; and (3) Community Collaboration. All three authors are collaborators on a suite of parent education programs developed for the US Department of Defense.

INTRODUCTION
Home Visitation programming targets a variety of needs for families with young children. One focus in U.S.-based HV is child abuse prevention a/o reduction. Our knowledge about the potential long-term sequelae of trauma, toxic stress, and ACEs (Adverse Childhood Experiences) has increased significantly in recent years. In turn, parent education and home visitation fields seek updated curricula that is responsive, trauma-informed, and fosters family strengths and resilience.

AIMS/PURPOSE
To take root home visitation (TRHV) is a trauma-informed, secondary prevention parenting program developed at Pennsylvania State University in partnership with the United States Department of Defense. It is designed to be implemented by home visitation staff working with military families who have children aged birth to three years, identified as being “at risk” of child maltreatment. The TRHV curriculum integrates six guiding principles of Trauma-Informed Care (TIC) into the curriculum training and implementation processes and provides examples of practice within each content chapter. The Army recently completed a beta-test of TRHV, and home visitors provided detailed feedback for TIC content and training.

DESCRIPTION
TICP principles promote physical, psychological, and emotional safety:
1. Safety;
2. Trust and transparency;
3. Peer support and mutual self-help;
4. Collaboration and mutuality
5. Empowerment, Voice, and choice; and
These principles provide opportunities for parents to (re)build their sense of control and empowerment. All families experience challenges. The integration of TIC principles into home visits fosters healthy parent-child relationships and strong parent-home visitor alliances.

CONCLUSIONS
Practitioners may struggle to translate aspects of training and continuing education principles, such as TIC, into daily work with clients. This curriculum integrates examples of how to translate TIC into home visitation practice.
and ties directly into the curricular content. In doing so, TRHV supports home visitors so that they can, in turn, better support the families they serve.
Treatment of families with post-traumatic stress disorders in a combined parent-child psychiatric unit

Dr Katrin Helmbold, Dr Sybille Swanson, Prof.Dr. Niels Bergemann
1 Kitzberg Hospitals, Center for Psychosomatic Medicine and Psychotherapy, Bad Mergentheim, Germany, 2 University of Trier, Department of Psychology, Division of Biological and Clinical Psychology, Trier, Germany

Biography:
Dr. Katrin Helmbold is Head Clinical Psychologist at the Kitzberg Hospitals, Center for Psychosomatic Medicine and Psychotherapy, Parent-Children Unit. She studied at the University of Excellence Konstanz, Germany. She mastered her PhD in pharmaco FMRI research at the University of Excellence RWTH Aachen and received international and national research awards for her work. She is a certified clinical psychologist and worked in numerous psychosomatic clinics as well as with numerous outpatients. She is now specialized on the treatment of PTSD and parent-child interaction.

Introduction
In families, both adults and children can suffer from post-traumatic stress disorder (PTSD). An increasing body of research identifies the negative impact of adverse early experiences on infant and early childhood mental health. Parents suffering from PTSD are often not capable of providing appropriate nurturing and parenting skills. Infant mental health largely depends on the quality of parent-child bonding and caregiving. Parents’ mental illness is not directly addressed by infant clinicians. Many psychiatric units do not provide treatment for all key family members suffering from the consequences of traumatic events that happened within the family. Especially single mothers often lack support and social networks for childcare preventing necessary inpatient treatment. Untreated parents and/or mothers are a major risk factor for infant mental health.

Aims
Our specialized parent-child unit aims at treating both parents and children with PTSD as well as improving parenting skills and parent-child interactions and bonding to foster long-lasting positive therapeutic effects on infant mental health.

Description
Our clinic provides psychiatric treatment for both parents and children simultaneously. In our unique parent-child inpatient unit, parents are admitted with their children enabling the entire family to receive appropriate treatment. Both parents and children undergo individual therapy as well as a joined parent-child therapy program with focus on parent-child interaction. The Kitzberg Hospitals are specialized in the treatment of PTSD and family therapy. The close interconnection between child, youth and adult inpatient facility can be seen as an exceptional clinical set up in Germany as well as internationally. This set up allows the appropriate treatment of severe cases.

Conclusion
The set-up of the clinic provides an innovative framework for the treatment of PTSD in families.
In tune with your baby: Supporting parent-infant attachment and infant mental health in a paediatric cardiac ward

Ms Susan Johnson¹, Ms Monique Bathis², Ms Lucy Leu-Marshall³
¹Queensland Children’s Hospital, South Brisbane, Australia

Biography:
Susan has been working as a Clinical Psychologist with children and families for over 25 years. Since 2006 she has worked primarily with infants, children, and young people affected by childhood heart disease, providing psychological services within a collaborative and family-centred approach. She is passionate about providing and improving psychological care for children with critical medical conditions.

INTRODUCTION
There is increasing evidence of the impact of cardiac surgery in infancy on psychological and neurodevelopmental functioning, and research has highlighted the challenges to parent-child attachment associated with having a critically ill child. Exposure to stimuli including noise, lights, frequent handling, and painful procedures can have a negative influence on emotional reactivity, self-regulation, and neurological outcomes for infants in hospital. Compounding psychosocial stressors of hospitalisation are risk factors for parent mental health and parent-infant relationships. Various programs have outlined the positive impact of short-term family centred early intervention programs including enhancing mothers’ capacity for attuned interaction and supporting infant neurodevelopment, including music therapy programs and hospital-based interventions.

AIMS
We developed In Tune With Your Baby as a group therapy intervention for hospitalised infants with cardiac conditions and their parents and caregivers. The aims of the group are to support attachment, attunement, and emotional regulation in the medical environment.

DESCRIPTION
In Tune With Your Baby uses music to structure the therapy session and provide positive stimuli for play, shared delight, settling and soothing; and a platform for recognising and understanding infant cues and reactivity. The group was held weekly on the cardiac ward of Queensland Children’s Hospital, facilitated by a Registered Music Therapist and a Clinical Psychologist.

CONCLUSION
The In Tune With Your Baby group provided a therapeutic space for caregivers to connect with each other and their infants and reflect on their family’s medical journey. The group was well received by parents, infants, and ward nursing staff. However, there were many challenges to establishing and running the group, particularly those relating to the medical fragility of the cardiac infants. Various themes emerged within the group, including observing and reflecting on the role of music in emotional regulation; music and memories; managing stimulating environments; and preparation for discharge.
Assessing Fathers Parenting Capacity in Rough and Tumble Play Settings with Diverse Low-income Families in the U.S.

Dr Sheila Anderson¹, Dr. Jennifer StGeorge², Dr. Lori Roggman³

¹Weber State University, Ogden, USA, ²University of Newcastle Australia, Callaghan, Australia, ³Utah State University, Logan, USA

Biography:
Sheila Anderson, Ph.D., Assistant Professor at Weber State University, has been closely involved with the development of Parents’ Interaction with Children: Checklist of Observations Linked to Outcomes (PICCOLO) for fathers, younger babies, Chinese families and family child care providers, working closely with Early Head Start, father involvement initiatives, and child care.

INTRODUCTION: Two new theoretically distinct measures that recognize gender-differentiated parenting and can be used by practitioners and researchers to assess and improve fathers’ parenting capacity in playful naturalistic settings are: Rough-and-Tumble Play Quality Scale and Dads’ Parenting Interaction with Children: Checklist of Observations Linked to Outcomes.

AIM: To compare the two observational measures for suitability of assessment of fathers’ parenting capacity in a naturalistic playful setting.

MATERIAL and METHOD: A correlational longitudinal design was used to examine extant father-child play videos from the Early Head Start Research and Evaluation project for 25 fathers and their 24- to 48- month-old children, with child prekindergarten and fifth grade social emotional, language, and cognitive outcomes. Observations were independently coded with each measure. Both measures showed good interobserver and internal consistency reliability: RPTQ ICC .79 (95% CI .41 -.92) and Cronbach’s alpha = .95. PICCOLO-D ICC .93 (95% CI .85 -.97) and Cronbachs’ alpha = .87. RESULTS. Convergent validity between the two measures (r = .63) was strong. Both measures predicted child prekindergarten attention regulation (r < .44) and fewer aggressive behaviors (r < .42). PICCOLO-D predicted prekindergarten language (r = .48) and cognition (r = .42), and language/literacy (r = .43) in fifth grade.

CONCLUSIONS: Results suggest that both measures are reliable tools. The broad confidence interval for RPTQ interobserver reliability suggests the need for further testing with a larger sample. Moderate to strong convergent construct validity between the two measures, and the similarities and differences in predicting child outcomes confirm the distinctive theoretical approaches of each measure, suggesting both are suitable tools practitioners and researchers for assessing fathers’ parenting capacity in naturalistic playful settings. While not all men enjoy rough-and-tumble play with their children, these tools provide additional strategies for enhancing the parenting skills and confidence for men who do.
Effect of NBO Introduction to mothers in maternity clinic

Ms Yuka Urata1, Prof Masako Nagata2
1NAGATA MASAKO laboratory in Nagoya University, Nagoya City, Japan, 2Psychological Support & Research Center for Human Development, Nagoya University, Nagoya City, Japan

Biography:
2014-2016 Master student of the graduate school of Nagoya University
2016-2019 Ph.D student of the graduate school of Nagoya University

INTRODUCTION
In Japan, people have got attention to mothers’ mental health during the perinatal period. Government tries to establish systems to support babies and their mothers who are in the early stages such as gestation period and first postnatal period. However, there are few studies about the care for babies and their mothers who had some risks. Thus, concrete support method is required to help them during the perinatal period. NBO (Nugent, Keefer, Minear, Johnson, & Blanchard, 2007) is one of the interventions for babies and their families. It is a family-based, relationship building.

AIMS/PURPOSE OF WORK
In this study, we examined the role of NBO introduction would influence mothers’ NBO experiences and impressions of their babies.

DESCRIPTION/METHODS
Seventy-two babies(2-7days) and their mothers (Age 23-38) who were in the hospital attended this study. Fifty-six babies and mothers were analyzed due to the lack of postquestionnaires. We divided into 2 groups. First group(N=24) was well-known midwives introduced NBO to mothers, other group(N=32) was unknown researchers introduced NBO to mothers. Before and after NBO, mothers answered questionnaires which consisted of Postpartum Mother Attachment Scale (Nagata et al, 2000) and alertness items which was extracted from Mother And Baby Scale (Wolke, & St James-Roberts, 1987).

RESULTS
ANOVA(Group×Pre-Post questionnaire score) revealed two significant differences in the mean between two groups, Alertness scores of pre and post questionnaires (F(1,1)=2.89, p<0.007*, F(1,1)=21.05, p<0.00***, after Bonferroni correction). Post-alertness score was significantly higher than pre-score. Post-alertness score of researchers’ group introduction group was marginally higher than that of midwives’ group.

CONCLUSIONS
Results showed that NBO would influence mothers to be more conscious of their babies’ movements and characteristics. Moreover, midwives’ introduction seemed to be acceptable to mothers. It implied that NBO was useful to promote mothers’ responsiveness to their infants.
Daring to be different, little things big impacts - First 5 Forever

Mrs Marnie Julin¹, Ms Elise Parker², Ms Holly Rynsent²
¹Logan City Council, Logan Central, Australia, ²Salvation Army’s Communities for Children Facilitating Partner Program, Slacks Creek Logan, Australia

Biography:
Marnie Julin is the Early Years Library Services Coordinator for Logan City Council Libraries. Her unique role takes programming and support beyond the library context, allowing greater support for families out in the community where they naturally gather. Marnie coordinates the First 5 Forever family literacy program across the City of Logan and provides programs that support the community in their parenting and carer journey of raising healthy and confident learners. Marnie works solidly in partnership and strongly believes this is key to being able to achieve big impacts for families.

Introduction
First 5 Forever Logan is a small team, however through partnership they have a big impact. This is achieved by promoting early childhood development and language as priority through a range of innovative methods that engage families in spaces inside libraries and touch points in community where families naturally gather. Through partnership the Logan team becomes a great army, all working towards a shared goal; to improve the life outcomes of children in Logan through the promotion of early childhood development and supporting parents/carers to build warm, responsive relationships with their infants and children.

Aims or Purpose
In response to the growing numbers of babies in Logan, the teams focussed shifted to expectant mothers in a bid to make connections with them prior to baby’s birth, and to take a more preventative approach to Infant and Perinatal Mental Health. Across the program, project partners provide local knowledge, specialist advice and collaborative opportunities that informs the development of programs, resources and approaches to delivery.

Description
The team create new programs and resources responsive to the needs of local families, and use creative methods to improve access to existing programs and resources. The team make programs look fun and inviting, they also provide parents/carers with crucial information and key messaging. Activities promote lifelong learning and literacy and resources are designed to be replicated in the home environment. The team understands that a good resource is important, but often it’s usefulness for a family requires scaffolding through conversations with a friendly, skilled and trusted worker. Additionally, to ensure the workforce has shared language, shared understandings, and in turn consistent information and messaging for parents/carers; a commitment to workforce development including cross organisational training is crucial.

Conclusion
First 5 Forever develops and delivers engaging programs that support the community to navigate their lives and be able to feel supported in their role as a parent and/or carer. Through partnership, First 5 Forever have extended their reach far beyond libraries, and provide many families access to quality and consistent information and support. Little things with big impacts through partnership and shared knowledge.
Changing practice: developing the skills of practitioners working with infants and families during the postnatal period

Dr Maggie Redshaw¹, Ms Michaela Vigarova¹
¹Brazelton Centre UK, Cambridge, United Kingdom

Biography:
Psychologist, Research Fellow, Nuffield Department of Public Health, University of Oxford, Brazelton Center UK Trustee

Introduction
More than 5000 healthcare practitioners have been trained in the Newborn Behavioural Observation (NBO) system in the UK. This focuses on developing and enhancing skills in working with parents, newborn babies and their families. The training aims to enable practitioners in promoting infant mental health by providing them with techniques to observe newborn behaviour and nurture strong parent-infant relationships.

Aim
It is critical to understand the practice, perceptions and goals of the clinicians at baseline and following the course and to monitor change over time.

Materials and Methods
Using recent Brazelton Centre UK 2018 data from structured self-report questionnaires completed by practitioners before and after NBO training. Basic background data collected and experience concerning specific areas of interest scored 1-10 and open text responses coded.

Results
Data from 436 trainees from many regions of England and Wales who participated in 19 different training courses. The majority were health visitors (66%); others were nursery nurses, occupational therapists, neonatal and perinatal mental health nurses and midwives. Many had been working in the perinatal field for many years (mean=12.68, median 10 years).
Open text responses prior to the course of anticipated benefits predominantly focused on the acquisition of new knowledge and skills, being able to help parents understand baby cues and behaviour. Other benefits included learning about the NBO as a specific tool, using it in their practice and looking forward to greater confidence in baby observation and interaction with parents.
Comparison of pre and post course scores indicate significant changes in how practitioners perceived their skills across all areas (p=<0.01): mean and median scores were markedly higher for: effective newborn observation, describing newborn behaviour to parents, identifying babies’ individual strengths and challenges, discussing sleep, crying and soothing techniques with parents.

Conclusion
The NBO programme is perceived to be a positive way of developing, changing and supporting health professional skills and practice. Longer term follow-up of practitioners is required.
Child Development Support at Home – An in home parenting program to support parent-infant interactions and child development

Ms Alana Laundy¹, Ms Stoneman Rebecca, Ms Letwin Malunga, Ms Nicole Dyer
¹Benevolent Society, Nerang, Australia

Biography:
Alana is a Paediatric Social Worker with over 20 years’ experience working with children and families. Alana has long held an interest in infant and perinatal mental health, in particular how working within a public health model can provide safe and seamless pathways to support for our more vulnerable families. Alana currently manages the Early Years Places and Women’s Space on the Gold Coast.

INTRODUCTION
The Home Visiting Child Development Support program is a home based program that supports and enhances a parent’s capacity to meet the needs of their child with a particular focus of helping parents support their child’s development. The program works with parents who have children between the ages of 0-8 years who have been identified as vulnerable for one or more reasons. The program duration is flexible pending on family needs and is delivered by our qualified Early Childhood Educators. The program uses an early intervention framework to provide intensive parent education to help improve the outcomes for children particularly in regards to school readiness.

AIMS/PURPOSE OF WORK
The program consists of scheduled home visits to provide support and enhance a parent’s capacity to meet the needs of their infant, particularly targeting families with vulnerabilities in one or more domains. The program aims to support parents in their role as their child’s first teacher, enhancing the parent-child relationship though routines and play. Specifically, the program aims to provide parenting education in relation to brain development, early development, age-appropriate routines, nutrition and quality play. Families who access the program are all supported by the integrated service opportunities provided through the Early Years Places service partnerships.

CONCLUSIONS
Drawing on evidence informed practice, research and client evaluations, the Child Development Support program supports vulnerable families to improve their relationship with their infant and supports improved trajectories for children who have vulnerabilities in one or more domains.
Evaluation of a “Dialectical Behaviour Therapy for Mothers” Program

Ms Gaye Foster¹, Ms Linda Rollason¹

¹Belmont Private Hospital - Brisbane Centre for Postnatal Disorders, Carindale, Australia

Biography:
Gaye Foster is a psychologist with the Brisbane Centre for Postnatal Disorders (BCPND) – a 10 bed private mental health mother-baby unit in Brisbane – located at Belmont Private Hospital in Carina. For the past 10 years she has been working with new mothers experiencing mental health disorders during pregnancy and postnatally. Gaye facilitates the Cognitive Behaviour Therapy group program, the Dialectical Behaviour Therapy group program, as well as the Triple P and Circle of Security parenting programs.

INTRODUCTION
Borderline personality disorder (BPD) is a severe disorder diagnosed in early adulthood involving an unstable sense of identity, and self-destructive behavior. BPD in motherhood can include emotional distress, self-harm, fear of abandonment, unstable relationships, and inappropriate, intense anger. BPD has been associated with negative psychological and developmental disturbances in infants and children, and can reduce the development of a secure attachment between mother and child. Interactions between mothers with BPD and their infants are at risk of low sensitivity and high intrusiveness, and mothers have difficulty in correctly identifying their emotional state. Levels of parenting stress are high, and self-reported competence and satisfaction are low.

AIMS
Dialectical behaviour therapy (DBT) is an evidence-based therapy designed to treat BPD. The DBT for Mothers (DBTM) program is skills based and assists parents to tolerate intense feelings and learn to keep their infants/children in mind. DBT strategies for emotion regulation, mindfulness, interpersonal effectiveness, and distress tolerance are used within a parenting framework. The aim was to decrease BPD symptoms, and increase mothers’ sense of parenting satisfaction and efficacy.

DESCRIPTION
Participants were nine women admitted as day patients to a private mental health hospital. Thoughts, emotions, and behaviors typical of BPD and parental satisfaction and efficacy were measured. Data revealed statistically significant improvements in participants’ ability to manage their thoughts and feelings, an increase in their parental satisfaction and efficacy, and a reduction in depression and stress symptoms. Additionally, in post-program evaluations 90% of participants reported that relationships with their families had improved.

CONCLUSIONS
Although this pilot program had a relatively small sample size it is encouraging that a DBT program designed for mothers, focused on parenting, can increase parental satisfaction and efficacy and reduce emotional distress. The improved mother-infant relationship may prevent the infant from growing up to experience their own difficulties with emotion regulation and interpersonal effectiveness.
Evaluation of the “Circle of Security Parenting Program” for Women with Perinatal Anxiety & Mood Disorders

Ms Gaye Foster1
1Belmont Private Hospital - Brisbane Centre for Postnatal Disorders, Carindale, Australia

Biography:
Gaye Foster is a psychologist with the Brisbane Centre for Postnatal Disorders (BCPND) – a 10 bed private mental health mother-baby unit in Brisbane – located at Belmont Private Hospital in Carina. For the past 10 years she has been working with new mothers experiencing mental health disorders during pregnancy and postnatally. Gaye facilitates the Cognitive Behaviour Therapy group program, the Dialectical Behaviour Therapy group program, as well as the Triple P and Circle of Security parenting programs.

INTRODUCTION
Perinatal anxiety and mood disorders (PAMD) manifest in a number of ways, varying in severity and period of onset. PAMD’s have been associated with negative psychological and developmental disturbances in infants and children, and can reduce the development of a secure attachment between mother and child. Without the safety net of a secure attachment relationship, children grow up to become adults who struggle with feelings of low self-worth and challenges with emotional regulation. They also have an increased risk of developing depression and anxiety.

AIMS
Circle of Security is a relationship based early intervention designed to enhance attachment security between parents and their children. The COS program was conducted for 3 hours per week over eight weeks and included video examples of secure and problematic parent/child interactions, healthy examples of caregiving, animated graphics designed to clarify the central principles, and informative handouts.

DESCRIPTION
The participants were 28 women admitted as day patients to a private mental health hospital. Aspects of parent functioning that were measured included: satisfaction and efficacy (The Parenting Sense of Competence scale); and feelings about being a parent, and being with their children (Caregiving Helplessness Questionnaire). Statistically significant results across most measures revealed: participants felt less helpless about their ability to parent; and rated themselves as less fearful of their children. Statistically significant improvements occurred in participants’ sense of satisfaction and efficacy. Post-program evaluations revealed that 100% of participants agreed they were now able to identify their child’s needs, and 94% stated that they now viewed their child's behaviour more positively.

CONCLUSIONS
The results suggest that the Circle of Security parenting program has the potential to assist women who have experienced a PAMD to improve their relationship, attachment, and interaction with their children, and thus reduce the likelihood of insecure or disorganised parent-child attachments developing.
The impact of a parenting intervention on parental stress and depression

The Impact of a Remotely Delivered Parenting Intervention on Parental Stress, Depression, and Parenting Behaviors

Dr Bethanie Van Horne¹, Dr Janelle Montroy²
¹Baylor College of Medicine, Houston, United States, ²University of Texas Health Science Center at Houston, Houston, United States

Biography:
Bethanie Van Horne is an assistant professor at Baylor College of Medicine and the director of research for the Section of Public Health and Child Abuse Pediatrics. Current projects and interests include: early childhood caregiver support, postpartum depression, perinatal substance use, behavioral health, child maltreatment, and services for foster and at-risk families.

Janelle Montroy is an assistant professor at the Children’s Learning Institute at the University of Texas Health Science Center. Her research is focused on children’s development of complex cognitive and social-emotional skills, and how environmental factors such as high quality relationships with caregivers can support that development.

INTRODUCTION: Numerous studies have demonstrated the critical importance of nurturing and responsive caregiving in the promotion of optimal child development (Shonkoff & Phillips, 2000). Parental stress and depression have been shown to impact caregiving and child outcomes.

AIMS: The aim of this study was to determine the impact of a parenting intervention, Play and Learning Strategies (PALS), on parental stress and depression.

METHODS: 18 Early Head Start sites across Houston, Texas were randomized to intervention (n=11) or control (n=10) and 208 parent-child dyads participated completed pre and post. Intervention parents completed up to 14 online courses with coached reflective video feedback after each course. The Center for Epidemiologic Studies Depression Scale and the Parent Stress Index (PSI) were used to measure depression and stress, respectively. A 10-minute parent-child toy play was recorded and coded for parental behaviors including contingent responsiveness, warmth, verbal scaffolding, and physical demonstration/teaching.

RESULTS: There were no significant effects on post-test depression between the intervention (M = 15.7, SD = 0.78) and the control group (M = 16.4, SD = 0.78), controlling for pre-test depression and ethnicity, p = 0.50. However, for the PSI total score, there was an effect of group such that the intervention group had lower levels of total parenting stress (M = 75.6, SD = 1.4) at post-test (controlling for pre-test) than the control group (M = 80.0, SD = 1.4), p = 0.03. This effect was driven by significantly lower post-test scores on the parent-child dysfunctional interaction’ subscale for the intervention group. Intervention parents had significantly high ratings on all four positive parenting behaviors observed.

CONCLUSIONS: PALS parents demonstrated improved parenting behaviors post intervention as well as decreased parental stress. PALS did not appear to influence parental depression indicating additional components may be needed to address depression specifically.
Challenges in doing an Infant Observation in Africa

Jacobs M1, Ms Jeannine Subramoney1
1Stellenbosch University, Cape Town, South Africa

Biography:
A dietician by training with a special interest in infant feeding. Currently an MPhil Student in Infant Mental Health at Stellenbosch University

INTRODUCTION
As part of the Masters Programme in Infant Mental Health at Stellenbosch University in Cape Town, South Africa, the students are required to complete a 2 year Infant Observation according to the model developed by Ester Bick in 1948. The students come from a diverse cultural, language and professional background.

PURPOSE
Infant Observation has been developed as a method which enables the students to learn about infant development in the context of the family through observation and subsequent reflection on the observation. Some of the reflections that emerged during weekly group seminar will be described.

DESCRIPTION
The challenge of Infant Observation involves finding a distance close enough to experience the feelings involved in the child’s relationships but far enough to be able to think about them. South Africa is known as the rainbow nation indicating the vast cultural differences and diversities among the population. As a citizen knowing how to navigate through the challenges of our inherited past means appreciating the diversity, and feelings of inequality and multi-layered trauma that are ever present. In the South African context being neutral may be perceived as rude or even disrespectful. To be a ‘fly on the wall’ in order to look, listen and learn in as dispassionate a manner as possible was not always possible. However there is also the realization that it is not advisable to be completely immersed into the family as this might compromise the learning objectives of the observation. While these are common challenges for many observations, they are most marked for students whose own familial and cultural patterns of relating are similar to those of the observed families and where, in turn, these families have their origins in Africa and not in Europe where the model was developed.

CONCLUSION
The weekly seminar group in which the balance between being an observer and relating to the family in a culturally sensitive manner is of the essence in order for the students to be able to learn through the experience.
Maternal mental health and maternal-infant bonding in the postpartum period: A systematic review and meta-analysis

Ms Gypsy O’Dea1, Dr Delyse Hutchinson1,2,4, Dr George Youssef1, Dr Larissa Rossen3,5,6, Ms Lauryn Hagg1, Dr Anna Booth1, Ms Sasha Davies7, Ms Lauren Francis1, Ms Kayla Mansour1, Ms Imogene Smith1, Dr Samantha Teague1, Dr Jacqui Macdonald1,2,4

1School of Psychology, Centre for Social and Emotional Early Development, Deakin University, Melbourne, 34fcc912-e161-47f3-8ee2-0b6909560d77, 2Murdoch Children’s Research Institute, Melbourne, 34fcc912-e161-47f3-8ee2-0b6909560d77, 3National Drug and Alcohol Research Centre, University of New South Wales, Sydney, 34fcc912-e161-47f3-8ee2-0b6909560d77, 4Department of Paediatrics, University of Melbourne, Parkville, 34fcc912-e161-47f3-8ee2-0b6909560d77, 5Counselling Psychology Department, Trinity Western University, British Columbia, 57ed5b55-479c-43b3-9921-53a36506ee89, 6British Columbia Children’s Hospital Research Institute, The University of British Columbia, British Columbia, 57ed5b55-479c-43b3-9921-53a36506ee89, 7School of Psychology, Cognitive Neuroscience Unit, Deakin University, Melbourne, 34fcc912-e161-47f3-8ee2-0b6909560d77, 8British Columbia Children’s Hospital Research Institute, The University of British Columbia, Canada

Biography:
Gypsy O’Dea Bpsych (Hons), is a Doctor of Psychology (Clinical) candidate at Deakin University. Her doctoral research focuses on the early maternal-infant relationship and infant development, and her clinical areas of interest and experience include perinatal mental health, attachment, and the effects of childhood trauma on development of psychopathology. Gypsy has experience managing participants and data in longitudinal cohort studies including the Triple B Pregnancy Cohort Study and the Australian Temperament Project.

INTRODUCTION: The affective maternal-infant bond is critical for both maternal wellbeing and infant outcomes. Maternal mental health before, during and after pregnancy is widely thought to be associated with postnatal bonding. However, despite significant research in this area, the overall strength and direction of the relationship between maternal-infant bonding and maternal mental health is not clear, potentially impacting early diagnosis and treatment of both presentations.

AIM of the study: Our aim was to systematically review and synthesise literature and meta-analyse associations between self-reported maternal-infant bonding in the postpartum period, and maternal depression, anxiety, and stress.

MATERIAL and METHODS: The databases PsycINFO, Medline Complete, CINAHL, Embase, OATD, and ProQuest DTG were searched for peer-reviewed and grey literature. Studies were included if they reported on self-reported maternal-infant bonding in the postpartum period and an association with maternal mental health at any time point. Case studies, intervention studies without a control group, and qualitative studies were excluded.

RESULTS: Our search returned 5646 articles, of which 134 articles (117 studies) met inclusion criteria. Twelve distinct scales of self-reported maternal-infant bonding were used in the included studies, reporting total bonding scores as well as subscale scores assessing distinct facets of bonding, including anxiety about care, rejection, and quality of attachment. Preliminary results are in line with expectations that mental health problems are correlated with poorer mother-infant bonding. Included longitudinal analyses indicate that preconception maternal mental health problems, as early as adolescence, may be predictive of poor bonding.

CONCLUSIONS: Meta-analytic results provide the first aggregate effect sizes estimating relationships between common maternal mental health presentations and self-reported mother-infant bonding. Increased mental
health problems are associated with poorer mother-infant bonding from preconception, through pregnancy, and the first postnatal year. Mothers reporting a preconception history of mental health problems are at increased risk of postnatal bonding problems, providing opportunities for early identification, assessment and treatment.

Language in the Nursery: Watch, Wait, and Wonder supports a mother’s first language experience into the relationship with her baby

Dr Denise Guy1,2, Ms Sofia Galgut3
1Incredible Families, Wellington, New Zealand, 2Department of Psychological Medicine, Christchurch, Otago University, Christchurch, New Zealand, 3Glow Perinatal Emotional Health and Wellbeing Clinic, Berwick, Melbourne, Australia

Biography:
Denise Guy is a Child Psychiatrist with a variety of roles including supervision of individual clinicians, Home Visiting providers and specialised Infant Mental Health teams. She coordinates training in the Watch, Wait and Wonder® Intervention in Australasia.
Sofia Galgut is a registered Clinical and Perinatal Psychologist at Glow Clinic. Sofia has worked with the Jean Hailes Research Unit at Monash University, the Parent-Infant Research Institute (PIRI) at Austin Health and the Mother-Baby Unit at Mitcham Private Hospital. In her current role she employs and integrates a variety of therapeutic approaches. Sofia is completing her training in Watch Wait and Wonder®.

INTRODUCTION
When the infant’s relationship with their parent is compromised there are typically observable concerns across developmental domains including language. There are also likely observable difficulties with parents including not talking to the infant, not imitating, or intense and constant talking. When parents speak more than one language, this potentially offers a valuable developmental experience for their baby. However, the difficulties with talking to their baby may be present across all the languages used and/or there may be differences that importantly hold a parents’ experience of care in the past.

PURPOSE
Decisions about what language will be used in therapeutic work typically include matching the therapist’s language(s) with parents, and the use of trained interpreters, with a fall back to the therapist’s language. It’s not always possible to integrate the language of the parent’s early caregiving experience into therapeutic work with a dyad.

The Watch, Wait and Wonder (WWW) Intervention with its unique support in the first half to creating a space for a parent to observe their infant allows the parent to talk to their baby in whatever language they choose without their therapist necessarily having that language.

DESCRIPTION
Considering the influences of ‘ghosts’ (Fraiberg et. al. 1975) and ‘angels’ (Lieberman et. al. 2005) is leading to more intentional support for multi-lingual parents to use their nursery language with their infants in WWW.

Using clinical material, the authors discuss the practical implementation, observations, the parent’s integration of past and present experiences held in the ‘nursery’ language.
CONCLUSION

Supporting parents to use the language of their early caregiving experiences with their infants in WWW engages parents and has been clinically successful. This work builds on research addressing factors that promote or impede parents caregiving capacities.
Dyadic Cooperation Moderates the Effects of Family Conflict on later Child Emotional Control

Ms Anna Rushing¹, Dr. Marjorie Beeghly¹, Toni Lewis³, Sarah Wilhoit², Dr. Christopher Trentacosta¹, Dr. Moriah Thomason²

¹Wayne State University, Detroit, United States, ²New York University, New York City, United States

Introduction

It is unclear whether a positive parent-child relationship can mitigate the negative effects of family conflict on children’s later emotion regulation problems.

Aims

The current study hypothesized that greater family conflict at age 3 would be associated with more child emotional control problems at age 5, but a higher level of mutual cooperation at age 3 would moderate this association.

Methods

Participants included 53 mother-child dyads (54.7% male children) from an ongoing longitudinal study on urban child development. Mothers varied in race/ethnicity (81.1% African American, 13.2% White, 5.7% other). The Family Environment Scale-Revised (FES-R; Moos & Moos, 1994) assessed mother reported family conflict. Mother-child dyadic cooperation was determined by averaging scores across videotaped free play and teaching interactions tasks, scored by trained coders (M ICC=.81). Mothers reported their children’s emotional control problems using the Behavior Rating Inventory of Executive Function—Preschool version (BRIEFP; Gioia et al., 2003). Results

Results of a hierarchical regression controlling for child sex supported our hypotheses. Greater family conflict at age 3 was associated with more emotional control problems at age 5 (Table 1) and was moderated by mother-child cooperation at age 3 (Table 1/Figure 1). Simple slopes analyses showed that higher family conflict was associated with poorer emotional control when dyads exhibited lower mutual cooperation (-1SD), β = -.57, p < .001. However, when cooperation was high (+1SD), this association was attenuated, β = -.01, p =.94.

Conclusions

A higher level of mutual cooperation during mother-child social interaction can buffer the negative effects of family conflict on later emotional control problems.


Continuity and stability of maternal sensitivity across developmental periods: An examination of three popular measures

Ms Marette Abdelmaseh1, Ms Yookyung Lee1, Dr Yvonne Bohr1, Dr Diane L Putnick2, Dr Marc H Bornstein2,3, Ms Cassandra Stevenson1

1York University, Toronto, Canada, 2Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, , United States, 3Institute for Fiscal Studies, London, United Kingdom

Biography:
Marette is a PhD student in Clinical-Developmental at York University working under the supervision of Dr. Yvonne Bohr. Her research focuses on maternal sensitivity and understanding how the quality of maternal-infant interactions is related to various developmental outcomes in children. She is also interested in the cognitive underpinnings of sensitivity.

Cassandra graduated from York University in 2020, with a Specialized Honours BSc in Psychology. Dr. Yvonne Bohr supervised her Honours Thesis, which examined relationships between maternal sensitivity, children’s mental health, and child perceptions of maternal behaviour. She hopes to pursue a Clinical Psychology PhD, focusing on violence prevention in youth.

INTRODUCTION: Maternal sensitivity is associated with optimal child development. However, its predictive ability is inconsistent across studies. One potential explanation is that sensitivity is measured at different timepoints and in diverse ways, perhaps capturing differences in developmental stages of the infant-parent dyad.

AIM OF STUDY: This study examines the continuity and stability of maternal sensitivity, as assessed by three coding measures (MBQS, Moran, Pederson, & Bento, 2009; EAS, Biringen, Robinson & Emde, 1998; AMSS, Ainsworth, 1969), from early infancy (5 months old) to toddlerhood (20 months old).

METHODS: 30 European American mother-infant dyads (all firstborn, 50% mother-daughter), heterogenous in SES, were visited at home when infants were 5 and 20 months. Dyads were videorecorded during naturalistic interactions at 5 months and during play interactions at 20 months. 15-20 minute segments of video recordings were coded by independent reliable coders using the MBQS, EAS, and AMSS. Child birth weight and maternal education were considered as covariates.

RESULTS: Paired sample t-tests revealed that, across all three measures, sensitivity scores were significantly higher at 20 months than at 5 months (ps < .001); moreover, correlations suggest minimal overlap between sensitivity scores at 5 and 20 months across all three measures (.065 < r < .123), indicating that individual sensitivity scores were also unstable over time.

CONCLUSIONS: Mothers’ sensitivity scores were both discontinuous and unstable across all measures. One explanation for this pattern is that mothers may become more sensitive over time with greater attunement to their infants and more parenting experience. It is also possible that these measures of sensitivity are better suited to certain developmental periods (i.e., toddlerhood over infancy) or to certain types of dyadic interactions (i.e., play over naturalistic interactions). These findings stress the importance of considering the appropriateness of measures when assessing sensitivity and its impact on child development.
Professor Marie Couvert

Clinical Psychologist, Belgium

Biography:
Marie Couvert is a clinical psychologist from the University of Leuven. She also has a master in philosophy. She was one of the first clinicians to work in liaison psychology in maternity, paediatrics and neonatology. She then worked in a parent-baby unit and created the first parent-baby unit in a general hospital in Belgium. She is the author of two books: "Les premiers liens" published by Fayard and "La clinique pulsionnelle du bébé" published by Erès. La clinique pulsionnelle du bébé was translated into Portuguese by Pascal Regnault and Marco Fernandes Veloso, and edited by ErikaParlato-Olivera under the title: A Clinica Pulsional do bebê (Sao Paulo, Instituto Langage); and into English by Lindsay Watson under the direction of Darian Leader under the title The baby and the drive. Lacanian Work with Newborns and Infants (Routledge). She has also published several book chapters in volumes published by Eres and journal articles (in: Journal Français de Psychiatrie; and Information Psychiatrique). A third book will be published in 2022 by Erès. She teaches at the ISFSC (Higher Institute of Social Education and Communication in Brussels) and runs the graduate Seminar on Infants and Babies at the University of Louvain. With Aline Goethals and Maya Szombat, she is in charge of the research group "Early signs at risk of autistic withdrawal in babies" at the Waihm Belgian Luxembourg. She runs several psychoanalytic seminars in Belgium, France, and Brazil. She regularly gives invited lectures and talks in conferences.

The Baby and the Drive presents a new reading of psychoanalytic drive theory, as well as clinical tools for early identification of difficulties and intervention with babies and their parents. What is that we do when we work clinically with babies? Working with babies can be guided through the inscription and the setting in motion of the drives. The Drive is, beyond any doubt, Freud’s most remarkable invention after that of the unconscious. It is a creation that helps us to understand the conditions linked to the raise of psychical life. The drive is presented as a force, and the book elaborates the pathways it charts in the newborn’s psychic development. Four drive fields are distinguished, which are activated during the first year, and the author examines the points at which they may encounter difficulties and how these difficulties may be treated. The Baby and the Drive explains that access to the drives, and their implementation orients work with the newborn—an operation at once fundamental and indispensable if researchers want to consider the newborn as a subject.
The Enduring Effects of Infant Emotional Security in Influencing Preschooler Adaptation to Interparental Conflict

Dr Tina Du Rocher Schudlich¹, Ms. Olivia Dorn¹
¹Western Washington University, Bellingham, United States

Biography:
My doctorate is in developmental and counseling psychology. I am a professor in mental health counseling, specializing in developmental psychopathology and couple/family therapy courses. I have over 20 years’ experience in family research, with a focus on the effects of family relationships on child socioemotional development and implications for counseling.

INTRODUCTION
Emotional security theory illustrates the significance of children’s reactions to interparental conflict as a mediator of the associations between interparental conflict and children’s wellbeing. Less is known about infants’ emotional security.

AIM
The current study assessed the stability of emotional security over the infancy through preschool years. We also assessed whether infant emotional insecurity mediated between interparental conflict during infancy and preschooler adjustment.

MATERIAL and METHODS
Seventy-four families with infants 6-14 months old participated at Time 1. Parents engaged in a conflict resolution task with their infants present. Families returned when children were 3-5 years old (Time 2). Families engaged in the same conflict resolution task and parents additionally completed the Strengths and Difficulty Questionnaire to assess preschooler adjustment.

RESULTS
Cluster analyses revealed two classes of infants based on conflict responses at Time 1: secure and insecure. The insecure group demonstrated higher levels of distress, frustration, physical frustration, and dysregulation compared to the secure group. These classifications remained relatively stable over Times 1 and 2. Infant emotional security mediated associations between Time 1 interparental conflict and preschooler adjustment, even when considering preschooler emotional security.

CONCLUSION
Our results highlight the lasting legacy of destructive conflict on infants’ still developing security systems.
Emotion-related impulsivity and parenting self-efficacy: An exploratory analysis

Mrs Kristin Aho1, Ms. Kaitlin Dwyer1, Dr. Angela Staples1, Dr. Jamie Lawler
1Eastern Michigan University, Saline, United States

Biography:
Kristin Aho is a second year doctoral student in the Clinical Psychology program with an emphasis in Developmental Psychopathology at Eastern Michigan University. She is broadly interested in parenting, early development, and self-regulation. She is interested in translational and collaborative research that improves child and family outcomes.

INTRODUCTION
Parenting self-efficacy is a determinant of parenting quality and child outcomes. Research demonstrates relationships between self-efficacy and parenting behavior and mental health, child behavior problems, and other child psychosocial and health outcomes (Coleman & Karraker, 1998; Ohan et al., 2000). Factors influencing parenting self-efficacy development include individual differences, such as self-regulation capabilities crucial to parenting effectively (Gibaud-Wallston, 1977). The present study explored the relationship between parenting self-efficacy and impulsivity (reactive behavior without regard for consequence), which is a characteristic related to personality and self-regulation. Literature suggests that emotion-related impulsivity is distinct from non-emotional impulsivity and is associated with psychopathologies and problematic behaviors (Johnson et al., 2017).

AIM
The present study, to our knowledge, is the first to explore how emotion-related impulsivity may impact parenting self-efficacy.

MATERIAL and METHODs
Participant recruitment is active, and currently includes 26 parents (81% female, Mage = 33.58) with 2- to 3-year-old children in the Midwestern U.S. Parenting self-efficacy was measured by the Parenting Sense of Competence Scale (PSOC; Gibaud-Wallston & Wandersman, 1978). Emotion-related impulsivity was measured using the Short UPPS-P (Cyders et al., 2014).

RESULTS
The PSOC was added to the study after data collection began, and analyses therefore include 16 dyads. A Spearman’s correlation assessed the relationship between emotion-related impulsivity and parenting self-efficacy. There was a strong, positive correlation (rs = -.76, p = .0005).

Hierarchical linear regression significantly predicted parenting self-efficacy based on emotion-related impulsivity, while accounting for parents’ age and household income (F(3,12) = 7.46, p = .004). Adding emotion-related impulsivity explained an additional 54.43% of the variation in parenting self-efficacy beyond parent age and income.
CONCLUSIONS
Emotion-related impulsivity, an emerging construct sparsely explored in parenting literature, may significantly impact parent and child outcomes. Further analyses may elucidate the interplay between parental emotion-related impulsivity and other factors as this study continues.

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Predicting coparenting dynamics after discharge from the NICU: The role of NICU coparenting experiences and parental expectations

Dr Regina Kuersten-hogan¹, Ms. Allison Shea¹, Ms. Jacleen Charbonneau¹, Dr. Maria Kalpidou¹, Dr. Jean Frazier²
¹Assumption College, Worcester, United States, ²UMASS Medical School/ UMMHC, Worcester, United States

Biography:
Dr. Kuersten-Hogan is a child clinical psychologist who has been teaching in the Graduate Clinical Counseling Psychology program at Assumption College for almost two decades. Her research focuses on the transition to parenthood and utilizes a multi-method assessment of coparenting and family emotion expression that emphasizes direct observations of families.

INTRODUCTION
Past studies reported lower quality triadic interactions in families of preterm toddlers compared to those with toddlers born full-term. Transitions home can be challenging for NICU parents, though little is known about whether NICU coparenting experiences predict coparenting after discharge.

AIMS OF THE STUDY
This exploratory study aimed to determine whether the quality of coparenting observed in the NICU and parental expectations predicted post-discharge coparenting. A second aim was to test whether post-discharge coparenting in families with preterm infants differs from that of families with full-term infants.

DESCRIPTION/ METHODS
Coparenting was observed during the Lausanne Trilogue Play (LTP) in 31 two-parent families with 3-month-old infants (13 prematurely born at 24 to 34 weeks of gestational age, 18 born full-term). Parents and premature infants were observed during the LTP in the NICU and again in their homes 3 months post-discharge. Families with full-term 3-month-olds were also observed during the LTP in their homes. All triadic interactions were coded using McHale’s Coparenting and Family Rating Scales. Parents’ coparenting perceptions and expectations were assessed using the Coparenting Interview.

RESULTS
Findings indicated that coparental competition and cooperation, parental investment and family warmth observed during interactions in the NICU forecasted subsequent coparenting during interactions at home 3 months after discharge, though parental expectations of the post-discharge coparenting relationship did not predict actual post-discharge coparenting behaviors. Compared to families with full-term infants, families with preterm infants demonstrated less sparring and greater parental investment in play, though they also felt less confident as parents and more pessimistic about their coparenting.
CONCLUSIONS
While families of preterm infants may initially show more supportive coparenting than families of full-term infants, their negative coparenting perceptions and expectations may place them at risk for subsequent coparenting challenges. Future studies should confirm these findings using larger samples. Interventions with NICU families should focus on building supportive coparenting alliances before their discharge.
One size does not fit all - Identifying and understanding the unique needs of each family

**Mrs Nicola Sutton**, Mrs Tracey Button

*Children’s Health Queensland Hospital and Health Service, Brisbane, Australia*

**Biography:**

Nicola is currently a Clinical Nurse Consultant with the Child Health Service in Brisbane. With over 15 years as a Maternal and Child Health Nurse and another 10 years as a midwife prior, she has a passion for early intervention and primary prevention. Nicola uses her clinical leadership role to guide and support the professional practice of child health clinicians in Brisbane, utilising an evidence based framework underpinned by education and research in order to facilitate safe, quality, child and family-centred care for children and young people.

**INTRODUCTION**

Child Health clinicians are in the privileged position of often being the first health care provider a child and their family will have contact with following discharge home after birth, or, at some time in the early years, prior to commencing school. This contact provides a vital opportunity to identify and understand the circumstances present in a person’s life, that may impact upon their parenting. The Family Health Assessment ensures families with complex bio-psychosocial needs are identified and offered the most appropriate care, services and supports.

**AIMS/PURPOSE OF WORK**

The purpose of this project was to update the Family Health Assessment Guide, extend its use to facilitate reflective practice for clinicians and include a resource component. Phase 2 aimed to increase the reliability of care and reduce variation in clinical practice by implementing an education framework that promotes and sustains practice change.

**DESCRIPTION/METHODS**

A funding application was granted to undertake this work. Six Clinical Nurse Consultants from the CHQ Child Health Service undertook the review, using the following approach:

- Review of the literature – summary of the evidence
- Latest topics/factors that influence parenting identified
- Supports and evidence-based resources identified
- Topic, expert consultation
- Clinical & consumer reference group

Phase 2 utilized the Knowledge to Action framework to translate evidence into practice.

**CONCLUSIONS**

All families are unique and come from diverse backgrounds, there are many biological, psychological and social factors that can influence parenting. It is vital that the care and support provided for families is designed to meet the unique needs of each family.
Early identification of the salient factors that impact a child’s life trajectory, provides the opportunity to intervene early in a child’s life, by ensuring that families receive the care, services and supports they require, building upon their parenting capacity and helping them to navigate through their parenting journey.

Parental mental health symptoms, social support, and perceptions of child behavior problems

Dr Jamie Lawler, Reyna Lee, Kristin Aho, Dr. Angela Staples

1 Eastern Michigan University, Ypsilanti, United States

**Biography:**
Jamie Lawler is a clinical and developmental psychologist with expertise in early adversity, parenting, and self-regulation. Her research focuses on the impact of early life stress on the development of physiological, behavioral, and emotional regulation, the connection between self-regulation and mental and physical health, and on interventions to promote adaptive regulation in high-risk children. Her research also examines intergenerational transmission of parenting and risk, as well as child welfare policy and its impact on children and families.

**INTRODUCTION**
It has long been established that parents’ mental health symptoms negatively impact their perceptions of their child’s behavior (Webster-Stratton & Hammond, 1988). However, it is unclear how parental social support (a known protective factor for parents; Andresen & Telleen, 1992) might buffer this effect.

**AIMS**
The aim of the current study was to examine predictors of parental perceptions of child behavior problems. We aimed to evaluate whether parental mental health symptoms predicted a parent’s perception of child behaviors as problems even accounting for frequency of symptoms, and what role social support might play in buffering the effect.

**MATERIALS AND METHODS**
Participants in this study were 40 parents (Mage = 33, 88% female) of 2-3 year old children. Parents reported on their mental health symptoms via the Patient Health Questionnaire (depression; Kroenke et al., 2001), General Anxiety Index (Spitzer et al., 2006), and PTSD Checklist (Weathers et al., 2013). Parents also completed the Social Support Questionnaire (Sarason et al., 1987). Finally, the Eyberg Child Behavior Inventory (Boggs et al., 1990) was completed by parents, yielding an Intensity score (total symptom count) and a Problem score (a yes/no scale of whether each behavior was viewed as a problem for the parent).
RESULTS
The overall model predicting to parents’ perceptions of behavior problems was significant, $F(4, 35) = 8.26$, $p = .0001$, $R^2 = .49$. Moderation analysis showed that the interaction between parental mental health symptoms and social support was also significant $\Delta R^2 = .08$, $\Delta F(1, 35) = 5.1$, $p = .03$.

CONCLUSIONS
Parental mental health symptoms and social support interacted to predict parent perception of child behavior even accounting for total symptom severity. It is important to take parent factors into account when assessing child behavior and consider parent factors when designing interventions.
PAR in the Occupied Palestinian Territories - Early Childhood Development

Ms Alia Gilbrecht1, Dr Deborah Young
1An Najah National University, Nablus, Palestine, State of; 2Empowering Communities Globally: For the Care of Children, Boulder, United States

Biography:
Dr. Deborah Young has been involved in human rights and social/ecological justice with a focus on early childhood issues for over 35 years. Using a framework of participatory action research for community change; she has investigated issues of human rights, diversity, critical pedagogy, transformational education, and early childhood. Her work focuses on refugees and immigrants, gender discrimination and empowerment, and ACES with children 0-8 years of age. She has developed the 5-Step Empowering Communities home-visitation model, Transformation to increase their quality of life of young children and families. Dr. Young is a coach, trainer, researcher, and professor of early childhood.

Intro:
This research investigated the impact multiple risk-factors had on families in terms of parenting children aged 0-5 living in two refugee camps located in the West Bank.

Description:
The study examined the impact of the social context in terms of the occupation and the multiple-risk factors associated with adverse childhood experiences and access to protective factors. Influences that emerged included: perceptions related to parenting roles and responsibilities; the impact of positive and/or negative social/emotional interactions between caregivers and young children; power dynamics within the family including gender and generational hierarchies; power dynamics within the community; education levels; economic level; and religious influence. The five-rounds of interventions focused on empowering caregivers through home-visits, community workshops, and story hours all which shared information around child development and protective factors.

Methods:
Using a participatory action research approach with a mixed method methodology we drew on an intersectional perspective of family (inter/intrapersonal) and environmental challenges (cultural/political/economic). The research team included four professional researchers and twenty-two community members from the refugee camps. The research team co-created knowledge from data collected during interviews, focus group discussions, social mapping, observations, and other participatory data-collection tools.

Results:
Outcomes showed that research team members increased their knowledge of research skills, mindfulness practices, child development, positive social/emotional parenting practices; trust between each other, and agency increased thereby increasing the self-efficacy in their caregiving practices and increasing positive interactions between caregiver and child. Additional outcomes for respondents included: increased trust between community members and social networking; increased positive social/emotional interactions
within the families of participants; parent education increased positive emotional responses with their children as well as within the community, increasing the well-being of family and community.
RCT Solihull Approach parenting group

Dr Rebecca Johnson¹, Dr Hazel Douglas¹
¹University Hospitals Birmingham Nhs, Birmingham, United Kingdom

Biography:
Dr Rebecca Johnson is a Consultant Clinical Psychologist with 20 years of clinical experience in the UK’s National Health Service (NHS), predominantly in the field of Child and Adolescent Mental Health, with a special interest in Infant Mental Health and Parenting. Her most recent clinical work was in Perinatal Mental Health in Warwickshire. She has been a Solihull Approach trainer and contributor since 2001 and is currently employed by the University Hospitals Birmingham NHS Foundation Trust as the Solihull Approach Development Manager. Rebecca is also the mother of two school aged children.

INTRODUCTION
There have been several research publications on the Solihull Approach parenting group (see www.solihullapproachparenting.com), but this is the first RCT. The ten session group supports the relationship between parent and child, attunement and the development of emotional regulation.

AIM of the study
The aim of this study was to evaluate the efficacy of ‘Understanding your child’s behaviour’ (UYCB) in a universal, non-clinical population of parents/carers of children aged 0-18 years.

MATERIAL and METHODS
A parallel groups, mixed, non-matched samples, randomised controlled design was employed, with independent variables being whether or not parents attended a 10-week UYCB course (2 levels) (between subjects), and pre and post time points (within-subjects). The randomising factor was time of parental enquiry about the availability of the intervention. Three self-report measures were used at two time points, pre and post intervention: Strengths and Difficulties Questionnaire (SDQ); Depression Anxiety Stress Scale Short Form (DASS-21) and Child Parent Relationship Scale Short Form (CPRS). Participants’ responses in the intervention group (n=223) were compared with waiting list controls (n=26), after controlling for pre-test scores, by analysis of covariance, as per protocol.

RESULTS
The results show that, compared with not attending, attendance at the Solihull Approach group resulted in improvements in: child prosocial behaviour and conduct problems; parental anxiety and stress, and the parent-child relationship (increase in closeness, decrease in conflict), in a cohort that can be considered characteristic of the UK population in terms of ethnicity and those typically attending such groups (majority female).

CONCLUSIONS
The RCT confirmed the results of previous research publications.
The study was supported by University Hospitals NHS Foundation Trust and Wrexham Flying Start. Ethical approval was given (Ref: 14/WM/0115) and the trial was registered with the ISRCTN registry (15450239).

Ms Lynne Ryan¹, Ms Lisiane Latouche¹
²Tresillian, Wollstonecraft, Australia

Biography:
Lynne Ryan: Worked in perinatal and early childhood field for over 30 years as clinician supporting families.

Introduction
The evidentiary picture regarding the efficacy of group work based approaches to postnatal depression (PND) remains limited. This pre/post intervention study of a group-based psychotherapeutic approach to PND, which also includes a Circle of Security Parenting (Modified) Intervention Group component is unique and represents the first of its kind in a metropolitan Australian setting.

Method
From 2017-2019, Tresillian recruited 128 mothers who attended an eight-week PNDA Group or a twelve-week Sequential PND+COS-P Group. PND as measured by the Edinburgh Depression Scale (EDS) is tracked from baseline, to post-course, then post COSP (Modified) Group and 5 months post course time points. COS-P is run on Saturdays to enable partners to attend this component with the aim of developing a shared parenting approach and regenerating relationships with partners and infants that are impacted by PND and anxiety.

Results
Mothers’ depression symptoms improved between week 1 and week 8 (p<.001). There was a continued downward trend between week 8 and week 12 which was not statistically significant. Mothers’ anxiety symptoms (measures on the EPDS-3a subscale) also improved between week 1 and week 8 (p<.001) with minimal change between week 8 and week 12 (p=.6).

Conclusion
This study confirms that the Tresillian group work model for PNDA yields real and sustained benefits in reducing PNDA symptoms for the majority of mothers attending the group, supporting emotional recovery and regeneration of relationships. It also contributes to the growing body of evidence that supports the use of group psychotherapy to reduce symptoms of PNDA.
Piloting interactive digital version of Dialectical Behavior Therapy based parenting skills training program by mobile application

Mr Janne Pöyhtäri¹, RN Susanna Repo³, MD Suvi Luomala², MD,PhD Kaija Puura², Md, PhD Reija Latva¹
¹Tampere University Hospital, Tampere, Finland, ²Tampere University, Tampere, Finland

**Biography:**
Janne Pöyhtäri is Registered Nurse (1996) and psychotherapist (2008) who works in the department of child psychiatry in Tampere University Hospital. Jannes professional interests are family focused psychotherapy, internet based therapy and health services, Dialectical Behavioral Therapy (DBT) and group skills training for parents and for children. Janne and his colleagues have been developing DBT based applications at Tampere University Hospital.

Susanna Repo is RN who works in the department of child psychiatry in Tampere University Hospital. Susannas professional interests are family focused psychotherapy and DBT. Susanna and his colleagues have been developing DBT based applications at Tampere University Hospital.

**INTRODUCTION**
Dialectical Behavior Therapy (DBT) is an integrative treatment that blends the change-based strategies of cognitive behavioral therapy with Eastern philosophies and acceptance-based approaches. Parenting skills training program teaches parents more adaptive ways of coping with emotions and interpersonal situations without maladaptive behaviors. Intervention targets affective and behavioral dysregulation by teaching parents coping skills, problem solving, general parenting skills and how to create validating environment. “TAYSHuoma”-mobile application is digital version of DBT based parenting skills training program.

**AIMS or PURPOSE**
This pilot project was designed to create interactive digital version of DBT based parenting skills training program and to test if parents can use it successfully via mobile application. This first program was designed to help parents who have 0-3 year old children to cope better when child has anger emotions or tantrums.

**DESCRIPTION of the work or project**
DBT Parenting skills program on mobile application consisted of eight weekly sessions that included psychoeducation via text, short video clips and assignments. Parents monitored their daily feelings and parenting behaviors and reported them by diary card in mobile application. “Parenting coach” monitored parents progression and parents can use phone coaching or mobile chat when they have questions or need discussion. Parents completed the feedback form and were interviewed after the program. Diary Cards were also analyzed.

**CONCLUSIONS**
Parents who involved in the pilot said that the application was easy to use and they had received new useful information about emotion regulation and parenting. Parents told that being involved also influenced parents' own thinking and behavior as a parent. It seems that this intervention activates parents to change their own and child's maladaptive behaviors and increases their own and child's ability to control their emotions. The next aim is to gather more information about the change in families and analyze information about effectiveness of this kind of intervention. This intervention seems to be promising, short and cost-effective way to help parents.
Stuck on repeat: Beliefs, attitudes and experiences around infant sleep as predictors of maternal depression

Dr Carol Barber¹, Dr. Wendy Middlemiss²
¹University Of Waikato, Hamilton, New Zealand, ²University of North Texas, Denton, United States of America

Biography:
Carol Cornsweet Barber is a clinical psychologist with a special interest in perinatal mental health and the transition to parenting; she is a senior lecturer at the University of Waikato, and board member of Perinatal Anxiety and Depression Aotearoa.

Dr. Wendy Middlemiss is an educational psychologist specializing in how to translate research to educational and prevention and intervention messaging. Her research has addressed issues regarding child and family well-being, developmentally sound approaches to infant nighttime care, and community, school, and family partnerships to support children’s and adolescents’ development, and biophysiology underlying development and family issues.

Introduction: A challenging task of early parenting is managing night-time sleep—digested multiple sources of information about sleep practices to find a routine that fits the parenting beliefs, attitudes, and contextual and temperamental features of the particular family.

Aims: The aim of this study was to describe the relationship among contextual variables (social support, demographics), parenting practices around infant sleep, beliefs and attitudes toward these practices, and level of maternal depression.

Methods: Data were collected using an online survey of 503 mothers of infants under two years old. Key measures included the Baby Care Questionnaire (BCQ, Winstanley and Gattis, 2013), the Social Provisions Scale (SPS, Russell and Cutrona, 1984) and the Edinburgh Postnatal Depression Scale (EPDS, Cox, Holden & Segovsky, 1987), and maternal reports on sleep routines and attitudes.

Results: Overall, social support was the strongest predictor of depression. Although there were modest correlations among some measures that suggest that mothers who have a more attunement-oriented style feel more criticized and less supported than those who have a more structure-oriented style, in multivariate analyses, neither maternal beliefs about infant care nor their experiences of night-time infant wakings and responses were related to depression. Rather, in addition to social support, the only significant predictors were the mother’s self-rated comfort with the sleep routine, and her comfort making changes to night-time routines; more depression was associated with less comfort with the routine, but also less comfort with changing the routine.

Conclusions: These data suggest that, at least for some mothers, depression comes with isolation and inflexible thinking, and this can maintain a vicious cycle of rigid patterns in which a mother may be uncomfortable with sleep routines, but feels like it must be done “correctly”, and persists with ineffective patterns or routines she isn’t actually comfortable with, maintaining her (and baby’s) distress.
Infant Sleep Routines: Do Mothers make only One Choice?

Dr Carol Barber1, Dr. Wendy Middlemiss2
1University of Waikato, Hamilton, New Zealand, 2University of North Texas, Denton, USA

Biography:
Carol Cornsweet Barber is a clinical psychologist with a special interest in perinatal mental health and the transition to parenting she is a senior lecturer at the University of Waikato, and board member of Perinatal Anxiety and Depression Aotearoa.
Dr. Wendy Middlemiss is an educational psychologist specializing in how to translate research to educational and prevention and intervention messaging. Her research has addressed issues regarding child and family well-being, developmentally sound approaches to infant nighttime care, and community, school, and family partnerships to support children’s and adolescents’ development, and biophysiology underlying development and family issues.

INTRODUCTION
Much of the literature suggests that caregivers are binary in choice of sleep arrangements, e.g. Either solitary sleep or bedsharing/cosleeping. However, in practice, there may be more variance than typically recognized, wherein caregivers use a variety of sleep routines.

AIM
This study aimed to describe in detail mothers’ choices of sleep location and settling routine, including usual practices and previous patterns of practice.

METHODS
Data were gathered from an online survey of 735 mothers (predominantly living in New Zealand) of infants under 24 months.

RESULTS
Almost half (45%) of infants were reported to sleep in a separate room, while 22% usually slept in parents’ bed; 22% a cot in parents’ room; and 5% a combination of these locations, often moving during the night. When asked how they ‘usually’ put their baby to sleep, 29% listed more than one method. Using cumulative percentages for each method, 44% reported putting their baby down awake, 44% held and fed, 25% held and rocked, 4% fed in the bed, and another 11% described idiosyncratic methods. When asked which sleep intervention methods they had tried, and for how long, 35% reported trying infant sleep training, with 14% using it for at least four nights; 50% had tried controlled comforting (modified sleep training), and 23% had used it four or more times; 94% had tried feeding and holding the baby to sleep, and 76% had used it four or more times; and 71% had tried cosleeping, with 43% using it four or more nights.

CONCLUSIONS
Mothers report using a variety of strategies and trying, and retrying, various methods to support infant sleep. Thus, in working with parents and designing research, there is value in allowing definitions of sleep practices to incorporate these variability in mothers’ practices.
How does mindful parenting and parent feeding practices relate to toddlers’ eating behaviors?

**Dr Holly Hatton-Bowers**, Dr. Holly Hatton-Bowers, Dr Natalie Williams

1University of Nebraska Lincoln, Lincoln, United States

**Biography:**
Qingyu Jiang is a graduate student at the University of Nebraska-Lincoln. Her research interests are identifying malleable factors, such as mindful parenting, that support parents and caregiver’s use of practices that facilitate young children’s development of healthy self-regulation.

**INTRODUCTION**
Parental feeding practices are known to have an important influence on children’s eating practices. Less is known about parental behaviors and practices associated with toddler’s eating practices. Mindful parenting is emerging as having an important role in influencing parental feeding practices and children’s eating behaviors. Mindful parenting is to bring mindful awareness to the present moment during parent-child interactions and mindful parents are generally more responsive to children’s needs and better able to regulate their emotions and responses to their child.

**STUDY AIMS AND HYPOTHESES**
This study examined whether mindful parenting and parental feeding practices were associated with toddlers’ eating behaviors. We hypothesized that higher levels of mindful parenting were negatively associated with toddlers’ poor self-regulation when eating, emotional undereating, and responsiveness to food. We also hypothesized that parents negative parental feeding practices would be positively associated with toddlers’ negative eating practices and that mindful parenting would be related to parental feeding practices.

**METHODS**
Thirty-three parents in the Growing Healthy Toddlers Study from the United States completed various questionnaires such as the Parenting Mindfulness Scale (PMS; Iverson & Gartstein, 2017), the Comprehensive Feeding Practices Questionnaire (CFPQ; Musher-Eizenman & Holub, 2007), and the Child Eating Behavior Questionnaire (CEBQ; Wardle et al., 2001).

**RESULTS**
Results revealed significant negative associations between mindful parenting and toddlers’ emotional overeating ($r = -.37$, $p < .05$), emotional undereating ($r = -.37$, $p < .05$), responsiveness to food ($r = -.56$, $p < .05$) and food fussiness ($r = -.47$, $p < .01$). There were significant positive associations between parents using food as a reward and toddlers’ emotional undereating ($r = .47$, $p < .01$), responsiveness to food ($r = .43$, $p < .05$) and food fussiness ($r = .42$, $p < .05$). Interestingly, mindful parenting was not significantly associated with negative feeding practices, but was significantly associated with the positive feeding practice, monitoring ($r = .35$, $p = .04$).

**CONCLUSIONS**
This study highlights the potential role of mindful parenting and parental feeding practices in relation to toddlers’ eating behaviors. The preliminary findings are encouraging and serve as an initial step in
understanding how mindful parenting and parental feeding practices may promote toddler’s healthier eating behaviors.
Early Parenting across Australia and the Tasman

Mrs Kirsty Evans

Tweddle Child & Family Health Service, Footscray, Australia, Tresillian, Campsie, Australia, Karitane, Villawood, Australia, Ngala, Kensington, Australia, Child & Family Health Service, Adelaide, Australia

Biography:
Registered Nurse, Registered Midwife, Maternal & Child Health Nurse, Graduate Diploma Health Science (Health Education & Health Promotion), Graduate Certificate Health Services Management
Forward thinking, intuitive, pro-active nurse with over 30 years’ experience in the areas of family, child and adolescent health within both the hospital and community settings.
My passion is ensuring babies and toddlers get the best start in life through our advocacy and ensuring their families are given the opportunity to be the best they can be.

Ms Jenny Smit Tresillian
Ms Angela Wood Karitane
Dr Dawson Cooke Ngala
Ms Tracey Corcoran Child and Family Health Service

Introduction:
Australia is in the unique position to have Early Parenting Centres (EPC) in almost all states and territories and we have a close relationship with the Plunkett organisation in New Zealand. All services all provide programs to families with babies, toddlers and young children to enhance and improve child health and well-being outcomes.

Aim:
To profile the Australasian Association of Parenting and Child Health (AAPCH) Early Parenting Services within the context of Infant Mental Health advocacy and facilitation showcasing a number of programs from a range of services.

Description:
In 1994 a national body was established, the Australian Association of Parenting and Child Health Inc (and in later years the Australasian Association with the inclusion of Plunkett) to provide a platform for networking and disseminating information throughout our range of centre based residential and community outreach models of care.

All these services have a long and rich history of providing parenting education and support to families with infants, toddlers and young children. The services have all developed programs in line with current parenting needs at a point in time, these have evolved as the research and evidence has improved our knowledge in regards to early brain development and the importance of infant mental health and well-being.

Our presentations will present a general history of EPCs then and now and will reflect how all our practices represent the baby, toddler and young child. The child remains the centre of all program goals, strategies and interventions. Together the practitioners and parents (caregivers) are supported, encouraged and educated to recognise their child as an individual and to make sense of the child’s feelings and actions.

Conclusion:
Our presentations will demonstrate some of the range of programs that are delivered in the residential and community settings of Early Parenting Services.

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Fatherhood Desire, Paternal Mental Health and Father-Infant Bonding: A Systematic Review

Ms Imogene Smith, Dr Jacqui. A. Macdonald, Dr David. H. Demmer, Professor Tess Knight, Ms Lauren Francis, Ms Kat Cain, Ms Laetitia Coles, Ms Levita D’Souza

Deakin University, Geelong, Australia, Murdoch Children’s Research Institute, Melbourne, Australia, Department of Paediatrics, University of Melbourne, Melbourne, Australia, Cairnmillar Institute, Melbourne, Australia, University of Queensland, Brisbane, Australia, Monash University, Melbourne, Australia

Biography:
Imogene Smith is completing the Doctorate of Clinical Psychology at Deakin University, Australia. Her research is in fatherhood and mental health and she recently published a paper on men who would prefer to remain childless. Imogene is a member of the team who run the Men and Parenting Pathways study, a longitudinal cohort study. She coordinates the team of interns who are responsible for the retention of participants.

Introduction
For many new fathers, the social and emotional changes experienced across the perinatal period are accompanied by an increased risk of mental ill-health. When fatherhood was unintended or not desired, men are likely to experience considerably pronounced adjustment issues, which has implications for the new father, his feelings about his child and for the broader family unit.

Aim
The aim of this systematic review is to synthesise existing literature that explores the relationships between desire for children, the father-infant bond and paternal mental health.

Material and Methods
Authors conducted systematic searches of databases (Medline, CINAHL, Academic Search Complete, PsychINFO and Embase), grey literature and hand searching of reference lists. Studies were included if they measured the relationship between desire or intention for a child and mental health (clinical and sub-clinical symptoms) and/or bonding with an infant among men with a child aged 36 months or younger. There were no restrictions on study design.

Results
Our search returned 2350 articles, of which 16 met inclusion criteria. Studies were based in Finland, USA, UK, Japan, Vietnam, Malawi and Iran. Sample sizes ranged from 69 to 2150. Fathers were mostly recruited at hospitals and health clinics. Initial meta-analyses indicate results in line with expectations that low desire or lack of intention for a child is associated with paternal mental health risk. Methodological strengths and limitations varied among studies.
Conclusions
The preliminary meta-analytic results demonstrate that depression was higher in fathers who reported an unintended pregnancy. These results point to the need for screen new fathers for pregnancy intention within prenatal and postnatal care. The qualitative synthesis of literature revealed that most studies use retrospective measures of intention to have a child, after the father has had time to meet and bond with baby. There is a clear need for prospective well-constructed measurement to minimise response biases.
Circle of Security Parenting (COS-P) Enhanced with Mindful Self-compassion (COS-MSC): A Mixed Methods Study

Dr Tuyen Huynh¹, Dr. Julia Torquati¹, Dr. Holly Hatton-Bowers¹
¹University Of Nebraska-lincoln, Lincoln, United States, ²Buffett Early Childhood Institute, Omaha, USA

Biography:
Tuyen Huynh’s research focuses on enhancing childhood development and family well-being by identifying ways to integrate mindfulness practices into parenting interventions and programs.

Dr. Torquati is a professor in the Department of Child, Youth and Family Studies at the University of Nebraska-Lincoln. Her research examines the influence of natural environments on children’s executive function, self-regulation, learning, and conservation knowledge and beliefs.

Dr. Hatton-Bowers is an assistant professor and Early Childhood Extension Specialist and a certified children’s yoga teacher and took leadership in developing the Cultivating Healthy Intentional Mindful Educators program. Her research focuses on promoting caregiver and child wellbeing.

INTRODUCTION: Parent well-being is critical to children’s development. However, poor parent well-being and ineffective parenting can hinder the development of secure parent-child relationships. Fortunately, parents’ internal resources (e.g., mindfulness and self-compassion) are linked to effective parenting and greater parent well-being. This study capitalized on the existing infrastructure of an attachment-based parenting program, Circle of Security-Parenting (COS-P; Powell et al., 2013), and integrated a self-compassion component to promote parent well-being.

AIMS: The mixed methods study examined the COS-P program enhanced with mindful selfcompassion (COS-MSC) effects on parent internal resources (mindfulness and self-compassion), parent well-being, parenting, and child outcomes among Nebraskan families. A qualitative inquiry was used to assess the feasibility and acceptability of the COS-MSC program among facilitators and parents.

METHODS & MATERIALS: A sample of 65 Nebraskan parents, with a child 5-years-old or younger, participated in either the COS-P or COS-MSC program. Parents completed across three time-points, which included assessments of parent mindfulness and self-compassion, parent well-being, parenting behaviors, and child outcomes. COS-MSC facilitators and parents participated in semi-structured interviews to evaluate the feasibility and acceptability of the COS-MSC program.

RESULTS: Correlational results indicated self-compassion was significantly correlated with several study variables. COS-MSC significantly improved parent mindfulness. COS-P and
COS-MSC significantly improved different dimensions of parent well-being and parenting. Neither programs were effective at improving child outcomes at post- and follow-up assessments. Qualitative findings revealed COS-MSC facilitators and parents found the enhanced program was feasible and acceptable.

CONCLUSIONS: Results help researchers begin to decipher which dimensions of parent internal resources, parent well-being, and parenting, COS-P and COS-MSC distinctively promote.
The "birth" of a dad. What can the matter be? Observations from groups for expectant and new fathers.

Dr Danilo Messina1,2, Dr Marco Vieri Cenerini3
1 AMHPIA - Martha Harris Association of Child and Adolescent Psychotherapists, Florence, Italy, 2 Associazione 05, Lucca, Italy

Biography:
Child and adolescent psychoanalytic psychotherapists, trained at Centro Studi Martha Harris, Florence (the Italian school for the Tavistock model training). They are working in Tuscany with children, adolescents and families in counselling, psychoanalytic work, teaching and clinical supervision. For several years, they have had a particular interest in the subject of fatherhood, in clinical and research fields. They organises seminars and projects to promote the method of the Infant Observation and the Tavistock ‘Under 5’ model of brief intervention with parents and their young children.

INTRODUCTION
The paper describes groups for expectant and new fathers led by the authors, in which they discuss many aspects of fatherhood, and becoming fathers. It also explores the significance of fathers for mothers and fathers’ contribution to the baby’s emotional and psychological development.

AIMS/PURPOSE OF WORK
The authors try to explore some areas of what men feel on their journey towards becoming a father and truly ‘feeling like a father’. They suggest some emerging ideas about why the way in which men handle these experiences are important for the emotional development of the child.

DESCRIPTION
Both authors are fathers and child and adolescent psychoanalytic psychotherapists, trained in the Tavistock model (and both strongly aware of the importance of Infant Observation in their training). They led groups for expectant and new fathers in public health settings. This opportunity was designed to meet the growing demand from ‘expectant’ couples that fathers-to-be and new fathers could meet separately in their own groups. The two-hour meetings which the authors set up took place on average every three weeks in the same places as antenatal classes. Participants were invited to share their thoughts, ideas, concerns, feelings, wishes, hopes, fears and about becoming a father.

CONCLUSIONS
Becoming a father is a significant step in every man’s history; a time when he starts a new life, in one of the biggest moments of transformation, growth and initiation into adulthood. Paraphrasing Winnicott (1968/1971), a ‘good’ father can be ‘strong enough’, especially when he has managed to develop his ability for ‘primary tolerance’. Talking together with others is important for the process of change and of having other men, outside the family, with whom to identify and with whom to share thoughts, anxieties and fears and to feel better contained and understood.
Hear me see me: effect of deferred neonatal hearing screening during COVID-19 on parental feelings and worries

Professor Hedwig Van Bakel¹, Dr. Evelien Dirks²
¹Tilburg University / Youz, Tilburg, Netherlands, ²NSDSK, Amsterdam, Netherlands

Biography:
Hedwig van Bakel is professor Infant Mental Health at Tilburg University. Her main expertise is parent-infant interaction in various (at-risk) families.
Dr. Evelien Dirks is senior researcher at the NSDSK

Introduction
The COVID-19 pandemic dramatically changed the lives of many people in the first months of 2020, including babies and parents in the Netherlands. In March, the neonatal hearing screening (NGS), which is normally performed in the first week after birth, was suspended indefinitely for healthy newborns. This means that many babies were not screened in time (according to international guidelines) for possible hearing loss. Early screening is important to be able to start follow-up diagnostics, treatment and care on time.

Aim
The purpose of this study is to examine the 1) the effects of postponing neonatal hearing screening (NGS) on parental anxieties and worries of babies with (potential) hearing loss born during the corona outbreak; 2) the effects of postponing NGS on care experiences and expectations of parents; 3) the role of individual, infant and contextual factors in this.

Method
An online survey was distributed by social media and websites. Parents of approximately 1100 infants born in the (partially) lockdown period filled in the survey and answered questions about the neonatal hearing screening, experiences concerning hearing screening and parental self-efficacy.

Results
Results of N=1100 parents (and infants) will be presented at the conference.

Conclusion We expect lockdown measures and deferred screening to negatively as well as positively affect parents, depending on individual and contextual characteristics.

Professor Hedwig Van Bakel\textsuperscript{1,2}, Dr. Ruby Hall\textsuperscript{1}, Coco Bastiaansen\textsuperscript{1}

\textsuperscript{1}Tilburg University, Tilburg, Netherlands, \textsuperscript{2}Youz, Den Haag, Netherlands

**Biography:**

Hedwig van Bakel is professor infant mental health at Tilburg University and infant mental health specialist
Ruby Hall is senior researcher at Tilburg University
Coco Bastiaansen is research assistant

**INTRODUCTION**

Recently researchers have published about the existence of a phenomenon called ‘parental burnout’ (Roskam et al., 2017). The essence of this construct is that, in the same way as that people can experience burnout from their job, they can experience burnout from their parental role. In 2018 we examined parental burnout in Dutch parents having children between 0-4 years old compared to parents with older children (≥ 4 years) (van Bakel et al., 2018).

**AIM**

The aim of the present study is to compare parental burnout in parents of 0-4 years olds in 2018 and 2020 in the Netherlands with burnout of parents of older children.

**METHOD**

To measure parental burnout, a Dutch translation of the 23-item version of the Parental Burnout Assessment (PBA) as presented by Roskam et al. (2018) was used.

**RESULTS**

We compared the 2018 PBA with the 2020 PBA. Results show that parents of infants show higher levels of burnout than parents of older children, in 2018 as well as in times of Covid-19.

**CONCLUSION**

The study gains more insight in parental exhaustion of parents with young children in times of stress (i.e. COVID-19) compared to 2018.
The relation between maternal sensitivity and moderate preterm Infants' temperament and social withdrawal

Ms Andrea Mira1, PhD Soledad Coo
1Universidad Del Desarrollo, Santiago, Chile

Biography:
Andrea Mira, occupational therapist, Ms in Infant Mental Health and Ph.D. Student in the Developmental Science and Psychopathology program. She has been working since 2003 with infants and also teaching pre and postgraduate courses at a local university. She has developed a research line in premature infants and their parents.

Introduction: Preterm birth is a complex condition resulting from multiple etiologic pathways and it is associated with higher rates of infant morbidity and mortality, neurodevelopmental impairment and family stress (Frey & Klebanoff, 2016). One of the groups that have been less studied is the moderate preterm group, nevertheless, these infants are vulnerable and could present more difficulties to interact with their caregivers and to organize their behavior (Feldman, Eidelman, & Rotenberg, 2004).

Aim: Assess the relation between maternal sensitivity and their moderate preterm infant’s temperament and social withdrawal.

Material and method: This is part of a longitudinal research that follows moderate preterm infants and their mothers from birth until 12 months corrected age. For this part of the study, we selected the assessments from 3 to 6 months. Instruments used: Tuned-In Parent Rating Scale, Alarm Distress Baby Scale and the Infant Behavior Questionnaire (IBQ-R). Multiple regression and correlation were used for analyzing the data.

Results: The relationship between the withdrawal of infants (ADBB) and the sensitivity of caregivers (ESA and TIP) was observed, showing a negative and significant correlation between both variables. This shows us that the greater the withdrawal, the less sensitivity of the caregiver was observed. Not only was there a significant correlation between withdrawal and the total scores of these scales, but also with their subscales. The analyses did not evidenced statistically significant results to support the relationship between temperament and the mothers’ sensitivity.

Conclusions: The results of this study can give important information about the transactional relation between the premature infant and their mother. In this way, the mother’s ability to respond to their infant’s behavioral cues, promptly and appropriately, could have a positive effect on their infant’s self-regulation and social interaction.

Identifying contexts of engagement in parent-child interaction in the NICU: An exploratory study using focused ethnography

Ms Miranda Cox¹, Ms. Christine Neugebauer¹, Dr. Ann Mastergeorge¹
¹Texas Tech University - Dept. of Human Development & Family Studies, Lubbock, United States

Biography:
Ms. Neugebauer studies how illness and hospitalization impact both child development and family functioning with specific interest in the process of dyadic synchrony in the NICU. She is an experienced clinician in the field of pediatric music therapy and has published original articles and book chapters in this area.

Introduction: Previous research findings demonstrate the salience of early interaction between infants and parents as a vital component of the development of dyadic synchrony and play a significant role in infant development. Infants in the NICU are subject to interaction barriers that may put them at further risk. In order to understand these potential barriers, it is necessary to identify strengths and gaps of parent-infant interaction in the NICU to develop preventative interventions.

Aims: This exploratory study aims to identify the contexts of interaction occurring naturalistically between parents and infants in the NICU. We sought to observe patterns of parental proximity with and without engagement to identify specific contexts of interaction.

Methods: We utilized a focused ethnography methodology including 30 hours of field observations over a 6-month time period, conducted in the lower acuity unit in a level-IV NICU. These observations involved recording parental proximity and levels of engagement characterized by touch, visual gaze, and vocal interactions. All field notes were transferred to a coding sheet including frequency counts and duration, and detailed descriptions of interactions and subsequent themes.

Results: Preliminary results revealed that among 64 infants observed over 3 months, parental proximity was present in 71% of infants. Infants experiencing parental proximity were observed to also experience engagement 65% of the time, averaged across 15 hours of observations. It was also observed that during the time proximity was present, but not engagement, 68% of parents were on their cell phones. This usage was the most significant barrier observed across all observations.

Conclusions: These findings suggest there is a significantly lower percentage of parents engaging with their infants while in proximity, suggesting a potential barrier to dyadic synchrony being parental cell phone usage. Further research should focus on cell phone policies across NICUs to understand disruptions in parent-child dyadic synchrony.
Identifying contexts of maternal engagement in the NICU: An exploratory study using focused ethnography

Ms Christine Neugebauer1, Miranda Cox1, Dr. Ann Mastergeorge1

1Texas Tech University, Lubbock, United States

Biography:
Ms. Neugebauer studies how illness and hospitalization impact both child development and family functioning with specific interest in the process of dyadic synchrony in the NICU. She is an experienced clinician in the field of pediatric music therapy and has published original articles and book chapters in this area.

Introduction: Research has shown that maternal touch and vocal interactions are critically important for both facilitating and monitoring physiological regulation and neurodevelopmental outcomes for premature infants. Understanding when these interactions occur in the NICU is necessary to develop targeted interventions that address gaps in care.

Aim of the study: This study aims to identify the naturally occurring contexts of touch and vocal interactions between mothers and their babies in a NICU environment. As an exploratory study, we sought to identify the observed patterns of different contexts of touch interactions and how often those interactions were combined with vocal engagement.

Material and methods: Using a focused ethnographic methodology, 30-hours of direct field observations over the course of 6 months were conducted in the lower acuity unit in a level-IV NICU. Observations included recording maternal proximity patterns and levels of maternal engagement including touch, visual gaze, and vocal interaction. Field notes were transferred to a coding sheet which included frequency counts and time durations for maternal-infant interactional contexts as well as detailed descriptions and subsequent themes of those interactions.

Results: Over a 6-month period, 109 infants were observed with 58/109 (53%) having maternal presence at the time of the field observations. In synthesizing the interactional contexts, four (4) thematic categories emerged: Transitions (taking the infant in or out of the crib); Nurturing (e.g., holding the infant or soothing the infant); Routine Cares (e.g., diaper changes, bathing); And, feeding (e.g., bottle, breast, or gavage feeding). Touch interactions occurred most often during nurturing contexts (35%) followed by routine cares (29%), transitioning the infant in and out of the crib (20%), and feeding (16%). Only 25/58 infants (43%) observed received maternal vocal engagement. When vocal interactions did occur, nearly 50% of the time they occurred in the context of nurturing interactions including soothing the infant and while holding the infant. Of the total observed touch interactions (N=170), 26% were combined with vocal engagement. The context of touch that elicited the most frequent maternal vocal interactions was soothing a distressed infant.

Conclusions: Findings suggest a relatively low occurrence of mothers initiating vocal interactions with their infants in the NICU compared to touch interactions. Further, maternal touch and vocal interactions most frequently occurred when mothers were engaged in nurturing contexts indicating that opportunities exist for mothers to initiate touch and vocal interactions in other social contexts in the NICU. Given that maternal voice has been shown to promote premature infants’ physiological stability and neurodevelopment, future
studies should identify potential barriers to maternal vocal engagement in the NICU to develop targeted interventions (e.g., parent education, reading programs) to increase vocal interaction.
Evaluation of Checklist of Autism in Toddlers (CHAT) and Ages & Stages Socioemotional (ASQ-SE) in Very Low Birth Weight (VLBW) Infants

Dr Pratibha Agarwal1, A/Prof Lourdes Mary Daniel1, A/Prof Victor Samuel Rajadurai1, A/Prof Sok Bee Lim1, Dr Luming Shi2

1Kk Women’s And Children’s Hospital, Singapore, Singapore, 2Singapore Clinical Research Institute, Singapore, Singapore

Biography:
I am a Senior Consultant in the Department of Child development at KK Women’s and Children’s Hospital, Singapore. The department offers specialized diagnostic and intervention services for preschool children with developmental or behavioral concerns.
I am also keenly interested and involved in the long term follow up of high risk preterm babies.
My major areas of interest are in long term follow up of high risk preterm infants and in research and teaching. I am one of the investigators in Singapore’s flagship GUSTO project which is looking at the long term metabolic, growth, neurocognitive and health outcomes of children.

Background
Despite a striking increase in survival, Preterm VLBW infants remain at increased risk of adverse neurodevelopmental difficulties, including autism with a possible “preterm behavioral phenotype” (inattention, anxiety and social difficulties).1

AIMS
To screen for autism and socioemotional competence in preterm VLBW infants and identify risk factors associated with a positive screening test.

METHODOLOGY
Prospective cohort study of 278 VLBW infants born in KK Women’s and Children’s Hospital, Singapore from 2010-2011 using CHAT and ASQ-SE at 18 corrected months. Demographic and neonatal morbidity data were collected (gender, birth weight [BW], gestation age [GA], intraventricular haemorrhage, retinopathy of prematurity [ROP], chronic lung disease [CLD], necrotizing enterocolitis [NEC] and sepsis). Sections A and B of the CHAT were completed by the parent and health professional respectively.

RESULTS
The mean GA and BW of the cohort were 29.1 +/- 2.9 weeks and 1120 +/- 264 grams respectively. Major neonatal morbidity included severe IVH (1.1%), NEC (7.2%), Sepsis (11%), severe ROP (7%) and CLD (14.5%). 20 children, (8%) had a positive screen on the CHAT. 14-56 (5-20%) failed different questions in Section B. On the ASQ-SE 20 (7.2%) infants had scores > cut-off values.
On univariate analysis, BW <750 grams, male gender, CLD and NEC were significantly associated with a positive autism screen. No significant relationship between diagnostic categories of CHAT and ASQ-SE at 18 months was detected.

CONCLUSION
A positive autism screen and socioemotional difficulties were seen in 7-8% of our cohort. A positive autism screen was significantly associated with lower BW, male gender, CLD and NEC. Screening for the “Preterm Behavioral phenotype” can facilitate the necessary intervention. The higher rate of difficulties seen on Section B of the CHAT underlines its usefulness despite its reported lower sensitivity.
Clinical Experiences from a Follow-up Project of Young Children with Complex Congenital Heart Defect

Mrs Silja Berg Kårstad¹, Mrs Margunn Ingvill Sognnæs²

¹Regional Centre for Child and Youth Mental Health and Child Welfare, Department of Mental Health, Faculty of Medicine and Health Sciences, Norwegian University of Science and Technology and Child, Trondheim, Norway,
²Adolescent Mental Health Services (BUP) at St. Olavs Hospital, Trondheim, Norway

Biography:
Kårstad works as associate professor at NTNU in Norway. In addition she works as a clinical child psychologist, at the Child and Adolescent Mental Health Services at St. Olavs Hospital in Trondheim. Kårstad works with infants and young children with somatic diagnosis and have done research on young children’s understanding of emotions. Sognnæs works as an occupational therapist at St. Olavs Hospital. She works with infants and young children with early signs of delay in feeding, play and motor development. Sognnæs is especially interested in assessing and strengthening children’s socio-emotional and sensory processing competences.

INTRODUCTION
Congenital heart defects (CHD) are the most common category of birth defects. Research have shown that children with CHD are at increased risk of developmental disorders or developmental delay. In addition, parents of children with CHD are at risk of developing mental health problems.

PURPOSE
The purpose of this project was to implement and evaluate a follow-up program for children with complex CHD and their parents at the Department of Children and Youth, Division of Mental Health Care (CYMHC), St.Olavs hospital.

DESCRIPTION
18 children with complex CHD and their parents were recruited either during pregnancy or after childbirth and referred to CYMHC. The families were followed up by a psychologist and an occupational therapist working at CYMHC. The psychologist talked with the parents about becoming parents to a child born with complex CHD. During the project the psychologist also tried out the Newborn Behavioral Observations (NBO). Children were tested with Bayley Scales of Infant Development approximately at the age of 6, 12 and 24 months and the parents filled out the Ages & Stages Questionnaire and the Ages & Stages Questionnaire: Social and Emotional. The parent-child interaction was assessed with the Marschak Interaction Method (MIM) at 12 months. The parents were given feedback on the strengths of the parent-child relationship, based on video clips.

CONCLUSIONS
This project indicated that it is possible to succeed with a follow-up project with young children with complex CHD and their parents in a hospital setting. We experienced a need for more frequent and comprehensive follow-up when: parents had experienced physical or mental stress earlier in life, there was...
an acute situation in the detection of heart failure, the child had multiple conditions or was developmentally delayed, the child had multiple surgeries and the family had to wait several months for the child’s surgery.
Sweet Dreams Are Made of These Lullaby hour at Imperial College NHS Trust

Mrs emily Hills¹, Dr. Aniko Deierl¹, Mrs Ines Silva², Dr Jay Banerjee²

¹Imperial College Healthcare NHS Trust, London, United Kingdom, ²Music In Hospitals and Care Charity, Guilford, United Kingdom

Biography:
Emily Hills is a Clinical Specialist Neonatal Occupational Therapist. Emily is a certified neonatal therapist (CNT). She has completed her MSc in Advanced Neonatal Studies at Southampton University. Emily is NIDCAP certified and lectures on The Family and Infant Neurodevelopmental Education (FINE) programme in the UK. She is a senior Brazelton trainer, and is co-author of Sensory Babies.

Dr Aniko Deierl completed her specialist training in neonatology in Hungary at Semmelweis University. Between 1999 and 2005, Dr Deierl attended Semmelweis University, Budapest. She attended the School of PhD Studies, Semmelweis University, Budapest.

Introduction
The neonatal unit can be a frightening, traumatic environment for both the baby and their family. This highly medicalised world provides intrusive touch, sudden unexpected movement, loud noises and bright lights. It is in direct contrast to the safe, calm world of the womb. Developmental care is the ethos of our neonatal unit. It is paramount that care is individualised and based on the needs of each baby. It is essential that everybody participating in the baby’s care has a good understanding of neurobehavioural cues so that they can create a healing environment, while also providing relationship based care that supports optimal growth and development. Music can reduce the perception of pain and reduce feelings of stress, anxiety and depression in patients, relatives and staff.

Aims and Purpose
This project has been introduced to provide parents, their babies and the staff the opportunity to experience engaging and therapeutic live music in the neonatal unit. Our aim in this feasibility study was to assess the babies responses to these music sessions using Brazelton approach along with parental and staff experience.

Description of project
Between Nov 2018 and Sept 2019 the Lullaby hour sessions occur fortnightly in our service as part of the family integrated care programme. Professional musicians sing and play softly to the babies and their families. Lullabies have a simple musical structure, comprising lower pitch and slower tempo that infants can clearly differentiate between.
Using structured observations of behavioural cues from the NBAS (Brazelton et al) and NBO (Nugent et al) the occupational therapist obtained information about the baby’s autonomic stability, motor skills, organisation of state and responsiveness.
Our musicians are trained on the unique communication of a baby by our occupational therapist, in order that they can individualise each song in response the baby’s comfort. The musician is always accompanied by the occupational therapist, who is there to support the baby, family and staff.

Conclusions
Lullaby hour sessions had very positive feedback from parents, babies, and staff. We recommend that units run Lullaby hour session with involving a therapist trained in developmental care observations.
Reflective discussion as a tool for professional learning in neonatal intensive care

Dr Sari Ahlqvist-Björkroth, Jenni Nyberg, Ylva Thernström-Blomqvist, Erik Norrman, Anna Axelin

1University of Turku, Turku, Finland, 2Uppsala University Hospital, Uppsala, Sweden

Biography:
Sari Ahlqvist-Björkroth, Doctor of Psychology, is a researcher and university teacher within the department of psychology and language pathology at the University of Turku, Finland. Her clinical and research interest is in the implementation of the interventions that are based on attachment and early parent-infant relationship theories. She is one of the developers of the Close Collaboration with Parents training program.

INTRODUCTION: This pilot study focuses on the development of an intervention to support shared decision making between medical staff and parents during medical rounds in a neonatal unit.

AIM: The aim of this study was to explore whether the type of reflection achieved in discussions between medical staff and parents was related to the participants’ perceived self-efficacy.

METHODS: This study was carried out in the NICU of Uppsala University Hospital in Sweden. Participants included 5 neonatologists, 11 nurses, and 9 parents. The intervention consisted of: 1) an observation of shared decision-making during a medical round with a family, 2) an interview with the parents regarding their experiences, and 3) an interventionist-led reflective discussion. Audio recordings of the nine reflective discussions were transcribed and analyzed using qualitative content analysis. Self-efficacy was evaluated using a modified version from the Reflective Supervision Self-Efficacy Scale (Shea, Goldberg & Weatherston, 2012).

RESULTS: The present analysis revealed three groups which achieved different levels of the reflective process: 1) descriptive, 2) on the threshold of reflection, and 3) critical reflection. The first group remained at the level of action-based descriptions and did not reach reflection. The second group achieved reflection but stopped on the threshold of reflective inquiry. The third group achieved critical reflection. The third group was characterized by high trust, openness, and equality between participants as well as an interventionist that was active and provided a lot of positive feedback. The associations between the level of the reflective process and the participants’ perceived self-efficacy will be presented in the poster.

CONCLUSIONS: The preliminary results of this study provide guidance as to how one can best support the reflective process in multi-professional discussions.
The associations between childhood maltreatment and pregnancy complications: a systematic review and meta-analysis

Ms Audrey Kern, Dr Rachel Langevin, Dr Bassam Khoury, Ms Alesha Frederickson, Ms Ruo Feng

McGill University, Montreal, Canada

Biography:
Audrey Kern is a master’s student at McGill University’s Department of Educational and Counselling Psychology, in the Counselling Psychology Program, where she is supervised by Dr. Rachel Langevin. Her master’s research project focuses on the effects of childhood adversity on the pregnancy period. Her research interests include the mechanisms that sustain cycles of abuse and the implementation of early interventions for survivors of abuse.

INTRODUCTION
Childhood maltreatment may be associated with pregnancy complications, such as gestational diabetes, preterm birth, and low birth weight. This topic has not yet been systematically examined and the pooled effect estimates of these associations have not been established, which is important to inform effective healthcare services.

AIMS
The present study aims to systematically review and quantitatively assess the strength of the associations between maternal histories of childhood maltreatment and the risk of gestational diabetes, preterm delivery, and low birth weight across studies using meta-analytic strategies.

METHODS
Subject Headings and keywords for childhood maltreatment and the pregnancy outcomes of interest were searched in 1) MEDLINE (Ovid; 1946-Present); 2) PsycINFO (Ovid; 1806-Present); and 3) Web of Science Core Collection. Original studies or dissertations written in English or French that reported quantitative associations between childhood maltreatment and either of the pregnancy outcomes of interest were included. The National Heart, Lung, and Blood Institute’s Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies was used to assess the risk of bias in the studies. Two independent reviewers performed the selection of pertinent studies, assessment of the risk of bias, and data extraction. Five pooled effect sizes were computed using Comprehensive Meta-analysis.

RESULTS
Maternal history of childhood maltreatment was significantly associated with preterm birth (OR=1.27 95% CI: 1.06–1.52, p = 0.001), low birth weight (1.42 (95% CI: 1.1–1.83, p = 0.001) and gestational diabetes (RR = 1.37 95% CI: 1.02–1.83, p = 0.03). Findings were insignificant for studies examining preterm birth and low birth weight as continuous variables.

CONCLUSIONS
High-quality research studies on this topic are necessary to strengthen the inference. At the practice level, we suggest more attention in detecting maternal history of abuse before pregnancy during antenatal visits and using this information to inform risk assessment for adverse pregnancy outcomes.

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Reflective Functioning and Parenting Behaviors as Co-Mediators in the Relationship between Childhood Exposure to Domestic Violence and Young Child Behaviors

Ms J’Nelle Stephenson¹, Dr Kimberly Renk¹, Ms Maria Khan¹
¹University of Central Florida, Orlando, United States

Biography:
J’Nelle Stephenson, MA, MS, is a doctoral student at the University of Central Florida in the Clinical Psychology PhD Program. Her work focuses on difficult experiences in early childhood, particularly on understanding how interpartner violence impacts the development of young children and their families.

INTRODUCTION
Parental reflective functioning (RF) has been related to parenting behaviors (PB). When mothers experience exposure to domestic violence (EDV), their ability to engage in appropriate RF may be impacted. Subsequently, how they care for their children also may be affected.

AIMS
This study investigated the relationships between childhood EDV (CEDV; via the MACE), parental RF (i.e., interest/curiosity and pre-mentalizing; via the PRFQ), PB (via the APQ-PR), and child behavior problems (via the CBCL).

MATERIAL AND METHODS
Participants included 133 mothers from the United States. Mothers’ mean age was 31.34-years (SD=5.58-years), and children’s mean age was 3.46-years (SD=1.24-years). A majority of this sample (i.e., 68.42%) self-identified as White. Mothers completed the Maltreatment and Chronology of Exposure (MACE), Parental Reflective Functioning Questionnaire (PRFQ), Alabama Parenting Questionnaire-Preschool Revision (APQ-PR), and Child Behavior Checklist 1½- to 5-years (CBCL).

RESULTS
First, results indicated an indirect effect of mothers’ CEDV on both young children’s internalizing, $F(3,129)=11.17, p<.001, R^2=.21, LCI = [-.36, -.01]$, and externalizing, $F(3,129)=9.89, p<.001, R^2=.19, LCI = [-.29, -.01]$, behavior problems when mothers’ interest/curiosity and negative PB were together included in the model. Therefore, together, mothers’ interest/curiosity and negative PB served as mediators in the relationship between mothers’ CEDV and young children’s behavior problems. Similarly, mothers’ interest/curiosity and positive PB together served as mediators in the relationship between CEDV and young children’s internalizing behavior problems, $F(3,129)=4.63, p<.01, R^2=.10, LCI = [.004, .25]$. Finally, results indicated an indirect effect of mothers’ CEDV on young children’s internalizing behaviors, $F(3,129)=2.80, p<.05, R^2=.06, LCI = [.01, .39]$, when mothers’ pre-mentalizing and positive PB were together included in the model. Therefore, together, mothers’ pre-mentalizing and positive PB together served as mediators in the relationship between mothers CEDV and young children’s internalizing behavior problems.
CONCLUSIONS
These findings suggested that mothers’ exposure to domestic violence during their childhood can contribute to emotional difficulties in their young children, particularly in the context of maternal reflective functioning and parenting behaviors.
The challenges of working with vulnerable families impacted by trauma and substance use disorder

Ms Tiffany Clark, Ms Lucy Fisher

Jewish Family & Children’s Service, Waltham, United States

Introduction: Tiffany Clark, MSW, LICSW and Lucy Fisher, MSW, LICSW are parent-child clinicians who specialize in providing parent-infant dyadic therapy for mothers impacted by a substance use disorder through Project NESST (Newborns Exposed to Substances Support & Therapy) FIRST Steps Together at Jewish Family and Children’s Service in Waltham, Massachusetts, USA.

Purpose of Work: Project NESST FIRST Steps Together is a dual provider model program, offering both parent-infant dyadic therapy and peer recovery support, who are in recovery from a substance use disorder. NESST FIRST Steps Together emphasizes the creation of safety in relationships, addressing the needs behind a child’s behavior, and helping build joy into parentchild relationships. Providers approach mothers from a non-judgmental, curious, strengths-based stance with the strong belief that it is never too late to heal relationships.

Description of the work: Guiding principles of the work include; supporting responsive relationships, building core life skills, and reducing stress. It is a two-generation approach that highlights the interconnections between the needs of the parent, the child, and the dyad. Our sessions would take place in the client’s home or meeting in the community, whatever felt most comfortable for the client. Due to the COVID-19 pandemic, our services moved from in-person to virtual.

Conclusions: MRS staff more likely to help in “understanding how your past has affected your life now,” and skills related to recovery. Clinicians were reported to provide assistance in learning about the role that trauma has played in the mothers’ lives and additional parenting skills including “feeling more joy when you are with your child.”

Exploring moderators of resilience in children with adverse childhood experiences

Mrs Jennifer Rose¹, Dr. Monica Martin², Dr. Elizabeth Trejos-Castillo³, Dr. Ann Mastergeorge⁴

¹Texas Tech University, Lubbock, United States, ²Texas Tech University, Lubbock, United States, ³Texas Tech University, Lubbock, United States, ⁴Texas Tech University, Lubbock, United States

Biography:
Dr. Mastergeorge studies health disparities, the impact of poverty on developmental outcomes, and prevention and intervention strategies for young children at risk for autism. She has published manuscripts in substantive areas related to early social communication, joint attention, and the impact of parenting on young children’s developmental outcomes.

Introduction
Brain structure and function may be permanently affected by adverse life experiences, however not all infants and children exposed to early adversity will develop stress-related disorders. Understanding factors and patterns of resilience in children and families illuminates the ways in which researchers as well as interventionists can promote positive growth. Patterns of brain function as well as specific traits of the child’s relationships may shed light on resilience in children— the way that they are susceptible to as well as buffered from adverse life experiences.

Aims
The purpose of this study is to better understand how moderating factors of resilience interact with child developmental trajectories to promote positive growth.

Description
Resilience research has emerged over the past twenty years, and the Family Stress Model (FSM) is a meaningful framework for understanding factors that may contribute to or detract from healthy child developmental and family outcomes. The current project identified studies on the FSM, resilience, and post-traumatic growth over the past twenty-five years. Resilience factors were identified that contribute to positive child and family outcomes. A critical aspect of explicating the FSM is further testing the moderating factors that highlight both risk and resilience in the family. Particular importance was given to studies that empirically tested resilience factors as moderators in the FSM.

Conclusions
Findings indicate that there are many levels of moderating factors (e.g. psychological resources, individual traits, family characteristics, and community support) that contribute to positive child outcomes, family well-being, and post traumatic growth. Identifying these resilience factors to promote positive child developmental outcomes can provide evidence-based guidance for early intervention practices with parents and families. Future research can continue to illuminate specific factors for positive growth and the prevention of psychopathology. Understanding resiliency as a possible process following adversity provides hope and optimism for high risk families.
Social support, Child Behavior Problems and Parenting Stress

Mrs Reyna Lee¹, Dr. Jamie Lawler¹, Dr. Angela Staples¹
¹Eastern Michigan University, Ypsilanti, United States

Biography:
Reyna Lee is currently a 5th year senior at Eastern Michigan University, majoring in Psychology and minoring in Human Biology. She has been a SEED lab member since Summer 2019 and will be graduating in the Spring of 2020. She aspires to pursue her education in Psychology by continuing on to the masters program in Clinical Psychology. Her interests include developmental psychology, psychological effects on the immune system, PTSD in soldiers caring for children, social support, ACES and parenting styles.

INTRODUCTION
Previous research has found a link between child behavior problems and parenting stress (e.g. Farmer et al., 2011). However, it is not clear what factors might moderate this effect. Research has shown that social support positively impacts parents under stress (Armstrong, et al., 2005). Social support is defined as support from persons in an individual’s interpersonal circles, who influence their lives in difficult or everyday circumstances (Cobb, 1976; Cohen, 2000).

AIMS
The aim of the present study is to examine the relationship between child behavior problems, social support and parenting stress. Additionally, we aim to discover if social support moderates parents’ stress levels from the effects of child behavior problems.

MATERIALS AND METHODS
As part of a larger, ongoing study, data from 36 participants (92% female, M age: 33.9, SD: 4.74) were examined. Parents with children between the ages of 2-4 years old were asked to complete self-reported surveys. The Parenting Stress Index, short form (Abadin et al., 2012), the Eyberg Child Behavior Inventory (Boggs et al., 1990), and the Social Support Questionnaire, short form (Sarason et al., 1987) were used.

RESULTS
Less stress and more social support were associated with fewer child behavior problems. The overall model predicting parenting stress was significant $F(2,32)=4.29$, $\Delta R^2=.30$, $p=.001$, however, the proposed social support moderation was not significant $F(1,32)=12$, $p = .73$.

CONCLUSION
This study confirmed the relationship between child behavior problems with both parenting stress and social support. Contrary to the hypothesis social support did not moderate the relationship between child behavior problems and parenting stress.

Dr Anna Wai Fun Cheng¹, Ms Kenny Ip¹, Dr. Connie Chan¹, Dr Joyce Mok¹, Dr. Wa Keung Chiu¹
¹United Christian Hospital, Hong Kong, China, ²Hong Kong Lutheran Social Service, Hong Kong, China, ³Department of Social Work, the Chinese University of Hong Kong, Hong Kong, China

Biography:
Graduated from the Faculty of Medicine, the Chinese University of Hong Kong in 1991. Accredited trainer for higher and basic trainee of the Hong Kong College of Paediatricians. Paediatrician in charge of Comprehensive Service in Kowloon East Cluster of Hong Kong since 2007, working in close liaison with other health care workers, social workers and other community partners in delivering holistic programmes to the vulnerable children and their families using the Maternal and Child Health Centre as the platform. Actively involved in education and building competence for sustained antidrug work and child protection in this context.

Introduction:
Comprehensive Child Development Service in Hong Kong (CCDS) was first piloted in July, 2005 under the Hong Kong Policy Address to offer an early integrated community-based child and family service to identify the children and family in need and integrate the medical and health, social and education services to these children.

Aims of the project:
Support drug-abusing mothers on detoxification and practice of good-enough parenting to improve their children’s physical and developmental outcomes.

Description of the project:
With collaboration with Hong Kong Lutheran Social Service and the Department of Social Work of the Chinese University of Hong Kong, Comprehensive Child Development (CCDS) in Kowloon East Cluster offer an integrated program with the emphasis on parent counseling, parent education groups and parent support network for the pregnant women with illicit drug use within one year of expected date of delivery.

Expectant mothers are engaged in antenatal period by CCDS midwife and the growth and development of born child are continuously assessed by CCDS Paediatrician coincided with his vaccination appointment in the Maternal and Child Health Center. Psychiatric team of CCDS offers ongoing assessment and treatment to the mother with psychiatric co-morbidity. An existential approach, a narrative approach and a transformative approach are the interventions to assist parenting in the recruited group by the social worker of Hong Kong Lutheran Social Service under the supervision of the Department of Social Work of the Chinese University of Hong Kong.

Conclusions
68 pairs of maternal and child outcomes are presented. With critical psychological components for an effective treatment and supportive program for drug-abusing parents, parents can be facilitated to actualize their inherent potentials to maintain healthy and meaningful relationships with their children. CCDS provides and coordinates the targeted service to the families, this multidisciplinary intervention can
enhance the developmental and psychological outcomes of the children born to substance abusing mothers.

Dr Tanmay Bagade, Dr Catherine Chojenta, Dr Melissa Harris, Dr Smriti Nepal, Prof Deborah Loxton

The University of Newcastle, Callaghan, Australia

Biography:
Tanmay Bagade is a PhD scholar (Gender and Health) at the University of Newcastle, Australia. He is an Obstetrician and has worked as a clinician in India, Somalia and Papua New Guinea. He is also an Associate Lecturer (Medical Education) at UON. His previous job was with the World Health Organization and the University of Technology, Sydney in Maternal and Child Health Initiative (MCHI) capacity building project at Papua New Guinea. Tanmay’s current research analyzes the global trends of how gender equality influences reproductive health outcomes.

Background. Current global maternal and child health policies rarely value gender equality or women’s rights and are restricted to policies addressing clinical interventions and family planning. Gender equality influences the knowledge, autonomy and utilisation of contraception and healthcare; thereby affecting maternal and child health. Therefore, this systematic review aims to analyse the concurrent effect of gender equality and contraception on maternal and under-five child mortality.

Methods. A systematic review was conducted to investigate the current evidence. Studies were eligible if three themes; namely, indicators of gender equality (such as female education, labour force participation, gender-based violence), contraception, and maternal or child mortality were present together in a single article analysing the same sample at the same time.

Results. Even though extensive literature on this topic exists, only three studies managed to fit the selection criteria. Findings of two studies indicated an association between intimate partner violence (IPV) and infant mortality, and also reported that women’s contraceptive use increased the risk of IPV. The third study found that the mother’s secondary education attainment significantly reduced child mortality, while the mother’s working status increased the odds of child mortality. The researchers of all included studies specified that contraceptive use significantly reduced the risk of child mortality.

Conclusion. Improvement in gender equality and contraception concurrently affect the reduction in child mortality. These findings provide strong support to address the research gaps and to include gender equality approach towards maternal and child health policies.
The optimum timing of pediatrician’s intervention for psychosocial high-risk pregnancy

Dr Naho Katoi¹, Dr Syunichiro Nakamura¹, Dr Natsuko Tokita¹, Dr Osamu Komiyama², Dr Hisako Watanabe³
¹Keio University Hospital, Tokyo, Japan, ²Tokyo Medical Center, Tokyo, Japan, ³Watanabe Clinic, Yokohama, Japan

INTRODUCTION:
Women may experience ambivalence to become a mother in pregnancy, particularly if they have some psychosocial problem. Psychosocial high-risk pregnancy may lead to maltreatment and transmission of psychopathology onto their offspring. Pediatricians could approach such nervous mothers naturally in the context of the infant’s physical and growth.

Tokyo Medical Center is a general hospital with 780 beds, and annual number of deliveries are 680-800. There are medical social worker (hereafter MSW) who specialized perinatal cases from 2012. MSW intervene about 30 psychosocial high risk pregnancy cases a year.

AIMS:
We studied the timing of pediatrician’s intervention for psychosocial high-risk pregnancy cases and the outcome.

DESCRIPTION:
We intervene 8 dyads in a half year. Prenatal visit: 2 cases, right after birth: 1 case, before discharge: 2 cases, after discharge: 2 cases. The mothers of 3 earlier intervention cases had mental illness (BPD and Schizophrenia), and they had already showed negative feelings toward their unborn babies. In contrast there was a case that the mother had refused an intervention but after discharge she often came to our hospital with baby’s physical complaint. Her first daughter died of SIDS at 7-months old.

CONCLUSIONS:
It is the optimal timing of intervention for relationship disorder when the mother worries about her child or childcare. The basic principle of the care is “first do no harm” both to the infant and family. Pediatricians can wait calmly while checking their security until the optimal timing because we can “turn in” to the infants and family necessarily after delivery at the latest. We can establish a continuous follow up with delicate beginning which the mother can feel relieved.
Using the Alarm Distress BaBy Scale as a clinical tool in the Päiväperho Centre for substance abusing parents

Professor Kaija Puura

Department of Child Psychiatry, Tampere University & Tampere University Hospital, Tampere, Finland

Päiväperho centre for families with a history of parental substance abuse has a well-baby clinic for children from birth to 6 years of age. Parents often suffer from psychological trauma and difficulties with parenting, and the children are at high risk for developmental difficulties. For identifying signs of infants’ problems earlier, the Päiväperho staff was trained in infant observation with the Alarm Distress BaBy Scale (ADBB).

In the well-baby clinic the infants are videoed for 5-10 minutes in interaction with nurse who actively engages the infant. The items assessed in the ADBB include facial expression, eye contact, general activity, vocalization, reaction time, self-stimulation, attractiveness and relationship. Each of the items is scored from 0 (normal behavior) to 4 (severe pathology). Total score higher than 4 indicates problems in the infant social behavior. The well-baby clinic staff scores the videos in team meetings. The child psychiatrist who trained the staff scores videos of the infants with the team regularly.

A case example: A boy born to a single mother with substance abuse problem was videoed at the age of 6 months at the Päiväperho well-baby clinic. The boy’s ADBB score was 9, indicating significant problems in his interaction behavior. The nurse discussed the findings with the mother and child protection service worker. The mother realized that due to her substance abuse, she was unable provide adequate care for her baby. After having been in a foster family for a year the boy was re-assessed at 20 months, with an ADBB score of 4, indicating no problems in his interaction behavior.

The use of the ADBB has helped Päiväperho staff to systematically observe infant behavior, increased understanding among staff members of what is worrying in infant social behavior, and helped to describe and report infants’ developmental difficulties and needs to parents and social workers in child protection services.
Attachment-based, Trauma-informed Care for Infants and Toddlers in Foster System in Taiwan

Ms TingYu Su¹
¹Child Welfare League Foundation, Taipei, Taiwan

Biography:
I am interested in the science of infant mental health, and the practice-based evidence on the topics of early childhood adversity and trauma, notably including child abuse and neglect and trauma-informed care. I am a clinical social work supervisor in Taiwan and graduated from Columbia University School of Social Work in 2015.

Out-of-home placement predominantly forms as the mixed-age institute or shelter in Taiwan; infants and toddlers in the child protection system are therefore unlikely to receive individualized nurturing care. In the meantime, infants and toddlers placed in the out-of-home placement present mental health problems that significantly exceeded the infants and toddlers from the general population. Those mental health problems may stem from adverse childhood experiences as well as multiple placements change. We propose recruiting local registered childminders; after they go through the family screening and qualification review, we train them as the attachment-based and trauma-informed caregivers. By adopting the infant mental health framework, we develop the home visit strategies to meet the northern Taiwan area’s local needs, based on the attachment-based practice guidelines (The British Psychological Society, 2017). Intensive care and crisis management signify itself during the placement; therefore, training for crisis intervention is mandatory. Experienced child play therapists and Child Protection Clinic in Linkou Chong Gung Memorial Hospital have engaged and cooperated with us during the time of placement. Attachment-based care, along with mental health and medical care professionals' engagement, mental health problems, therefore, can be ameliorated. From 2018 to 2020, we have recruited and trained 26 childminders and have placed 27 children under the age of 6 in total. 24-hour attachment-based and trauma-informed educational training are provided to qualified childminders annually. Moreover, the attachment-based empowerment group, which focuses on child-rearing and parenting style, is held quarterly to make caregivers feel better equipped to handle challenging behaviors and traumatic acting-out. In future directions, we will design and implement the projects on psychological supports to caregivers to hold and make them feel that they are being understood, which will expand their mentality to have a better holding and containing to the children who experienced early adversity.
Methamphetamine use in the perinatal period: what is the role of childhood trauma? A presentation of a literature review and proposed next steps

Ms Natalie Sinclair¹,², DR Kylie Bailey¹,², Julia Dray¹,², DR Elizabeth Stojanovski¹, DR Beth Mah³,⁴,⁵,⁶

¹University Of Newcastle, Callaghan, Newcastle, 2308, Australia, ²Hunter Medical Research Institute, New Lambton Heights, Newcastle, 2305, Australia, ³Karitane mothers and babies service, Carramar, Sydney, 2163, Australia, ⁴University of New South Wales, Kensington, Sydney 2052, Australia, ⁵Mid North Coast Health District, Australia, ⁶Hunter New England Health Service, Australia

Biography:
Natalie is a PhD candidate through the University of Newcastle. She completed a Masters of Health Science (Drug and Alcohol) with Distinction in 2016. Currently employed at Port Macquarie Drug and Alcohol Service in NSW in the Substances Use in Pregnancy Program, Natalie has previously worked with Aboriginal women and their children for 10 years and has a background in Neonatal Intensive Care. Natalie’s passion is caring for substance using women and their families to help improve outcomes. The focus of her research is methamphetamine use in the perinatal period due to the rapid increase in methamphetamine use in pregnancy.

INTRODUCTION: Perinatal methamphetamine use is a major public health concern, with 24% of pregnant women admitted to treatment centres using this substance. Women who use methamphetamine typically endorse high rates of childhood trauma. Health care for this population is complicated by negative health staff attitudes and barriers to treatment, secondary to consumer fear of child protection consequences. Optimal postnatal care of infants is limited by minimal evidence. Current infant withdrawal scales are for opiate affected neonates. However, the Eat/Sleep/Console tool is a promising neonatal withdrawal approach that encourages maternal confidence and involvement. Further, this tool utilises a more trauma informed approach.

AIMS: The aims of this project on perinatal methamphetamine using women are to:

1. determine the prevalence of risk factors and the impact of childhood trauma for the identified population group compared to non-using perinatal women

MATERIALS AND METHODS: The first aim will be established by systematic literature review (SLR) guided by PRISMA and PICO recommended methodology. Searches have been completed and identified studies are currently being screened for inclusion (full-text level). Eligible studies included a measure of at least one of the following: 1. Substances within the stimulant class Substances other than stimulants, including alcohol; 2. Substances other than stimulants, including alcohol; 3. Childhood trauma or adverse events. The protocol for the SLR was published by Prospero (CRD42021221264) on 2 February 2021.

RESULTS: A total of 13,530 studies were identified during initial search. The results of the review will be completed prior to the congress and will be presented in detail.
CONCLUSIONS: Preliminary results indicate further research is needed into the role of childhood trauma and its impact on methamphetamine use through pregnancy as limited studies could be located.
Sleep disturbances of 1-year-old infants: prevalence and associations with gender, temperament and soothing patterns

**Mrs Päivi Ronkainen**¹²³, Ms Soili Lehto²³⁴, mrs Kirsti Kumpulainen², Ms Maria Luojus², mrs Ilona Luoma¹²

¹Kuopio University Hospital, Kuopio, Finland, ²University of Eastern Finland, Kuopio, Finland, ³University of Helsinki, Helsinki, Finland, ⁴Helsinki University Hospital, Helsinki, Suomi

**Biography:**
Päivi Ronkainen is M.D. and specialist in child psychiatry, working in infant psychiatric unit of the Kuopio University Hospital. She is also PhD student doing research on sleep disturbances of infants as part of Kuopio Birth Cohort Study. To gain deeper understanding on how to treat infants and their families, she is studying parent-infant psychotherapy in the University of Helsinki.

**INTRODUCTION**
Infant sleep behavior and the quality of sleep are essential for both the infant’s and parent’s well-being. Frequent night awakenings and prolonged sleep onset are the most common infant sleep disturbances.

**AIMS OF THE STUDY**
We investigated the prevalence of sleep disturbances in 1-year old infants, and their associations with infant gender, temperamental style and soothing patterns used by parents when their infants wake up at night.

**MATERIAL and METHODS**
The data was derived from the Kuopio Birth Cohort (KuBiCo, www.kubico.fi) Study, which seeks to determine the effects of prenatal exposures and genetic factors on both the infant’s and mother’s health. We included 1213 mothers, who filled in the Infant Behaviour Questionnaire –Revised version (IBQ-R) and the Infant Sleep Behaviour Questionnaire. Analyses were performed with logistic regression.

**RESULTS**
Altogether 6.2% (n=74) of 1-year-old infants had prolonged sleep onset (i.e., required >30 minutes to fall asleep) and 9.4% (n=112) had frequent night awakenings (i.e., woke up ≥4 times a night on 3 nights per week).

Prolonged sleep onset time was not associated with gender, but positively associated with negativity in temperament (OR 1.4, 95% CI 1.1-1.8) and parental soothing pattern (OR 2.1, 95% CI 1.3-3.5) that activated infant at nighttime (feeding or carrying in arms).

Frequent night awakenings were also positively associated with negativity in temperament (OR 1.9, 95% CI 1.5-2.4) and activating soothing patterns (OR 4.0, 95% CI 2.6-6.2), but not with gender. Being first-born was positively associated with prolonged sleep onset (OR 2.4, 95% CI 1.4-4.1), but negatively associated with frequent night awakenings (OR 0.6, 95% CI 0.4-1.0).

**CONCLUSIONS**
Activating soothing patterns and infant’s negative temperamental style correlate with the risk of sleep disturbances.
Pitch analysis of Korean infants with ASD

Professor Kyung-Sook Lee

Hanshin University, Osan-si, gyeonggi-do, South Korea

Biography:
Kyung-Sook Lee, Seokjin Jung, Sook Whan Cho, Lee, Sumi, Youngin Lee, Hee-Jeong Yoo, Yee Jin Shin

Introduction: Pragmatic rules apply to sentence-ending suffixes in the Korean language; interrogative sentences have upward pitch while declarative sentences end with downward pitch. Pragmatic language skills can be used as an important indicator of early screening for ASD among Korean infants and toddlers.

Aim: This study was intended to analyze pitch in interrogative and declarative sentences from infants with ASD and typical infants using the Korean language for social interaction.

Material and Methods: Subjects comprised six infants with ASD and six typical infants whose express language was 24 to 36 months by Mullen Scale of Early Learning (MSEL). Their native language was Korean. Best-estimate clinical or research diagnoses were made by DSM-F based on the data from Autism Diagnostic Observation Schedule-2 (ADOS-2), K-CARS, Mullen Scale of Early Learning, and parent interviews on developmental history and current symptoms. We also analyzed video recording by Autism Diagnostic Observation Schedule-2 (ADOS-2), a diagnostic instrument consisting of a series of semi-structured activities. Predicative parts of sentences with three to six syllables frequently used in the 30-minute video were divided into interrogative and declarative sentences for pitch analysis by PRAAT. This work was supported by Institute of Information & Communications Technology Planning & Evaluation (IITP) grant funded by the Korea government(MIST) (2019-0-00330, Development of AI Technology for Early Screening of Infant/Child Autism Spectrum Disorders based on Cognition of the Psychological Behavior and Response).

Results: Typical Korean infants generally used upward pitch in interrogative sentences and downward pitch only in declarative sentences. Infants with ASD showed confusion in using pitch in sentence-ending suffixes between declarative and interrogative sentences.

Conclusions: This study verified pitch abnormalities between declarative and interrogative sentences among infants with ASD using Korean as the first language. These findings can be used as practical indicators to communication in screening for ASD among Korean infants.
Outcomes for infants whose mothers had an eating disorder in the perinatal period: A systematic review and meta-analysis of the evidence.

Dr Beth Mah1,2,3, Dr Sara Cibrilac1,3, Ms Joanne Hanna4, Dr Melissa Hart2,5, Associate Professor Carmel Loughland2,5, Associate Professor Suzanne Cosh4

1Karitane, Carramar, Australia, 2The University of Newcastle, Waratah, Australia, 3University of New South Wales, Randwick, Australia, 4University of New England, Armidale, Australia, 5Hunter New England Local Health District, Waratah, Australia

Biography:
Dr Beth Mah is an Infant and Perinatal Psychiatrist with a PhD exploring postnatal depression, oxytocin and maternal sensitivity. She has an interest in the impact upon infants of numerous aspects of bio-psycho-social vulnerability. She currently works clinically with vulnerable families.

INTRODUCTION
The prevalence of maternal eating disorders in the perinatal period is approximately 5-7.5%. Pregnant women with active eating disorders experience several adverse obstetric outcomes including increased incidence of hospitalisation, differences in gestational weight gain compared to controls (increased for anorexia nervosa and decreased for bulimia nervosa) and increased incidence of caesarean section. Previous research has also examined the association between perinatal eating disorders and negative infant outcomes. Greater incidence of low birth weight, microcephaly, small for gestational age, prematurity and anaemia have been found. In addition to outcomes at birth, perinatal eating disorders are also associated with poorer mother infant interactions, particularly during feeding.

AIMS
To systematically establish any health outcomes for infants to age one, associated with their mother having a diagnosis of an active eating disorder during pregnancy or the 12-month postnatal period.

METHODS
A qualitative systematic literature review of numerous databases (Medline, PsycINFO, CINAHL, Scopus and Cochrane Library, MedNar, PsycExtra, National Institute for Health and Care Excellence and Open Grey) was performed examining any infant health outcomes if their mother had any perinatal eating disorder except Pica diagnosed by a validated tool. PRISMA guidelines were followed including the use of independent reviewers and quality assessment of each included study.

RESULTS
This resulted in 22 included studies (17 cohort, three cross-sectional, one case controlled and one mixed methods study). A range of adverse infant outcomes including poor birth, growth and interactional feeding outcomes were identified.

CONCLUSIONS
Antenatal identification and treatment for women with an eating disorder during the perinatal period and their infants are vital. Optimising pregnancy nutrition, maternal eating disorder symptoms and feeding interactions appear particularly important.
Wellness Outreach for Mothers&Babies: building community partnerships to prevent postnatal depression and promote the social-emotional development of infants

**Dr Julieta Hernandez¹, Dr Douglene Jackson¹**

¹University of Miami, Miami, United States

**Biography:**

Julieta Hernandez, PhD, LCSW, IMH-E® is an Assistant Professor of Clinical Pediatrics with vast experience in pediatric social work and early childhood mental health. She holds a PhD in Social Welfare and studies maternal-child health, mother-infant interaction, and family well-being from a socio-ecological and strength-based perspective. Douglene Jackson, PhD, OTR/L, LMT, ATP is an occupational therapist with 21 years of rehabilitation experience. She holds a PhD in Special Education in Early Childhood, Master’s in Occupational Therapy, Bachelor’s in Rehabilitation Services with a concentration in counseling, Diploma in Massage Therapy, and is President of the Florida Occupational Therapy Association.

**INTRODUCTION:** Maternal postnatal depression (PND) can detrimentally influence infant social-emotional development (SED) and mother-infant interactions. The Mothers & Babies intervention (MBI) prevents PND; however, the feasibility of implementing the MBI within community-based organizations (CBOs) and its influence on infant-mother social-emotional outcomes are unknown. Researchers and CBOs collaborated to implement the MBI with high-risk mother-infant dyads, and assess implementation feasibility and clinical effectiveness outcomes of the MBI. Each CBO setting shaped the partnership and implementation efforts; including recruitment, training, and MBI delivery activities.

**AIMS:** Will the MBI reduce depressive symptoms for mothers, improve the social-emotional skills for infants, and improve the interactions of the mother-infant dyad? The study assessed the feasibility of implementing the MBI in the specific context of local CBO partners within diverse multi-ethnic communities.

**MATERIALS/METHODS:** Mixed methodology with a participatory research approach was used to recruit mother-infant dyads, screen for clinical depression, and randomly assign 60 dyads to comparison (educational material) and intervention (MBI) groups. Quantitative and qualitative data were collected pre- and post-intervention, as well as at follow-up.

**RESULTS:** The study suggests improvements in infant SED post-MBI, yet not sustained, and moderate positive improvements in mother-infant interactions. The qualitative analyses of post-MBI interviews with participants revealed emerging themes on improved interactive teaching/learning activities, increased knowledge on infant SED, and use of learned skills to promote positive interactions with their infants. Moreover, these interviews indicate high acceptability and satisfaction with the MBI. Themes from the interviews with MB group instructors and partners revealed high success in delivering the MBI to participants, and strengths and challenges for implementation, respectively.
CONCLUSIONS: The researchers demonstrated the feasibility of conducting culturally relevant, community-based MB groups through CBO partnerships. Short-term influence of maternal participation in the MBI on the infants’ SED and mother-infant interaction were found.

3-year mental health care for children under the age of 6 and their parents after the Kumamoto Earthquake in Japan

Mr Masaharu Nagae¹, Dr Hiroko Hanada¹
¹Nagasaki University, Nagasaki, Japan

Biography:
Masaharu Nagae, RN, Ph.D.
Associate Professor, Department of Nursing, Graduate School of Biomedical Sciences, Nagasaki University.
Director of Share Heart that is a facility for disabled children that supports children with difficulties such as abuse and developmental disabilities.
Hiroko Hanada, RN, Ms, Ph.D.
Associate Professor, Department of Nursing, Graduate School of Biomedical Sciences, Nagasaki University.
Representative director of Share Heart.
Certified Transactional Analyst.

INTRODUCTION: Two major earthquakes occurred in Kumamoto Prefecture at midnight in April 2016 and caused severe damage to several buildings and houses. Most of the survivors were evacuated. Our study was conducted over a three-year period to examine the mental health activities for children under six years of age and their parents.

AIM OF THE PROJECT: To evaluate the effectiveness of an early mental health intervention for children under six years of age and their parents who were affected by Kumamoto earthquake (2016).

PROJECT DESCRIPTION
(1) The researchers surveyed the damaged areas, provided necessary supplies for infants, and built a support system for collaboration with related organizations.
(2) Students volunteered and engaged in activities in a nursery school, including creating a children’s playground and providing cleaning, repairing, and nursing support. These activities were performed twice a month.
(3) The researchers conducted a survey to understand the damaged situation and to triage mental health problems for 720 children aged 0-6 years old and their parents at six nursery schools. Based on the results, the participants were classified into three groups; a) Active intervention group: therapeutic interviewing by specialized experts, b) Intervention group: active support by nursery teachers. c) Observation group: carefully watching future progress.
(4) Participants were extracted by the previously mentioned triage and were recruited from a nursery school and/or a town hall, and were therapeutically interviewed by specialized expert. The interviews were conducted twice a month from August 2016 to March 2017, and once a month from April 2017 to March 2019.
CONCLUSIONS: Our study suggested the necessity of an early intervention by experts for children and adults to recover from the disaster. Considering the high impact of the damage and the influence of family characteristics on mental health, specialist intervention seems to be encouraged.
Proposal of a Metaphor: The Boy and The Dragon - the first telling.

Mr Cornelius van der Merwe

Biography:
A Free-Lance Tourist Guide, was asked to look after child for two weeks, where-after child made eye-contact. Was asked if he'd care to return - to play more. After five-years of intervention, the child and parents work well together. Further seven years were spent thinking and reviewing wondering 'what happened'. Why is the child better? If only one can find the right words. Words that could convince others that they could have done this themselves. Better, faster; and more fulfilling. What is the answers? How were they disempowered? Why did play and exposure to life and nature seem to help?

Introduction:
The Story or Metaphor is based on the perseverance and trauma during a 'Recovery-Story'; The child's potential unfolded, under guidance; while experiencing emotions in nature.

Source material: 'home-made journalling' and video’s in a box.
The book is being written to help set-up a playfull-networking structture.

Purpose :
1. Exploring the process (and alternatives) using the metaphorical framework; it's successes, failures, weak points, avoidance, emotions and thoughts behind. Finding what is beneficial.
2. Creating bonds between core-people:
   a) At the conference: to improve the 'source-of-knowledge' structure.
   b) Children to parents; peers, community and friends (playing and sharing the story).
3. Collectively improving skills by exploring the intervention's themes; and own ideas of happy life. Reworking in metaphor (story as a tool)- hopefully we are taking steps toward building-renovating-creating and transferring, healthy contextual community values.
4. Main idea of the book is inspiration: 'Recovery is an option' because, it has been done!

Description:
A booklet expressing themes for playful enactment.
Theme examples in-metaphor:
•The Boy and The Dragon - Exploring the relation between child and behaviour (disease/diagnosis).
•Finding the Child in the forest - connecting to the child - fun.
•Fighting the Dragon - Expanding experience framework; guiding interest; Finding Communication; Empowerment & skills.
•Return to the Island: Consider approaches to the core-people so they can be assisted in co-developing with the child’s potential (through interests); with continuous emotional integration. Focusing on the goal of a happy-healthy-life-of-worth.

Conclusion:
It is important supporting people emotionally while playfully exploring nature designing there, and their children's capabilities. Recovery sometimes happen where people believe(d) that it can't. Support, Fun and sharing, while believing 'it can be' seemed deciding factors in the positive outcome. Let's play!
Growing pains: Expanding HealthySteps services in three diverse pediatric primary care clinics

Dr Melissa Buchholz¹, Dr Ayelet Talmi, Dr Bethany Ashby, Dr Amy Ehmer, Dr Verenea Serrano, Dr Jonna Von Schulz
¹University of Colorado School of Medicine and Children's Hospital Colorado, Aurora, United States

**Biography:**

Dr. Melissa Buchholz is a Licensed Clinical Psychologist and Assistant Professor at the University of Colorado School of Medicine. Dr. Buchholz is passionate about disseminating health promotion and prevention activities for young children and has spent her career focusing on integrating early childhood behavioral health services into medical settings, specifically pediatric primary care. Dr. Buchholz is the director of HealthySteps for the state of Colorado and has worked to scale this model across the state since 2012. She provides consultation and technical assistance to assist pediatric practices with expanding early childhood behavioral health services.

The poster describes the expansion of HealthySteps, an evidence-based early childhood integrated behavioral health model embedded in pediatric primary care settings. This poster describes the process of expanding the HealthySteps model into three diverse pediatric primary care clinics within one health system. The population of each clinic is described, highlighting differences and adaptations necessary to meet the unique needs of each clinic while maintaining fidelity to the model. HealthySteps was first implemented in the largest pediatric primary care clinic at Children’s Hospital Colorado. This clinic is a residency training clinic and serves predominantly publicly-insured patients who present with a variety of psychosocial needs. The second clinic provides pediatric care to adolescent mothers and their children simultaneously and partners closely with an adolescent maternity program. The third clinic is a specialty primary care clinic that serves children with special health care and developmental needs and their siblings. The impact of implementation of HealthySteps in these three clinics is presented. Volume of behavioral health contact increased over time with the implementation of HealthySteps as well as penetration of behavioral health into each of the three clinics.
Partnerships through play: holistic approaches to infant mental health and wellbeing

**Mrs Marnie Julin¹**, Ms Elise Parker², Ms Holly Rynsent², Ms Penny Goodall³

¹Logan City Council Libraries, Logan Central, Australia, ²Salvation Army’s Communities for Children Facilitating Partner Program, Slacks Creek Logan, Australia, ³Logan Together - Collective Impact, Logan, Australia

**Biography:**
Marnie Julin is the Early Years Library Services Coordinator for Logan City Council Libraries. Her unique role takes programming and support beyond the library context, allowing greater support for families out in the community where they naturally gather.

Marnie coordinates the First 5 Forever family literacy program across the City of Logan and provides programs that support the community in their parenting and carer journey of raising healthy and confident learners. Marnie works solidly in partnership and strongly believes this is key to being able to achieve big impacts for families.

**INTRODUCTION**
Play is a context for learning that builds relationships and attachment, and supports healthy cognitive, social, emotional and physical development in children. Taking a whole-of-community approach to child development considers the role of social and cultural factors in promoting holistic models of care by children and families at the centre of service design and delivery. Diverse partnerships allow for a broad range of expertise to be made available to families in a way that is timely and responsive to their needs. Logan City Council’s First 5 Forever team, alongside The Salvation Army’s Communities for Children Facilitating Partner Program team and several other local stakeholders are working together to build a happy and healthy community in Logan, Queensland, with children at the centre and play as the vehicle for connection and growth.

**AIMS**
Diverse partnerships that are strong and healthy have many benefits for both consumers and partners; it allows for co-design of services, resources and interventions with consumers; it ensures resources and funding are better directed towards the needs of families and children, values the expertise and contributions of all, and facilitates transdisciplinary practice and learning between stakeholders.

**DESCRIPTION**
Communities for Children and First 5 Forever have partnered to develop resources including a Children’s Charter to inform policies and practice around service design and community engagement, to share practice and learnings to promote workforce development, to create access points for clinical services and professionals in community spaces, to refine and strengthen referral pathways, and to build social support networks for children and families through events and cultural celebration activities.

**CONCLUSION**
The power of partnerships allows for a sharing of resources, expertise and outcomes for children beyond the capacity of any single stakeholder in the Logan community. Embracing play as a core component of practice and partnerships means pushing the boundaries, challenging common expectations and possibilities. Each partner has a unique and necessary role in raising healthy happy children.
The prevalence of sleep problems and their correlations with screen time among children with autism spectrum disorder in Malaysia

Dr Juriza Ismail1, Dr Hazimah Mohamad Yusof2, Dr Sathyabama Ramachandram2
1Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia, 2Penang Hospital, Georgetown, Malaysia

Biography:
Dr Juriza is currently the senior lecturer and Consultant Developmental Paediatrician in Universiti Kebangsaan Malaysia Medical Centre (UKMMC). She was involved in pioneering the establishment of Child Development Centre (CDC) in Hospital Canselor Tuanku Mukhriz, UKMMC in the year 2006. Currently the head of CDC. Research interests include autism spectrum disorder, feeding disorder, sleep disorder and early intervention.

Introduction
Sleep problems are one of the common co-morbidities in children with Autism Spectrum Disorder (ASD). Screen time has been shown to have negative effects on sleep.

AIM of the Study
To determine the prevalence of sleep problems and to study the correlations between screen time and sleep problems among children with ASD.

Methods
In this cross sectional study, a total of 124 children with ASD aged between 4 to 12 years old were recruited and parents were interviewed on Children’s Sleep Habits Questionnaire (CSHQ) and media use.

Results
Seventy one (63.7%) children with ASD had sleep problems with 61.3% experiencing bedtime resistance. Mean total daily screen time was 2.49 hours (SD ± 2.25) and 42.7% spent more than 2 hours on electronic media. Although there is no correlation between screen time and overall sleep problems, this study has found that co-sleeping (p = 0.001) and exposure to electronic media within 1 hour before bedtime (p = 0.048) are associated with bedtime resistance. Access to electronic media in the bedroom is associated with daytime sleepiness (p = 0.023) and owning an electronic media is associated with sleep onset delay (p = 0.025).

Conclusions
The prevalence of sleep problems among children with ASD in our clinic is 63.7%. Even though our study showed no correlations between screen time and overall sleep problems, there is an association between media use with specific sleep problems.
Building Best Beginnings

Mrs Cheryl-Lee Brown, Ms Eliza Waye

1Midlothian Sure Start, Mayfield, Dalkeith, United Kingdom

Biography:
Cheryl Brown is currently the Chief Executive and founder at Midlothian Sure Start, a not for profit operating in Scotland in the United Kingdom. Eliza Waye is the Deputy Chief Executive and operational lead. Midlothian Sure Start operate 6 family learning centres which offer a range of services to vulnerable families. Services include peer support, parenting, involving parents in their children’s learning, support to Dads including Dads2Be and therapeutic services.

Introduction
Midlothian Sure Start (MSS) runs 6 family learning centres in Midlothian, Scotland for children pre-birth to 5. It is contracted by the Local Authority to provide a family learning service and supply funded (by the Scottish Government) childcare and early education to eligible children aged 2-5 years of age.

Purpose
MSS vision is "For all Midlothian’s children to build the foundations for a happy childhood that serves them a lifetime" MSS subscribe to Attachment Theory, Social Capital Theory and using a strengths-based approach. Half of the Board positions (Governance) are reserved for Parents/carers. This grass roots approach leads to responsive planning.

Description
The organisation uses a range of evidence-based and community programmes developed in co-production with the families who attend the centres. The organisation takes a systemic approach and focusses on activities aimed at supporting the building of resilience in children, families and communities. Services include parenting programmes, therapeutic services (counselling, art-therapy, play therapy, mindfulness and the piloting of the use of EMDR), child development courses, Dads-2-Be courses, Parents involved in their children’s learning, money advice and the organisations. “A Good Start” course which is offered to all parents with a new baby.

Conclusions
MSS has demonstrated success in engaging with vulnerable families. 63% of families using childcare engage with additional services. Independent evaluations of MSS and the A Good Start Programme have found:

“In common with other MSS services and programmes, the ‘A Good Start’ programme has a focus on progression.” “Parents spoke of how neuroscientific concepts and ideas have helped them to gain more understanding of, and be more patient with, their children.” “There was evidence of a reduction in social isolation within communities and an increased awareness of community-based volunteering opportunities.”

“Parents build their confidence and reduced their anxiety about caring for an infant.”
New challenge to our preventive work - the babies are disappearing

Mrs Sinikka Makela

BabyFinland, Helsinki, Finland

Biography:
Clinical psychologist, psychotherapist of early interaction
Worked as a preventive psychologist with baby families for 20 years, now one of the founders of BabyFinland

My poster goes along the lines with BabyFinland’s workshop 799

We founded an association called BabyFinland to do influential and preventive work to four target groups: 1. professionals, 2. companies, 3. decision-makers or politicians and 4. baby-families. Our first achievement was the invention of Baby Day which would lift the babies into the consciousness of the public and politicians.

I view the situation in Finland in relation to babies and from different perceptions of humanity. Babies are feeling good in Finland, but there is increasing segregation and many families suffer in multiple ways. We wonder about the young generation’s attitudes towards parenting. The birth rates are falling down – do people not want to have children anymore, even if we are ranked as the happiest people in the world? There are new challenges, climate change, stresses of work life, difficulties of men from poor economic groups to find a spouse, and astonishingly, also diminished sexual intercourse and worsened sperm of men.

BabyFinland wants to promote good attachment and positive attitudes towards parenting. We see distant thinking about babies, as if they were not human yet, or that they mature regardless of conditions - and so there is no value in early prevention. With politicians we speak a different language also - there is a need to convince them that we can save money by putting efforts to early prevention.

Every last Friday in September we arrange Baby Day. We give verbal information, but most of all we encourage babies and their parents to play, dance, and feel good together. The celebrations have enlarged throughout Finland in five years. This year we try to get versatile families involved. Every baby regardless of skin color, ethnic background or family model is worth of appreciation and in turn the babies give us charm, hope and happiness.
Let father/nonbirthing parent matter – parental interviews in Swedish Child Health Service

Mrs Monica Lidbeck

Primary Care Region Västra Götaland, Gothenburg, Sweden

Biography:
Monica Lidbeck is a PhD student at Gothenburg University, Department of Psychology, Sweden, studying division of parental leave and family life in her thesis Share and Care – experiences of equally shared parental leave. She holds a position as psychologist in multi-professional teams serving Maternal and Child Health Care in Gothenburg, providing support for health care professionals via training, development of guidelines, practice and methods, implementation of research, and education interventions. Ms. Lidbeck has been engaged in the development and implementation of methods for parental support targeting fathers of infants at a national level in Swedish child health care.

INTRODUCTION
The Swedish Child Health Service (CHS) offers voluntary and free of charge health care for all children aged 0-5 years. This primary health service reaches almost 100% of all families at Child Health Care (CHS) centers and has an ambition to offer equal support to all parents. Yet, mothers mostly attend to the child’s health visits and are invited to participate in screening for postpartum depression, while the staff missed opportunities and methods for closer contact with fathers/nonbirthing parents. In 2018, in line with CHS’ family-oriented perspective was a parental interview with the father/non-birthing parent included in the national CHS programme.

PURPOSE
To include the father/non-birthing parent to take part in the CHS visits and strengthen the parental role by offering an individual parental interview. Also, need for support concerning the interaction with the child, the couple relationship, or signs of mental ill health can be acknowledged.

DESCRIPTION of the parental interview
The parental interview with the father/non-birthing parent will be offered in connection to a CHS visit 3-5 months postpartum. The conversational guide is structured as a puzzle with openness for the parents’ own thoughts concerning:

• The child/ Together, Comfort, Needs, Reflections
• Being a parent/ Expectations, The future, Easy and difficult
• The family/ Responsibilities, Relationships, Networks, Parental leave
• Your self/ Feelgood/concern, Sleep, Support

Two questions regarding mental illness (i.e. Whooley questions), are presented if the parent’s answers indicate signs of fatigue, irritability, sadness, or other mental health problems, and the Edinburgh Postnatal Depression Scale (EPDS) is given in case they scored on the Whooley questions.

CONCLUSIONS
The parental interview with the father/non-birthing parent promotes engagement in the care and well-being of their child. Close contact with both parents gives the CHS nurse broader information to better understand the child’s need and support parents from a family-oriented perspective.
Dancing toward security in an insecure world

Dr Tracy Vozar1, Dr Beth Troutman2, Dr Kelly Pelzel2, Dr. Anne Meeker Watson3

1University Of Denver, Denver, United States, 2University of Iowa Carver College of Medicine, Iowa City, United States, 3University of Kansas & Sing.Play.Love, Kansas City, United States

Biography:

Tracy Vozar directs the Infant and Early Childhood Mental Health Specialty and the Caring for yoU and Baby (CUB) Clinic within the Graduate School of Professional Psychology. Beth Troutman is a Clinical Professor of Psychiatry in the University of Iowa Carver College of Medicine and a certified BeMoved® dance instructor. Kelly Pelzel is a psychologist and serves as past-president of the Iowa Association for Infant and Early Childhood Mental Health. Anne Meeker Watson is a music therapist and founder of the SING.PLAY.LOVE.® program. She offers tools and training for early learning and kindergarten readiness.

Sometimes words aren’t enough to deal with massive disruption and dysregulation. Over the past few years, we have been exploring the role of dance and music in promoting wellness and addressing dysregulation in infant and early childhood mental health providers, young children, and their caregivers. In this presentation, we will describe and give participants the opportunity to experience three different dance and music initiatives geared toward providers, children, and caregivers during the COVID19 pandemic. First, the presenters will describe Dr. Tracy Vozar’s daily dance parties which were initially geared toward parents of young children and evolved into an intergenerational community celebrating birthdays, prom, and pets. Second, the presenters will describe Drs. Kelly Pelzel and Anne Meeker Watson’s Sing.Play.Love parties for young children of University of Iowa Hospitals and Clinics employees. Third, the presenters will describe Dr. Beth Troutman’s BeMoved® dance for infant and early childhood mental health providers. Links to join along with dancing will be included.
Symposiums
Symposiums

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Ending Early Childhood Expulsion in the US: One State’s Efforts through Advocacy, Legislation, and Infant/Early Childhood Mental Health Consultation (I/ECMHC)

Mrs Allison Lowe-Fotos¹, Ms Julie Spielberger², Ms Katherine Zinsser³, Ms Callie Silver⁴

¹The Ounce Of Prevention Fund, Chicago, United States, ²Chapin Hall at the University of Chicago, Chicago, United States, ³The University of Illinois Chicago, Chicago, United States, ⁴The University of Illinois Chicago, Chicago, United States

Each year, an estimated 50,000 children are suspended and 17,000 are expelled from their U.S. preschools—a rate more than three times that of expulsions in K-12 schools. This crisis is compounded by large racial disparities, with young boys of color being suspended and expelled at disproportionately high rates. Policy makers and advocates are particularly concerned about this high rate of exclusion given how critical early experience is to children’s life-long academic success and well-being. This symposium presents one state’s approach to reducing the rate of and disparities in early childhood expulsions, including new legislation to ban early childhood expulsions and research to understand the supports and resources that practitioners need to respond appropriately to behavior challenges, process implicit biases, and reduce harmful disciplinary practices in early childhood settings.

This panel will explain the policy and research contexts and the multi-year process to build a coalition of stakeholders to advocate for, pass, and write the rules for a statewide legislative ban on expulsion. The panel will describe findings from a mixed-methods evaluation of a new model of infant/early childhood mental health consultation (I/EMHC), long considered a promising approach to reducing high rates of expulsion. I/EMHC is intended to raise program and practitioner awareness of and adaptation to the needs of children with challenging behaviors, respecting the ecological contributions to children’s social and emotional behaviors, as well as assist in practitioner self-reflection. Finally, the panel presents findings from a mixed-method process evaluation of the early implementation of the legislation, which focuses on practitioners’ knowledge of and use of different resources to reduce expulsion risk, including mental health consultation. A discussion with the audience, informed by a racial equity lens, will explore the complexities and necessity of coordinated multi-level approaches to system change to reduce the harmful effects of early childhood expulsions.
Ending Early Childhood Expulsion through Advocacy, Legislation, and Collaborative Rule Writing

*Paper #1 in the symposium titled: Ending Early Childhood Expulsion in the US: One State’s Efforts through Advocacy, Legislation, and Infant/Early Childhood Mental Health Consultation (I/ECMHC)*

**Mrs Allison Lowe-Fotos¹, Ms Callie Silver²**

¹The Ounce Of Prevention Fund, Chicago, United States, ²The University of Illinois Chicago, Chicago, United States

**Biography:**

Allison Lowe-Fotos, MSW, LCSW is a Policy Manager with the Ounce of Prevention Fund. There, she works on mental health, special education, early childhood expulsion, child welfare and juvenile justice issues. She has previously worked in direct practice in early childhood education programs providing case management, family support work, therapy with children and families, infant/early childhood mental health consultation, and supervising a teen parent home visiting program. She also has international experience working in projects in China, Mexico, and Turkey.

**Introduction:** This submission is panel one of the overall symposium Ending Early Childhood Expulsion in the US: One State’s Efforts through Advocacy, Legislation, and Infant/Early Childhood Mental Health Consultation (I/ECMHC). In the US, numerous states have made policy changes to help curtail rates of expulsion in early childhood education, but few have taken legislative action. One state stands out for recently passing one of the most coordinated and far reaching legislative bans on expulsion in the country; a law expected to reduce the rates of and racial disparities in exclusionary disciplinary practices.

**Aim:** This presentation outlines the multi-year process of building a coalition of stakeholders to lobby for and pass a state-wide ban on expulsion, assist in writing the administrative rules, and practice dynamic, and reflective policy work in the early childhood realm.

**Materials & Methods:** The law applies to nearly every program serving children birth-to-five statewide, and requires that programs make every effort possible to retain a child, ensuring that removal is not the first or only option explored. Rules currently being drafted will stipulate requirements around documenting and reporting programs’ uses of resources, services, and interventions (e.g., I/ECMHC) as well as adoption of critical training (on implicit biases, family engagement, etc.).

**Results:** This presentation will describe efforts to anticipate and accommodate changes, including how current research, evaluation, and best practices are being utilized to inform implementation and advocacy.

**Conclusions:** The passage of this law represents an important step forward in eliminating expulsion, but it cannot be the end of the story. As rooted in best practice and intentional as a policy can be, it will impact people in different ways, have unintended consequences, and its effects may change over time. What works now may not always as systems, funding, communities, and people change; therefore, a reflective and systemic approach must be used in today’s policy-making.
Responding to high rates of expulsion: Findings from a pilot of a cross-system model of infant/early childhood mental health consultation

Paper #2 in the symposium titled: Ending Early Childhood Expulsion in the US: One State’s Efforts through Advocacy, Legislation, and Infant/Early Childhood Mental Health Consultation (I/ECMHC)

Dr. Julie Spielberger1, Dr. Tiffany Burkhardt1, Ms Rosa Ortiz2
1Chapin Hall At The University Of Chicago, Chicago, United States, 2Illinois Action for Children, Chicago, United States

Biography:
Dr. Julie Spielberger is an expert in child development, early childhood education, and school readiness, as well as supports and services to improve program quality. Her research interests include promoting child and parent well-being through early intervention and prevention and developing the early childhood workforce. Her work includes mixed-methods research and consultation on several system-building initiatives to improve service quality and system coordination in home visiting, early childhood education, and afterschool systems. Tiffany Burkhardt's work focuses on evaluating support programs that promote family and child-being and prevent child maltreatment, including infant/early childhood mental health consultation, home visiting, and parenting programs. Rosa Ortiz has been working with children and families for over 26 years in a variety of settings—residential, clinic, hospital, home visiting, child welfare, and childcare. Her direct work has been acknowledged in the Journal of American Academy of Pediatrics, Cook County Advocate, UIC Medicine, the Zero to Three Journal, and during her time working in the Healthy Steps Young Children Program was awarded by the University of Illinois’ pediatric residents in recognition of her exemplary performance for the 2002-2003 academic year. She is the first Latina internationally to be certified in Prenatal Bonding (BA) by Psychiatrist, Dr. Gerhard Schrotth and the late Psychoanalyst, Dr. Jenö Raffai. Rosa received a Master of Education from Loyola University in Early Childhood Development through the Erikson Institute with a specialization in Infancy. She also completed Erikson Institute’s Irving B. Harris Infant Mental Health Program. Recently, she received Phase I Certification in the Neurosequential Model of Therapeutics from Dr. Bruce D. Perry and the Neurosequential Network. Rosa is working as an Early Childhood Mental Health Consultant at Illinois Action for Children in collaboration with Caregiver Connections serving child development centers and family child care homes. Her passion has been in prevention so that the child’s social, emotional, and intellectual potential can be optimized.

INTRODUCTION: Infant Early Childhood Mental Health Consultation (IECMHC) is considered a promising approach to reducing high rates of suspensions and expulsions in early childhood programs. This presentation is panel two of the symposium “Ending Early Childhood Expulsion in the US.” It presents findings from a statewide, cross-system IECMHC model pilot to enhance the skills and reflective capacity of staff and administrators. The model calls for consultation to be provided regularly for 10-12 hours/month for 15 months, followed by intermittent support for 6 months.

AIMS OF THE STUDY: The study sought to understand the impact of consultation on staff’s reflective capacity and practices in diverse center-based early childhood programs, especially with regard to managing challenging behaviors. We also looked at its potential to impact children’s classroom experiences, relationships, and expulsion risk.

MATERIALS and METHOD: The study used a quasi-experimental, comparison group design to assess changes in staff capacities, practices related to expulsion, and effects on program participants in 18 sites (urban and rural). Methods included: structured surveys; measures of staff reflective capacity, burnout, and views of child expulsion risk; classroom observations of social-emotional climate; and qualitative interviews before, during, and after consultation.

RESULTS: Implementation quality varied across settings depending on programs’ readiness and capacity to use consultation. Preliminary results indicate positive effects of consultation on two scales of the Maslach...
Burnout Inventory – emotional exhaustion and depersonalization – and on classroom social-emotional climate. Analyses of other staff and child outcomes are forthcoming.

CONCLUSIONS: Results indicate that IECMHC can help staff appropriately manage challenging behaviours in children and families as well as reduce staff stress and increase job satisfaction. Although not easy to implement in some settings, this IECMHC model shows potential for improving the knowledge and skills of the early childhood workforce, decreasing burnout, and reducing early childhood suspensions and expulsions.

Evaluating the Implementation of Illinois Early Childhood Expulsion Legislation

*Paper #3 in the symposium titled: Ending Early Childhood Expulsion in the US: One State’s Efforts through Advocacy, Legislation, and Infant/Early Childhood Mental Health Consultation (I/ECMHC)*

**Ms Callie Silver¹, Dr Katherine Zinsser¹**

¹University of Illinois At Chicago, Chicago, United States

**Biography:**
Callie Silver is currently a PhD Candidate in Psychology at the University of Illinois at Chicago (UIC) and a member of the Social-Emotional Teaching and Learning (SETL) Lab, where she is mentored by Dr. Kate Zinsser. Callie holds a B.S. in Human Development from Cornell University and a M.S. in Community and Prevention Psychology from UIC. She has research experience on a wide range of early childhood education topics, including social-emotional learning, exclusionary discipline, and mental health consultation. Callie is currently a SRCD Predoctoral State Policy Fellow at the Illinois Governor’s Office for Early Childhood Development.

INTRODUCTION: In response to high rates of and racial disparities in early childhood expulsion (U.S. Department of Education, 2016), one state recently passed a law that aims to end the expulsion of children from any licensed and publicly funded early childhood education (ECE) program. Although this legislation is one of the most progressive in the nation and is expected to curb rates of expulsion, there is currently no means by which to evaluate the legislation’s implementation and impact.

AIMS OF THE STUDY: With support from a coalition of key stakeholders (e.g. community partners, policy experts, and program administrators), this study sought to better understand ECE discipline rates and to assess administrator’s understanding of and concerns about the legislation.

MATERIALS and METHODS: Surveys (N=154) and follow-up interviews with ECE program administrators captured program characteristics and their knowledge and concerns regarding the law’s implementation.

RESULTS: Programs that better understood the law tended to be larger, publicly funded, had recently expelled a child, and had used a mental health consultant. Programs varied widely in their approach to removing a child and their utilization of resources in preventing a child’s removal. Despite the law’s stipulations to exhaust resources, however, there is little evidence that programs intend to change their practices, save for increasing documentation. The one resource that did receive consistent praise was mental health consultation and many programs expressed a desperate need for increased access and reduced wait times to have a consultation.
CONCLUSIONS: Findings point to systematic variance in programs’ disciplinary practices by location, program type, funding sources, quality rating, and populations served. Results overall indicate that in addition to legislation, there is a great need for increased access to training and resources to prevent suspensions and expulsions.

Prioritising infant mental health in public health - the why and the how

Dr Maree Foley1, Professor Leonie Segal2, Dr Nick Kowalenko3, Dr Phil Robinson3, Mr Brad Morgan3, Ms Melinda Goodyear3, Mr Robert Mills3

1Child, Family And Organisations Consultancy, Gingins, Switzerland, 2University of South Australia, Adelaide, Australia, 3Tresillian Family Care Services, Sydney, Australia

Introduction: There is strong evidence of a causal association between trauma, especially early-in-life relational trauma (child maltreatment) and disrupted brain development, resulting in disturbed emotions, behaviours/ways of thinking and cognitive deficits in infants, children, and adolescents. Despite powerful evidence for an intergenerational pathway between poor adult mental health in the parent(s), infant distress, accumulation of further adversity and adult mental illness (in the child) funding to disrupt this cycle is woefully inadequate.

Aim: Describe the case for infant (child) mental health as an urgent public health priority and opportunity.

Methods: Drawing on i) the literatures on the cause/consequence pathway between relational trauma, infant distress and wide-ranging social problems (neurobiology, evolutionary theory, paediatrics, attachment theory; ii) original research into the prevalence and consequences of child maltreatment; iii) published studies of the effectiveness/cost-effectiveness of interventions to address poor infant mental health; iv) original research into adequacy of family mental health services/workforce to build the public health case.

Results: i) the cause/consequence pathway between relational trauma, infant distress and wideranging, serious social problems is well established; ii) child maltreatment is prevalent and typically associated with other adversities compounding negative consequences. Impacts are considerable (eg several times risk of suicide attempt, trebling rates of hospitalisation, several times risk of perpetrating family violence (intimate
partner and child maltreatment); iii) there are highly effective and cost-effective interventions; iv) funding of infant and child mental health services/workforce is totally inadequate and the model too inflexible.

Conclusion: The cost of not addressing distressed infants and their parents is huge – arguably the largest source of disease burden, certainly in children, adolescents and youth. Public support and political will is needed to fund a suite of proven/promising interventions and upskilling the infant mental health and wider human services workforce to disrupt these intergenerational pathways of on-going distress.
Bringing global goals home: Narratives for implementation

Presentation within Symposia Titled: Prioritising Infant Mental Health in Public Health – the why and the how

Dr Maree Foley¹
¹Child, Family, and Organisations Consultancy, Gingins, Switzerland

Biography:
Child, Adolescent and Organisations Consultant, Geneva, Switzerland; Child Psychotherapist and CFDC Director; Executive Coach; Past president IMHAANZ; Past Chair Affiliates Council: WAIMH Perspectives Editor.

Introduction
Member states of the United Nations (UN) are committed to the worldwide nurturing care of infants and young children. However, UN models of the implementation process frequently omit families with infants/young children as primary stakeholders. Instead, these families are frequently viewed as recipients of mental health policy. IMH science offers a counter narrative. It anchors families parenting babies and young children as primary stakeholders in the provision of nurturing care of infants and young children within communities. Communities worldwide requires immediate access to the necessary conditions that enable them to operationalise nurturing care. To contribute in part to addressing this issue, a structured framework for bringing global goals home will be presented.

Aims
1. Outline UN global goals, strategies and frameworks that are specifically relevant to IMH;
2. Outline results from a narrative synthesis systemic review of the UN’s implementation practices; and
3. Provide a framework for IMH communities of practice to actively engage with the implementation process of the UN goals, strategies and frameworks.

Description
The UN Sustainable Development Goals, Comprehensive Mental Health Action Plan 2013-2020, Commission on the social determinants of health, and the Nurturing Care Framework will be outlined along with results from a narrative synthesis systemic review of the UN implementation practices. The Bringing Global Goals Home Framework: Communities as Stakeholders, will be introduced.

Conclusions
The Bringing Global Goals Home Framework promotes all stakeholders as participants, help bring the global goals home. Specifically, families with babies and young children are primary participants and stakeholders of infant and family mental health. In this multilateral framework, all stakeholders work to provide the conditions to support the fulfillment of the provision of nurturing care in all families across the globe.
The case for infant mental health - A public priority to address family violence and other social (and health) problems

*Presentation within Symposia Titled: Prioritising Infant Mental Health in Public Health – the why and the how*

**Professor Leonie Segal**

1 University of South Australia, Adelaide, Australia

*Biography:*

Chair health Economics and Social Policy, Australian Centre for Precision Health, Division of Health Sciences, University of Health Sciences, University of South Australia, Adelaide. Specialist Adverse conditions researcher, specialising in family violence. Doctoral and masters supervisor.

Introduction – There is strong evidence of a causal association between trauma, especially early-in-life relational trauma (child maltreatment) and disrupted brain development, resulting in disturbed emotions, behaviours/ways of thinking and cognitive deficits in infants, children and adolescents. Despite powerful evidence for an intergenerational pathway between poor adult mental health in the parent(s), infant distress, accumulation of further adversity and adult mental illness (in the child) funding to disrupt this cycle is woefully inadequate.

Aim – Describe the case for infant (child) mental health as an urgent public health priority and opportunity.

Methods – Drawing on i) the literatures on the cause/consequence pathway between relational trauma, infant distress and wide-ranging social problems (neurobiology, evolutionary theory, paediatrics, attachment theory; ii) original research into the prevalence and consequences of child maltreatment; iii) published studies of the effectiveness/cost-effectiveness of interventions to address poor infant mental health; iv) original research into adequacy of family mental health services/workforce to build the public health case.

Results– i) the cause/consequence pathway between relational trauma, infant distress and wide-ranging, serious social problems is well established; ii) child maltreatment is prevalent and typically associated with other adversities compounding negative consequences. Impacts are considerable (e.g. several times risk of suicide attempt, trebling rates of hospitalisation, several times risk of perpetrating family violence (intimate partner and child maltreatment); iii) there are highly effective and cost-effective interventions; iv) funding of infant and child mental health services/workforce is totally inadequate and the model too inflexible.

Conclusion: The cost of not addressing distressed infants and their parents is huge – arguably the largest source of disease burden, certainly in children, adolescents and youth. Public support and political will is needed to fund a suite of proven/promising interventions and upskilling the infant mental health and wider human services workforce to disrupt these intergenerational pathways of on-going distress.
A national workforce centre for children's mental health: A foundation for country-wide implementation

Presentation within Symposia Titled: Prioritising Infant Mental Health in Public Health – the why and the how

Dr Nick Kowalenko, Mr Brad Morgan, Ms Melinda Goodyear, Mr Robert Mills

Tresillian Family Care Services, Sydney, Australia, Emerging Minds, Australia, Emerging Minds, Melbourne, Australia

Biography:
Dr Nick Kowalenko, Deputy Chair Emerging Minds, Chair Tresillian Family Care Services, Australia, Child and Adolescent Psychiatrist Sydney, University of Sydney, NSW

Dr Phil Robinson (Emerging Minds)
Mr Brad Morgan (Emerging Minds)
Ms Melinda Goodyear (Emerging Minds)
Mr Robert Mills (Emerging Minds)

Introduction
Australia is committed to further developing mental health services and reforming existing ones in keeping with UN principles. These inform national, state and local policy directions. This presentation will review recent advances in health policy development impacting on infant mental health, focusing on those supporting primary health care integration and highlight national initiatives supporting workforce development and implementation support.

Aims
1. Outline national and other relevant goals, policies, strategies and frameworks that inform infant mental health practice in Australia.
2. Outline the scope of the federally funded National Workforce Centre for Children's (0-12 years) Mental Health (NWCCMH) auspiced by Emerging Minds (an NGO) to develop mental health skills in the primary care workforce.
3. Provide an example of organisational strategies that support and promote implementation processes and practice reform.

Description
Planning strategically to align UN and Australian mental health priorities is a major undertaking. One critical element is workforce development. The steps taken to work with stakeholders to co-develop, design, trial and disseminate workforce resources will be outlined. Strategies to support both workforce resource development and ready implementation to improve practice will be briefly described. Translating national approaches into local implementation is a measure of success. Initial findings from the formative evaluation of the initiatives, outcomes will be elaborated.

Conclusion
A National Workforce Centre for Children’s Mental Health is a vital element of a multi-component strategy to promote infant mental health and families’ well-being. Optimising the impact on practice development demands leveraging the support of stakeholders. These include families with babies and young children and those that care for them in community, early childhood care, health, and education and welfare settings. Engaging them meaningfully and extensively is key to achieving national, and potentially global, goals through broad based implementation of practice improvements in routine care.
Ethical challenges in IMH practice: It's time for a Code of Ethics

Dr Paula Zeanah1, Dr. Izaak Lim2, Dr. Charles Zeanah3, Dr. Jon Korfmacher4, Dr. Alison Steier5

1University Of Louisiana At Lafayette, Lafayette, United States, 2Monash University, Melbourne, Australia, 3Tulane University School of Medicine, New Orleans, United States, 4Erikson Institute, Chicago, United States, 5Southwest Human Development, Phoenix, United States

Biography:
Paula Zeanah, University of Louisiana at Lafayette, Lafayette, LA. US
Charles Zeanah, Tulane University School of Medicine, New Orleans, LA, US
Jon Korfmacher, Erikson Institute, Chicago, Illinois, US
Alison Steier, Southwest Human Development, Phoenix, Arizona, US
Izaak Lim, Monash University, Melbourne, Victoria, Australia

INTRODUCTION
Infant mental health (IMH) practice presents unique ethical challenges. First, the relational focus of IMH demands attention to the needs of both caregiver and infant, which are sometimes in tension. Second, IMH practice includes clinicians from varied professional groups, each with their own professional ethical standards and priorities. Third, IMH practice occurs in myriad settings beyond “the office,” which existing ethical guidelines do not always account for. While the field has developed some practices to help manage the complex clinical issues that arise, explicit attention to the ethical aspects of IMH work has been lacking.

AIMS or PURPOSE of the project:
• Consider the ethical aspects inherent to clinical work in IMH
• Identify strengths and challenges of current approaches to addressing these ethical issues
• Discuss gaps and avenues for future development of ethical guidance in IMH, including the possible role for a Code of Ethics.

DESCRIPTION of the project:
In this symposium, we provide a general overview of ethical principles and their relevance to IMH practice. We present two cases that highlight common, complex clinical dilemmas, and discuss how ethical considerations inform clinical decision-making. We compare and contrast current approaches that support ethical decision making in complex clinical dilemmas, finally, we consider the history and function of Codes of Ethics in the health professions and consider the role of such a Code in the field of IMH.

CONCLUSIONS
We conclude that there is a need for a specific Code of Ethics for IMH that addresses the unique challenges and opportunities of this complex, intergenerational, multidisciplinary, and multisetting work, and offer suggestions for future development.
Ethical dilemma in infant mental health involving child protection

Presentation within Symposia Titled: Ethical challenges in IMH Practice: It’s time for a code of ethics

Dr Paula Zeanah

Tulane University School of Medicine, New Orleans, United States

Biography:
Charles Zeanah holds the Mary Peters Sellars Polchow Chair in Psychiatry at Tulane University, where he is a Professor of Psychiatry and Pediatrics and the Vice Chair of Child and Adolescent Psychiatry. His research, clinical, and policy work in Infant Mental Health spans 4 decades. His focus is on the effects of trauma and deprivation on young children’s development and on interventions designed to help them recover

Introduction
Infant mental health practice involves unique ethical dilemmas but lacks guiding principles that address these unique challenges.

Aims or Purpose
We present a case involving a common clinical situation with an ethical dilemma to consider. The case provides a rationale for considering whether the field of infant mental health needs to develop an ethical code for practitioners.

Description
The case involves a 6-month-old placed in foster care because she was found crying alone in an apartment. Mother had a long history of substance use. The infant was returned to her mother after 4 weeks in care after the mother enrolled in a substance use intervention program, agreed to see an infant mental health practitioner, and began child-parent psychotherapy. Initially, the treatments seemed to go well, as mom seemed motivated and committed to change. Over the course of the next several months, however, the mother’s attendance became sporadic. She attended appointments regularly for several weeks, then relapsed, missed sessions for several weeks, and then the cycle repeated. Child protective services is considering placing the child in foster care because of the mother’s failure to work her case plan consistently and the therapist’s reports of the child’s ongoing marginal care.
We know from developmental research that the longer young children remain in adverse caregiving environments, the more difficult it is for them to recover and the less complete their recovery is likely to be. The ethical dilemma is: How long should the therapist persist in treatment efforts in the face of minimal progress? The therapist fears that if the child is removed, the mother will give up. The question is whether and when to concede that the toddler must be removed.

Conclusions
Infant mental health must grapple with the dilemma of competing interests and whose needs and rights are to prevail.
Case vignette in ethical IECMH practice: An example from home visiting

Presentation within Symposia Titled: Ethical challenges in IMH Practice: It’s time for a code of ethics

Dr Paula Zeanah
1
2Erikson Institute, Chicago, United States

Biography:
Jon Korfmacher is an Associate Professor at the Erikson Institute, where he is Director of the Ph.D. program in Child Development. His scholarly focus is on early childhood intervention, parent support, home visiting, and mental health services. He consults nationally and internationally on early childhood services implementation and evaluation. He is a Board member of ZERO TO THREE.

Introduction
Being able to respond appropriately when faced with conflicting needs or demands is one of the hallmarks of ethical practice. Juggling competing pulls for beneficence, harm-reduction, justice, and agency often requires complex decision-making with imperfect solutions. In the field of infant and early childhood mental health (IECMH) these conflicting needs are especially prevalent given that it is not always clear who is the client, who makes the decisions and what is the most desired outcome. These ethical issues can be compounded when a service provider who is not clinically trained addresses mental health needs of the young child and their family.

Aims or Purpose
This presentation will highlight the specific issues of ethical IECMH practice through the use of a case vignette focused on a paraprofessional home visitor working with the young caregiver of an infant.

Description
The case will describe a home visit or having contact with a caregiver who is highly engaged. The home visitor fears the caregiver is depressed and notes that the caregiver is making vague but concerning statements, but will not seek additional forms of support or counseling. The case will highlight challenges in determining the role of the home visitor, and what options they have if the caregiver refuses outside help. How can the home visitor resolve the tension between beneficence for both caregiver and child, while respecting the caregiver’s autonomy in decisionmaking?

Conclusion
The discussion will highlight how ethical practice can include the use of supervision and consultation but that we cannot mistake this step as the only “solution” for ethical decisionmaking on the part of the service provider.
INTRODUCTION
The specialty of infant mental health (IMH) is comprised of many professional disciplines and roles. Some practitioners are accountable to the Code of Ethics developed by their home discipline, such as psychologists, psychiatrists, social workers and nurses, while others, such as paraprofessional home visitors and child welfare workers, typically do not have such codes to help them navigate ethical dilemmas that arise in their work. Additionally, infant mental health practice presents many ethical challenges that are not specifically or sufficiently addressed by the ethical codes that do exist.

AIMS
This paper will discuss current approaches to addressing ethical conduct and professional practice standards in various helping professions and organizations that are relevant to IMH.

DESCRIPTION
The specific Codes of Ethics of IMH-related professions have much in common. They delineate conduct that is acceptable, even aspirational, for practitioners as well as that which is unacceptable. With varying emphases and detail, they set behavioural standards in the four aspects of moral obligation that originated in medical ethics (beneficence, nonmaleficence, autonomy and justice), as well as others related to integrity, competence, the relationship with clients/patients and colleagues, and responsibilities to the profession and society.

Specific to the scope of IMH, many organizations have enumerated values and principles to prescribe and inspire a high standard of professional practice and comportment. These guidelines stand as additions to discipline-specific codes of ethics but not as fully articulated, independent codes of ethics.

CONCLUSIONS
The ethical guidelines developed by the disciplines that comprise infant mental health and the statements of values and principles put forth by various organizations offer helpful considerations for making difficult ethical decisions in IMH work as well as foundational contributions to a potential code of ethics for IMH practice.
Codes of ethics in health professions: An historical and philosophical overview

*Presentation within Symposia Titled: Ethical challenges in IMH Practice: It’s time for a code of ethics*

**Dr Paula Zeanah¹**
¹Monash University, Melbourne, Australia

**Biography:**
Izaak Lim is a Consultant Child and Adolescent Psychiatrist from Melbourne, Australia, where he works in a tertiary perinatal and infant mental health service. He has a strong academic interest in psychiatric ethics, especially in relation to children and families. He teaches a course in Ethics in Mental Health Care at Monash University, where he holds an adjunct appointment in the Department of Psychiatry. His current research interests include Codes of Ethics in psychiatry and the ethical aspects of infant patienthood.

**INTRODUCTION**
Infant mental health (IMH) practice presents unique ethical challenges that centre around the vulnerability of very young children and their dependence on the caregiving system which can set up dilemmas when the interests of the child conflict with the interests of the caregivers. Many healthcare professional groups have developed Codes of Ethics in recognition of the ethical complexities inherent to clinical work, and the need to support clinicians in managing these.

**AIMS**
This paper will provide an historical and philosophical context for the possible development of a Code of Ethics for IMH practitioners.

**DESCRIPTION**
Codes of Ethics have a long history in the healthcare professions, the first clear example being the Oath of Hippocrates taken by physicians in ancient Greece. Innovations followed in the work of 18th Century physician Thomas Percival and the World Medical Association’s post-World War II Declaration of Geneva. The second half of the 20th Century saw a proliferation of Codes, as professional associations of social workers, psychiatrists, psychologists, and others, sought to protect the public from wayward clinicians. Codes take various forms, from the prescriptive Code of Conduct to the quasi-spiritual Covenant, from the corrective to the aspirational, from the duty-oriented to the virtue-oriented. The form should be determined by the desired function of the Code, which might include self-regulation, moral sensitisation, the advancement of professional status, and education.

A Code of Ethics signifies professional maturation and a shared commitment to uphold professional integrity and protect the public. While there is little evidence to suggest that Codes directly influence professional behaviour, they reflect and maintain the ethical norms that shape professional attitudes, beliefs and values.

**CONCLUSIONS**
Given the unique and potent ethical challenges encountered in IMH work, there is a strong argument for developing a Code of Ethics to support practitioners and protect the public.
Ethics and IMH: Next Steps

*Presentation within Symposia Titled: Ethical challenges in IMH Practice: It’s time for a code of ethics*

**Dr Paula Zeanah**

*University of Louisiana at Lafayette, Lafayette, United States*

**Biography:**
Paula Zeanah, a pediatric nurse and clinical psychologist, holds the Lafayette General Medical Center/Our Lady of Lourdes Endowed Chair in Nursing, College of Nursing and Allied Health Professions, and is Research Director, Picard Center, University of Louisiana at Lafayette. Dr. Zeanah’s interests include perinatal, infant, and early childhood mental health, home visiting, the impact of trauma on children, and mental health in non-traditional settings.

**INTRODUCTION**
In this symposium, we present some of the ethical dilemmas unique to IMH practice, describe current approaches to address complex clinical issues, and provide the historical purpose and functions of ethical codes. The overarching goal is to generate thoughtful consideration of the need for a Code of Ethics for IMH and potential next steps.

**AIMS or PURPOSE of the project:**
This presentation focuses on gaps that must be addressed and suggests some avenues for the development of ethical guidance that considers the central relational approach that characterizes IMH practice, a field that encompasses professionals with varying skills, resources, and ethical perspectives, current approaches for addressing complex clinical dilemmas, and historical and philosophical perspectives on ethical practice.

**DESCRIPTION of the project:**
This section of the symposium will highlight and summarize the current need for ethical guidelines in IMH practice. Opportunities and directions for the development of an Ethical Code for IMH will be discussed. We plan time for audience questions and comments.

**CONCLUSIONS**
Ethical challenges in IMH practice are complicated by the relational focus and the multi-disciplinary, international composition of the field. Differences in clinical approaches and practice settings, and varying ethical guidelines and legal contexts all contribute to the richness and complexity of IMH practice. We believe that fundamental ethical issues underlie clinical dilemmas with some regularity. Guidance for practitioners is needed to address the possibility of conflicting interests, clarify how to identify and resolve underlying ethical considerations in complex clinical and practice situations, and to promote IMH practice integrity for practitioners and the public. The time has come for the field to have a specific Code of Ethics.
Exploring perinatal mood and anxiety disorders: implications for mother-infant relationships and treatment options

Dr Celeste St John-Larkin
1
1Children’s Hospital Colorado; University Of Colorado, Aurora, United States

Biography:
Celeste St. John-Larkin, MD is Anschutz Chair in Perinatal Mental Health, and Assistant Professor of Psychiatry and Ob/Gyn at the University of Colorado School of Medicine. She is the medical director of the Healthy Expectations Perinatal Mental Health Program at Children’s Hospital Colorado. She also provides outpatient psychiatric services to children and adolescents. She is a consultant and preceptor for pediatric residents through Project. Dr. St. John-Larkin received a bachelor's degree in history from Northwestern University, and medical degree from Michigan State University, College of Human Medicine. She completed adult, child and adolescent psychiatry residencies at the University of Colorado.

INTRODUCTION
Perinatal Mood and Anxiety Disorders (PMADS) affect up to 1 in 7 women during pregnancy and the postpartum period. However, screening, identification, and access to treatment remain challenging in many cases. Perinatal Mood and Anxiety Disorders (PMADS) are increasingly being recognized as sources of toxic stress and adverse childhood experiences, which are important public health issues. Perinatal exposure to maternal depression and anxiety has long-lasting impacts on fetal, infant and early childhood development. Thus recognition of perinatal mood and anxiety disorders, as well as addressing the mother-infant relationship, is an important issue for all those working with infants in various settings to address.

PURPOSE
This presentation will increase awareness of the risk of perinatal mental health issues in the setting of medically complicated pregnancies, traumatic birth experiences and later onset of intrusive thoughts of harm to the infant. Treatment programs addressing mother-infant relationship using evidence-based techniques, including Trauma Informed Care approaches can improve outcomes for mothers, their infants, and mother-infant relationship for women experiencing PMADS.

DESCRIPTION
Via case-based discussion this presentation will provide an overview of Perinatal Mood and Anxiety Disorders (PMADS) and review the impact on mothers, parent-child relationships, family functioning and child development. Cases discussed will cover the evaluation process, therapeutic interventions, and medication management of mothers experiencing PMADS at different time points and settings, as well as the impact on their infants and families. Specific PMADS discussed will include Depression, PTSD, OCD, and postpartum psychosis.

CONCLUSIONS
This session reviews the presentation, assessment and differential diagnosis of perinatal mood, anxiety and psychotic disorders over three different settings and time courses of the illness presentation. Implications
for the mother-infant relationship and family functioning as well as treatment course and outcomes are discussed.

Ecological Approach to treating complex PMADs & Medical Comorbidity

Abstract #1 for: Exploring perinatal mood and anxiety disorders: implications for mother-infant relationships and treatment outcomes

Debbie Carter

1Children's Hospital Colorado; University Of Colorado, Aurora, United States

Biography:
Debbie Carter, MD is an Associate Professor, Director, Culturally Informed Education & Programs (CIEP) Within the Division of Child and Adolescent Psychiatry and Department of Psychiatry at the Anschutz Medical School of Medicine. Clinical work includes directing the psychiatric services in the UCH Ob-GYN Integrated Clinic, PROMISE Clinic providing mental health services in a maternal setting.

INTRODUCTION
Perinatal Mood and Anxiety Disorders are one of the most common conditions during pregnancy, however screening guidelines have just recently been implemented more widely in obstetric and midwifery clinics in the United States. Many women face challenges in accessing care when mental health concerns are identified. Women with medical complications during pregnancy have higher rates of depressive symptoms.

PURPOSE
This presentation will describe a program of integrated mental health care within university-based obstetric and midwifery practices. This program has improved access to care for women in these practice groups by allowing women to receive mental health treatment with psychologists and psychiatrists in the same location as their OB care. Referral to other community resources is more feasible when a warm handoff is possible. Group programs during pregnancy may also increase access to care.

DESCRIPTION
The case discussion focuses on the occurrence of hyperemesis gravidarum (HG) in the context of perinatal depression. The patient had a long history of depression with a severe prenatal depressive episode that was significantly worsened by the presence of HG. The literature indicates that HG is associated with depression and treatment of this patient focused both on the reduction of HG symptoms as well as a decrease in depressive symptoms, with an overall goal of improved functioning. The patient was seen for psychological and psychiatric care in an integrated obstetric clinic, as well as for prenatal group therapy allowing her to benefit from a shared experience with other pregnant mothers with depression and supporting the developing relationship between patient and her baby prenatally.

CONCLUSIONS
Early screening and access to care during pregnancy is important for improving outcomes for perinatal depression and anxiety for both mother and baby. Increased provider awareness of elevated risks is important throughout pregnancy, especially in cases of medically complicated pregnancy.
Trauma Informed Care in Perinatal Mental Health

Abstract #2 for: Exploring perinatal mood and anxiety disorders: implications for mother-infant relationship and treatment options

Jennifer J. Paul
1
1Children's Hospital Colorado; University Of Colorado, Aurora, United States

Biography:
Jennifer J. Paul, PhD is an Assistant Professor of Psychiatry and Didactics Director within the Harris Program in Child Development and Infant Mental Health at the University of Colorado School of Medicine. Dr. Paul is a licensed clinical psychologist and Clinical Director of the Healthy Expectations Perinatal Mental Health Program at Children's Hospital Colorado (CHCO), providing psychiatric evaluation and group therapeutic support for mothers experiencing pregnancy-related depression/anxiety and their babies. Dr. Paul also functions as an integrated perinatal mental health clinician in the Warm Connections program within a Women, Infants, and Children (WIC) clinic.

INTRODUCTION
Mental health disorders during the perinatal period affect 10-20% of women, with prevalence rates of postpartum Posttraumtic Stress Disorder (PTSD) ranging from 3%-16%. In spite of being a common complication in the perinatal period and its potential for impact on outcomes for both mother and baby, PTSD remains less studied than depression or anxiety during this life transition. Treatment programs addressing mother-infant relationships using evidence-based techniques such as Cognitive Behavioural Therapy (CBT) and Interpersonal Therapy (IPT) can improve outcomes for mothers, their infants, and mother-infant relationship for women experiencing Perinatal Mood and Anxiety Disorders (PMADs), but must include Trauma Informed Care (TIC) when treating women and families impacted by PTSD.

AIM/PURPOSE
To examine a case involving traumatic stress presentation following traumatic childbirth and meeting criteria for PTSD in the postpartum period. This case is considered within the context of a multi-focused treatment program addressing impact of PMADs in the postpartum period on mother, baby, and their relationship.

DESCRIPTION
Following a brief description of the multi-focused PMADs treatment program, diagnostic breakdown will be shared as follows: 42% of women met criteria for MDD and 33% met criteria for GAD/other anxiety, with 8% also meeting criteria PTSD. Over 70% of participating women demonstrated diagnostic comorbidity generally, meeting criteria for 2 or more PMADs diagnoses. Within this programmatic context, a specific case involving traumatic birth due to postpartum haemorrhage will be presented for discussion. Case
exploration will include immediate impact of this traumatic event on mother, partner, and baby, symptom progression over time leading to PTSD diagnosis, and treatment trajectory from dyadic intervention through Graduated Exposure to Posttraumatic Growth.

CONCLUSIONS
TIC is an integral component of providing mother-infant treatment for women and families impacted by PMADs. Exploration of a case study exemplifies the importance of considering utilization of TIC in all PMADs treatment settings.

Postpartum OCD vs. Psychosis: Diagnostic Dilemmas and Treatment Opportunities

Abstract # 3 for: Exploring perinatal mood and anxiety disorders: implications for mother-infant relationships and treatment options

Dr Celeste St John-Larkin¹
¹Children's Hospital Colorado; University Of Colorado, Aurora, United States

Biography:
Celeste St. John-Larkin, MD is Anschutz Chair in Perinatal Mental Health, and Assistant Professor of Psychiatry and Ob/Gyn at the University of Colorado School of Medicine. She is the medical director of the Healthy Expectations Perinatal Mental Health Program at Children's Hospital Colorado. She also provides outpatient psychiatric services to children and adolescents. She is a consultant and preceptor for pediatric residents through Project. Dr. St. John-Larkin received a bachelor’s degree in history from Northwestern University, and medical degree from Michigan State University, College of Human Medicine. She completed adult, child and adolescent psychiatry residencies at the University of Colorado.

INTRODUCTION
PMADS also have important impacts on child outcomes and parent-infant relationships. Perinatal exposure to maternal depression has been associated with increased risk of difficulties in early emotional regulation and social behaviour, growth, and achievement of developmental milestones and cognitive delays. PMADS are also thought to affect the parent-child relationship through many ways such as level parental warmth, quality of affect and behaviour interactions. The effects of perinatal mental health disorders are mediated by chronic exposure, stressing the importance of treatment for mother and the relationship early in the course of the illness.

PURPOSE
This presentation will explore the challenges of PMADs assessment and diagnosis, specifically postpartum OCD versus psychosis. This treatment program targets three points of intervention (mother, infant, dyad) within a tertiary care children’s hospital psychiatric outpatient setting. Mother-Infant Therapy Group therapeutic intervention, and medication evaluation/management will be discussed.

DESCRIPTION
The case presentation describes a case of recurrent postpartum depression with the onset of new intrusive thoughts of accidental harm coming to her baby while in her care. This presentation will explore the course
of her initial misdiagnosis with postpartum psychosis, resulting psychiatric hospitalization, and post-discharge outpatient treatment. In lieu of actual case videos in this recorded version, we will show a TEDxTalk and musical performance from a composer who experienced postpartum OCD, and used music to express her journey.

CONCLUSIONS
Understanding the nuances of the varied presentation and assessment of perinatal depression, OCD and psychosis will decrease the under- and mis-diagnosis of these disorders, as well as improve outcomes for the developing infant.

New Directions in the Role of Early Parental Mental Health on Parenting and Child Self-Regulation

Dr Marjo Flykt1,2, Dr Jallu Lindblom1, Dr Mervi Vänskä1, Lotta Heikkilä1, Dr Aila Tiitinen2, Dr Raija-Leena Punamäki1, Anne-Marie Maxwell3, Dr Catherine McMahon3, Anna Huber4, Rebecca Ray4, Erinn Hawkins5, Bryanne Barnett6, Riikka Korja7,8, Hetti Hakanen7,8, Dr Linnea Karlsson8, Mrs Eeva Holmberg7,8, Eija Sinervä8, Dr Saara Nolvi8, Eeva-Leena Kataja7,8, Eeva Eskola7,8, Dr Hasse Karlsson8, Dr Claudia Dias9, Dr Barbara Figueiredo9
1Tampere University, Tampere, Finland, 2University of Helsinki, Helsinki, Finland, 3Macquarie University, Macquarie Park, Australia, 4Australian National University, Canberra, Australia, 5Griffith University, Gold Coast, Australia, 6St John of God Health Care, Blacktown, Australia, 7University of Turku, Turku, Finland, 8Turku University Hospital and University of Turku, Turku, Finland, 9University of Minho, Braga, Portugal

Biography:
Presenting authors of the symposium and their presentations:
- Anne-Marie Maxwell, Researcher, Macquarie University, Australia/Associations between depression symptoms and caregiving representations in an Australian sample
- Dr. Riikka Korja, Associate Professor in University of Turku, Finland/How do maternal mental health and caregiving behavior predict child’s self-regulation?
- Dr. Claudia Dias, Postdoctoral researcher in University of Minho, Portugal/Mother’s prenatal and postpartum depression and infant’s sleep problems
- Dr. Marjo Flykt, Researcher in Tampere University, Finland, Senior Lecturer in University of Helsinki, Finland/Contributions of Early Parental Mental Health and Parenting on Child Executive Functioning and Reflective Functioning

Early parental mental health problems pose a risk for child development. A crucial aspect underlying successful development is self-regulation, i.e., the child’s capacity to regulate behavioural and physiological states in response to environmental challenges. Parental mental health problems may affect child self-regulation via several pathways, including prenatal stress exposure and impaired parenting.

This symposium brings together researchers from three different countries (Australia, Finland and Portugal) to discuss early parental mental health problems with respect to various dimensions of parenting, including differences in caregiving representations, parenting stress, predictability of sensory signals and observed
emotional availability in parent-child interaction. Furthermore, two of the three studies are longitudinal and link parental mental health problems with the development of child self-regulation.

The symposium aims to address previous literature gaps in links between depression symptoms and caregiving representations, the role of timing and type of early mental health problems, and longitudinal effects of early experiences. The first presentation discusses the associations among parental depressive symptoms and parent self-efficacy, and hostile and helpless caregiving representations. The second presentation addresses how maternal pre- and postnatal depression, anxiety and parenting affect toddlers’ negative reactivity and effortful control. The third presentation focuses on the role of early maternal mental health on child sleep problems. Each presentation concludes with a short discussion. Professor Bárbara Figueiredo leads the discussion following the final presentation, and shares some reflections.

(New directions in the role of early parental mental...symposium) How do maternal mental health and caregiving behavior predict child’s self-regulation?

Dr Rikka Korja1,2, Hetti Hakanen1,2, Dr Linnea Karlsson2, Eeva Holmberg1,2, Eija Sinervä2, Dr Saara Nolvi2, Eeva-Leena Kataja1,2, Eeva Eskola1,2, Dr Hasse Karlsson2

1University of Turku, Turku, Finland, 2Turku University Hospital and University of Turku, Turku, Finland

Biography:
Riikka Korja is an associate professor (tenure track) in the department of psychology in University of Turku. Her research is focusing on the child’s early development and on the parenting in the context of early life stress. She is also a psychotherapist and a clinical developmental psychologist. She does psychotherapy work with pregnant women and mothers of small children in a private clinic

INTRODUCTION

Maternal pre- and postnatal distress symptoms, as well as the quality of caregiving behaviour, are crucial predictors for children’s socioemotional development.

AIM OF THE STUDY

This study aimed to explore how predictability and emotional availability in maternal caregiving behaviour predict different aspects of children’s self-regulation during toddlerhood.

MATERIAL & METHODS

Participants were 126 mother-infant dyads drawn from the larger FinnBrain Birth Cohort Study (Karlsson et al., 2018). Maternal pre- and postnatal distress symptoms were assessed using EPDS and SCL-90 anxiety subscale at 14, 24 and 34 gestational weeks and at 3 and 6 months. Mother-infant interaction at 8 months was analyzed using two different measures. The predictability of maternal sensory signals was measured using entropy rate derived from behavioural coding of interaction. Maternal sensitivity, structuring and intrusiveness were studied using the Emotional Availability Scales (Biringen, 2008). Child self-regulation was assessed using IBQ-R (Garstein & Rohtbart, 2003) and ECBQ-R (Putnam et al. 2006) questionnaires at 12 and
24 months. Child’s observed negative reactivity was assessed at 30 months using the “attractive toy” method from the Lap-Tap procedure (Goldsmith & Rothbart, 1996).

RESULTS

Lower maternal predictability was associated with lower child effortful control ($E=-1.094, SE =0.466. p<.05$) whereas lower maternal sensitivity was associated with higher child negative reactivity at 12 and 24 months ($β= -.250, p< .01; β= -.205, p< .01$, respectively). Furthermore, lower maternal structuring was associated with higher observed sadness in the child at 30 months ($β= -.101, p<.01$). Maternal postnatal but not prenatal depressive and anxious symptoms were associated independently with child negative reactivity at 12 and 24 months ($β=.241, β=.039, β=.386, β=.381$, respectively $p<.01$) but not with child effortful control.

CONCLUSIONS

Predictability and emotional availability in maternal care and maternal postnatal distress symptoms influence the development of children’s self-regulation. However, different aspects of parenting influence different aspects of child self-regulation.
(New Directions in the Role of Early Parental Mental...symposium):
Associations between depression symptoms and caregiving representations in an Australian sample

Anne-Marie Maxwell, Dr Catherine McMahon, Dr Anna Huber, Dr Rebecca Reay, Dr Erinn Hawkins, Dr Bryanne Barnett

1Macquarie University, Macquarie Park, Australia, 2Australian National University, Canberra, Australia, 3Griffith University, Gold Coast, Australia, 4St John of God Health Care, Blacktown, Australia

Biography:
Anne-Marie Maxwell is a PhD candidate in the Department of Psychology at Macquarie University. Anne-Marie's current research focuses on the Circle of Security attachment-based interventions, particularly the popular Circle of Security Parenting program (COS-P). Anne-Marie's background is in early childhood education. She worked as a preschool educator and director, as well as in curriculum development and educator training, during 13 years based in Johannesburg, South Africa. For the past 11 years Anne-Marie has worked for Save the Children Australia as Team Leader of a family support service in north-west Sydney.

INTRODUCTION

Maternal mental health problems are recognised as a major public health issue by the World Health Organization. Perinatal mood disorders are widespread, with maternal postnatal depression (PND) affecting 10-15% of women in high-income countries and an even higher percentage in middle- and low-income countries. PND has been linked with adverse long-term child development outcomes, which are understood to be mediated largely through parenting. Attachment theory proposes that parenting behaviours are guided by caregiving representations: how the parent thinks and feels about the child, about the self in the caregiving role, and about their relationship. Relatively few studies have investigated the links between depression and caregiving representations that may underlie parental behaviour.

AIM OF THE STUDY

This study aimed to explore the associations among parent depression symptoms and caregiving representations in a group of parents with babies and young children.

MATERIAL & METHODS

Participants were 247 parents (of children aged 0 to 6 years; 89% mothers) who presented at a perinatal mental health or early parenting support service in two Australian cities. Depression symptoms were measured using the EPDS, and caregiving representations were measured using validated self-report measures of parent self-efficacy in empathy and affection, caregiving helplessness, global rating of parenting quality, hostility towards the child, and mentalisation.

RESULTS
Parents with likely clinically significant depression (EPDS > 13, 23% of sample) reported significantly higher hostility and caregiving helplessness and significantly lower rating of themselves as parents, ps ≤ .001, compared to those with depression scores below 13. Group differences for other outcomes were not significant.

CONCLUSIONS

Associations among depression, hostility and caregiving helplessness aligned with theoretical expectations. Directions for future research are discussed.

(New Directions in the Role of Early Parental Mental Health on Parenting...Symposium) Mother’s prenatal and postpartum depression and infant’s sleep problems

Claudia C. Dias¹, Dr Barbara Figueiredo¹
¹University of Minho, Braga, Portugal

Biography:
Barbara Figueiredo is an associate professor in University of Minho, Portugal. Her research focuses on normative and non-normative developmental processes and outcomes within the family context. Informed by a developmental psychopathology framework, biological and psychological dimensions are studied and conceived as synergic processes, associated with adults, adolescents and infants’ psychological adjustment, for example to family transitions. An emphasis is placed in producing relevant concepts and empirical results to clinical application.

INTRODUCTION

Mothers’ prenatal and postpartum depression have been associated with infants’ sleep problems, although studies have not usually analyzed the concurrent effect of both.

AIM OF THE STUDY

This study aimed to analyze (1) the effects of mothers’ prenatal and postpartum depression symptoms, including the effects of the distinct anxiety and depression scores of the EPDS, on infant sleep problems at six months, and (2) the interaction effect between mothers’ prenatal and postpartum depression symptoms and infant sex, on infant sleep problems at six months.

MATERIAL AND METHODS

The sample comprised 164 mother-infant dyads. Mothers completed measures of depression in the third trimester of pregnancy, and two weeks, three and six months postpartum (EPDS), and a measure of infant sleep problems at six months (CSHQ-I).

RESULTS
Mothers’ depression symptoms in the third trimester of pregnancy, and specifically the depression scores of the EPDS, predicted more infant sleep anxiety and daytime sleepiness at six months, while mothers’ depression symptoms at two weeks postpartum, and specifically the anxiety scores of the EPDS, predicted more infant bedtime resistance and CSHQ-I total scores at six months. Boys of mothers with more depression symptoms in the third trimester of pregnancy displayed more sleep anxiety at six months postpartum.

CONCLUSIONS

Both mothers’ prenatal and early postpartum depression symptoms have a negative effect on the emergence of infant sleep problems. Boys seem more vulnerable to the effects of mothers’ prenatal depression symptoms.
Understanding and promoting the emotional well-being of teachers in programs for infants and toddlers

Dr Brenda Jones Harden¹, Dr. Holly Brophy-Herb²
¹University Of Maryland School Of Social Work, Baltimore, United States, ²Michigan State University, East Lansing, USA

Biography:
Brenda Jones Harden is the Alison Richman Professor of Children and Families at the University Of Maryland School Of Social Work.

Emerging evidence in the early childhood field is pointing to compromised emotional well-being among teachers of young children (Fantuzzo et al., 2012; Gilliam & Shahar, 2006; Whittaker et al., 2015). More research is needed on how the emotional well-being of teachers affects their practice and how teachers’ emotional well-being can be supported. A particular gap in the literature relates to the emotional well-being of teachers in infant-toddler programs. This symposium addresses these pressing questions through 5 different presentations examining a range of programs in rural, suburban and urban areas.

The first presentation (Brophy-Herb et al.) examines infant/toddler educators’ stress and its association with their coping, depression, mindfulness, and exposure to adverse childhood experiences. The second presentation (Jones Harden et al.) explores the relations between infant/toddler teachers’ emotional well-being (i.e., stress, anxiety, efficacy, exposure to adverse childhood experiences) and their knowledge and skills (e.g., engagement in professional development, knowledge of infant/toddler development, and classroom quality). The third study (Montroy) examines the impacts of a research-based intervention on teacher-child relationship quality for Early Head Start teachers and how these relationships are affected by teacher emotional well-being.

The remaining two presentations summarize evaluations of the effects of interventions to promote the emotional well-being of teachers. One study (Cook et al.) documents the effects of a mindfulness intervention with Early Childhood preservice teachers. The final presentation (Hatton-Bowers et al.) reports on two pilot studies on the acceptability and feasibility of a mindfulness, social-emotional learning intervention with early childhood teachers. The findings from all five of these studies have implications for professional development and support of teachers of infants and toddlers, which will be a major focus of discussion at the symposium.
An EMA Approach to Studying Infant/Toddler Educators’ Stress, Exhaustion, and Coping Over Time

Presentation within symposium: Understanding and Promoting the Emotional Well-Being of Teachers in Programs for Infants and Toddlers

Dr Brenda Jones Harden1, Ahnalee Brincks1, Jody Cook1, Russell Carson2, Ann Stacks3, Claire Vallotton1, Patricia Jennings4, Maria Muzik5, Kate Rosenblum5

1Michigan State University, East Lansing, United States, 2Health Simplified LLC, Denver, USA, 3Wayne State University, Detroit, USA, 4University of Virginia, Charlottesville, USA, 5University of Michigan, Ann Arbor, USA

Biography:
Dr. Holly Brophy-Herb is Professor of Child Development in the Department of Human Development and Family Studies at Michigan State University. She is the editor of the Infant Mental Health Journal.

Introduction: Early childhood educators in the United States report substantially greater stress than other educators. Stress and exhaustion contribute to lower quality interactions with children. Little work has focused on infant/toddler educators’ mental health and functioning as related to their workplace stress and exhaustion.

Aim: We examined trajectories of infant/toddler educators’ (N = 106) stress, mental-, physical-, and emotional-exhaustion, and coping over time and examined the effects of the Hearts and Minds on Babies (HMB) intervention (n=86), an integrated, attachment-based teacher professional development and parenting program.

Material/Methods: Educators were recruited from Early Head Start (EHS), EHS childcare partnerships, and childcare programs. Ecological Momentary Assessment (EMA) methodology was used to assess ongoing stress, exhaustion, and coping over 40 weeks/80 measurement points for 106 infant/toddler educators (identifying primarily as Black, 47%, or White, 32%). Educators completed questionnaires at study enrollment including self-reported adverse childhood experiences (ACES). EMA assessments also reflected the type of day (e.g., children present or not), day of week, and month of study enrollment.

Results: One-third of infant/toddler educators reported >4 ACES; 30% met clinical criteria for depression (CESD>=16). On a 1 (low) to 7 (high) scale, baseline means for stress and exhaustion were: stress intensity M=3.80, SD = 0.88; Exhaustion- emotional, M=3.79, SD = 1.04, Physical, M=4.02, SD = 1.03, and Mental, M=3.87, SD = 1.15. At baseline, educators’ reports of stress and exhaustion varied by type of day (less stress & emotional exhaustion on nonwork days), day of week (greater stress, emotional & mental exhaustion at the end of the week), seasonality (educators beginning the study in the winter reported less stress & emotional-exhaustion than did educators enrolling in the fall), and age (increases in age were related to decreases in physical- and mental-exhaustion. The most common coping strategies at baseline included seeking support from colleagues, distraction, mindful coping, and reframing. Hierarchical linear modeling indicated that longitudinal trajectories of stress and exhaustion were fairly stable; there were no significant differences by group status (HMB or control). Educators in HMB used more mindful coping over time, b =0.08, p < .01 (quadratic change) and less distraction over time (linear change), b=–0.02, p<.01. HMB educators with > 4 ACES reported mindful coping as increasingly effective over time, b = 0.14, p < .01. Conclusions: Infant/toddler educators reflect a vulnerable population that may benefit from supports. Being emotionally present and attuned is emotionally, physically, and mentally draining, yet also necessary for
supporting optimal early social-emotional development. Promoting mindful coping strategies may be useful in supporting educators’ well-being.
Relations among infant/toddler teacher emotional well-being, knowledge, and skills

*Presentation within symposium: Understanding and Promoting the Emotional Well-Being of Teachers in Programs for Infants and Toddlers*

**Dr Brenda Jones Harden¹, Dr. Cassandra Simons², Dr. Christy Tirrell-Corbin²**

¹University Of Maryland School Of Social Work, Upper Marlboro, United States, ²University of Maryland College of Education, College Park, USA

**Biography:**

Dr. Brenda Jones Harden is the Alison Richman Professor of Children and Families at the School of Social Work, University of Maryland Baltimore.

**INTRODUCTION**

Increasingly, infants and toddlers are attending center-based childcare programs. It is critical that “teachers” in these programs are emotionally healthy and deliver quality care to participant children.

**AIM:** This study examined the relations between emotional well-being and factors related to the quality of infant/toddler teachers.

**MATERIALS/METHOD**

Teachers were sent personalized links to the online survey through Qualtrics. For teachers unable to complete surveys independently, research assistants input the teachers’ study identification codes, asked teachers questions verbally, and input their responses on an iPad. Teachers (N = 164) received $25 for responding to questionnaires regarding: Perceptions of Their Work; Knowledge of Child Development; Subjective Well-being; Organizational Well-being; Adverse Childhood Experiences; Depression; Anxiety; Professional Development; and Background.

**RESULTS**

Teachers reported exposure to multiple adverse childhood experiences (range 0-16, SD = 3.8); 29% reported zero, 45% reported 1-3, and 28% reported 4 or more. Approximately 37% of teachers met criteria for clinical risk of depression (scores of 16 or higher; range 2-52, M = 14, SD = 8.7). Most teachers endorsed minimal risk for anxiety (81%). Teachers generally reported being efficacious and connected with other center staff. Depression was significantly, negatively associated with number of professional development events (r = -.22, p = .009), connectedness with other center staff (r = -.34, p < .001), teaching efficacy (r = -.32, p < .001), organizational well-being (r = -.40, p < .001), workload wellbeing (r = -.36, p < .001), and knowledge of child development (r = -.22, p < .001). Future analyses will address relations with classroom quality.

**CONCLUSIONS**

A majority of teachers reported exposure to multiple ACEs and a third endorsed risk for clinical depression, which was related to factors relevant to teacher quality. Teacher well-being should be a focus of infant-toddler programs.
Early Head Start teachers’ emotional well-being and interactions with children

Presentation within symposium: Understanding and Promoting the Emotional Well-Being of Teachers in Programs for Infants and Toddlers

Dr Brenda Jones Harden¹
¹University of Texas, Houston, United States

Biography:
Janelle Montroy is an assistant professor at the Children’s Learning Institute; part of the University of Texas Health Science Center’s Pediatric Department. Her research is focused on children’s development of complex cognitive and social-emotional skills such as self-regulation, and how environmental factors such as high quality relationships with caregivers can support that development.

INTRODUCTION: Providing children a strong foundation in language, cognitive, and social-emotional development is critical for mental health and school readiness. Young children learn through relationships with caregivers that provide: emotional support, reciprocal communication, acceptance of growing independence, and cognitive/language stimulation. How caregivers provide these essentials depends on caregivers’ skills and mental health.

AIM: This study adapted a research-based intervention to the United States Federal Early Head Start (EHS) setting to support teachers responsive, stimulating caregiving, and explore effects of teacher mental health on their provision of quality care.

MATERIAL/METHODs: EHS sites were randomized to intervention (11) or control (10). Intervention teachers completed a 14-week online professional development program: Strategies for Early Education and Developmental Success (SEEDS). This included practice of strategies to promote responsivity and high quality instruction, and weekly video recordings of teacher-child interactions that were shared with SEEDS coaches. We observed teachers pre-post via the Arnett Caregiver Interaction Scale (CIS), and the Quality Child Caregiver Interactions for Infants and Toddlers (QCCIIT). Teachers reported depressive symptoms (CESD), stress (Child Care Worker Stress survey), and life experiences (Life Experiences survey).

RESULTS: 80 teachers (42 SEEDS, 38 control) completed the study, mean age: 40.24 (12.76). Most were African American (45.5%). 50% reported Hispanic ethnicity. 63.6% had a CDA degree. At pre-test, 15.3% met CESD guidelines for depression. Preliminary findings with the CIS indicate intervention teachers decreased more in ‘detachment’ than controls (t = 3.19, p < .01, d = 0.73). Higher depressive symptoms predicted lower resistivity, lower positivity, and higher detachment. Although no other intervention effects reached significance for the CIS, effects sizes were promising (0.32-0.37). Analyses with other teacher assessments are planned.

CONCLUSIONS Teacher quality can be improved, but is not merely a skills issue. Psychological factors affect teachers’ abilities. We need to account for these issues within professional development.
Mindfulness as pedagogy in early childhood higher education

Presentation within symposium: Understanding and Promoting the Emotional Well-Being of Teachers in Programs for Infants and Toddlers

Dr Brenda Jones Harden¹, Kalli Decker², Holly Brophy-Herb³, Julia Torquati⁴, Amy Williamson Payton⁵
¹California State University, Stanislaus, United States, ²Montana State University, Bozeman, USA, ³Michigan State University, East Lansing, USA, ⁴University of Nebraska, Lincoln, USA, ⁵Oklahoma State University, Stillwater, USA

Biography: Dr. Gina Cook is Professor of Psychology and Child Development, California State University, Stanislaus.

INTRODUCTION
Early childhood education (ECE) is a demanding profession and teacher stress, burnout, and turnover is common (Austin, & Whitebook, 2016). High levels of ECE teacher stress is associated with spending less time teaching early literacy and numeracy (Fantuzzo, et. al, 2012) and higher levels of conflict in teacher-child relationships (Whitaker, et. al, 2015). Mindfulness practice is a tool with a growing evidence base suggesting its effectiveness for adult stress reduction. Given increasing concerns related to undergraduate students’ mental health in the United States (Ibrahim, et. al, 2013), and evidence that mindfulness can help reduce stress levels, there has been growing interest in the use of mindfulness as a pedagogy in higher education.

STUDY AIMS
This study examined ECE students’ experiences with the use of mindfulness as a pedagogy in two early childhood higher education social-emotional courses. An additional aim is to provide examples of how mindfulness can be used in higher education.

METHODS
Participants were 21 preservice ECE students from two similar courses taught at different universities in the United States. Students participated in a focus group conducted by the faculty from each course. Focus groups were audio- and/or video-recorded and took approximately 45 minutes.

RESULTS
Two primary themes emerged as part of constant comparative data analysis. First, participants described important aspects of their experience with the process and structure of using mindfulness in their courses. Second, participants reported on how the use of mindfulness supported their social-emotional understanding and well-being. In addition to qualitative results, implementation of the mindfulness pedagogy will be presented.

CONCLUSIONS
This study highlights the use of mindfulness as a pedagogy in higher education and the ways it can support preservice students’ ability to reduce stress. The results are encouraging regarding the potential role of mindfulness in the classroom to support social-emotional understanding and well-being.
Promising findings from an iteratively developed mindful, compassion-based socio-emotional learning intervention to promote the emotional well-being of early childhood teachers

*Presentation within symposium: Understanding and Promoting the Emotional Well-Being of Teachers in Programs for Infants and Toddlers*

Dr Brenda Jones Harden¹, Carrie Clark¹, Gilbert Parra¹, Pearl Avari¹
¹University of Nebraska, Lincoln, United States

**Biography:**
Dr. Holly Hatton-Bowers is Assistant Professor and Early Childhood Extension Specialist in the Department of Child, Youth, and Family Studies (CYAF) at the University of Nebraska-Lincoln.

Introduction: Strengthening the emotional health of teachers is emphasized as key in mitigating early childhood teacher stress and promoting their well-being. Effective interventions tailored to support the emotional well-being of early childhood teachers are needed. To address this need, the Cultivating Healthy Intentional, Mindful Educators (CHIME) intervention was developed. CHIME uses mindfulness techniques to foster social-emotional learning, compassion and emotion regulation in early childhood professionals.

Aim: Using an iterative development process, we conducted feasibility and acceptability evaluations to refine and develop CHIME and examined the promise of the CHIME intervention for promoting early childhood teacher’s emotional and physiological regulation in two different pilot studies.

Methods
Participant satisfaction surveys, interviews and focus groups were used to assess feasibility and acceptability of the CHIME intervention. The first pilot study examined the acceptability, feasibility and promise of CHIME delivered over 12 weeks (N=33) and the second pilot study examined the promise of the 8-week version of CHIME (N=37). A multi-method approach incorporating self-report, observational, computerized and physiological measures of teacher stress, well-being, mindfulness, and emotion regulation were used.

Results
Overall, participants were positive about their experience with CHIME; 97% agreed CHIME was beneficial. In both pilots, there were positive changes in burnout (t33=2.36, p=.02; t37=7.22, p<.00), mindfulness (t33=2.23, p=.04; t37=3.17, p<.00) and, in the second pilot, a significant decrease in emotion dysregulation (t36=3.83, p<.00) and a significant increase in mental well-being (t36=3.41, p<.00) and resilience (t36=2.93, p=.01). As commented by one participant, “CHIME has helped me realize that the tough situations at work aren’t really as bad as they seem. I stay calm and have a lot more patience with my students, particularly those with behavioral problems.”

Conclusions
Using mindfulness to promote compassion and social-emotional learning may be an acceptable, feasible, and effective way to increase the emotional well-being of early childhood educators.
Why should we consider supporting parents whose children are in the permanent care of others?

Ms Lyn Doherty¹, Mr Andy Kapeli²
¹Ohomairangi Trust, New Zealand

Biography:
Andy Kapeli – Social work student – Ohomairangi Trust

Introduction:
Maori children constitute 62% of children uplifted from their parents, despite making up only 16.5% of the population. This series of presentations reports on various aspects of this project working with parents whose children are in the permanent care of others. “Foster care is practiced as though parents can become better parents without actually parenting, and children can maintain a “virtual attachment” to them in the meantime. But isolation begets disaffection, and as the ties that bind parent and child dissolve, they become attached to separate realities. (Colapinto, 1997, p. 45)

Purpose:
To engage these parents whose previous children have been removed into the permanent care of others in an attempt to explore what would be needed for them to be considered able to keep their subsequent children, be they babies, step children, or grandchildren.

Description:
Our intention was to find out what could be done to improve the adverse circumstances and diminished parent-child relationships associated with moving children into Permanency. As with any community-based initiative addressing complex social problems, aspects of the intervention – as initially conceived – needed to be modified to accommodate the revealed needs of participants. The Ministry of Children (Oranga Tamariki) anticipated this – believing that, by building evaluation into the design and implementation of the trial – it would enable (and justify) a flexible funding and implementation approach.

Conclusions:
Results were varied as we discovered the layered, intergenerational histories that are the stories of those parents, children and caregivers who participated.
Engaging parents whose children are in permanent care of others

Ms Lyn Doherty¹, Ms Elaine Spark¹
¹Ohomairangi Trust, New Zealand

Biography:
Elaine Spark – Early Intervention Teacher – Ohomairangi Trust

Introduction:
Of 28 parents identified by one Ministry of Children (OT) site, 14 indicated they would be interested to learn more about this project from Ohomairangi Trust. For most of these parents there had been no contact from Oranga Tamariki for a long period of time since their child/children had been uplifted, so contact details were out of date. When parents’ children were removed they lost eligibility for accommodation allowances and childcare benefits. This meant we travelled from Coromandel to Kaikohe, following them up. One father was in Paremoremo maximum security prison when we interviewed him. His partner in Auckland also enrolled.

Purpose:
A key focus had to be on engagement of the parents – what might motivate this group to engage with a project team that did not relitigate the placement of their biological children, however did offer the opportunity to reconnect and rebuild relationships with their children in care, in real time in different circumstances. Previous co design work with parents revealed the trauma experienced by both children and parents who had been separated, and we found significant need for addressing this.

Description:
To ensure responsive parental engagement with children in permanent care, key decision-makers need to be positive disruptors. We worked on including a range of services / departments that we anticipated could be useful allies for these parents. Family Court judges, Family Court lawyers, Maori healers, local GP (family doctor) services, Accident Compensation Corporation, District Health Board (addictions), adult mental health services, probation service, and philanthropic funders have all expressed an interest, and over the two years of the project, became involved in a variety of ways.

Conclusions:
Many parents actively engaged in self-reflection, were able to prepare for reconnecting with their children, and some did this with ease whilst others needed high levels of support to re-engage with both their children, and their current caregivers.
Co-creating a different future - remediation, reconnection, attachment

Ms Lyn Doherty¹
¹Ohomairangi Trust, New Zealand

Biography:
Lyn Doherty – Psychologist – Ohomairangi Trust

Introduction:
This presentation will describe the developmental approach we took to understanding the group of parents, their motivation, needs and aspirations in order to co-create a different future for them and their children, and their relationships they had with people in positions and processes that impacted their relationships. We undertook to ensure parents were able to build trust in our team and this project which included rebuilding relationships with their children in care. We were interested in strengthening core capabilities, for example self-regulation and executive functioning that are fundamental to parenting, and to job training and employment, both goals the parents articulated.....acknowledging that the key to achieving breakthrough outcomes for children facing significant adversity is to support the adults who care for them to transform their own lives.

Description:
The Hoki ki te Rito/Mellow Parenting programme personal group and parenting workshops were the focus of group work with these parents, with extended supported goal setting and future planning over 20 weeks. Children develop in an environment of relationships and how the ability of parents to meet their own life goals is intertwined with the well-being of their children. We supported these parents reflect on their own life stories including their own experiences of being parented. They were encouraged to consider their own strengths and areas of need as they explored why, where and how change might happen.

Outcomes:
We noticed parents
a) Reduced anger towards child welfare as they shared and processed the trauma of having their children removed
b) Increasing engagement with services, as self-care became a priority; expressing increasing optimism that things can change for the better
c) Building reflective capacity as they told their life stories, identified the losses they have endured and the impact on themselves;
d) Articulate a feeling of ‘belonging’ to this new ‘family’ or therapeutic community
e) Relaxing and building friendships with one another;
f) Beginning the process of positively reengaging with their children.
How do we awhi social innovation and whānau through developmental evaluation?

Ms Lyn Doherty¹, Mr Geoff Stone²

¹Ripple Research, Design and Evaluation, ²Ripple Research, Design and Evaluation,

Biography:

INTRODUCTION:
Ripple Research, Design and Evaluation has been working with Ohomairangi Trust as it implemented an innovative approach to supporting parents who have children in the permanent care of others to reconnect with their children. This Auckland-based trial has been running for about eighteen months, as part of a two-site experiment. New Zealand’s Oranga Tamariki (Ministry for Children) funded the trial and an accompanying developmental evaluation.

PURPOSE:
The purpose of commissioning a developmental evaluation was to resource/enable a learning-as-we-go approach to implementing a new initiative. It was also expected to communicate lessons to a wider policy and practitioner community concerned with community-led development, strengthening families and whānau, building parenting capability, and child protection.

DESCRIPTION:
The evaluator/author and the Ohomairangi team had to arrive at a shared understanding about methods and tools that would be useful. In this presentation, we briefly outline what we came up with and how it was helpful, or could be with further development:

● narrative research methods including video testimonies from participants
● system and alignment mapping to better understand aspects of the policy and service system that impact the lives of parents with children in care, and the provision of effective help.
● capturing and communicating change, e.g.,
  ○ progress monitoring using templates, scales and charts to show participant change (or not) over time
  ○ creating visual theories of change to note what ‘mechanisms’ are most important (and how they relate to each other) to effect positive change and to flag what we still don’t understand and/or what we need to overcome
  ○ Making a website (using multi-media, encouraging interactivity) rather than writing a report
● praxis – including the evaluator in practitioner debriefings (critical reflection)

CONCLUSIONS
In presenting scenarios – examples of methods and tools and their uses –we hope to have made a convincing case for social innovation that includes a strong evaluation component.
Creating stories of global peace: A trio of reflective initiatives designed to reduce hostilities by broadening infant mental health impact

**Dr Robin Lynn Treptow**¹²³, Dr. Josh Feder¹⁴, Ms. Karen Harris¹⁵

¹Fielding Graduate University, Santa Barbara, United States, ²Divine Mercy University, Sterling, United States, ³Wisdom for the Body and for the Soul, Great Falls, United States, ⁴Editor in Chief at the Carlat Child Psychiatry Report, San Diego, United States, ⁵Integrated Living, Inc., Sterling Heights, United States

**Biography:**
Drs. Feder and Treptow and Ms. Harris, respectively, are faculty, a post-graduate fellow, and a PhD Candidate at Fielding Graduate University (Santa Barbara, California, USA). As well, Dr. Treptow is Assistant Professor at Divine Mercy University (Sterling, Virginia), Dr. Feder serves as Editor of the Carlat Child Psychiatry Report (San Diego, California, USA), and Ms. Harris is CEO of the non-profit, Integrated Living, Inc. (Sterling Heights, Michigan, USA). Wanting no babies to suffer, they passionately and reflectively instill relationship into their research, policy advocacy, clinics, and communities to better babies' lives.

**INTRODUCTION** Often, the vast array of problems resulting from war and conflict overwhelm us and we turn away. Some scholars think compassion runs dry when we believe we cannot meaningfully help—when the number of those harmed goes beyond our reach. But that’s not how we want things to be. Babies in combat-ridden areas see horrors they ought never see, feel terrible fears they ought never experience, and stockpile in their bodies traumatic stories beyond telling. We all want these travesties to stop.

**AIMS or PURPOSE** In this symposium, the presenters will share developing narratives related to war and peace using three distinct lenses to engage the audience.

**DESCRIPTION** First, we describe research in action designed to help families traumatized by generations of armed conflict—to build hope and to heal. Study methods and projected outcomes will be highlighted: Can we make a difference for these babies? Next, we introduce emerging qualitative and quantitative data from approximately 100 preschoolers, i.e., the “Pink Pencil Test,” to show how and why kindly action is inseparable from empathy for others’ distress. What can these children’s narratives teach us about how spontaneous caring resolves conflict? Finally, we prepare our symposium attendees to do something profoundly more by inviting them to embrace ethics-based reasoning as to why every infant mental health worker ought to rally for pacifism and shun war.

**CONCLUSIONS** Drawing together this triad of peace-promoting perspectives, we reveal paths by which infant mental health practitioners can extend their reach—via policy, advocacy, science, and in the clinic—using reflective and responsive practice to markedly reduce the effects from violence on babies. Relationships matter. Participants will be inspired to join the wider conversation among local, regional, national, and global peacebuilders to “do what you can” in promoting broad-scale nonviolence and community well being.
Coming together to stop war: Using our ethics codes and policy statements to weave vivid (vital) stories of our peacebuilding duties

Presentation within the Symposium titled: "Creating stories of global peace: A trio of reflective initiatives designed to reduce hostilities by broadening infant mental health impact."

Dr Robin Lynn Treptow1,2,3
1Fielding Graduate University, Santa Barbara, United States, 2Divine Mercy University, Sterling, United States, 3Wisdom for the Body and for the Soul, Great Falls, United States

Biography:
Robin Lynn Treptow works tirelessly for peace among all—and sees global peace as achievable in our time. She uses her doctorates in clinical psychology (child/family; University of Nebraska-Lincoln: 1999) and infant and early childhood development (emphases in mental health and developmental disabilities; Fielding Graduate University: 2019) to labor for goodwill among all. She is newsletter Editor and incoming Secretary of the American Psychological Association’s Division 48 (Peace Psychology)—and strives to change paradigms of violence—‘Si vis pacem, para pactum’ (if you want peace, make war) to those of peace—‘Si vis pacem, para pactum’ (if you want peace, make peace).

INTRODUCTION: Infant mental health has no borders. As relationship specialists, we work for the good of children wherever they play, grow, and live. Our pledge to infants’ wellbeing permeates our ethics codes. However, war puts infants’ wellbeing at risk. Young children are over-represented among families with parents going off to war duty. War scars developing brains and bodies—pain, suffering, fear, uncertainty, and threat of death (one’s own or that of others). Long separations disrupt early bonds, and post-war injuries (e.g., traumatic brain injuries) can get in the way of meeting young children’s needs. Threats/anxieties caused by trauma often change how children see relationships, i.e., “will others be there to help me?” These effects may last generations with accumulating costs for infants in military families, and those in combat-ridden areas.

AIM: Attendees will learn about, and be urged towards, ethically-based peacebuilding through a review of various codes of conduct or policy statements.


CONCLUSIONS: Data reveals the value of standing against war; and being open to others, as viable approaches for fostering global peace. Thus, infant mental health ethics inform a call to embed peacebuilding into research, clinical, and policy efforts. Attendees will gain skills to see pacifism as an ethical tactic for helping children live without violence in their lives.
Can limited staff training and reflective practice change resilience, parental behavior, and developmental trajectories in toddlers impacted by armed conflict?

*Presentation within the Symposium titled: "Creating stories of global peace: A trio of reflective initiatives designed to reduce hostilities by broadening infant mental health impact."*

Dr Joshua D Feder

Fielding Graduate University, San Diego, United States

**Biography:**

Joshua D Feder is a child psychiatrist and Editor in Chief at the Carlat Child Psychiatry Report. He runs a research incubator at Fielding Graduate University program in Infant and Early Childhood Development and serves as a Senior Associate Member of the International Networking Group for Peacebuilding with Young Children (INPB). INPB is the active arm of the UN/UNICEF related Early Childhood Peace Consortium (ECPC). In this capacity, Dr. Feder travels extensively to regions impacted by armed conflict, developing evidence-informed programs and conducting controlled efficacy outcomes research to support caregivers in helping young children develop regulation and resilience.

**Introduction:** The effort to assist large populations of children and families living in regions that have experienced armed conflict labors under severe constraints in funding and staffing. While we might be able to treat individual young children and dyads in therapy with some hope of a better life for the child, these regions do not have the human and material resources required to offer such intensive individualized care to the entire population. Mass programmatic interventions are thus limited to finding key pressure points where concise training is possible and impactful follow up can be implemented.

**Aims:** This presentation will trace the evidence informed rationale for offering an introductory orientation in responsive caregiving to the parents and staff of toddler programs in distressed areas, followed by time and personnel efficient regular reflective meetings for the staff, with the hope that we will be able to demonstrate meaningful impact for toddlers, their parents, and staff in ways that improve problem solving, stress levels, and resilience.

**Description:** Specific utilization of media components will be covered, including persona dolls, story books, and television commercials, as well as principles of responsive caregiving, development of resilience, transmission from staff to parents, and the mechanisms of reflective practice, within nested organizational systemic levels of reflective process. Methodology for researching the efficacy, effect size, and shorter and longer-term developmental impact will be discussed, including specific instruments designed to efficiently collect and monitor fidelity and outcomes.

**Results:** The approach will be placed into an overall context of peacebuilding efforts as they relate to scaling up of the intervention throughout the International Networking Group on Peacebuilding with Young Children (INPB) as the active implementation arm of the Early Childhood Peace Consortium (ECPC) process carrying out multiple relevant aspects of the United Nations Sustainable Development Goals.
Pathways to peace: Expression of empathy among preschool-age children using a kind and engaging activity

Presentation within the Symposium titled: "Creating stories of global peace: A trio of reflective initiatives designed to reduce hostilities by broadening infant mental health impact."

Mrs Karen Harris¹²
¹Fielding Graduate University, Santa Barbara, United States, ²Integrated Living, Inc., Sterling Heights, United States

Biography:
Karen Harris completed MS and BS degrees in Occupational Therapy at Wayne State University in Detroit, and is completing a PhD in Infant & Early Childhood Development at Fielding Graduate University in California. Karen is the Founder & CEO of a non-profit agency servicing children and adults with developmental disabilities, and therapy for young children with Autism. Her career focus prior to the non-profit was in the Detroit Medical Center where a primary responsibility was in the Neonatal Intensive Care Unit.

INTRODUCTION: The capacity for empathy lies at the core of peace building. Every field—sociology, education, health, and business—cites empathy as a key to emotionally based approaches. While much is written about empathy in adults, less is known about how empathy is expressed and encouraged among young children. Empathy involves not only feeling what another person feels, but taking action on those feelings.

AIMS: This study assessed both of these aspects of empathy: feeling for the child needing help, and action to resolve the need. Some tests of empathy depict painful content, which might be experienced as a harsh experience for children. The Pink Pencil Test was designed as a kind methodology using an engaging activity which is appropriate for using with preschool children to measure empathy while minimizing the possibility of causing undue distress.

DESCRIPTION: The Pink Pencil test assesses empathy as expressed when a peer needs help during a routine activity. Responses were analyzed by demographics, gender, and empathic capacity on the Emque. Multiple preschools were engaged in observation of expressed empathy in small groups of children (target N ~ 120; ages 4-5-years). The actual test involved a drawing activity where one child needs help because s/he did not have a pink pencil to do the activity, while another child had two. Dialogue among the children, and the action taken and by whom, were observed and recorded.

CONCLUSION: In all groups the children responded empathetically and described positive feelings after the group interaction. Pre-test assessment of empathic capacity, proximity to the child in need of assistance, and gender emerged as factors impacting children’s empathic actions. Findings also supported the importance of creating opportunities for children to feel empathy with action at an early age.
Extending infant mental health training to Asia: The Hong Kong experience

Dr Joy Osofsky

1Louisiana State University Health Sciences Center, New Orleans, United States

Biography:
Joy D. Osofsky, Ph.D., Department of Psychiatry, Louisiana State University Health Sciences Center, New Orleans, Louisiana, USA
Joyce W.S. Mok, Ph.D., Department of Clinical Psychology, United Christian Hospital, Hospital Authority, Hong Kong SAR, China
Francis Ip, Clinical Psychologist, private practice, Hong Kong SAR, China
Campbell Paul, M.D., Royal Children’s Hospital, University of Melbourne, Australia

The Hong Kong Association for Infant Mental Health was established in 2014 by clinicians working with infants, young children, and families. After bringing information about infant mental health (IMH) to Hong Kong through presentations and trainings, a group of experienced clinical psychologists and child psychiatrists decided to undertake an 18 month Child-Parent Psychotherapy (CPP) training. Given the distance and time difference between Hong Kong and New Orleans, this training required much commitment from the trainees (and trainer). Child-Parent Psychotherapy was developed in the United States and has been implemented with different cultural groups. Training has been done in Israel, Australia, and several European countries, all with a mainly Western ideological framework. The training and implementation in Hong Kong is the first to be done with an Eastern or Asian orientation and population. During the course of the training, it became increasingly clear that incorporating knowledge of and sensitivity to cultural issues within Hong Kong and Chinese families was crucial, especially an understanding of the role of intergenerational issues in these families. In the symposium, the development of IMH in Hong Kong will be described including training, practice, and increased public awareness. Then the intensive CPP training will be described including illustrations of the implementation of this evidence-based practice by clinicians in Hong Kong. A case will then be presented by one of the clinicians from Hong Kong illustrating cultural issues that needed to be addressed as part of this relationship-based treatment. Finally, the discussant, who has played a key role in IMH training for Hong Kong, will provide a perspective on the training, cultural issues, and the case material. The symposium will provide an overview of IMH and CPP training in Hong Kong with implications for expansion to other countries.
Implementation of Child-Parent Psychotherapy Training in Hong Kong

*Presentation within symposium titled: Extending Infant Mental Health Training to Asia: The Hong Kong Experience*

**Dr Joy Osofsky**

1Louisiana State University Health Sciences Center, New Orleans, United States

**Biography:**
Joy D. Osofsky, Ph.D. is a clinical and developmental psychologist, Paul J. Ramsay Endowed Chair of Psychiatry and Barbara Lemann Professor of Child Welfare at Louisiana State University Health Sciences Center (LSUHSC) in New Orleans. Dr. Osofsky has published widely including: Trauma in the Lives of Children (Praeger, 2018) and Treating Infants and Young Children Impacted by Trauma: Interventions that Promote Healthy Development (American Psychological Association, 2017). She is Past President of WAIMH.

For a number of years, clinicians in Hong Kong had been receiving different types of infant mental health training at home and abroad. Together, we made a decision to embark on intensive Child-Parent Psychotherapy training after about two years of discussion with clinicians from the Hong Kong Association for Infant Mental Health. The clinical psychologists and child psychiatrists were strongly motivated to incorporate in their practice more comprehensive evaluations and treatment for very young children (ages birth to 6 years) and their families. As in other counties, clinical training programs did not include education about evaluation and treatment approaches for younger children. When visiting my family in Hong Kong, I had the opportunity to meet with the clinicians and provide both formal and informal presentations and consultation. After some discussion, they decided to commit to more intensive training in Child-Parent Psychotherapy. In order to gain more knowledge and become sensitive to cultural issues, I used opportunities to learn about Hong Kong and Chinese culture, especially related to developmental issues for children, parenting styles, and expectations for children in extended families. Aspects of the training and especially the clinicians’ approach to cases that are different from my experience in the US will be discussed including reasons for referral, problems identified, and treatment approaches. Reasons for referral included issues with extended family, disruptions in the attachment relationship, and concerns about who should be providing care for young children. The approach of clinicians to evaluation and treatment was conscientious including detailed descriptions of sessions and creativity in the use of reflective practice. During the training in Hong Kong, it was interesting to have the opportunity to learn from the trainees new approaches to understanding and communicating relationship disturbances and healing though this dyadic model of treatment.
Development of Infant Mental Health in Hong Kong

*Presentation within symposium titled: Extending Infant Mental Health Training to Asia: The Hong Kong Experience*

**Dr Joy Osofsky**

*Louisiana State University Health Sciences Center, New Orleans, United States*

**Biography:**

Dr. Joyce Mok, Senior Clinical Psychologist, Head, Department of Clinical Psychology, United Christian Hospital, President, Hong Kong Association for Infant Mental Health Limited

The initiative of bringing infant mental health (IMH) into Hong Kong (HK) came from a group of frontline clinicians who were working with infants, young children and their families. This included clinical/educational psychologists, psychiatrists, paediatricians, psychiatric nurses and occupational therapists. Vision was shared about the importance of social and emotional wellbeing for very young children, in particular, the secure relationship with their primary caregivers. The idea of setting up a charitable association began to evolve. With the assistance from sponsors and professional volunteers, fundamental issues were sorted out, and the Hong Kong Association for Infant Mental Health was established in 2014. This served as a base to connect local professionals and international experts. During the last five years since it was established, not only did the number of Association members increase tenfold, but also the variety of professional disciplines expanded. There were exchanges with international experts from different countries including Australia, UK, US, Korea, and Holland, and local clinicians were encouraged to travel overseas to develop clinical relationships. In addition, much effort was made to organize relevant IMH trainings in HK. Evidence-based treatments including Circle of Security DVD parenting, Newborn Behavior Observation System, and Mindful Parenting were introduced. An 18-month Child-Parent Psychotherapy clinical training was launched in 2018. As more professionals were getting involved, IMH psychoeducation and practices began to flourish in clinical settings, educational institutions, family services and the community. This enabled issues like early bonding with preterm babies, infant attachment with postnatal depressed mothers, feeding difficulties, toddler tantrums, and neurodevelopmental delay to be addressed from an IMH perspective. The IMH development in HK has been a ‘bottom up’ effort awaiting ‘top down’ government policy focusing on the mental health issues for children under 3. The lessons learned, current challenges, and the way forward will be discussed.
The Cultural Issues Encountered in Child-Parent Psychotherapy in Hong Kong: A Case Illustration

Presentation within symposium titled: Extending Infant Mental Health Training to Asia: The Hong Kong Experience

Dr Joy Osofsky
1Louisiana State University Health Sciences Center, New Orleans, United States

Biography:
Francis Ip, Clinical Psychologist, Private Practice, Hong Kong

A group of 10 therapists participating in Child-Parent Psychotherapy (CPP) training presented 20 cases during the second and third in-person training sessions and the semi-monthly consultation calls. An analysis of the case material presented found that the reason for referral of a number of cases related to extended families issues. In several of these cases, responsibility for childcare was taken up by both the grandparent(s) and the parent(s). In some of the cases, past traumatic experiences and the personality of the grandparent created tension in the interaction with the mother as well as in the interaction with the child. In some cases, this situation added more problems to those already resulting from the traumatic experiences of the child and/or the mother. Another difficulty seen often in the cases was with parents having immigrant status from mainland China, resulting in their lack of social support and adjustment problems. To support the family financially, many parents worked long hours and had little time left to interact with the child, leaving the child to often play alone. We learned that many of the parents were not played with as children and did not recognize the value of play for learning. Often the learning aspect was emphasized more when they did play with the child which commonly resulted from the parents’ academic expectations for their children. A case will be presented to illustrate the issues described above and how they were addressed in CPP.
Immigrant/refugee families with infants and young children: Experiences, needs and interventions

Dr Ruth Paris¹
¹Boston University, Boston, United States

Biography:
Tova Walsh, Ph.D., M.S.W. Assistant Professor, School of Social Work, University of Wisconsin-Madison
Vonda Jump Norman, PhD, The Family Place
Mihoko Maru, MA, MSW (Ph.D. Candidate), Boston University
Aseel Al Shawareb, PhD, Associate Professor, Petra University
Discussant: Carmen Rosa Noroña, LICSW, MS. Ed. CEIS, Child Witness to Violence Project-Boston Medical Center

Globally, immigrant and refugee families with infants and young children often face stressors in their new countries including family separation, emotional sequelae of traumas experienced in home countries and during migration, acculturation to new environments, community and interpersonal violence, limited social support, and fear of deportation. The developmental impact of these stressors is particularly profound for infants and young children. Parents attempt to mitigate the effects of these stressors while managing their own emotions and responses to trauma. As infant mental health scholars and providers, we must understand the specific experiences of these children and their parents in order to develop interventions to address their needs.

In this symposium multi-disciplinary scholars from North America and the Middle East will present findings from four different studies, all of which examined the experiences of immigrant/refugee families with young children. Study 1 looked at Central American immigrant mothers in the US in the context of increased and expanding immigration enforcement. Study 2 explored experiences of immigrant families, separated at the US border, who participated in a home visiting intervention. Study 3 tested the associations among nurturance, familial factors and parenting stress with child social-emotional development in a sample of immigrant Latinx young children in the US. Finally, study 4 explored the effects of two training programs on parenting skills and knowledge among Syrian refugee mothers in Jordan.

An expert in immigrant/refugee young children will share her thoughts, lead a discussion about the study findings and offer suggestions for understanding the needs of these young children and their families. Additionally, she will recommend ways to develop and improve a broad range of infant mental health practices so they are culturally responsive and relevant for immigrant/refugee families.
Parenting young children in the context of US immigration enforcement

Presentation within Symposium Titled: Immigrant/refugee families with infants and young children: Experiences, needs and interventions

Dr Ruth Paris, Ms Seungmi Cho
1 University of Wisconsin, Madison, United States

Biography:
Tova Walsh, PhD, MSW is an assistant professor of social work and a faculty affiliate of the Center for Child and Family Wellbeing and the Institute for Research on Poverty at University of Wisconsin-Madison in Madison, WI, USA. Her research focuses on understanding and improving health and wellbeing in multi-stressed families, with an emphasis on pregnancy and early parenting in contexts of risk.

Introduction: Central American migration to the United States has vastly increased in response to political and economic instability and an attendant escalation of violence. Women, in particular, are currently subject to high rates of gang, community, and domestic violence. For many, escaping these risks and protecting their children from violence motivates the decision to migrate.

Aims: This study aimed to explore the experiences of Central American immigrant mothers parenting young children in the US in the context of increased and expanding immigration enforcement.

Methods: We conducted individual, semi-structured interviews with xx mothers of children age 0-5 who had immigrated to the US from Guatemala, El Salvador, and Honduras. We conducted thematic analysis of the data, drawing on principles of grounded theory.

Results: Mothers in this sample included undocumented women and women with legal immigration status. They described the burdens of managing constantly changing immigration enforcement policies as taking a toll on their wellbeing and their parenting. Specifically, living under the threat of racially targeted rhetoric and random Immigration and Customs Enforcement raids leads to chronic stress and social isolation. Mothers feared encountering immigration agents or jeopardizing their immigration status by accessing services such as early childhood programs and medical clinics. They described reliance on informal, rather than formal, support, in the form of well-known, trusted individuals.

Conclusions: Amplified immigration enforcement in the US threatens the wellbeing of mothers and their young children. Discrimination, isolation, and ongoing fear connected to undocumented status prevent feelings of security and present barriers to accessing services. Infant and early childhood mental health professionals can promote the wellbeing of young children in immigrant families by acknowledging the vulnerability created by immigration enforcement and by developing policies to promote safe access to services for all, regardless of immigration status.
Family and parenting predictors of social-emotional development of Latinx immigrant young children

*Presentation within Symposium Titled: Immigrant/refugee families with infants and young children: Experiences, needs and interventions*

**Dr Ruth Paris**, Mihoko Maru, Ms Karen Garber

*Boston University, Boston, United States, Jewish Family and Children's Service, Waltham, United States*

**Biography:**

Mihoko Maru is a PhD candidate at Boston University School of Social Work. Mihoko’s research experience centers on community-based intervention research in mental health. Her current research interests include mental health, trauma, and interventions for children, youth, and families, with a focus on communities of color and immigrants.

Introduction: Parenting stress (PS) can negatively affect parent-child relationships which in turn can be harmful to young children’s social-emotional (SE) development. Additionally, immigrant families in the U.S. are often faced with myriad stressors connected to acculturation, limited social support, and fear of deportation, possibly compounding parents’ stressful experiences (Caplan, 2007). Yet, there is limited research on PS among Latinx families aimed at improving interventions that meet their needs.

Aims: The purpose of this study was to test the association of nurturance and familial factors (parent-child attachment and family functioning/resilience) and parenting stress with child SE development in a sample of Latinx young children in the U.S.

Methods: Baseline data collected at a community agency offering Child-Parent Psychotherapy to Latinx families with young children was used for analysis. All variables were measured using standardized instruments in Spanish (DECA, PFS [Nurturing and Attachment, Family Functioning/Resilience], and PSI). Two separate multiple hierarchical regression models were run to test each nurturance/familial factor and PS as predictors of DECA (SE development).

Results: The sample consisted of 45 mothers (mean age=31.3 years, SD=6.9) and their young children (mean age=35.3 months, SD=22.2); 64% identified as ethnically Central American, 13% Mexican, 11% Puerto Rican, 4% South American and 9% other. Half were never married, and half had less than a high school degree. Results showed that nurturance/familial factors were correlates of child SE development. Both models showed that PS negatively predicts (p<0.05) child SE above and beyond nurturance/familial factors. Furthermore, PS fully mediated the relationship between each of the nurturance/familial factors and SE development.

Conclusions: Results underscore the importance of addressing parenting stress among immigrant Latinx parents in order to support positive young child SE development. Further research is needed to clarify the mechanisms that explain child SE development and nurturance/familial factors among immigrant populations.
The influence of implementing two training programs for Syrian refugee young mothers on parenting skills in Jordan

Presentation within Symposium Titled: Immigrant/refugee families with infants and young children: Experiences, needs and interventions

Aseel Akram Al Shawareb
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1University of Petra, Amman, Jordan

Biography:
Aseel Akram Al Shawareb is an Associate Professor in Educational Psychology and Early Childhood and Development at the University of Petra, where she also serves as the Chair of the Educational Sciences Department. Her teaching responsibilities and research are the most visible activities. Service activities involve committees in her department, training teachers, and lecturing in the educational field and early education. Professor Al Shawareb is a consultant for many organizations.

Introduction: Since the Syrian war broke out in 2012, Jordan has welcomed hundreds of thousands of Syrian refugees. At the end of April 2019, there were over 660,000 Syrian refugees registered with UNHCR. Many have been in Jordan for over four years. As of July 2018, there were 668,123 registered Syrian refugees in Jordan. A common challenge in conflict regions is the rise in the presence of child marriage rates, for various reasons [1]. The United Nations Fund for Population Activities (UNFPA) now reports that 35% of Syrian refugee girls are married before the age of 18 [2]. As a result, young mothers need training programs to raise their awareness about parenting practices and child development.

Aims: This study aimed to explore the effect of two training programs on parenting skills and knowledge among Syrian refugee mothers between 20-24 years old with young children under the age of 5.

Methods: Pre and post individual semi-structured interviews were conducted with 80 mothers who had enrolled into 2 programs for refugees in Amman, Jordan; mothers were enrolled in the Caritas program as well as the parenting care program with Plan International in four areas in Amman City.

Results: Themes from interviews were coded by 2 independent observers. Pretest results indicated a lack of education of young mothers which affected their knowledge about child development and their parenting practices. Results indicated a powerful change and improvement in mothers’ knowledge and skills, impacting the way mothers parented their children.

Conclusions: Providing training for young mothers in child development and parenting skills can directly impact children and their well-being through the use of more developmentally appropriate expectations and disciplinary practices.
Trauma at the border follows children after reunion with mothers:
Maternal experiences and support of young children’s resilience

*Presentation within Symposium Titled: Immigrant/refugee families with infants and young children: Experiences, needs and interventions*

**Dr Ruth Paris**1,2, Ms Christina Ledesma2, Ms Maritza Griffiths2
1Utah State University, Brigham City, United States, 2The Family Place, Logan, United States

**Biography:**
Vonda Jump Norman, PhD, is an assistant professor in Social Work at Utah State University, and Director of the Trauma Resiliency Project at The Family Place. Her research interests include early parent-child interests, the intersection between physical and mental health, and ways to support resiliency in children and adults.

**INTRODUCTION**
Forcible separation of parents from their young children results in profound trauma of children and their parents and predicts negative health and behavioral outcomes in adulthood, particularly when children are placed in the care of total strangers, with varying levels of caregiving adequacy (Teicher, 2018). Children of tender age (less than 5 years) experience particularly strong impacts (Roth et al., in press).

**AIM of the study**
The purpose of the study was to understand the lived experiences, trauma reactions, and resilience of mothers and their young children who had recently immigrated to the United States, after being separated from each other at the border, and recently reunited.

**MATERIAL and METHODS**
Ten mothers were participating in a home visiting intervention for families with children who had been separated due to practices implemented at the United States’ border with Mexico. The purpose of the home visiting intervention is recovery and resilience after trauma, using the Attachment, Regulation, and Competence (ARC) framework (Blaustein & Kinniburgh, 2019). Mothers engaged in qualitative interviews with their home visitors to discuss their and their children’s experiences and describe children’s behaviors as a result of separation.

**RESULTS**
Results indicate that while mothers continue to be traumatized by their experiences at the border, several strategies have been effective in promoting recovery and resilience. Likewise, children’s reactions to separation and subsequent reunion have been strong, but mothers have been successful in supporting children’s resilience through strategies learned through ARC home visits.

**CONCLUSIONS**
Mothers and their children are experiencing ongoing trauma after separation at the United States border. Through learning skills for dealing with trauma, and an understanding of what happens in the brain when traumatized, mothers are able to better regulate their emotions and be present to help their children develop strategies that support their regulation and resilience.
Sociocultural influences on attachment-informed practices: The United Arab Emirates experience

Dr Azhar Abuali¹, Dr Hanan Derby², Mr. Hawk Khair², Mrs. Thanooja Naushad¹

¹Latifa Women and Children Hospital-Dubai Health Authority, Dubai, United Arab Emirates
²Al Jalila Speciality Children’s Hospital, Dubai, United Arab Emirates

Biography:
Dr. Abu-Ali is currently a senior licensed clinical psychologist at Latifa Hospital. She is the Scientific Chair of the Emirates Society for Child and Adolescent Mental Health (ESCAM) Board and the Chairperson of the Infant Mental Health Committee (IMC) under ESCAM.
Dr. Derby is a Consultant Psychiatrist and and the fellowship program director at Al Jalila Hospital. Dr. Derby is a member of IMC-ESCAM.
Mr. Khair is the Head of the ASD Program and Senior Behavioral Psychologist at Al Jalila Hospital. He is the Secretary General of IMC-ESCAM.
Mrs. Naushad is a Senior Neonatal Physiotherapist at Latifa Hospital in Dubai.

Introduction & Purpose:
The psychological conception of attachment as a construct has traditionally focused on the childparent relationship, and the universality of attachment typology. From an empirical and clinical lens, this multidisciplinary symposium aims to highlight the unique and multi-faceted impact of culturally-specific contextual factors on attachment-informed practices from the perspective of three disciplines in the United Arab Emirates (UAE). The intertwining complexity and diversity of the Gulf culture will showcase clinical aspects of attachment ranging from the diagnostic process to familial involvement, and innovative practices and service provision.

Description:
The panel uniquely consists of a clinical psychologist, behavioral psychologist, psychiatrist, and neonatal physiotherapist; all of whom specialize in working with infants, toddlers, and young children. These continue to be rare specialties in the United Arab Emirates as a whole, and especially within the domain of infant mental health. The symposium chair will introduce the contextual nature of the UAE including recent initiatives in the field of attachment and infant mental health within the UAE. The second presenter will address specific sociocultural factors that are imperative to consider for the purpose of the diagnostic and intervention processes for infants and toddlers within the UAE; which in turn reflects the regional diversity of the Middle East. The third presenter will address the role of the father from a cross-cultural and macrosystemic angle within the UAE. The fourth and final presenter will review the process of developing and implementing an integrated health care and family-centered group approach to address the needs of parents with premature infants who are admitted to the NICU. All presentations will highlight clinical implications for best practice approaches in working with infants and their families in a culturally diverse context.
Cultural experiences and perceptions of the father role in postnatal care & attachment process

Presentation within Symposium Titled: Sociocultural influences on attachment-informed practices: The United Arab Emirates experience

Dr Azhar Abuali
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1Al Jalila Children’s Specialty Hospital, Dubai, United Arab Emirates

Biography:
Dr. Hanan Derby is Consultant – Child and Adolescent Psychiatry at Al Jalila Children’s. She is also the clinical lead for the Eating Disorder Service. Prior to joining Al Jalila Children’s, Dr. Derby was a Senior Consultant and Director of the Child and Adolescent Mental Health Service (CAMHS) at Hamad Medical Corporation (HMC). She has special interests in infant mental health, neurodevelopmental disorders, family based therapy, eating disorders and medical education. In the UK, She established and led the CAMH subspecialty service for Learning Disability in Derbyshire. Dr. Derby is a Fellow of the Royal College of Psychiatrists, UK.

Introduction:
Social expectations of fathering behavior are varied based on cultural beliefs at different historical periods. There are several historical, cultural and familial ideologies that inform and shape the father’s role and involvement in the early period of infant’s life.

In Euro-American cultures during the 16th century, the paternal role and involvement in family life was viewed to be of a “moral teacher”. Eventually, the position evolved during the industrialization period into a “provider father”. During the 20th century, fathers were urged to adopt a more “involved role” in caring for their children. In recent times, new roles emerged for fathers as parent figures who should be involved in nurturing their children, playing an active role in their lives, and supporting the maternal role. Many researchers have identified paternal roles in Western culture during childbirth to include supporting their partners in the childbirth process, providing emotional and physical support for both the mother and baby after birth, as well as participating in attachment development.

Description & Purpose:
Little is known about the paternal role in eastern cultures and particularly in Arabic cultures in the Gulf region such as the United Arab Emirates and Saudi Arabia. In this part of the world, traditional practices consider childbirth and children upbringing to be the woman’s business whereas fathers are expected to play only a minor role. Therefore, fathers are generally more likely to spend time outside of the home for salaried work or other economic reasons. In this presentation, cultural beliefs and practices around the father role are discussed, including contributing factors and recent changes in response to globalization. Additionally, implications for the mother and baby’s mental health are explored.

Conclusions:
In the Gulf cultures, the focus has been primarily on the child-mother attachment. This presentation will present the paternal role from a historical and sociocultural perspective. The clinical implications will conclude this presentation including how this framework can adapted to not only working with families in their countries of origin but with those who have immigrated.
The influence of socio-cultural values on infants and toddlers with mental health irregularities in the Middle East

Presentation within Symposium Titled: Sociocultural influences on attachment-informed practices: The United Arab Emirates experience

Dr Azhar Abuali
1Al Jalila Children’s Specialty Hospital, Dubai, United Arab Emirates

Biography:
Mr. Khair is Head of the ASD Program/Psychologist at the Mental Health Center of Excellence - Al Jalila Children Specialty Hospital and is the Secretary General of the Infant Mental Health Committee under the Emirates Society for Child and Adolescent Mental Health. He holds a Master of Science in Psychology with concentration on Developmental Disabilities and Behavior Disorders from Emporia State University Kansas-USA.
Mr. Khair is also a Certified Clinical Autism Diagnostician/Certification of Clinical practice and Reliability of Autism Diagnoses: (ADI-R), (ADOS) the Autism Research Center/Developmental Psychiatry Section/University of Cambridge-UK and is the Co-author of the Arabic-(ADI-R)

Introduction:
Societies with diverse sociocultural values tend to describe or interpret mental health challenges through their cultural lens. When working with diversified sociocultural backgrounds, it is essential for professionals to be able to engage families within their cultural reference points. Similar to other age groups, when dealing with infants and toddlers with mental health irregularities, these values can play a significant role in families’ interactions with the interpretation, explanation, responses, and acceptance of infant and toddler mental health challenges, diagnosis, and treatment.

Description & Purpose:
In the Middle East region as well as amongst immigrant families from the Middle East many families perceive having an infant or toddler with disability, behavioral or mental health difficulties as the will of Allah (God), and a reason for rewards by Allah for accepting Allah’s will and taking care of their child. Others perceive it as punishment by Allah or as a fault of their own. Other families perceive having a child with such challenges to be caused by spiritual or supernatural forces rather than etiological causes.
To help families of infants and toddlers with mental health challenges understand and process critical information in making treatment decisions, professionals need to be well informed and better skilled in interacting with the various sociocultural values of families.

The purpose of this presentation will be to divide Middle Eastern families that are influenced by sociocultural values into three groups: Families influenced by sociocultural values yet believe mental health support is essential; families influenced by socio-cultural values but not actively seeking mental health support; and Families influenced by sociocultural values but oppose mental health or medical support. Best practices for mental health professionals in interacting with each group will be proposed.

Conclusion:
Knowledge of sociocultural values is of vital importance in order to plan and implement programs for infants and toddlers with mental health challenges and their families. Such knowledge can also help distinguish between universal and culture specific sociocultural values related to infant and toddler mental health.
Development and implementation of an integrated family support group for parents of premature babies: A model developed in Latifa Hospital-Dubai

*Presentation within Symposium Titled: Sociocultural influences on attachment-informed practices: The United Arab Emirates experience*

**Dr Azhar Abuali**

1 Latifa Women and Children Hospital-Dubai Health Authority, Dubai, United Arab Emirates

**Biography:**

Mrs. Naushad joined Latifa Hospital in Dubai as senior Physiotherapist in 2010 and moved on to neonatal specialization by 2012. She has successfully completed several certified training programs in neonatal physiotherapy including advanced training in "Prechtl's Method on the Qualitative Assessment of General Movements" and the Neonatal Behavioral Assessment Scale. Her current work mostly involves providing neurodevelopmental evaluation and therapeutic support for pre-term babies within NICU and after discharge. She is a firm believer in multidisciplinary team work and holistic care for babies and infants, and a regular speaker on neonatal developmental care and follow up.

**Introduction & Purpose:**

The highly technical nature of the NICU with its plethora of equipment, the advanced level of medical care and nursing support required for high risk infants, often make parents feel helpless, overwhelmed and anxious.

Parental feelings of not being competent enough and fearful of causing harm for the baby, may restrain care-giving opportunities and adversely influence the bonding and attachment process, thereby compromising long term developmental outcomes. Giving consistent high quality information and supportive training, which is tailored for the requirement of each parent, is essential for making them competent caregivers and to empower them to be an active team player. This presentation will introduce the process through which a parent support group in the NICU was developed and is being implemented for parents of preterm babies and term babies at high risk in the NICU of Latifa Hospital and within the diverse cultural context of Dubai, the United Arab Emirates (UAE).

**Description:**

UAE being home to people of 200 different nationalities offers unique opportunities and throws up unforeseen challenges in running a parent support group. Integrating the learning requirements, methods and the varied and at times contrasting child rearing practices of various cultural groups necessitates the support staff to be highly informed and innovative in delivering and presenting the curricula of the parent support group. The diverse yet relevant key topics for parents of premature and other high risk babies are identified by a multidisciplinary team consisting of a neonatal nurse, neonatal physiotherapist, clinical psychologist, speech and language therapist and lactation consultant. This presentation will review the various modalities and approaches utilized, and how cross-cultural factors have been incorporated and addressed.

**Conclusion:**

As the medical world is now well aware that the environment of the neonatal unit is not conducive to support early relationship building, the concept of family and attachment-centered care has gained
momentum. The model which we have developed in Latifa Hospital can resonate with many other institutions across the world serving diverse populations like we have in the UAE.
Towards cultural safety, family access, infant wellbeing: Global stories of early parent-infant relationship support using the Newborn Behavioral Observations (NBO).

**Dr Susan Nicolson**

1Centre For Women’s Mental Health, Royal Women’s Hospital, Parkville, Melbourne, Australia

**Biography:**
Dr. Susan Nicolson’s clinical and research work involves relationship-based support of vulnerable families from diverse backgrounds. She completed her PhD intervention study with adolescent parents and their infants. As a Newborn Behavioral Observations (NBO) master trainer she has worked with Ububele psychotherapy trust in South Africa and with Mallee District Aboriginal Service in Australia. She is lead researcher in an Australian registered trial of the NBO.

**Presenters:**
Alex Harrison, Harvard Medical School at the Cambridge Health Alliance;
Katharine Frost & Nicki Dawson, Ububele Psychotherapy Trust;
Kathy Crouch, Mallee District Aboriginal Service.
Chair: Kevin Nugent, Harvard University USA

**INTRODUCTION:** This symposium will present and debate ground-breaking infant mental health work using the NBO (Newborn Behavioral Observations), either as sole support or as part of broader support, for infants age 0-3 months and their families of diverse cultures living in difficult circumstances around the world.

**AIMS:** there is research evidence this type of support can be effective. The symposium aims to provide program insights, family and practitioner case studies, pilot data, and illustrative videos to prompt discussion and inform future initiatives.

**DESCRIPTION:** Initiatives to use, test and adapt the NBO in cultural context will be presented. Efforts to develop NBO training and ongoing supervision for lay and nurse practitioners will be described, that acknowledge and address risk, and develop reflective skills. The stories come from a charity working in El Salvador, India, Peru, Grenada, and Pakistan, from a group of Aboriginal-led community services in Victoria, Australia, and from Ububele Psychotherapy Trust in Alexandra Township, South Africa. Intergenerational colonial trauma plays out in these diverse communities and resources are tight, creating an imperative for affordable, acceptable supports for infants’ universal needs that harness family and cultural strengths as well as identifying developmental vulnerability. Each presentation will have a different focus on the work of embedding the NBO in cultural context. The first presentation will focus on training with illustrative video and addressing unintended issues of cultural bias; the second will present a case history highlighting conflicting cultural beliefs and their impact in a high-risk medical situation, and the third will describe a learning-system project focused on cultural and professional safety and acceptability.
CONCLUSIONS: The work is not easy; careful review, reflection and response have been key to avoiding harm and ensuring preventive and therapeutic value while increasing access to essential infant mental health support in challenging global settings.

The NBO (Newborn Behavioral Observations) in Asia and Latin America

Presentation within Symposium Titled: Towards cultural safety, family access, infant wellbeing: Global stories of early parent-infant relationship support using the Newborn Behavioral Observations (NBO).

Dr Susan Nicolson

1 Harvard Medical School at the Cambridge Health Alliance, Cambridge, USA

Biography:
Alexandra Murray Harrison, M.D. is a Training and Supervising Analyst at the Boston Psychoanalytic Society and Institute in Adult and Child and Adolescent Psychoanalysis, an Assistant Professor of Psychiatry Part Time, Harvard Medical School, at the Cambridge Health Alliance, and on the Core Faculty of the Infant-Parent Mental Health Post Graduate Certificate Program at University of Massachusetts Boston. She is founder and President of the NGO, Supporting Child Caregivers, Inc, which offers pro bono mental health consultation to collaborating institutions in low to moderate income countries in the context of a long term relationship.

Introduction:
The practice of infant mental health (IMH) acts to protect the cornerstone of a healthy and successful life, even in adulthood. It is possible that the most cost effective way to make a society stronger is to support parents at the beginning of the life of the child. For this reason, IMH training is critically needed in low to moderate income countries (LMIC).

Purpose:
NBO training gives perinatal professionals in LMIC new tools to support the infant parent relationship. In addition, a curriculum of IMH training featuring demonstrations of the NBO as the clinical centerpiece teaches methods of learning the “language of the infant” through his behavior and recognizing and affirming the caregiver’s capacities.

Description:
Videotape illustrations -- of NBO training and also of an IMH curriculum featuring the NBO—will be shown to demonstrate methods of supporting the infant parent relationship in El Salvador, India, Peru, Grenada, and Pakistan. Issues of unanticipated cultural bias will be explained and used as an opportunity to initiate discussion about this important subject.

Conclusion:
Both the formal training of the NBO and the incorporation of NBO demonstrations into an IMH curriculum are highly effective in training practitioners in LMIC. We concluded that the use of the NBO must be flexible and responsive to cultural values and beliefs.
Baby’s First Yarn: Cultural co-design of a baby-led, infant mental health support for Aboriginal families in the first 100 days.

Presentation within Symposium Titled: Towards cultural safety, family access, infant wellbeing: Global stories of early parent-infant relationship support using the Newborn Behavioral Observations (NBO).

Dr Susan Nicolson¹, Dr Susan Nicolson²
¹Mallee District Aboriginal Service (MDAS), Mildura, Australia, ²Royal Women's Hospital, Centre for Womens Mental Health, Parkville, Melbourne, Australia

Biography:
Kathy Crouch is a registered psychologist with post graduate degrees in Adult Education, Training and Development and Forensic Mental Health. She has a Certificate of Applied Behavioural Analysis, Advanced Diploma of Management, Diploma of Leadership and Diploma of Therapeutic Life Story Work. Her work at Mallee District Aboriginal Service involves supporting staff, families and community and providing trauma-informed systems delivery and attachment-rich consultation from conception and across the life span. Dr Nicolson’s clinical and research work is focussed on early relationship support for vulnerable families from diverse backgrounds. She is a master trainer in the Newborn Behavioural Observations (NBO).

Introduction:
Frontline workers bear witness to the lives and losses of the families they support. For staff working in the Early Years space in Aboriginal Community Controlled Organisations (ACCOs) this requires holding the tensions of their community, and their own families along with those of the babies and wider care systems accessing the service. Professional development for them must thus be tailored and able to wrap around their whole lives, not just their position descriptions. Adding to this, generational traumas must be acknowledged, with institutionalised toxins such as protective service involvement, racism and shame being sensitively considered.

Aims
To support the caseworkers of Mallee District Aboriginal Services (MDAS), a baby-led learning space offering education about infant development and parenting was required. This space also needed to keep learning culturally safe, honour tensions between professional and personal development and provide support for yarning and private healing. The Newborn Behavioral Observations (NBO) training was almost ideal, yet its standalone 1.5 day delivery did not adequately address the particular skills, needs, confidence and learning styles of the MDAS frontline staff.

Description
A 2 year co-designed learning system project was implemented to expand NBO material, increase staff reflection and honour cultural yarning. Five staff focus groups were completed, with an open yarning session filmed for reflective consideration. A training video of community families engaging in NBOs with a clinical expert was created, highlighting teachable moments. A re-labelling of NBO concepts to consider culture created a localised, accepted framework entitled ‘Baby’s First Yarn’.

Conclusions
Time, conversation and reflection is required to improve the infant mental health skills of frontline staff who are not clinically or tertiary qualified to case manage vulnerable families in Community. Co-designed, culturally-informed resources have been instrumental in raising confidence and commitment in ongoing NBO and non-clinical infant mental health work at MDAS.
“She is now beautiful”, seeing and being seen, and the power of the Newborn Behavioural Observations (NBO).

Presentation within Symposium Titled: Towards cultural safety, family access, infant wellbeing: Global stories of early parent-infant relationship support using the Newborn Behavioral Observations (NBO).

Dr Susan Nicolson¹, Ms Nicki Dawson¹
¹Ububele Education and Psychotherapy Trust, Kew, Sandton, South Africa

Biography:
Katharine Frost is an Educational Psychologist and the Director of Ububele Educational and Psychotherapy Trust. Katharine was previously Head of the Ububele Parent-Infant Programme. She developed the Baby Mat Project and has parent and infant mental health as an area of specialty. She has trained and supervised professional and lay counsellors who work in infant mental health.

Nicki Dawson is a counselling psychologist and is the Head of the Ububele Parent-Infant Programme. She is a current PhD candidate at the University of the Witwatersrand. Her thesis attempts to understand culturally and contextually informed variations in manifestations of sensitive maternal behaviour.

INTRODUCTION
We will be presenting a case of an Infant Mental Health Intervention including the provision of an NBO, at Edenvale Hospital, Johannesburg, South Africa with a mom (Rachel) and her baby (Luthando). Baby Luthando was born with a severe cleft palate, spina bifida and a range of serious chromosomal difficulties. Her prognosis was poor and she very sadly died at 3 months.

DESCRIPTION
This case presented the medical staff at the hospital with a tremendous challenge – how do you continue to care for a baby that is going to die, while encouraging a mother to continue parenting her child and who in doing so, continues to hold onto hope? The dreadful news of baby’s prognosis was met with resistance and blame by mother and her family. These intense feelings projected into the doctors and medical team resulted in paranoia, from the nursing staff that bad spirits had breached the bounds of the infectious ward making her routine care a challenge.

This presentation will illustrate, using case material, how parent-infant psychotherapeutic interventions including an NBO, in environments with conflicting cultural beliefs can contribute to mediating some of these difficulties.

CONCLUSION
It demonstrates how interventions that focus on infant subjectivity and parental support with a sick and dying baby maintains the rights and dignity of the most vulnerable. And then it suggests that it is in the process of seeing a baby (as is the focus of the NBO), with all of her flaws and strengths, that allows her to be seen by those around her and how in being seen, it is possible to process loss and grief.
Forced displacement and war: their impact on infants

Professor Miri Keren

Geha Mental Health Center And Tel Aviv University Medical School, Kfar Saba, Israel

Biography:
Campbell Paul is Associate Prof at Melbourne University and Consultant Infant Psychiatrist at the Royal Children’s Hospital Melbourne. He has developed a network of liason for infant mental health and is involved in training numerous teams at baby observation. He is President Elect of the WAIMH.

Sylvie Viaux Savelon is Senior Lecturer at the Pitié-Salpêtrière University Hospital, Paris, France and in charge of the psychiatric consultation at the Trousseau Maternity Hospital. She is co-president of the French WAIMH Affiliate.

Introduction: There is an enormous number of families, 68.5 million people, displaced from their own torn-apart countries around the world presently, the bulk of them are children, with little likelihood of safe return. The baby is often in an invidious position, initially representing the hope of a new future after parents have endured the stress and trauma of fleeing their home country; but may also represent the ongoing sense of despair and hopelessness. Infants’ rights, as they have been defined by WAIMH are very much at risk to be violated.

Purpose: To make clinicians more aware of the impact of war and displacement on infants and very young children.

Description: This symposium will discuss the Australian experience, as presented by Campbell Paul. Infant and parent mental health services in Victoria, Australia have been providing psychiatric and psychotherapeutic interventions for infants and families. The French experience will be presented by Sylvie ViauxSavelon) as immigrant women who arrive to France are exposed to an increased risk of maternal death, particularly those born in sub-Saharan Africa, to a very high rate of inadequate prenatal care and perinatal health of the children shown more complications. Women from North Africa, SubSaharan Africa, and Turkey have higher levels of distress than those from other regions. She will present epidemiological data and the pre and postnatal somatic, social and psychological interventions that have been provided to these families in Paris. Miri Keren will first review the published studies about the impact of war-related traumas during pregnancy and postnatal periods, then describe the existing recommendations that have been added to the Children Rights Convention, will relate it to the WAIMH Position paper on Infants’ Rights in times of war, and will end with her our own local trial to intervene with refugees families from Soudan and Erythrea. Louise Newman will be the discussant.

Conclusion: It is important for infant mental health and adult mental health services to work collaboratively to address the mental health needs of displaced infants and their parents through direct clinical work, research and advocacy.
Women seeking asylum and their babies: epidemiological and clinical data from France

*Presentation within Symposium Titled: Forced displacement and war: their impact on infants*

Professor Miri Keren, **Sylvie Viaux Savelon**

**INTRODUCTION**
In France in 2015, 22% of live births occurred in immigrant women. In accordance with European literature, recent research reveals an increased risk of maternal death or severe maternal morbidity in this population.

**PURPOSE and DESCRIPTION:**
We will present data based from French cohorts (EPOPée; ENCMM, 2007-2012; EPIMOMS; PreCARE) that shown that Immigrant women are exposed to an increased risk of maternal death, particularly those born in sub-Saharan Africa (RR: 3.4 [95%CI: 2.3-5.1]); very high rate of inadequate prenatal care and that perinatal health of the children shown more complications. First generation migrant women appear to have high levels of mental health difficulties during the post-partum period. Women from North Africa, Sub-Saharan Africa, and Turkey have higher levels of distress than those from other regions. In particular, non-naturalized migrant appear to be a vulnerable group; they may disproportionately face stressors that increase their risk for post-partum depressive symptoms. In our presentation, we will present epidemiological data and clinical organization in PARIS for these families and though clinical cases, pre and postnatal somatic, social and psychological interventions provided to the dyads in our health care system.

**CONCLUSION:** Women seeking asylum and their babies present an important part of the women giving birth in France with specific needs for them and their babies. Specific health care courses have to be organized and evaluated for them.
Seeking refuge and asylum: the infant’s experience when parents lose hope

Presentation within Symposium Titled: Forced displacement and war: their impact on infants

Dr Campbell Paul, Professor Miri Keren

Introduction: There is an enormous number of families, 68.5 million people, displaced from their own torn-apart countries around the world presently, the bulk of them are children. 3.1 million People are seeking asylum. (UNHCR, 2018). Increasingly families will be out of their own country with little likelihood of safe return.

Aim: This presentation will consider the experience of infants when parents have sought refuge away from their own country.

Description: Most people seeking asylum experience profound despair and despondency and many meet criteria for traumatic stress disorder and other mental health disorders. Infants in these circumstances may be born in their home country, in transit or their country of asylum. In Australia many families have been detained offshore for several years, and children have been born under such inhumane conditions. Their parents often feel despondent, hopeless and angry. Infant and parent mental health services in Victoria, Australia have been providing psychiatric and psychotherapeutic interventions for infants and families. The baby is often in an invidious position, initially representing the hope of a new future after parents have endured the stress and trauma of fleeing their home country; but the baby may also represent the ongoing sense of despair and hopelessness is no fruitful solution is upon the horizon.

Conclusion: Systematic exploration of the impact on young children and their families of earlier worldwide conflicts led to profound understandings about the lifelong importance of safe caregiving and attachment relationships in early childhood (see Spitz, Bowlby, Winnicott). It is important for infant mental health and adult mental health services to work collaboratively to address the mental health needs of infants and their parents through direct clinical work, research and advocacy.
Infants’ Rights in War times

Presentation within Symposium Titled: Forced displacement and war: their impact on infants

Professor Miri Keren

Introduction: WAIMH has composed a position paper on Infants’ rights in war times, as there is still a general lack of attention paid to the impact of war-related traumas on infants’ development and psychological health. Though there are numerous areas of violent conflicts around the globe, there have been few published studies that relate specifically to infants. Consequently, humanitarian aid programs tend to overlook infants’ psychological needs and to pay more attention to those of older children.

Purpose: To create awareness of the need to specifically look at the infants’ needs and rights in times when the main focus is on older children and adults.

Description: We will first review the published studies about the impact of war-related traumas during pregnancy and postnatal periods, then describe the existing recommendations that have been added to the Children Rights Convention, and we will end with our own local trial to intervene with refugee’s families from Soudan and Erythrea.

Conclusion: Displacement and war violate, by their very nature, the infant’s basic right for safety, nurturance, and development, and we, as mental health professionals, may have a special role to advocate for these rights and find ways to intervene and give them and their caregivers support. This may help at transforming the toxic stress of these situations into tolerable stress.
Play, Art, Narrative and Science: Cultural Approaches in Asia Enhancing Intuition and Creativity to Overcome Massive Disasters

Dr Hisako Watanabe

Watanabe Clinic, Yokohama, Japan

Biography:
Hisako Watanabe is a child psychiatrist in Japan, trained at the Tavistock Clinic, and has integrated Western trans-disciplinary, neurobiological and psychodynamic approaches with Japanese concept of Amae. Since the Great East Japan Earthquake on March 2011, Watanabe has led supports to families in Fukushima, devastated by radiation contamination by the nuclear disaster. Watanabe continues to bring perspectives of Asian communities and other parts of the world to diversify the voices represented. One of her most recent work includes her outreach visit to Bangladesh, where she observed families being supported to use play, music and narratives to preserve their traditional culture.

INTRODUCTION
As the world continues to witness increasing natural and man-made disasters, we are alarmed that vulnerable infants are the most marginalized people who silently endure and absorb in the body the experiences of catastrophe. This could be have long-term serious consequences in their lives.

AIMS
This symposium aims to focus on how to protect the vulnerable infants and young children in the throes of catastrophe and to help them survive, and help them adapt to a new normal and develop as a whole person. This symposium will explore how play, art, narrative and science applied in different contexts and cultures prove to be effective in supporting young children after experiencing various disasters.

DESCRIPTION
Four ongoing long-term projects will be presented on post-disaster care in two Asian countries, Bangladesh and Japan (Fukushima). In Bangladesh, a multitude of Rohingya refugees have flooded in since August 2017, with the majority of them being children. Humanitarian Play Lab with daily play group program in the
context of preserving their indigenous culture proved vital for the community in Bangladesh. In Japan, infants and children of Fukushima were gripped by fear and deprived of outdoor play when the accident of Fukushima Daiichi Nuclear Plant devastated the community in March 2011. Results in different and effective approaches of post-disaster care had in common element of quality play, art, narrative and science.

CONCLUSION
The power of play, art, narrative and science to revitalize communities traumatized by massive disasters highlights the inborn propensity of human being in playing to explore, share and create meanings of experiences in companionship. This needs to be further studied in depth.

During this symposium, the following presentations will be given:
1. Play to Heal and Play to Learn: Humanitarian Play Lab, BIED Bangladesh (Erum Mariam)
2. Play to Recreate Resilient Community: PEPKids Koriyama (indoor playground) (Shintaro Kikuchi)
3. Two Approaches of Play Therapies for Infants and Parents in Post-Emergency Fukushima Infant-Parent Play/Parent Meeting and Sandplay Technique (Kanae Narui)
4. The Life of Mothers and Infants in Fukushima Nine Years After Japan’s Nuclear Catastrophe, and How Science Helped to Revive Mothers’ Narratives. (Miyuki Matsuzaka)
Mothers and infants in Fukushima ten years after Japan’s nuclear catastrophe, and how science helped to revive mothers' narratives

Presentation within Symposium Titled: Play, Art, Narrative and Science: Cultural Approaches in Asia Enhancing Intuition and Creativity to Overcome Massive Disasters

Miss Miyuki Matsuzaka¹, Kaori Suzuki²
¹TARACHINE - Mothers' Radiation Lab Fukushima, Iwaki, Japan

Biography:
Miyuki Matsuzaka studied Early Childhood Education at Iwaki Junior College. She was involved in the development of infants as a nursery teacher for 14 years and participated in the activities of TARATINE (Mothers' Radiation Lab Fukushima) in 2016 to support the lives of infants and mothers. Her credentials include nursery teacher and social welfare officer.

INTRODUCTION
The Great East Japan Earthquake in March 2011 triggered the worst nuclear disaster in recent human history. As radioactive contamination spread, socially vulnerable groups, especially mothers and infants in the affected areas suffered great mental stress. The mothers were tormented by the fear and anxiety about the menace of the invisible contamination, and consequently the children were also affected by the same anxiety their mothers felt.

AIMS
In order to measure radioactivity scientifically by ourselves to protect our children, we, ordinary citizens, mostly mothers got together and established TARACHINE (Mothers’ Radiation Lab Fukushima) in November 2011. Considerable efforts were made to make sure our children wouldn’t eat any contaminated food, but only food that was confirmed to be safe.

DESCRIPTION
Our main endeavors include measuring radioactivity levels of locally produced food, organizing therapeutic camps, conducting thyroid cancer screening, and running a pediatric clinic. Furthermore, in 2018, we have started a program to care for the mental health of mothers and children. It offers a safe haven for mothers to talk freely about radioactive contamination and health concerns. Various therapeutic activities such as sandplay, yoga and psychosomatic massage are provided for the children.

CONCLUSIONS
Nine years has passed since TARACHINE opened, the mothers have gradually opened up to voice their painful feelings of anxieties and fears about the contamination, which they previously had to keep to themselves. Opportunities to play outside had been taken away from our children due to fear of the contamination from the surroundings. We’ve been trying to compensate and support children’s healthy mental development through the many activities we offer.

We will continue to strive to support them from the perspective of their peers, and also importantly with a focus on scientific viewpoint.
Two Approaches of Play Therapies for Infants and Parents in Post-Emergency Fukushima Infant-Parent Play/Parent Meeting and Sandplay Technique

Presentation within Symposium Titled: Play, Art, Narrative and Science: Cultural Approaches in Asia Enhancing Intuition and Creativity to Overcome Massive Disasters

Ms Kanae Narui1
1Npo Heartful Family Care Society, Koriyama, Japan

Biography:
Narui Kanae is a Clinical psychologist. She began her work in the mental health field in 1978, where she referred to the treatment for a wide range of issues and disorders that affect children. She also began working as a junior high school counselor in 2000. She had taught in Iwaki Meisei University and the Kanagawa University. She established the NPO Heartful Family Care Society for mental health care for people in Fukushima after the Great East Japan earthquake.

INTRODUCTION
The Great East Japan Earthquake and nuclear accident in 2011 displaced up to 160,000 people. The survivors lived with “ambiguous loss of home” and “ambiguous fear of radiation.” Infants and toddlers in Fukushima were restrained from playing outside, and lived a stressful life that hindered the formation of attachment. Impacts were also observed on their development: The number of infants with language delay, hyperactivity, impulsivity and socialization difficulty was on the increase. Some children developed PTSD. Infants played with tablet computers instead of playing outside, which negatively affected their social skills and emotional development. Parents, meanwhile, also developed dependency on SNS and internet. The time and quality of infant care decreased as a result.

AIMS AND PURPOSE
To regain the healthy development of infants by fostering attachment and reducing stress of infants and parents.

DESCRIPTION
Two approaches were taken to support the infants and parents.

1 Group approach: Infant-Parent Play and Parent Meeting: “Infant-Parent Play” aimed at reducing stress and fostering attachment. “Parent Meeting” on the other hand, provided the parents with a space to share their concerns of life in evacuation and child rearing. In early days, it also served as a platform for risk communication about the radioactive contamination.

2 Individual approach: Infants with PTSD or stress disorders were treated with play therapy or sand play therapy.

CONCLUSION
1 Infant-Parent Play and Parent Meeting was effective in attachment formation and parental development.
2 Sandplay therapy promoted infants’ sociability by overcoming and controlling PTSD.
3 In future, efforts should be made to reduce parents’ dependency on digital information about child rearing, and to re-establish the tradition of infants and children playing outside.
Play to Recreate Resilient Community: PEPKids Koriyama (indoor playground)

*Presentation within Symposium Titled: Play, Art, Narrative and Science: Cultural Approaches in Asia Enhancing Intuition and Creativity to Overcome Massive Disasters*

**Dr Shintaro Kikuchi**
1 Kikuchi Pediatric Clinic, Koriyama, Japan

**Biography:**
A pediatrician trained in Keio University, Kikuchi joined his father’s Kikuchi Pediatric Clinic in Koriyama, when the Great East Japan Earthquake and Tsunami (GEJET) and ensuing nuclear plant disaster devastated Fukushima. With local child professionals, Kikuchi established Koriyama Post-disaster Childcare Project and PEPKids Koriyama, the largest quality indoor playground in Tohoku region (North East Japan). With a rigorous longitudinal survey of children of Koriyama Kikuchi urges the government to place a greater focus on the well-being of children.

Introduction: In recent years, importance of post-disaster trauma care has been recognized in Japan. What I realized after the Great East Japan Earthquake is that one of the critical basis of trauma care is to immediately restore “the place” where children live. The place refers to environments, such as homes (safe and secure bases for children), schools, childcare facilities, and community environments in which children can play. Disasters destroy the children’s environment at once and take away their daily lives, and affect the mind and body of infants and children. In Fukushima, children’s activities were restricted to indoors and they could not participate in much active physical play. In fact, the numbers of obese children and those lacking exercise and poor at exercise increased. In our post-disaster care, we opened a huge indoor playground in Koriyama city just nine months after the earthquake.

**Aim:** Examine the use of playgrounds, the health status of infants and children, and consider the effects of the playground.

**Description:** There are various large equipment and a wide sandbox in the playground, and a kitchen is attached. There is also consultation by clinical psychologists available on-site. Since opening, more than 300,000 parents and children have visited the playground annually. The following opinions were sent. Playing every day improved physical conditions, increased number of friends, deepened communication between parents and children, and children learned socially appropriate courtesy and manners.

**Conclusion:** Children learn to control their bodies well by experiencing many different movements, and endurance is gained by playing continuously. In addition, playing with many peers cultivates social skills as well as motivated heart. Essentially, society has to prepare these playground and opportunities for children, that take into account the developmental needs of children. In Japan, there is an emphasis on the convenience and efficiency of adults, neglecting the environment in which children can grow up healthy. This playground has provided a lifeline to the local children, and has brought great benefits and renewed normal to children who were infants at the time of the earthquake.
Play to Heal and Play to Learn in the Context of Indigenous Culture

Presentation within Symposium Titled: Play, Art, Narrative and Science: Cultural Approaches in Asia Enhancing Intuition and Creativity to Overcome Massive Disasters

Dr Erum Mariam

Brac Institute of Educational Development, Dhaka City, Bangladesh

Biography:
Dr. Erum Mariam is the Executive Director of BRAC Institute of Educational Development in Bangladesh. She has completed her PhD in Education at Cambridge University in 2008 and has extensive experience in the field of research and implementation of large scale educational programs in the development sector in Bangladesh. Dr. Mariam advocates BRAC IED’s vision of contributing to the improvement of quality, equity, and efficiency in the education system through a multifaceted approach and is currently spearheading the child protection and mental health sector as part of BRAC’s humanitarian efforts in Cox’s Bazaar, working for marginalized Rohingya communities living there.

INTRODUCTION
In August 2017, the world witnessed the exodus of the Rohingya people who have crossed the Naf River to seek refuge in Bangladesh from the violence that they experienced in Myanmar. Ostracized from their homeland and forced to live in cramped spaces, in an unfamiliar country with its own set of cultural practices, the displaced community faced massive trauma and were on the verge of losing their identity and traditions. BRAC Humanitarian Play Labs, with provision of daily group play programs for the victimized infants and children, and within the context of preserving indigenous culture, proved to be vital for them and the community.

AIMS
The work aims to highlight how culture defines the identity of an individual and his/her community.

DESCRIPTION
BRAC Humanitarian Play Labs are secure basis for children to engage in culturally-rooted play. Programs with three categories of age groups - 0 to 2 years, 3 to 4 years and 5 to 6 years, age have been developed in order to enhance mother-infant attachment and self-esteem. Young local women recommended by their community were trained and assigned as facilitators of these Play Labs for each age group, each facilitating around two dozen children. Daily sessions are carried out in bamboo huts accessible to the community adults. As the Rohingya culture does not have letters to write, each teacher is trained with a guiding manual drawn in pictures. BRAC Humanitarian Lab organizers share a common recognition of how culture encompasses language, art, rhymes, stories, music, food, and the very essence of a person’s existence. For the Rohingya community, it is a constant reminder of the world they were forced to leave behind.

CONCLUSION
BRAC Humanitarian Play Labs highlight the primacy of restoring the victimized community’s indigenous culture. In the same vein, infants and children belong to the culture of play for exploration of the world and creating meanings of experience in companionship.
Cultural responsiveness rethought: Goodness of fit between an intervention’s culture, and the indigenous cultures of practitioners, families and communities

Dr Linda Gilkerson¹, Dr. Denise Guy², Ms Kimberly Cosgrove³, Ms Carole Norris-Shortle⁴

¹Erikson Institute, Chicago, United States, ²Infant Mental Health Association Aotearoa NZ, Wellington, New Zealand, ³Kennedy Krieger Institute, Baltimore, UA, ⁴University of Maryland, Baltimore, USA

Biography:
Professor Linda Gilkerson, PhD, LSW, directs the Infant Studies and Infant Mental Health Training programs at Erikson Institute, a graduate school in child development in Chicago, IL USA. She is the founder of the Fussy Baby Network and the developer of the FAN, an infant mental health informed approach to family engagement and reflective practice used widely in infant/family services in the US and internationally. Her writing and research addresses relationship-based approaches and reflective supervision in a range of settings from NICU to infant mental health to early intervention. She was a long-term board member of Zero to Three.

Introduction
Intervention approaches are increasingly used across cultures. How can model developers and implementers intentionally address the fit of the intervention with the cultural context of the programs and families who will use them?

Purpose
The purpose of this symposium is to propose that an intervention approach must be viewed of as a culture itself and its cultural features made explicit. Cultural responsiveness and cultural translation of the model then is an interactive process, considering the features of the model and the cultural context for implementation. We illustrate this process with the FAN (Facilitating Attuned Interaction), an approach to parent engagement and reflective practice used widely in the USA and in New Zealand and Israel and present its use and needed adaptations in two diverse settings.

Description
The symposium includes three presentations, each with a specific aim. The first presentation presents the working definition of culture and defines the culture of the FAN, including its beliefs, practices, language and symbols. We describe its approach to training and its general approach to cultural responsiveness. The following two sessions describe the implementation of the FAN in two very different settings; Home visitation in a program serving Pacific Islanders and a shelter in a large metropolitan area in Baltimore Maryland, USA serving homeless families. Both presentations will describe in detail where the model was a fit with the community, family, and program cultures and what adaptations were needed to increase the relevance of the approach to the setting.

Conclusion
The FAN is able to be implemented in different cultures, maintaining fidelity to its theory of change and core processes while being responsive to cultural context and practices.
The FAN approach: A pathway to cultural humility

Presentation within Symposium Titled: Cultural responsiveness rethought: Goodness of fit between an intervention’s culture, and the indigenous cultures of practitioners, families and communities

Ms. Kim Cosgrove1, Norris-Shortle C2
1Kennedy Krieger Institute, Baltimore, United States, 2University of Maryland-Baltimore, Baltimore, United States

Biography:
Kim Cosgrove, LCSW-C is Director of PACT’s Therapeutic Nursery, an attachment based therapeutic child care and Early Head Start program for very young homeless children. Ms. Cosgrove is a FAN Trainer, certified instructor of Infant Massage, and NCAST Teaching and Feeding Scales trainer.

Ms. Carole Norris-Shortle, LCSW-C, is on faculty at the Center for Infant Study, Department of Psychiatry, University of Maryland School of Medicine and is the Infant Mental Health Specialist at PACT’s Therapeutic Nursery for Homeless Babies. She co-developed the attachment based trauma informed program model at PACT and is a FAN trainer and NCAST trainer.

Introduction
Families of young children experiencing homelessness present with significant vulnerabilities as well as internal strengths. Staff working with these families experience intense emotions which can affect how they see the families, how they interact with them, and how the staff see themselves. Approaches to working with these families must address the internal experiences of the helper as well as the families seeking help.

Purpose
The purpose of this presentation is to describe the use of the FAN (Facilitating Attuned Interactions) and its ARC for Engagement as the driving force to bring cultural humility and responsiveness to an inner-city therapeutic nursery for babies and their families experiencing homelessness. The program, titled Wee Cuddle and Grow, infuses the FAN approach to family engagement and reflective practice into all aspects of its programming at a primary site and in a replication cite.

Description
Through video and discussion, the Director and Infant Mental Health Specialist will present an overview of the Wee Cuddle and Grow program and their programmatic and clinical work with very high-risk families that layered the FAN approach into their dyadic and staff work. The FAN approach met the need in this setting to operationalize the holding environment, enriching the ever-present need of staff and families for self-awareness and regulation. Program staff must track their own internal state as they experience the many hot-button issues frequently experienced in a homeless shelter for families. The FAN builds the capacity for Mindful Self-Regulation, allowing staff to acknowledge their dysregulation and use personalized strategies including breathing, self-talk, grounding and imagery to come back to balance. The FAN provides the road map to successfully bring self-awareness & cultural humility to hold overwhelming feelings that staff can experience which ultimately move from rupture to a place of repair. The presentation will describe not only the role that the FAN played but adaptations which increased its cultural consonance with the staff and families.
Conclusion
An approach which prioritizes attunement to self as well as attunement to others can serve as an anchor or internal supervisor when working in settings with families experiencing significant risk.

Reflecting on the culture of an intervention: FAN values, beliefs, and practices

Presentation within Symposium Titled: Cultural responsiveness rethought: Goodness of fit between an intervention’s culture, and the indigenous cultures of practitioners, families and communities

Dr Linda Gilkerson¹

¹Erikson Institute, Chicago, United States

Biography:
Linda Gilkerson, Ph.D., LSW is a professor and director of the Irving B. Harris Infant Studies Program Erikson Institute, Chicago, IL. USA. She founded Fussy Baby Network, an infant mental health informed prevention home visiting program for parents of infants under one year and is the developer of the FAN (Facilitating Attuned Interactions), an approach that is used widely in home visitation, early childhood mental health, and pediatric residency training to facilitate parent engagement and reflective practice. Her research and publications focus on relationship-based approaches and reflective supervision in a range of infant/family serving settings.

Introduction:
FAN (Facilitating Attuned Interactions) is an approach to family engagement and reflective practice based on the concept of attunement; that is, feeling connected and understood is the condition for change that allows one to try new ways of interacting (Siegel & Hartzel, 2003).
While its theory of change and theoretical foundations are based in Euro-American constructs, it is used widely in the US in different regions and with different cultural groups. The FAN is also used in New Zealand and Israel. Each individual and each program that uses the FAN is a practicing carrier of cultural systems and the success of the FAN is its engagement of practitioners and goodness of fit and responsiveness to their existing cultural frameworks.

Purpose:
Culture is defined as a world view which is typically implicit and defines how one fits into a community. The purpose of this presentation is to recognize that the FAN approach to intervention is a culture itself and to explicitly define the expected beliefs, cultural practices, and language of the FAN. Its adaptation to professional sub-cultures is described as well as responsiveness to cultural groups in the US.

Description:
Five beliefs are presented: value of a conceptual framework, attunement to internal experience, self-awareness and intentional self-regulation, human capacity for growth, and compassion and repair. FAN cultural practices are described: FAN Attunement process (matching client cues to FAN core processes, observing responses and shifting flexibly); ARC of Engagement (use of a consistent structure for client encounters), and FAN Learning and Reflection Process (Level I didactic and initial practice; Level II extended mentored practice, and parallel process as training approach). Language of the FAN, its symbols and rituals
are also presented. The general approach to cultural responsiveness and translation of the intervention is presented, setting the stage for its specific application in two different cultural contexts, in Pacific Islands and in USA.

Conclusion:
The FAN itself is a culture with explicit beliefs, practices, and language. Defining the cultural features of an intervention and working with implementers to assess the cultural fit and support cultural responsiveness are essential components of successful implementation.

A pacific home visiting service implements the facilitating attuned interaction (FAN) Approach

*Presentation within Symposium Titled: Cultural responsiveness rethought: Goodness of fit between an intervention’s culture, and the indigenous cultures of practitioners, families and communities*

Dr Linda Gilkerson¹, Ms. Josephine Lasike¹, Ms. Maggie Felo¹, Dr. Denise Guy²³, Ms. Joy Sipeli¹, Ms. Melisa Gardener¹, Ms. Foetusa Kasiano¹, Ms. Hatesa Williams¹

¹Naku Enei Tamariki Incorporated Home Visiting Service, Hutt Valley, New Zealand, ²Department of Psychological Medicine, Christchurch, New Zealand, ³Infant Mental Health Association Aotearoa New Zealand, Queenstown, New Zealand

*Biography:
Alison Paea is Practice Leader, Pacific and Pakeha Section’s at Naku Enei Tamariki (NET), for Family Start, Early Intervention, Tolu Wha Programme, and Circle of Security and is of Tongan, Niuean and Pakeha descent.

Josephine Lasike is a social worker with Family Start Program, Naku Enei Tamariki Pacific Tikanga. Josephine is full Tongan.

Maggie Felo, Family Start Social Worker for Naku Enei Tamariki, Pacific Section, is Samoan, born and raised in Wainuiomata, New Zealand.

Denise Guy is a Child Psychiatrist and President of IMHAANZ. She is a FAN trainer and coordinator of Watch, Wait and Wonder in Australasia.

Introduction: New Zealand is extensively committed to home visiting programmes for families in at-risk and often isolated situations with the goal of achieving better outcomes for children. These families have multiple chronic stressors that impact on the social, emotional and cognitive well-being of infants and their developing relationships. The work is challenging. This Pacific service has invested in the Facilitating Attuned Interaction (FAN) approach to extend their practitioner’s skills for engaging families and build relationship-based reflective practice. It was essential that the FAN approach had the capacity to integrate the Pacific cultural practices of the Team.

Purpose: The role and practice of the Team will be reviewed. How the Team embedded the FAN, including its fit and adaptations for multiple Pacific cultures will be presented. The complete training process with practitioners, their supervisor and the FAN mentor will be discussed with reference to the improvements in practice and holding cultural responsiveness.

Description: The FAN approach has been engaging for the home visiting service and has capacity for Pacific cultural practices to overlay the FAN framework. Specific examples of adaptations will be described including how the visual display of the FAN approach was revised to more symbolically reflect the Pacific culture. Reflections on how the FAN was consonant with Pacific culture will also be presented including the
focus on attunement and respectful listening. FAN Training that involves the team and incorporates supervision and mentoring support will be described. There have been promising results in practitioner’s ability to manage the challenges of the work. Qualitative interviews with team members addressing how the FAN approach has fitted the different cultures and the adjustments in practice will be presented.

Conclusion: The FAN approach has made a valued addition to this Pacific Home Visiting Team’s ability to engage families with complex problems, to improve practitioner’s skills and structure practice. The approach allowed for the integration of Pacific cultural practices while adhering to its theory of change and core processes.
Sowing New Seeds: Interrupting the Transmission of Maternal Stress and Adversity across Generations

Dr Nicole Racine

University Of Calgary, Calgary, Canada

Biography:
Nicole Racine biography:
Postdoctoral Research Fellow at the University of Calgary and Alberta Children's Hospital Research Institute.

Proposed Speakers for Symposium:
1. Nicole Racine, University of Calgary, Canada
2. Elizabeth Spry, Murdoch Children's Research Institute, Deakin University, Australia
3. Dillon Browne, University of Waterloo, Canada
4. Catherine Chamberlain, La Trobe University, Murdoch Children's Hospital, Australia

Based on the developmental origins of health and disease theory, it is well established that maternal adversity across the lifespan have implications for the health and development of offspring. Although research to date has focused on risk factors for the transmission of adversity, what is is less well understood is how these deleterious pathways can be interrupted. In line with the WAIMH 2020 theme of research, recovery, and regeneration, the current symposium will explore maternal adversity as a risk factor for poor child outcomes with a particular emphasis on avenues to interrupt this negative cascade. Researchers from Australia and Canada, all of whom use longitudinal methodologies, will take a lifespan approach to exploring the latest science on risk factors for the transmission of maternal adversity and factors that may alter these trajectories.

The first paper will examine the pre-pregnancy and pregnancy period as opportune time for intervention. Using 20-years of cohort data (Victorian Intergenerational Health Cohort Study, Australia) this paper will explore the role of maternal social support in pregnancy as a preventative for postpartum depression in women who have a history of mental health difficulties. Next, in a prospective longitudinal cohort of nearly 2000 pregnant women (All Our Families Study, Canada), the second paper explores the role of maternal attachment and mental health as intervention targets to mitigate the transmission of maternal adversity to emotional and behavioural outcomes in early childhood. The third paper uses a sophisticated longitudinal design and identifies multiple intermediary mechanisms by which maternal adversity is transmitted to children’s developmental outcomes in a high risk, primarily African American sample. The last paper will present an Aboriginal-led, community-based participatory action research project that supports strategies in pregnancy and the postpartum for aboriginal people with histories of trauma (Australia). This paper provides a unique perspective on what interventions can be implemented within this vulnerable population. Taken together, these four papers will provide a comprehensive presentation of innovative research focused on “recovery” and “regeneration” in the face of maternal adversity. Implications for future research and clinical practice will be discussed.
Preventing postpartum depression in women with preconception mental health problems: A 20-year cohort study

*Presentation within Symposium Titled: Sowing New Seeds: Interrupting the Transmission of Maternal Stress and Adversity across Generations*

**Elizabeth Spry**1,2, **Margarita Moreno-Betancur**1,3, **Melissa Middleton**1, **Dr. Craig Olsson**1,2,3, **Dr. George Patton**1,3

1Murdoch Children's Research Institute, Melbourne, Australia, 2Deakin University, Geelong, Australia, 3University of Melbourne, Melbourne, Australia

**Biography:**
Elizabeth is passionate about improving the health and wellbeing of children and their parents, with a special interest in understanding the intergenerational cycles of health. She is undertaking her PhD, investigating the associations between maternal mental health and infant health and wellbeing.

**Paper 1:**

**BACKGROUND:** Postnatal depression is common and carries risk for infant development. Most women with postnatal depression have a history of pre-pregnancy mental health problems, and entry to antenatal healthcare yields ideal opportunity to intervene with this group. One promising focal area is perceived maternal social support, associated with reduced risk of postnatal depression and modifiable under intervention. The extent to which perceived maternal social support during pregnancy may offset risk of postpartum depression in women with a prior history is unknown.

**AIM:** To prospectively examine whether women with a history of prior mental health problems report lower antenatal social support, and the extent to which intervention on antenatal social support may reduce rates of postpartum depression.

**MATERIAL and METHOD:** 398 women were assessed repeatedly for mental health problems before pregnancy between age 14 and 29 years, and during pregnancy and at eight weeks postpartum for 609 subsequent pregnancies. Maternal perceived social support was assessed in trimester three of pregnancy. Associations between preconception mental health problems, antenatal social support, and postpartum depression were estimated using logistic regression. New causal mediation methods will be presented and applied to quantify the extent to which associations between preconception mental health and postpartum depression are mediated by antenatal social support.

**RESULTS:** Women with persistent pre-pregnancy mental health problems were at increased risk of both postpartum depression (RR 5.8, 95%CI 1.8-18.2) and low antenatal social support (RR 6.7, 99%CI 1.8-24.4). Low antenatal social support also predicted postpartum depression (RR 9.4, 95%CI 3.4-26.1).

**CONCLUSIONS:** Women with persistent pre-pregnancy mental health problems report low social support during pregnancy, which in turn increases risk for postpartum depression. Findings from this study will inform antenatal intervention strategies to reduce rates of postpartum depression in women with prior mental health problems.
Intergenerational Transmission of Adversity: Maternal Attachment and Mental Health as Targets for Intervention


Dr Nicole Racine1,3, Jessica Cooke1,3, Dr. Andre Plamondon2,4, Dr. Sheila McDonald1,3, Dr. Suzanne Tough1,3, Dr. Sheri Madigan1,3

1University Of Calgary, Calgary, Canada, 2University of Toronto, Toronto, Canada, 3Alberta Children’s Hospital Research Institute, Calgary, Canada, 4Universite Laval, Quebec, Canada

Biography:
Dr. Nicole Racine is a clinical psychologist and postdoctoral research fellow at the University of Calgary in the Department of Psychology. Her program of research focuses on understanding maternal, familial, and environmental factors that influence early socioemotional development in children. In particular, her fellowship is focusing on the transmission of maternal childhood adversity and maternal stress in the pre- and postpartum periods on mental health and school readiness in early childhood.

Paper 2

INTRODUCTION: Investigations have found mothers’ adverse childhood experiences (ACEs) confer an intergenerational risk to their children’s outcomes. However, mechanisms underlying this transmission have only been partially explained by maternal mental health. Adult attachment insecurity has been shown to mediate the association of ACEs and mental health outcomes, yet an extension of this research to children’s behavioral problems has not been examined. Understanding the role of maternal attachment style and mental health in the transmission of adversity may lead to important intervention targets for mothers who have histories of adversity.

AIM: To examine the cascade from maternal ACEs to risk for child behavioral problems at five years of age, via mothers’ attachment insecurity and mental health.

MATERIALS AND METHODS: Participants in the current study were 1,994 mother-child dyads from a prospective longitudinal cohort collected from January 2011 to October 2014. Mothers retrospectively reported their ACEs when children were 36 months of age. When children were 60 months of age, mothers completed measures of their attachment style, depression and anxiety symptoms, and their children’s behavior problems.

RESULTS: Path analysis demonstrated maternal ACEs were associated with children’s internalizing problems indirectly via maternal attachment avoidance, attachment anxiety, and depression symptoms, but not directly ($\beta = .05$, 95% CI [-.001, .10]). Maternal ACEs indirectly predicted children’s externalizing problems via maternal attachment avoidance, attachment anxiety, and depression. A direct effect was also observed from maternal ACEs to child externalizing problems ($\beta = .06$, 95% CI [.01, .11]).
CONCLUSIONS: Maternal ACEs influenced children’s risk for poor behavioral outcomes via direct and indirect intermediary pathways. Findings from the current study show that addressing maternal insecure attachment style and depression symptoms as intervention targets for mothers with histories of ACEs may help to mitigate the intergenerational transmission of risk.

Cumulative Effects of Maternal Adverse Childhood Experiences on Developmental Outcomes: Transmission via Maternal Psychopathology


Dillon T Browne¹, Shealyn May¹, Kaja Lewinn², Fran Tylavsky³, Nicole Bush²

¹University of Waterloo, Waterloo, Canada, ²University of California, San Francisco, United States, ³University of Tennessee Health Sciences Center, Memphis, United States

Biography:
Tier II Canada Research Chair in Child and Family Clinical Psychology

Paper 3

INTRODUCTION: Limited research to date has examined questions about timing and direction of effects with regards to the intergenerational transmission of maternal adversity to child outcomes. Moreover, the possibility of intergenerational transmission of risk associated with maternal ACEs on developmental milestones via maternal psychopathology remains uncertain.

AIM: The present study sought to examine the multiple associations amongst maternal ACEs, pre- and postnatal maternal psychopathology, and child developmental milestones across the first four years of life.

MATERIALS AND METHODS: Participating mother-child dyads come from the Conditions Affecting Neuro-Development and Learning Environments (CANDLE) Study (N=1349) in Memphis, Tennessee. Mothers reported on their own ACEs and psychopathology during the third trimester. Subsequently, mothers reported on their own psychopathology and child developmental milestones when children were 12, 24, 36 and 48 months old. A cross-lagged panel analysis was conducted examining four hypotheses: (H1) pre- and postnatal maternal psychopathology would predict child developmental milestones, (H2) developmental milestones would predict postnatal maternal psychopathology, (H3) maternal ACEs would predict developmental milestones via maternal psychopathology, and (H4) there would be cumulative effects of maternal ACEs on maternal psychopathology and developmental milestones over time.

RESULTS: Support was found for all hypotheses except H2. First, higher levels of pre- and postnatal maternal psychopathology predicted developmental milestones that were delayed (H1). Second, there were four distinct indirect effects linking maternal ACEs, maternal psychopathology, and developmental milestones (H3). Third, maternal ACEs offered a cumulative prediction of maternal psychopathology and developmental milestones across the first four years. Lastly, there was no evidence of developmental milestones predicting subsequent levels of maternal psychopathology (H2).
CONCLUSIONS: Findings suggest that maternal ACEs impact child developmental milestones through multiple mechanisms, and these processes unfold in a dynamic fashion across the initial years of life. Implications for understanding the intergenerational transmission of adversity, intervention, and policy will be discussed.

Healing the past by nurturing the future: co-designing perinatal awareness, assessment and support for Aboriginal parents experiencing complex childhood trauma

*Presentation within Symposium Titled: Sowing New Seeds: Interrupting the Transmission of Maternal Stress and Adversity across Generations*

**Dr Nicole Racine**1,2,3, Graham Gee2,4, Stephanie Janne Brown2,5, Judith Atkinson6, Helen Herman4, Deirdre Gartland2,4, Karen Glover2,5, Yvonne Clark1,5, Sandra Campbell7,8, Fiona Menseh2,4, Caroline Atkinson6, Sue Brennan3, Helen McLachlan1, Tanja Hirvonen9, Danielle Dyall11, Naomi Ralph1, Stacey Hokke1, Olivia Wells10, Jan Nicholson1

1La Trobe University, Melbourne, Australia; 2Murdoch Children’s Hospital, Parville, Australia; 3Monash University, Melbourne, Australia; 4University of Melbourne Australia, Melbourne, Australia; 5Women and Kids Theme, South Australian Health and Medical Research Institute, Adelaide, Australia; 6We Al-li Pty Ltd, Goolmangar, Australia; 7James Cook University, Cairns, Australia; 8Central Queensland University, Rockhampton, Australia; 9Flinders University, Darwin, Australia; 10Central Australian Aboriginal Congress, Alice Springs, Australia; 11Aboriginal Medical Services Alliance, Darwin, Australia

**Biography:**

Catherine Chamberlain is an Associate Professor and NHMRC Career Development Fellow (2019-2022), who received the 2015 NHMRC ‘Rising Star’ award. A descendant of the Trawlwoolway People (Tasmania), her postdoctoral research program aims to improve Indigenous health equity by developing strengths-based family-focussed strategies in pregnancy, birth and early childhood. She is the Principal Investigator for the Healing the Past by Nurturing the Future project

**Paper 4**

**INTRODUCTION:** Child maltreatment and other traumatic events can have serious long-term physical, social and emotional effects, including a cluster of distress symptoms recognised as ‘complex trauma’. Aboriginal and Torres Strait Islander (Aboriginal) people are also affected by legacies of historical trauma and loss. Trauma responses may be triggered during the transition to parenting in the perinatal period. Conversely, becoming a parent offers a unique life-course opportunity for healing and prevention of intergenerational transmission of trauma.

**AIM:** To describe an Aboriginal-led, community-based participatory action research (action research) project which aims to co-design safe, acceptable and feasible perinatal awareness, recognition, assessment and support strategies for Aboriginal parents experiencing complex trauma.

**MATERIALS AND METHODS:** This formative research project is being conducted in three Australian jurisdictions with key stakeholders from all national jurisdictions. Four action research cycles incorporate mixed methods research activities including evidence reviews, parent and service provider discussion groups, development and psychometric evaluation of a recognition and assessment process and drafting proposals for pilot, implementation and evaluation. Reflection and planning stages of four action research cycles will be undertaken.
in four key stakeholder workshops aligned with the first four Intervention Mapping steps to prepare program plans.

RESULTS: We will present a conceptual framework developed from preliminary consultation to promote the application of core values of safety, trustworthiness, empowerment, collaboration, culture, holism, compassion and reciprocity; and outline key resources developed to inform the co-design process, including evidence reviews and research translation resources.

CONCLUSIONS: There is an urgent need for safe, empowering, holistic and compassionate perinatal awareness, recognition, assessment and support for Aboriginal families experiencing complex trauma.

Infant mental health, ACES, and trauma-informed care

Dr Hiram Fitzgerald¹
¹Michigan State University, East Lansing, United States

Biography:
Hiram E Fitzgerald, PhD, University Distinguished Professor, Michigan State University, Department of Psychology
Jennifer Hays-Grudo, PhD, Regents Professor Department of Psychiatry and Behavioral Science, Oklahoma State University, USA
Maria Korhonen, MD. Tampere Medical School, Faculty of Medicine and Life Sciences, Tampere Finland
Leonie Segal, PhD, Professor and Foundational Chair Health Economics and Social Policy, University of South Australia, Australia
Julie M. Ribaudo, MSW, Clinical Associate Professor, University of Michigan School of Social Work,

Introduction. From a developmental systems perspective, development is dynamic and transactional, subject to change over the life course, depending on the valance between risk (Adverse Childhood Experiences) and resilience (Benevolent Childhood Experiences) exposures. Children’s ability to adapt to both emotional and behavior demands influences their ability to negotiate transitions and re-evaluate mental representations of self and self-other relationships. Their adaptive strategies in one context, may be maladaptive in another context, contributing to discontinuities in life-course biopsychosocial development, but exposure to extreme adversity can affect mental health throughout life. Epidemiological data about the prevalence of adversities informs public health interventions. Conversely, study of specific adversities, rather than an additive number of them, informs prevention and intervention efforts at the individual/family level and leads to trauma-informed interventions. Such interventions also impact infant mental health and other practitioners, suggesting that reflective supervision should be part of training for all practitioners.

Symposium Description: In the papers that follow, Jennifer Hays-Grudo (USA) and Amanda Morris introduce a new measure of protective and compensatory experiences (PACEs) as well as a specialized for infants and young children (Baby PACEs) which has been shown to predict harsh parenting attitudes and practices among parents with a history of ACEs. Marie Korhonen, (Finland) reviews longitudinal data demonstrating that maternal and paternal mental health problems (MHP) during pregnancy and preschool predict their children’s MHPs 24 years later. Leonie Segal (Australia) presents findings of mortality risk from a population of >600,000 live births (1986-2017) linking early child maltreatment to excess mortality risk at ages 2-3 and late teens to early 20s, and Judith Ribaudo (USA) discusses the role of reflective functioning in
both infant mental health therapists and parents for enhancing the quality of infant mental health relationship-based trauma-informed care.
Commonalities between infant mental health and trauma-informed care

Presentation within Symposium Titled: Infant mental health, ACES, and trauma-informed care

Dr Jennifer Hays-Grudo, Dr Amanda Morris

1Oklahoma State University, Tulsa, United States

Biography:
Jennifer Hays-Grudo, PhD, Professor, Department of Psychiatry and Behavioral Science, Oklahoma State University, Norman, OK, USA
Amanda S. Morris, PhD, Professor, Human Development and Family Science, Oklahoma State University, Tulsa, OK USA

Introduction
The rapidly expanding, worldwide interest in the enduring effects of adverse childhood experiences (ACEs) presents an opportunity to apply and expand the knowledge and skills developed by infant mental health (IMH) specialists and researchers into the arena of trauma-informed care and trauma-informed systems. As developmental researchers, we see many commonalities between the well-established field of infant mental health and the emerging field of trauma-informed care: a) a nonjudgmental but curious approach to the origins of problematic behavior; b) the focus on relationships and relational systems; c) the importance of reflective practice, and d) the identification and development of strengths and protective experiences.

Aim
The aim of the presentation is to discuss these shared principles and approaches, identify potential collaborative initiatives, and highlight several projects in process.

Project Description
One of these initiatives is the development of a new measure of protective and compensatory experiences (PACEs) and a specialized measure for infants and young children (Baby PACEs) which has been shown to predict harsh parenting attitudes and practices among parents with a history of ACEs. Another opportunity to connect infant mental health with ACEs-based science is in the policy arena. As leaders of a statewide, legislative task force on trauma-informed care, we are engaged in identifying evidence-based, trauma-informed programs to promote resilience in a U.S. state with high rates of childhood adversity (and correspondingly poor health and development outcomes). This effort has relied on our states’ prior investment in infant mental health training and endorsement, and the sustained support of programs delivered by infant mental health specialists.

Conclusion
Our experience indicates that the field of infant mental health provides a rich resource for the development of trauma-informed practices to address more effectively the effects of adverse childhood experiences.
Parental mental health problems during pregnancy and early childhood: Associations with adolescents' and youth adults' internalizing and externalizing problems

*Presentation within Symposium Titled: Infant mental health, ACES, and trauma-informed care*

**Marie Korhonen**, Dr Ilona Luoma², Dr Raili Salmelin³, Dr Arja Siirtola⁴, Dr Kaija Puura³

¹University of Tampere & University Hospital Helsinki
²University of Eastern Finland & Kuopio University Hospital
³University of Tampere & Tampere University Hospital
⁴Tampere University Hospital

**Biography:**

Maria Korhonen, MD. Faculty of Medicine and Life Sciences, Tampere, Helsinki University Hospital, Finland
Ilona Luoma, Md,PhD. University of Eastern Finland, Faculty of Health Sciences, Kuopio University Hospital, Finland
Raili Salmelin, MSc. PhD. Tampere University Hospital, University of Tampere Faculty of Social Sciences, Finland
Arja Siirtola, MD, PhD. Tampere University Hospital, Department of Child Psychiatry, Tampere Finland
Kaija Puura, MD, PhD. University of Tampere, Faculty of Medicine and Life Sciences, Helsinki University Hospital, Finland

**Introduction:** Adverse childhood experiences are associated with poorer health and well-being throughout lifespan, and cumulating risk factors still increase the risk. There is also intergenerational continuity of adversity.

**Aim of the study:** The current study explores how parental mental health problems (MHPs) during pregnancy and at child’s age of 4 are associated with each other and child’s internalizing and externalizing problems at adolescence and young adulthood.

**Material and methods:** The original sample of the longitudinal normal population data was gathered in 1989-1990 in Tampere, Finland during pregnancy (T1; n = 341). The follow-ups took place at the child’s age of 4-5 (T2; n = 151), 16-17 (T3; n = 191) and 27 years (T4; n = 141). Results: The prevalence of MHPs reported by mother at T1 was 4% for themselves and 5% for fathers and at T2 9% and 11%, respectively. There was also significant continuity of parental MHP from T1 to T2 (p < 0.001, for both). Maternal and paternal MHPs were associated with each other both at T1 and T2 (p < 0.001, for both).

Father’s MHPs at T1 were associated with child’s internalizing problems at T3 in father’s (p = 0.034), mother’s (p = 0.020), and self-report’s (p = 0.085). Mothers MHP were associated with externalizing problems at T4 (p = 0.030) in self-reports. Father’s MHPs at T2 were associated with internalizing problems in father’s reports at T3 (p = 0.004). Mother’s MHPs at T2 were associated with internalizing problems at T3 in mother’s and father’s reports (p = 0.031 and 0.053, respectively).
Conclusions: Parental mental health problems tend to accumulate in families and often continue through early childhood. Parental mental health problems increase child’s risk for emotional problems later in life. Preventative interventions to at-risk families should be addressed early.
The iCAN project: impacts of child abuse and neglect on premature death from infancy to age 30

*Presentation within Symposium Titled: Infant mental health, ACES, and trauma-informed care*

**Leonie Segal**, Dr. Ha Nguyen, Dr Jason Armfield, Dr Emmanuel Gnananamickan

1 University of South Australia

**Biography:**

Leonie Segal, Ph.D. Chair Health Economics and Social Policy, Center for Precision Health, Division of Health Sciences, University of South Australia

Ha Nguyen, Ph.D. Center for Precision Health, Division of Health Sciences, University of South Australia

Jason Armfield, Ph.D. Center for Precision Health, Division of Health Sciences, University of South Australia

Emmanuel Gnananamickan, Ph.D. Center for Precision Health, Division of Health Sciences, University of South Australia

**Introduction**

Despite evidence of the impact of child maltreatment (CM) on infant brain development, with associated health and social consequences, the policy and resourcing response is inadequate. To strengthen the case for prevention, Segal established the iCAN Project to describe and social and economic consequences of CM from birth into adulthood.

**Aim**

This sub-study sought to describe differential death-rates of child protection system (CPS) involvement, as an indicator of CM from infancy into adulthood.

**Methods**

Birth records and perinatal statistics of >600,000 children live-born in South Australia between 1986 and 2017 were linked to CPS and death registry data (to May 2019). Kaplan-Meier failure curves were generated to describe cumulative death rates from 12 months of age to 30 years, by 8 categories of CPS involvement. Cox regression was conducted to estimate hazard ratios of mortality between CPS involvement categories adjusted for birth outcome and sociodemographic characteristics. Data were reported separately for Aboriginal and non-Aboriginal Australians.

**Results**

In the 1989-2002 cohort, children with some period in out-of-home care (OOHC) had the highest mortality risk, while in the 2003-2017 cohort children the subject of an investigation only had highest mortality rates. Largest excess mortality risk was at ages 2 to 3, and late teens to mid-twenties. Differentials were substantial and statistically significant for example, between no CP and entry to OOHC >3 years of age (HRs >4, p-value<0.001). CPS involvement was significant in adjusted analysis.

**Conclusion**

This is the first study of mortality impact of CM from infancy to adulthood, using a large population cohort. Results are striking, further emphasizing the serious consequences of CM and associated infant distress. CM is undoubtedly the major killer in adolescence and early adulthood. Society must allocate more resources to evidence-driven family-support programs and up-skilling clinicians in relational-trauma to address these preventable deaths.
Staying present: the role of reflective supervision in providing trauma-informed care

*Presentation within Symposium Titled: Infant mental health, ACES, and trauma-informed care*

**Julie Ribaudo**¹

¹University of Michigan, Ann Arbor, United States

**Biography:**

Julie M. Ribaudo, MSU. Clinical Associate Professor, University of Michigan, School of Social Work, Ann Arbor, MI

Introduction: Traumatic experiences, whether related to a single event or embedded in a system (ACES) occur at prevalence rates that are surprisingly similar across cultures. Often, shock and denial are typical reactions to a traumatic event. Over time, these emotional responses may fade, but a survivor may also experience reactions long-term. These can include: anger, persistent feelings of sadness and despair, flashbacks, unpredictable emotions, physical symptoms, (such as nausea and headaches), intense feelings of guilt, an altered sense of shame, and/or feelings of isolation and hopelessness. Adverse childhood experiences are also associated with decreased parental capacity for reflective functioning (RF). In addition, nascent empirical evidence suggests that *clinician* RF is an important contribution to improving patient outcomes, including increased parental reflective functioning.

Aim of the study: I will present a conceptual framework of the necessity of strong reflective supervision in developing and maintaining the reflective functioning of therapists working with families who have experienced trauma, including adverse childhood experiences.

Material and methods: The conceptual framework of an IMH home visiting model and the roles, process and function of reflective supervision will be defined and elaborated. Clinical vignettes that illuminate the intersection of client and/or therapist low reflective functioning and the risks posed to the therapeutic relationship will be discussed within the context of traumainformed systems of care.

Conclusions. Integrating reflective supervision and reflecting functioning enhance the quality of infant mental health relationship-based trauma-informed care.
Application of Advances in Developmental Research in Infants to Psychotherapeutic Work with Children and Adolescents

**Dr Shilpa Sachdeva¹, Dr Nathaniel Donson², Dr Alexandra Harrison³, Dr Katharine Frost⁴, Dr Natsuko Nakajima⁵**

¹University of Kansas Medical Center, Kansas City, United States, ²Youth Consultation Service Institute for Infant and Preschool Mental Health, East Orange, United States, ³Boston Psychoanalytic Society/ Institute in Adult and Child and Adolescent Psychoanalysis /Harvard Medical School/Cambridge Health Alliance, Boston, United States, ⁴The Ububele Educational & Psychotherapy Trust, Johannesburg, South Africa, ⁵University of Keio, Department of Pediatrics, Shinanomachi, Shinjuku-Ku, Tokyo, Japan

**Biography:**

Shilpa Sachdeva, MD: Board Certified, Adult and Child and Adolescent Psychiatry, Faculty at University of Kansas Medical Center, Kansas City, Kansas. Training: SUNY Upstate Medical University, New York.

Nathaniel Donson, MD: Board Certified: Pediatrics; Adult, Adolescent and Child Psychiatry; Graduate and Faculty: Columbia Psychoanalytic Center for Training and Research (New York City).

Alexandra Murray Harrison, MD: Faculty: Infant-Parent Mental Health Post Graduate Certificate Program at University of Massachusetts Boston

Katharine Frost, MA: Educational Psychologist and Director of Ububele Educational and Psychotherapy Trust and Head of the Ububele Parent-Infant Programme

Natsuko Nakajima, MD: University of Keio, Department of Pediatrics, Tokyo, Japan. Leader: Child Mental Health Team of University of Keio.

**Introduction:** Advances in developmental infant research mandate that now, more than ever, the failed mastery of early developmental tasks must be a consideration for clinical assessment and treatment with older children and adolescents.

**Purpose:** There remains an important gap in its application to clinical work with preschool and school age children, and adolescents.

**Description:** Alexandra Harrison, MD will discuss the influence a study of early development has had on her clinical work as a child psychiatrist and child analyst. She will describe some essential features of developmental theory and how she has integrated them with psychodynamic clinical theory. Her case illustration will demonstrate the importance of nonverbal interactions and a will focus on integrating psychodynamic and developmental formulation and scaffolding. Katharine Frost, MA will discuss Esther Bick’s method of infant observation (Bick, 1964) which has provided, and continues to provide, an opportunity to observe the unfolding development of a person and personality within the first 2 years of life; a live opportunity to see, in the moment, the baby becoming him or herself with those significant to them and their 2 year-long infant observation training). In this way, there is a growing ability to read the non-verbal communication of our clients - to pick up and think about the emotional atmosphere as being a communication from the client. Natsuko Tokita, PhD will discuss her Infant-Parent Psychotherapy in the NICU with a case of the “Miracle girl” which illustrates the importance of emotional support for such families in a NICU. She was supported by consultations with the Toronto Psychoanalytic Society Infant Parent Psychotherapy Program which helped her to think reflectively about the emotional responses of the infant and family, as well as about her own feelings during their struggles - facilitating both her ability to
sustain reflectivity, and to maintain the quality of the treatment. Her presentation will extrapolate how similar experiences may impact all.

Conclusions: Attachment research provides ways of understanding how early developmental disruptions influence later behaviors, and may suggest more appropriate interventions with child, caregiver and family.

Application of Advances in Developmental Research in Infants to Psychotherapeutic Work with Children and Adolescents

*Presentation within Symposium Titled: Application of Advances in Developmental Research in Infants to Psychotherapeutic Work with Children and Adolescents*

**Dr Shilpa Sachdeva¹**

¹The Ububele Educational & Psychotherapy Trust, Johannesburg, South Africa

**Biography:**

Katharine Frost is an Educational Psychologist and the Director of Ububele Educational and Psychotherapy Trust. Katharine was the Head of the Ububele Parent-Infant Programme. A position she held for 10 years. She developed the Baby Mat Project and has parent and infant mental health as an area of specialty and focus. She has trained and supervised professional and lay counselors who work in the infant mental health field. Katharine has authored several articles on the Infant Mental Health interventions at Ububele and she has presented Ububele’s work at local and international conferences.

Introduction: Advances in developmental infant research mandate that now, more than ever, the failed mastery of early developmental tasks must be a consideration for clinical assessment and treatment with older children and adolescents

Purpose: To synthesize and to apply advances in developmental infant research to the psychotherapy of older children and adolescents.

Method: This presentation will discuss Esther Bick’s method of infant observation (Bick, 1964) which has provided, an opportunity to observe the unfolding development of a person and personality within the first 2 years of life; a live opportunity to see, in the moment, the baby becoming him or herself. And, for the observer, to see the developing attachment relationship, the emerging sense of self and the baby’s defensive structures necessary to manage the normal, and sometimes out of the ordinary, challenges of life. Critical to the role of the observer is the development of the capacity to observe, without action, to take in, receive and understand what is playing out in front of him/her in the weekly hour long observations over the 2-year period. At Ububele, where she works, they offer a 2 year-long infant observation training however, an iteration of this has been part and parcel of all aspects of their clinical work since the first training offered nearly 20 years ago. They train and supervise child psychologists, lay counselors, teachers and home visitors and include two components of the Infant Observation process. The first is the process of Observation itself, described and referred to as LOFT (Listen, Observe, Feel and Think) - The task of (fully) observing, first and foremost, and then to track one’s emotional responses to these before hypothesizing about their meaning. Secondly, they train on the development of the ability to ‘be with’ their client, sometimes without language. In this way, there is a growing ability to read the non-verbal communication of our clients - to pick up and think about the emotional atmosphere as being a communication from the client.

Conclusion: Attachment research provides ways of understanding how early developmental disruptions influence later behaviors, and may suggest more appropriate interventions with child, caregiver and family.
Application of Advances in Developmental Research in Infants to Psychotherapeutic Work with Children and Adolescents

Presentation within Symposium Titled: Application of Advances in Developmental Research in Infants to Psychotherapeutic Work with Children and Adolescents

Dr Shilpa Sachdeva

1University of Keio, Department of Pediatrics, Shinanomachi, Shinjuku-ku, Tokyo, Japan

Biography:
Dr Nakajima from Showa Medical University, Tokyo, Japan in 1996, and became a pediatrician in University of Keio, Department of Pediatrics, Tokyo Japan. Member of Child Mental Health Team of University of Keio, Department of Pediatrics in 2000, and Leader of Child Mental Health Team in 2012, inherited from Dr. Hisako Watanabe, who is a Board Member of WAIMH. Member of Japan Pediatric Society, WAIMH, Japan Association for Infant Mental Health (JAIMH), and Four Winds Association for Infant Mental Health, Japan. IPP Class of Toronto Psychoanalysis Society from 2018-2019, joined the advanced class with Elizabeth Tuters and Sally Dollius, and Kaspars Tuters.

Introduction: Advances in developmental infant research mandate that now, more than ever, the failed mastery of early developmental tasks must be a consideration for clinical assessment and treatment with older children and adolescents

Purpose: To synthesize and to apply advances in developmental infant research to the psychotherapy of older children and adolescents.

Description: This presentation will discuss her Infant-Parent Psychotherapy in the NICU with a case of the “Miracle girl” 257 gram infant - born at 22 weeks - and with her parents. She will discuss the developmental principles that informed this clinical work using a Psychoanalytic Psychotherapy Approach as a member of the Child Mental Health Team at the University of Keio. Her work illustrates the importance of emotional support for such families in a NICU, and of sharing with them their moments both of joy and of sorrow. Dr. Tokita was supported by weekly internet consultations with the Toronto Psychoanalytic Society Infant Parent Psychotherapy Program which helped her to think reflectively about the emotional responses of the infant and family, as well as about her own feelings during their struggles - facilitating both her ability to sustain reflectivity, and to maintain the quality of the treatment. Her presentation will extrapolate how similar experiences may impact us all, and emphasize the benefits of sharing cases of Infant Parent Psychotherapy with supervisors and colleagues.

Conclusion: Attachment research provides ways of understanding how early developmental disruptions influence later behaviors, and may suggest more appropriate interventions with child, caregiver and family.
Application of Advances in Developmental Research in Infants to Psychotherapeutic Work with Children and Adolescents

Presentation within Symposium Titled: Application of Advances in Developmental Research in Infants to Psychotherapeutic Work with Children and Adolescents

Dr Shilpa Sachdeva

1 Boston Psychoanalytic Society/Institute in Adult and Child and Adolescent Psychoanalysis/Harvard Medical School/Cambridge Health Alliance, Boston, United States

Biography:
Alexandra Murray Harrison, MD is a Training and Supervising Analyst at the Boston Psychoanalytic Society and Institute in Adult and Child and Adolescent Psychoanalysis, an Assistant Professor of Psychiatry Part Time, Harvard Medical School, at the Cambridge Health Alliance, and on the Core Faculty of the Infant-Parent Mental Health Post Graduate Certificate Program at University of Massachusetts Boston. She is founder and President of the NGO, Supporting Child Caregivers, Inc, which offers pro bono mental health consultation to collaborating institutions in low to moderate income countries in the context of a long term relationship.

Introduction: Advances in developmental infant research mandate that now, more than ever, the failed mastery of early developmental tasks must be a consideration for clinical assessment and treatment with older children and adolescents

Purpose: To synthesize and to apply advances in developmental infant research to the psychotherapy of older children and adolescents.

Description: This presentation will discuss the influence of study of early development on her clinical work as a child psychiatrist and child analyst. She will focus on (1) Her major commitment to consultation to caregivers of young children; (2) The need for greater clinical attention to regulation and growing regulatory competency; (3) a shift in clinical emphasis from categorical diagnosis and medical or psychoanalytic intervention, toward developmental formulation and scaffolding. She will describe some essential features of developmental theory and how they can be integrated with psychodynamic clinical theory. Her case illustrations will demonstrate consultation to child caregivers, attention to regulation and growing regulatory competencies, and focus on an integrated psychodynamic and developmental formulation and scaffolding.

Conclusion: Attachment research provides ways of understanding how early developmental disruptions influence later behaviors, and may suggest more appropriate interventions with child, caregiver and family.
Attachment theory informed interventions applied in different contexts and risk groups: Emerging evidence from New Zealand and Australia.

Professor Catherine McMahon

1Macquarie University, North Ryde, Australia

Biography:
Catherine McMahon’s teaches and researches Developmental Psychology at Macquarie University. Her research concerns psychological adjustment during pregnancy and early parenthood in the context of various reproductive risk factors – in particular, perinatal mood disorders and infertility/assisted conception. Her particular focus is the parent-child attachment relationship. She is currently involved in several collaborative inter-disciplinary research projects evaluating interventions to support parents in the early years, and she has a particular interest in building an evidence base for attachment-based interventions. Her current research evaluates the effectiveness of the Circle of Security Parenting intervention in four clinical settings.

Introduction & Aim: Attachment informed interventions target parent-child relationships and assume that changes in child outcomes follow from building parent relational capacity. Three therapeutic strategies are employed with different emphasis in different approaches: providing a supportive therapeutic relationship; changing parent representations of the relationship, the child and the parenting role; and changing parent behaviour (Bérin et al., 2016). This symposium reports on three studies that differ in a) the type of intervention, most notably whether or not the child is present, b) the risk group being offered the intervention, and c) the delivery mode (group vs individual).

Results: Two studies report effectiveness evaluations of Circle of Security (COS) approaches which present the attachment dynamic in an accessible way and encourage caregivers to reflect on their own strengths and struggles meeting their child’s attachment needs. The child is not present. Paper 1 (Sydney & Canberra, Australia) presents results from a study of COS-P Parenting intervention (COSP) in four clinical settings. The intervention is delivered in group format over 8 weeks; stock video footage illustrates parent-child relational patterns. Paper 2 (Auckland, New Zealand) presents a longitudinal follow-up (to 12 months) of the intensive version (COS-I), enhanced with COS-P content, delivered individually or in groups (17-22 weeks). Individual video clips are used for assessment and review of relational dynamics. Paper 3 reports on Parent-Child Interaction Therapy with Toddlers (PCIT-T) delivered individually to parents of toddlers referred with disruptive behaviours. A therapist delivers live coaching to individual dyads through play sessions over an 8-week period (two sessions per week).

Discussion: Professor Kate Rosenblum, University of Michigan, provides an expert review of the papers and leads a discussion about “what works for whom”; focusing on child, parent, relational, contextual, and resource factors that influence which attachment intervention approach is most appropriate and effective.
Circle of Security Parenting program: Effectiveness for parents with mood problems

Presentation within Symposium Titled: Attachment theory informed interventions applied in different contexts and risk groups: Emerging evidence from New Zealand and Australia.

Professor Catherine McMahon¹, Professor Catherine McMahon¹, Dr Anna Huber¹, Dr Rebecca Reay², Dr Erinn Hawkins³, Professor Bryanne Barnett⁴

¹Macquarie University, North Ryde, Australia, ²Academic Unit of Psychiatry and Addiction Medicine, Australian National University, Canberra, Australia, ³School of Applied Psychology, Griffith University, Southlands, Australia, ⁴St John of God Health Care, Blacktown, Australia

Biography:
Anne-Marie Maxwell is a PhD candidate in the Department of Psychology at Macquarie University. Anne-Marie’s current research focuses on the Circle of Security attachment-based interventions, particularly the popular Circle of Security Parenting program (COS-P). Anne-Marie’s background is in early childhood education. She worked as a preschool educator and director, as well as in curriculum development and educator training, during 13 years based in Johannesburg, South Africa. For the past 11 years Anne-Marie has worked for Save the Children Australia as Team Leader of a family support service in north-west Sydney. Anne-Marie is an accredited and experienced COS-P facilitator.

INTRODUCTION
Maternal mental health problems have been identified as a major public health issue by the World Health Organisation, not least for their consequences for the children of affected parents. It is well established that maternal mental health and infant mental health are linked, and that treatment of maternal depression and anxiety symptoms alone (without support for the parent-infant relationship) is not sufficient to improve child outcomes. Consequently, many Australian perinatal mental health services supplement treatment of maternal mood disorders by offering support for the parent-child relationship using the Circle of Security Parenting program (COS-P). However, COS-P dissemination has dramatically outpaced evaluation. Further evidence is needed regarding its effectiveness, especially in complex real-world settings where it is being delivered.

AIM OF THE STUDY
This non-randomised controlled trial evaluates the effectiveness of the COS-P intervention in four Australian clinical settings.

MATERIAL & METHODS
Participants were 247 parents (of children aged 2 months to 6 years) who presented at a perinatal mental health service or early parenting support service in two Australian cities. Outcomes included changes in 1) parenting capacities linked to infant social and emotional development and 2) parent mood. Outcomes were assessed at baseline and post-treatment/post-waitlist using self-report questionnaires (all participants) and a narrative interview and observed parent-child interaction (a sub-sample of participants).

RESULTS
Analyses indicate significant pre-post improvements in mood, parenting self-efficacy, hostility, caregiving helplessness and capacity to keep the child in mind (self-report questionnaires) for the treatment group, with no significant change for the control group. There are indications of improvement in optimal caregiving
representations (interview) and reductions in intrusive behaviour (observed) for the treatment group, however the Time x Group interaction was non-significant.

CONCLUSIONS
COS-P shows promising effectiveness in improving parent mood and parenting capacities linked to infant social and emotional development.

Changes in caregiving representations after individually or group delivered hybrid Circle of Security intensive intervention with New Zealand caregiver-child dyads

Presentation within Symposium Titled: Attachment theory informed interventions applied in different contexts and risk groups: Emerging evidence from New Zealand and Australia.

Professor Catherine McMahon1, Ms Anne-Marie Hicks2, Ms Michelle Ball3, Professor Catherine McMahon1
1Macquarie University, North Ryde, Australia, 2Dayspring Trust, Auckland, New Zealand, 3Waitemata District Health Board, Child, Youth & Family Mental Health Services, Auckland, New Zealand

Biography:
Dr Anna Huber is a Canberra-based psychologist who led the development of a community-based infant and early childhood mental health service from 2005-2012, pioneering in using Circle of Security (COS) interventions in Australia. Now working in private practice with families of infants and young children, Anna also provides supervision, consultation and training in Australia and New Zealand, including in the use of COS interventions. Anna completed her doctoral research in 2016 (into the effectiveness of the COS Intensive intervention) at Macquarie University Centre for Emotional Health where she remains involved in “real world” research and evaluation

INTRODUCTION: The Circle of Security Intensive group based intervention (COS-I), first described by Marvin et al., (2002) aims to improve child attachment security and reduce disorganisation by improving caregiver capacities, including by addressing caregiving representations of the child, self as parent and the relationship. COS-I has been found to be effective in improving child attachment security and disorganisation (Hoffmann et al., 2006; Huber et al., 2015) as well as caregiver representations (Huber et al, 2015). In response to practitioner feedback, a revised hybrid COS-I protocol incorporates material from the later Circle of Security-Parenting program (COS-P) and includes options for individual and group delivery. No study has examined the effect on caregiving representations of the enhanced COS-I protocol or examined whether group or individual delivery affects outcomes.

AIMs OF THE STUDY
1. To examine post intervention and one-year follow-up changes in caregiving representations in parents completing a revised hybrid COS-I Intervention protocol
2. To see if group or individual delivery of the intervention moderates these changes

MATERIAL & METHODS: New Zealand parent-child dyads (n=36; child age M =35 months) referred to two community-based services with parent-child relationship concerns completed a revised COS-I intervention. Four aspects of caregiving representations (supportive and unsupportive parenting (CTNES), parenting self-efficacy and satisfaction (PSOC)) were assessed using parent-report questionnaires at baseline, post-treatment, 3 and 12 months post-treatment.
RESULTS: Parents who completed a revised hybrid COS-I protocol showed significant improvements in all four aspects of caregiving representations. Positive changes were maintained at one year follow up on all indices and were not moderated by intervention delivery mode (group or individual).

CONCLUSIONS: This study found significant and lasting improvements in caregiving representations in NZ parents of young children who completed a revised hybrid COS-I intervention protocol. Results provide a preliminary validation of this protocol for both individual and group delivery.
Parent Child Interaction Therapy with Toddlers (PCIT-T): Results from a wait-list controlled trial

Presentation within Symposium Titled: Attachment theory informed interventions applied in different contexts and risk groups: Emerging evidence from New Zealand and Australia.

Professor Catherine McMahon1,2, Ms Susan Morgan1, Dr Nancy Wallace1,2, Ms Sara Cibralic1,2
1School of Psychiatry, Faculty of Medicine, University of New South Wales, Australia, 2Karitane, Australia

Biography:
Dr Jane Kohlhoff is a Senior Lecturer in the School of Psychiatry, University of New South Wales, Australia and Research Fellow at Karitane, Sydney, Australia. Dr Kohlhoff is a clinical psychologist who conducts clinically-oriented and translational research in the areas of perinatal, infant and early childhood mental health. She has particular interest in attachment theory and clinical applications, early interventions to improve outcomes for vulnerable and marginalised families, and the roles of early environmental and biological factors in the intergenerational transmission of poor parenting and psychological outcomes.

INTRODUCTION
Parent Child Interaction Therapy with Toddlers (PCIT-T) is an attachment-based parenting intervention designed to meet the developmental needs of children aged 12-24 months with disruptive behaviours (aggression, tantrums, defiance) (Kohlhoff & Morgan, 2018; Girard et al., 2018). PCIT-T involves in-the-moment coaching from a therapist behind a one-way mirror during parent-child play sessions, across two sequential phases - ‘Child Directed Interaction–Toddler’ (CDI-T) and ‘Parent-Directed Interaction–Toddler’ (PDI-T). PCIT-T aims to increase positive parenting skills, enhance emotion regulation capacities in both parent and child, and improve child behaviour. The ultimate intervention goal is child attachment security.

AIM OF THE STUDY
To evaluate behavioural and attachment-related outcomes of the CDI-T phase of the PCIT-T program.

MATERIAL & METHODS
Parent-toddler dyads (n=66; child Mage=19.13 months) referred to an Australian community-based child behaviour treatment clinic with disruptive toddler behaviours were randomly allocated to CDI-T or a waitlist (WL) condition. Outcomes were assessed using parent-report questionnaires and observational measures at baseline, post-treatment/post-waitlist and 4-months post-treatment. A sub-sample of participants also gave feedback about their experiences in a post-treatment qualitative interview.

RESULTS
The PCIT-T group showed significantly greater improvements in child externalizing behaviours (Child Behaviour Checklist; Achenbach and Rescorla, 2000), parent skills (Dyadic Parent-Child Interaction Coding System; Eyberg et al., 2010), and parental sensitivity (Emotional Availability Scales; Biringen, 2008); Eighty-four percent of toddlers with a ‘disorganized’ attachment pattern at baseline (Strange Situation Procedure; Ainsworth, 1978) were ‘organized’ at follow-up. Qualitative feedback was positive.

CONCLUSIONS
This study showed PCIT-T to be an effective early intervention program, associated with positive outcomes across attachment and behavioural domains. The study methodology and preliminary results from a subsequent RCT (anticipated completion June 2020; n=100; key outcome variables: emotion regulation, child behaviour, parental mind-mindedness, attachment security) comparing PCIT-T (CDI-T+PDI-T), the Circle of Security Parenting intervention and WL will also be discussed.
International dissemination and adaptation of the Nurse-Family Partnership Programme: gathering evidence across borders.

Professor Michael Robling¹, Dr Fiona Lugg-Widger¹, Professor Julia Sanders¹, Dr Rebecca Cannings-John¹
¹Cardiff University, Cardiff, United Kingdom

Biography:
Professor Mike Robling is Director of Population Health Trials at Cardiff University’s Centre for Trials Research. He is a methodologist with expertise in evaluating complex interventions in primary medical care, community and social care settings. He has led a research programme since 2008 evaluating specialist home-visiting programmes in the UK.

Evidence-based early interventions to support vulnerable families are essential in supporting children’s healthy development. Good evidence may exist in a programme’s native country and provide initial justification for extending its use into new settings. However, further evaluation and replication of expected benefits in new countries is required before programmes can be confidently implemented in full. The Nurse Family Partnership (NFP) is a well-established programme of nurse-led home visiting evidenced by three trials in the US which have shown consistent findings of benefit over three decades. For the original trial cohort, follow-up has been extended into adulthood, providing a unique insight into the long-term trajectory of the programme’s impact.

But success in transplanting interventions across international (even national) boundaries cannot be guaranteed. The NFP programme has attracted considerable policy interest and a programme of international replication defined by the programme’s lead has underpinned its implementation and further testing in a number of countries.

This symposium will feature programmes adapted from the original US NFP model in three countries: Australia (Segal), England (Lugg-Widger), and Scotland (Cannings-John). The approach to adaptation and service delivery has varied across each setting. This has involved differences in target population and clinical need, professional selection and staffing and also in the underlying service and social context. Approaches to evaluation have also provided methodological variation for example, in terms of outcome selection and prioritisation and increasingly the role of routine administrative data in tracking outcomes over time. Rather than a weakness, such variations in service delivery and evaluation approach provide rich opportunities for testing the robustness of the programme logic model generating learning in real-world settings. A common challenge is maintaining followup for a sufficiently meaningful length of time and the selected evaluations include those which have determined outcomes in both the short- and longer term.

Symposium speakers will include: Dr Lugg-Widger (being presented by Professor Mike Robling (England), Dr Cannings-John (Scotland) Professor Leonie Segal (Australia)
Delivering a modified nurse family partnership program to Aboriginal mothers and babies in Australia – implementation success and child outcomes.

Presentation within Symposium titled: International dissemination and adaptation of the Nurse-Family Partnership Programme: gathering evidence across borders.

Professor Leonie Segal, Dr Ha Nguyen

1 University of South Australia, Adelaide, Australia

Biography:
Professor Segal’s research programme runs across several inter-related fields; working with an interdisciplinary team and in partnership with the NGO sector and government to. Themes include:
(i) Describing and understanding the relationship between childhood adversity and trauma and poor outcomes
(ii) Exploring the options for intervening to disrupt these pathways, with a focus on child and adolescent mental health, family support services and community-driven cross-disciplinary models
(iii) Policy and practice translation elements that can achieve change on the ground that will help vulnerable children and families and reduce societal costs.

Introduction: Children in families facing high adversity are at risk of poor outcomes. Infant home visiting programs have been developed to support pregnant women/new mothers to improve child outcomes. Aboriginal children are at exceptionally high risk. A modified NFP infant home-visiting program was introduced in Central Australia for Aboriginal mothers and their infants in 2009 (CA FPP). It was delivered by Central Australian Aboriginal Congress (Congress), the primary care provider for the Aboriginal population in Alice Springs and surrounds.

Aims: The University of South Australia in partnership with Congress conducted a multifaceted evaluation to assess program implementation and selected health and social outcomes.

Material and Methods: FPP and Congress clinic data were used to estimate number of eligible women, referral rates and up-take, retention and extent of engagement. A control group was created of eligible women, not referred and key outcomes compared between for FPP and control women and children using linked administrative data. Analyses were adjusted for potential confounders. In-depth interviews were conducted with CA FPP staff. Results: 493 women were referred to the program, 285 accepted, 271 had at least one home visit. Of these, 57% were still in the program at the child’s first birthday and 40% at the child’s 2nd birthday. Comparing the CA FPP group and the control, child protection system involvement was lower for children of first time and young mothers as were hospitalisations for child injury. Time to next pregnancy increased by an average of 5 months in FPP mothers. The primary program modification, the inclusion of Aboriginal community workers was found to be only partially successful.

Conclusion: The CA FPP is the first implementation of the nurse-family-partnership model in a remote Indigenous communities. This analysis confirms that the program can be successfully implemented and achieve some modest improvement in child outcomes.
Establishing an English trial cohort to determine short and medium-term family outcomes of specialist home visiting for first-time teenage mothers.

*Presentation within Symposium titled: International dissemination and adaptation of the Nurse-Family Partnership Programme: gathering evidence across borders.*

**Professor Michael Robling**, Fiona Lugg-Widger, Dr Rebecca Cannings-John

1Cardiff University, Cardiff, United Kingdom

**Biography:**

Dr Lugg-Widger is a Research Fellow at the Centre for Trials Research (CTR) specialising in routine data linkage. She is lead for routine data linkage in CTR and has substantial experience in using routinely collected data from multiple sources. She is the study manager for the BB:2-6 study which has evaluated the medium-term impact of the Family Nurse Partnership in England. She currently works on four data-linkage projects as study manager, all of which use routinely collected data. She works in collaboration with the data safe haven Secure Anonymised Information Linkage (SAIL) in Swansea, and the equivalent in Scotland (eDRIS).

**Introduction:**

Supporting teenage mothers to achieve a healthy pregnancy, successful parenting and socio-economic stability is a policy priority. Originally developed in the US as the Nurse Family Partnership, the Family Nurse Partnership (FNP) provides intensive nurse-delivered support to young mothers in England. Varying socio-economic and service contexts between the US and the UK mean that replication of programme benefits needs to be established to support wider roll-out.

**Aims of the study:**

In two linked studies, to establish and follow up a trial cohort of families to establish short- and medium-term programme effectiveness for both child and maternal outcomes.

**Material and method**

Participant mothers were nulliparous, under 20 and before 25 weeks gestation when recruited to the Building Blocks (BB:0-2) trial. We used data linkage and an opt-out dissent model to create a research database (BB:2-6) held in a data safe haven. To BB:0-2 data collected at baseline, late pregnancy and at 6, 12, 18 and 24 months postpartum we linked routinely collected national health, social care and education data sets. Medium-term outcomes included objective and associated measures of maltreatment (eg Child in Need), Child health, development and educational outcomes.

**Results**

1645 women were recruited to BB:0-2 and 1537 mothers and 1547 children were successfully followed up in the BB:2-6 cohort. This presentation will summarise key findings from both linked studies and will focus on how the differing approaches to study design for BB:0-2 and BB:2-6 both facilitated and shaped what outcomes could be rigorously evaluated.

**Conclusions**
Differences in social and service context require innovations to be replicated across international boundaries and evidenced in their new setting. Possibilities for evaluation may also vary (e.g., ready availability of routine data). This presentation will add to international understanding of how FNP may provide benefit and how such benefits may be compared across settings.
Factors influencing theory of mind development in preschoolers within the context of early interventions

*Presentation within Symposium titled: International dissemination and adaptation of the Nurse-Family Partnership Programme: gathering evidence across borders.*

**Dr Verena Dähne**, Professor Michael Robling¹, Professor Tanja Jungmann², Dr Susan Sierau¹, Dr Sören Kleim³

¹University of Leipzig, Leipzig, Germany, ²University of Siegen, Siegen, Germany, ³Criminological Research Institute of Lower Saxony, Hannover, Germany

**Biography:**
Dr Dähne is a psychologist at the University of Leipzig where she also studied for her PhD. She has research interests in transitions and parenthood in at-risk families: development of paternal and maternal competencies and feelings and its association to child development. Since 2014 she has worked as a research associate on the project Pro Kind at the Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics.

The Theory of Mind (ToM) competency is closely related to the child’s cognitive, language, and socio-emotional development. In early interventions, skills and developmental processes associated with ToM development are often primary intervention targets, but empirical support for direct or indirect influences of early interventions on ToM development is missing so far. Within the home visiting program “Pro Kind” N = 755 families were accompanied by professionals from the last trimester of pregnancy until the child’s second birthday. In the present follow-up study we investigated influences of treatment, pre- and postnatal family environment, parental competencies and child competencies on the ToM ability in a sample of n = 39 five-year-old children using Ctree analyses. Prenatal and current parental stress as well as an enriched family learning environment, and children’s language competencies in interaction with temperament significantly predicted ToM competency. The treatment had no direct influence on ToM development. Thus, the results argue for the urgent need to address maternal stress regulation and mentalizing competencies in early interventions during pregnancy, as well as to focus on promoting positive stimulating learning environments and language development after the child’s birth.
Evaluating the Family Nurse Partnership Programme in Scotland: a natural experiment approach

*Presentation within Symposium titled: International dissemination and adaptation of the Nurse-Family Partnership Programme: gathering evidence across borders.*

**Dr Rebecca Cannings-John**, Dr Fiona Lugg-Widger, Professor Julia Sanders, Professor Shantini Paranjothy, Dr James White, Professor Jill Pell, Professor Michael Robling

1Cardiff University, Cardiff, United Kingdom, 2University of Glasgow, Glasgow, Scotland

**Biography:**

Dr Cannings-John is a Senior Research Fellow at the Centre for Trials Research in Cardiff University and is a medical statistician. Her research is focussed on the areas of child and maternal health, and also surrounding the use of antibiotics in primary care. She has methodological expertise in the use of routinely collected data and data linkage especially in the use of electronic routine data to support clinical trials. She is currently Lead Investigator for the evaluation of the Family Nurse Partnership Programme in Scotland.

Introduction

The Family Nurse Partnership (FNP) is an intensive home visiting service for teenage first-time mothers, developed/trialed in the US and adapted/trialed across Europe. The Scottish Government (SG) aims to build on and supplement the existing evidence base for FNP, to assess effectiveness and opportunities for optimisation of the programme, for future decision making in Scotland.

Aims of the study

To examine the impact of the provision of FNP when added to existing services and a range of outcomes for first-time teenage mothers.

Material and method

The evaluation commissioned is a natural experiment of FNP, taking advantage of existing information infrastructures in Scotland. This represents an opportunity to determine programme impact upon key programme outcomes using routinely collected data at a lower cost than a trial. A case-cohort design will be used, where cases are women enrolled as FNP Clients (2010-2016) and Controls are women who meet FNP eligibility criteria but were pregnant when the programme was not recruiting. Outcomes are mapped to the Scottish FNP logic model.

Results

The succes of the design in trying to replicate the gold standard design of the RCT will be presented and will cover the following topics: (how cases and a comparable group of firsttime teenage women have been identified using data made routinely available from FNP, NHS Scotland and SG; the linkage to health, social care and educational datasets and the approval processes, and the strengths and limitations of using routine data to evaluate relevant study outcomes that map to a logic model.

Conclusion
The impact of this evaluation into the effectiveness of FNP in Scotland will establish a robustly matched study cohort, a more streamlined linkage and approval process, and identification of outcomes not only for a short-term follow-up but also for a longer-term follow-up of the mothers and their children.

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Parent-Infant-Psychotherapy and Intervention Research- current Projects and developments

Ms Melanie Eckert1, Ms Katharina Richter1, PhD Jody Manly2, Ms Nicole Canin3, M.D. PhD Hisako Watanabe4
1International Psychoanalytic University, Berlin, Germany, 2Mt. Hope Family Center (MHFC), Rochester, United States of America, 3University of the Witwatersrand, Johannesburg, South Africa, 4Life Development Center, Watanabe Clinic, Yokohama, Japan

Biography:
Melanie Eckert MA., Katharina Richter MA. International Psychoanalytic University Berlin, Germany; Title: Prevalence of psychosocial stress and mental health disorders and Evaluation of Parent Infant Psychotherapy (SKKIPPI)

Ph.D. Jody Manly, Mt. Hope Family Center (MHFC) in Rochester, New York; Title: PROMISE- Evaluation of Child-Parent Psychotherapy to high-risk impoverished families in combination with a Community Health Worker home visitation model

Nicole Canin, University of the Witwatersrand, Johannesburg, South Africa.; Title: Maternale States of Mind and Infant responsivity in premature Infants receiving specialised In-Hospital Care

Chair: Hisako Watanabe M.D., Ph.D, Life Development Center, Watanabe Clinic, Yokohama Japan

Since the establishment of the Parent-infant-psychotherapy (PIP), research in this field has steadily increased. In this symposium, different research approaches will be presented. SKKIPPI is a multicentre research project that evaluates the integrated psychotherapeutic and psychiatric care of parents and their children during the first years of life. PROMISE will evaluate the optimal timing of PIP, either at the beginning, during pregnancy or after birth and comparing either 6-month or 12-month duration of services. In addition, a qualitative study is presented, that aims to investigate the subjective experience of premature infants and their mothers within the context of the parent-infant relationship, as observed in a specialised governmental in-hospital care unit. Overall, the symposium is intended to reveal the recent research regarding PIP and to show the broad applicability of PIP in the field.

Lectures associated to the Symposium:

Prevalence of psychosocial stress and mental health disorders and Evaluation of Parent Infant Psychotherapy (SKKIPPI) (Melanie Eckert & Katharina Richter)

PROMISE- Evaluation of Child-Parent Psychotherapy to high-risk impoverished families in combination with a Community Health Worker home visitation model (Ph.D. Jody Manly)
Maternal States of Mind and Infant responsivity in premature Infants receiving specialised In-Hospital Care
(Nicole Canin)

Chair of Symposium:
Hisako Watanabe M.D., Ph.D., Life Development Center, Watanabe Clinic, Yokohama Japan.
Prevalence of psychosocial stress and mental health disorders and Evaluation of Parent Infant Psychotherapy (SKKIPPI)

Presentation within Symposium titled: Parent-Infant-Psychotherapy and Intervention Research - current Projects and developments

Ms Melanie Eckert, Ms Katharina Richter, Ms Janna Mattheß, Dr. med. Julia Fricke, Dr. Gabriele Koch, Ms Mona Sprengeler, Ms Marie Bolster, Dr. rer. medic. Stefanie Roll, Dr. med. Anne Berghöfer, Prof. Dr. Thomas Reinhold, Ms Petra Vienhus, Prof. Dr. med. Kai von Klitzing, Prof. Dr. Christiane Ludwig-Körner, Dr. med. Franziska Schlensog-Schuster, Prof. Dr. med. Thomas Keil, Prof. Dr. Lars Kuchinke

1International Psychoanalytic University, Berlin, Germany, 2Institute for Social Medicine, Epidemiology and Health Economics, Charité - Universitätsmedizin, Berlin, Berlin, Germany, 3Clinic and Polyclinic for Psychiatry, Psychotherapy and Psychosomatics of Childhood and Adolescence, University of Leipzig, Leipzig, Germany, 4Clinic for Psychiatry, Psychosomatics and Psychotherapy, Diakonissenkrankenhaus, Flensburg, Germany

Biography:
Melanie Eckert (M.A. Psychology) is a PhD student at the International Psychoanalytic University Berlin and is in psychoanalytic training for child/adolescent and adult therapy. She investigates the effectiveness of Parent-Infant-Psychotherapy in two studies: "Parent-Infant-Psychotherapy with high-risk mothers in shared living arrangements and facilities" and "Evaluation of Parent Infant Psychotherapy in Prevalence- and Intervention Studies (SKKIPPI)". Katharina Richter (M.A. Psychology) is a PhD student at the International Psychoanalytic University Berlin and is in training in deep psychological psychotherapy for adults. Within the research project SKKIPPI (Evaluation of Parent Infant Psychotherapy in Prevalence- and Intervention Studies) she investigates the effectiveness of Parent-Infant-Psychotherapy.

Introduction: After the birth of a child, many parents experience stress episodes and mental health problems. In addition, some infants show psychological or somatic stress in the form of early regulatory problems. However, valid data on the prevalence of these conditions is rare. Previous studies show an interaction between parental psychological stress and early childhood developmental disorders. Although the effects of parental stress and regulatory disorders of children are well documented, sufficient treatment options are lacking.

AIM of the project: The SKKIPPI project consists of three studies: an epidemiological cohort study and two intervention studies (RCT’s). The aims of the clinical trials are to evaluate whether a manualized Parent-Infant Psychotherapy (PIP) is able to improve the maternal sensitivity, to reduce the psychopathological symptoms of mother and child, to improve the dyadic relationship, infant’s attachment and development compared to usual treatment. The objective cohort study is to assess the occurrence and determinants of psychosocial stress and mental health disorders, as well as the use of health care and social services among parents and their children within the first two years of life.

MATERIAL and METHODS: The population-based cohort study collects data using online questionnaires and telephone interviews in participants from a random sample of 30,000 infants in three German regions. In the RCT’s mothers with postpartum mental health problems or infants with regulatory, sleep and/or attachment disorders are randomly allocated to either PIP group or Treatment as usual in inpatient and outpatient (home visits) settings. Primary outcome in both trials is the maternal sensitivity after six weeks, measured by the Emotional Availability Scale through videotaped dyadic interaction. Secondary outcomes include the child’s attachment determined by the Strange Situation Procedure or the Attachment Q-Sort at follow up.

RESULTS: The study is in the data collection phase and preliminary exploratory data will be presented.
Maternale States of Mind and Infant responsivity in premature Infants receiving specialised In-Hospital Care

Presentation within Symposium titled: Parent-Infant-Psychotherapy and Intervention Research- current Projects and developments

Ms Melanie Eckert
2University of the Witwatersrand, Johannesburg, Johannesburg, South Africa

Biography:
Nicole Canin is a parent-infant psychotherapist and PhD student at the University of the Witwatersrand. She has a special interest in the developing relationship between premature infants and their parents in a Neonatal ICU context. She is the chairperson of the Gauteng Association of Infant Mental Health.

INTRODUCTION: Being born prematurely represents a disturbance of normative developmental processes for both parents and infants alike, often disrupting self-regulatory and interactional skills. Premature infants are often more sensitive and therefore more vulnerable to being overwhelmed and dysregulated. Prematurity can also disrupt states of mind conducive to mothering. The importance of exploring maternal states of mind and how they influence parent-infant interactions and infant responsivity has been highlighted in the literature. In a South African context, studies exploring the experiences of premature dyads in hospital settings are limited. As a result, local knowledge and the development of skills and interventions is in its infancy. It is widely believed that the more that can be understood about infant and maternal experiences, the more likely that contextually appropriate, effective therapeutic interventions can be designed and refined in the future.

AIM OF THE STUDY: This qualitative study aims to investigate the subjective experience of premature infants and their mothers within the context of the parent-infant relationship, as observed in a specialised governmental in-hospital care unit. This includes an exploration of maternal perceptions and experiences, as well as capturing infant communications and non-verbal interactions within the developing relationship between mothers and their premature infants.

MATERIAL and METHODS: Participants in the study included four premature infants receiving in-hospital treatment as well as their mothers. The study collected data using psychoanalytically informed semi structured interviews and infant observation.

RESULTS: The data has been collected and is currently being analysed. Preliminary findings regarding maternal states of mind and infant responsivity will be presented.
PROMISE- Evaluation of Child-Parent Psychotherapy to high-risk impoverished families in combination with a Community Health Worker home visitation model

*Presentation within Symposium titled: Parent-Infant-Psychotherapy and Intervention Research- current Projects and developments*

**Ms Melanie Eckert**

1Mt. Hope Family Center (MHFC), Rochester, United States of America

**Biography:**

Jody Manly, Ph.D., IMH-E® is Clinical Director at Mt. Hope Family Center (MHFC) in Rochester, New York. Dr. Manly is in the National Child Traumatic Stress Network. She is a Co-PI in MHFC’s National Center on Child Abuse and Neglect. Dr. Manly has been a PI or Co-PI on federally-funded grants involving linkages among attachment, trauma, and depression and evidence-based treatments, including Child-Parent Psychotherapy (CPP). Dr. Manly has thirty-five years experience providing services and conducting research with high-risk families. She is Executive-at-Large for WAIMH and is inspired by dedicated people around the world who work for young children and families.

**INTRODUCTION:** Although adverse sequelae of child maltreatment are well known, less conclusive evidence has been evaluated on preventing maltreatment through family interventions. Increasing knowledge of optimal methods for delivering preventive intervention has crucial significance in prevention. The efficacy of Child-Parent Psychotherapy (CPP) has been demonstrated with high-risk populations.

**AIM:** PROMISE involves an RCT to evaluate whether expanding a Community Health Worker (CHW) approach by adding CPP increases efficacy for improved mother-child relationships, sensitive parenting, child development, and maltreatment prevention. Through four intervention arms, evaluation assesses whether more intensive intervention improves parenting, and will determine the optimal timing of intervention (i.e., beginning prenatally or postnatally), the optimal duration of services (i.e., 6 vs. 12 months), mechanisms of effect, and which intervention strategy works best for mothers with varying risk factors.

**METHODS:** Pregnant women (N = 300) and their infants (after birth) participate in longitudinal assessments during pregnancy, at subsequent six-month intervals, and a post-intervention follow-up at 12 months old. Measurements assess maternal and child functioning over time in response to the interventions, including maternal parenting behaviors, representational models, cognitions, physiological reactivity, and infants’ health and development.

**RESULTS:** CPP groups are hypothesized to improve sensitive and responsive parenting and secure attachment, relative to CHW home visitation alone, thereby reducing risks for child maltreatment. Improvements in maternal attachment representations, parenting cognitions, and stress reactivity are hypothesized to mediate treatment outcomes. Moderators, including maternal histories of trauma, psychopathology, and intimate partner violence, will advance determination of differential responsiveness to CHW and CPP (what works for whom and why?) and allow for tailored preventive strategies.
CONCLUSIONS: Identification of timing, dosage, and intensity of service delivery, along with mediators and moderators will facilitate development of targeted prevention and intervention strategies that support parenting and decrease child maltreatment for this vulnerable population.
Randomized Controlled Trials testing the efficacy of the Newborn Behavioral Observations (NBO) system in Australia, Denmark, Japan and the US.

**Professor J. Kevin Nugent**

*Brazelton Institute, Boston Children’s Hospital And Harvard Medical School, Boston, United States*

**Biography:**

J. Kevin Nugent, Director of the Brazelton Institute, Boston Children's Hospital and Harvard Medical School.

Maggie Redshaw, Associate Professor, National Perinatal Epidemiology Unit (NPEU), Nuffield Department of Population Health, University of Oxford.

Susan Nicolson, Senior Medical Staff, Centre for Women’s Mental Health, Royal Women’s Hospital, Melbourne.

Ingeborg H. Kristensen, Professor, Section for Nursing, Institute of Public Health, Aarhus University, Denmark

Eiko Saito, RN, PHN, CNM, PhD. Associate Professor, Japanese Red Cross College of Nursing, International Healthcare and Midwifery. Tokyo, Japan.

Lise Johnson, MD, Brigham and Women’s Hospital and Assistant Professor Harvard Medical School; Associate Director Brazelton Institute, Boston Children’s Hospital.

While there is an increasing number of studies demonstrating the efficacy of the Newborn Behavioural Observations (NBO) system as a preventive intervention tool, randomized controlled trials (RCTs) have important methodological advantages over observational studies for addressing the question of whether an approach can benefit parents and infants and can become an integral part of public health promotion policies at local and national levels. The symposium describes five RCT studies in five difference settings across the world. Susan Nicolson describes the effectiveness of the NBO with new families with antenatal risk factors for postnatal depression in the UNA Project, the first Australian trail with the NBO. In a cluster-randomized study, Inge Nickell explores differences between Health Visitors’ competences before and after implementing the NBO in four Danish municipalities. Beth McManus describes a multi-site randomized pragmatic trial in the US, which demonstrated that at-risk infants receiving individualized developmentally supportive and relationship-based care through the NBO had greater gains in cognitive and adaptive function at 6 months, and their caregivers had greater improvements in maternal depressive symptoms. Eiko Saito discusses the efficacy of the NBO as a child-parent relationship-building tool, when used by midwives with first time mothers in a hospital setting in Japan. Lise Johnson describes the Baby AMOR project, which is designed to examine the effects of the NBO intervention on the mental health and psychological well-being of first-time mothers with a late-preterm infant, and to examine the effects of the NBO intervention on the quality of mother-infant interaction and maternal engagement in positive infant health care practices. Maggie Redshaw will review the studies, discuss the implications for practice and propose avenues for future research. Together these papers highlight the crucial importance of validating the use of the NBO for use in a range of applied settings.
The impact of an NBO-based intervention on the mental health of mothers with late preterm infants

Presentation within Symposium titled: Randomized Controlled Trials testing the efficacy of the Newborn Behavioral Observations (NBO) system in Australia, Denmark, Japan and the US

Lise Johnson1, Dr. Jessica Dym-Bartlett, Dr. J. Kevin Nugent, Dr. Lianne Woodward
1Brazelton Institute, Boston Children’s Hospital And Harvard Medical School, Boston, United States

Biography:
Lise C. Johnson, MD is Assistant Professor of Pediatrics, Harvard Medical School; Pediatrician, BWH Faculty Newborn Service, Brigham and Women’s Hospital & Associate Director, The Brazelton Institute, Boston Children’s Hospital. Jessica Bartlett, PhD, MSW, is Co-Director, Child Development Research, Child Trends, Waltham, MA. J. Kevin Nugent Ph.D., is Director, the Brazelton Institute, Boston Children’s Hospital, Lecturer, Harvard Medical School and Professor Emeritus University of Massachusetts. Lianne Woodward, Ph.D., is Professor of Developmental Psychology at University of Canterbury, New Zealand

INTRODUCTION
Late preterm (LP; 34-36 6/7 weeks gestation) infants do not routinely receive monitoring and early intervention services, despite clear evidence that their parents are at increased risk for postpartum stress, anxiety, and depression, posing serious difficulties for mother-infant relationships and infant development.

AIM
The Baby AMOR Study examines the effects of the Newborn Behavioral Observations-Family Wellness intervention (NBO-FW) on maternal wellbeing and quality of the early mother-infant relationship in a sample of LP infants and their first-time mothers. The NBO-FW, an expansion of the original NBO, is a relationship-based neurobehavioral intervention to promote healthy parent-infant relationships. We hypothesize that intervention mothers will report lower levels of stress, anxiety, and depression and higher levels of parenting confidence and positive mother-infant interactions, and will engage in more optimal infant health care practices.

METHODS
This study is a randomized controlled trial of 200 first-time mothers of diverse age and ethnicity and their LP newborns (100 intervention; 100 care as usual control) at a large US teaching hospital. Dyads are recruited after birth. Intervention dyads receive the NBO-FW, comprising three NBO sessions: two during the birth hospitalization and the third six weeks post discharge. These face-to-face sessions are supplemented by regular emailed prompts asking mothers to reflect on their babies’ behavior and their own transition to motherhood, and a telehealth visit with their NBO clinician three weeks post-discharge. Infant behaviors observed during NBO sessions will be coded using a new, refined 5-point scoring system. Baseline data are collected at study entry and follow-up data at 6 weeks after discharge and 4 months corrected gestational age. Key outcomes include maternal postpartum stress, anxiety, depression, and parenting confidence; the quality of mother-infant interaction (assessed by videotape), and maternal infant health care practices (sleeping, feeding, well-child visits).

RESULTS
Data collection is currently underway. Early findings will be presented.

Supporting the newborn-parent relationship when there is parental depression or anxiety: Australian trial of the Newborn Behavioural Observations (NBO).

*Presentation within Symposium titled: Randomized Controlled Trials testing the efficacy of the Newborn Behavioral Observations (NBO) system in Australia, Denmark, Japan and the US*

**Susan Nicolson**, **Sarah Pia-Carron**, **Campbell Paul**, **Louise Newman**
1 Royal Women’s Hospital, Parkville, Melbourne
2 University of Melbourne Department of Psychiatry, Parkville, Melbourne
3 Royal Children’s Hospital, Parkville, Melbourne

**Biography:**
Dr. Nicolson is Senior Medical Staff, Green Maternity Team
Infant Parent Mental Health Clinician, Faculty member NBO Australia Centre for Women’s Mental Health, The Royal Women’s Hospital, Melbourne. Dr. Pia Carron is a Psychologist at Monash Health and Project Manager, Project Una at the Royal Women’s Hospital, Melbourne. Associate Professor Campbell Paul is Consultant Infant Psychiatrist, Mental Health at the Royal Children’s Hospital, Melbourne. Louise Newman is Professor and Director Centre for Women’s Mental Health, Royal Women’s Hospital Parkville Melbourne, Australia

**INTRODUCTION:**
Brief, perinatal infant-parent relationship-focused interventions can help parents adapt to parenthood. The Newborn Behavioural Observations (NBO) intervention is a repeatable session in which practitioner and parent(s) collaboratively observe and interpret the meaning of baby’s behaviour as signs of social engagement, self-regulation, stress and dysregulation, and as an expression of caregiving needs and preferences. The NBO supports individualised, infantresponsive caregiving, helping new parents to get to know, understand and accept their baby. The NBO is useful from birth to 3 months. Internationally, there is evidence of its effectiveness in varied family contexts.

**AIM**
This study is the first Australian trial of the NBO with new families with antenatal risk factors for postnatal depression. Primary aims are to evaluate the effectiveness of the NBO in enhancing the mother-infant relationship, and in decreasing maternal distress in the transition to parenthood. Secondary aims to explore the impact of the NBO among fathers, and fathers’ emotional experience in the transition to parenthood will be reported elsewhere.

**MATERIAL AND METHODS:**
Australian, blind-randomised, control-group trial. First-time mothers were randomised in pregnancy if they had antenatal risk factors for depression (current depression or anxiety symptoms, or past depression). Mothers were randomised into two groups: usual care (clinical comparison group) or usual care plus three NBO sessions in the first month of life (intervention group).

**RESULTS:**
There was a positive NBO intervention effect on maternal distress, and on mother-infant interaction quality blind-coded using the Emotional Availability Scales 4th Edn (n=74 at endpoint). No negative intervention effects were detected. Video extracts of NBO sessions will be shown.
CONCLUSIONS:

The NBO intervention is an effective early support for first time families with maternal distress. Larger scale studies are needed.
Health visitors’ competences before and after implementing the Newborn Behavioral Observations (NBO) in a community setting: A cluster randomised study.

Presentation within Symposium titled: Randomized Controlled Trials testing the efficacy of the Newborn Behavioral Observations (NBO) system in Australia, Denmark, Japan and the US

Ingeborg H Kristensen¹, Merethe Vinter, Inge K. Nickell, Dr. Hanne Kronborg
²Section for Nursing, Institute of Public Health, Aarhus University, Aarhus, Denmark

Biography:
Ingeborg H. Kristensen is a post-doc Ph.D., in the Section for Nursing, Institute of Public Health, Aarhus University, Denmark.
Merethe Vinter is a Health Visitor in the Health Department, Thisted Municipality, Denmark
Inge K. Nickell, is NBO Trainer at the Brazelton Centre UK, Cambridge, UK and a Health Visitor in the current study.
Hanne Kronborg, is a Professor in the Section for Nursing, Institute of Public Health, Aarhus University, Denmark.

INTRODUCTION: Support to enhance the early parent-infant relationship in the first months after birth is recommended. Health visitors’ competences are particularly important in this context because their daily work is expected to support new families by enhancing parenting skills.

AIM: To explore differences between health visitors’ competences before and after implementing the Newborn Behavioral Observations (NBO) system in four Danish municipalities.

MATERIAL and METHODS: In a cluster randomised design, 56 and 55 health visitors were enrolled in the intervention and comparison districts. Only health visitors from the intervention district received the NBO education programme. Data from self-administered questionnaires on health visitors’ intention, self-efficacy, knowledge and observation skills were collected before and after NBO training. Observation skills were assessed asking health visitors to assess the quality of parent-infant interaction in four video recordings. Data were analysed using descriptive and multivariable analyses.

RESULTS: Health visitors reported high levels of intention, self-efficacy and knowledge working with early parent-infant relationships in both groups at baseline. After implementing NBO, the intervention health visitors reported a significantly higher level of knowledge of infant self-regulation than the comparison group. No significant differences were found in health visitors’ level of intention and self-efficacy working with early parent-infant relationships, or in health visitors’ observation skills assessing the quality of early relationship.

CONCLUSIONS: Health visitors attending the NBO education and working with NBO in clinical practice had a significantly higher level of knowledge of infant self-regulation. A new discussion of how to educate health visitors’ competencies working with early relationship in clinical practice is needed.
The Effects of the Newborn Behavioral Observations (NBO) system with at-risk infants in Early Intervention: a Multi-site Randomized Controlled Trial.

Presentation within Symposium titled: Randomized Controlled Trials testing the efficacy of the Newborn Behavioral Observations (NBO) system in Australia, Denmark, Japan and the US

Professor J. Kevin Nugent\(^1\), Dr. Beth McManus, Dr. Yvette Blanchard, Natalie Murphy
\(^1\)Brazelton Institute, Boston Children's Hospital And Harvard Medical School, Boston, United States

Biography:
J. Kevin Nugent is Director of the Brazelton Institute, Boston Children’s Hospital, Professor Emeritus UMass and Lecturer, Harvard Medical School.
Beth McManus is Associate Professor, Department of Health Systems, Management and Policy, Colorado School of Public Health.
Yvette Blanchard is Professor in the Department of Physical Therapy and Human Movement Science, Sacred Heart University, Fairfield CT
Natalie Murphy is a Research Assistant in the Physical Therapy Program, University of Colorado School of Medicine

INTRODUCTION AND AIMS: The purpose of this multi-site randomized pragmatic trial was to measure the effects of a relationship-based intervention - the Newborn Behavioral Observations system (NBO) - on infant neurodevelopment and maternal depressive symptoms in a sample of at-risk infants and their parents. Participant parent-child dyads were recruited from 5 EI program sites in Massachusetts and followed for 6 months.

METHODS: Newborns were randomly assigned into either an NBO (n=16) or Usual Care (UC) (n=22) group. The NBO group received weekly home visits up to 12 weeks corrected age. The infant’s self-regulatory efforts were observed during the NBO and how these contributed to parent-infant social interaction. The UC group received traditional home-based services, from a provider not certified in the NBO. Outcome measures included the Battelle Developmental Inventory (BDI-2), Bayley Scales of Infants Development (BSID-III) Adaptive and SocialEmotional Scales, and the Center for Epidemiologic Studies Depression Scale (CES-D). The CES-D and BSID-III were collected at 3- and 6-months post EI entry and the BDI-2 was collected at EI entry and 6-months post-EI entry. Median quantile regression was used to estimate group differences [95% CI] for 3-month and 6-month outcomes. Median regression accounts for the skewed outcome data (i.e., very high/low scores). Regression models adjusted for differences in program characteristics.

RESULTS: At 3 months, there were no significant group differences in CES-D or BSID-III scores. At 6 months, the NBO group had greater gains in BSID-III Communication, BSID-III Self-Care, BDI-2 Perception and Concepts and BDI-2 Attention & Memory than the UC group. Additionally, BDI-2 Social Role and Gross Motor skills were higher in the NBO group. The NBO group also had greater decline in maternal postnatal depressive symptoms measured by CES-D at 6-months post EI entry.

CONCLUSIONS: Infants receiving individualized developmentally supportive and relationship-based care through the NBO had greater gains in cognitive and adaptive function at 6 months than infants receiving
usual EI care. Moreover, caregivers receiving NBO care had greater improvements in maternal depressive symptoms than caregivers receiving UC.
A randomized controlled trial on the efficacy of an early parenting relationship-building intervention using the Newborn Behavioral Observations in Japan

Presentation within Symposium titled: Randomized Controlled Trials testing the efficacy of the Newborn Behavioral Observations (NBO) system in Australia, Denmark, Japan and the US

Eiko Saito, Emi Tsukamoto, Takako Hirose, Maiko Nakamoto, Saori Minagawa, Masae Hasegawa, Mariko Iwayama

1Japanese Red Cross College of Nursing, Tokyo, Japan

Biography:
Eiko Saito is Associate Professor at the Japanese Red Cross College of Nursing, Tokyo and NBO Trainer for Japan.
Emi Tsukamoto is a Nurse researcher at Japanese Red Cross Medical Center, Tokyo
Takako Hirose is a Nurse researcher at Japanese Red Cross Medical Center, Tokyo
Maiko Nakamoto is a Nurse researcher at Japanese Red Cross Medical Center, Tokyo
Saori Minagawa is a Nurse researcher at Japanese Red Cross Medical Center, Tokyo
Masae Hasegawa is a Nurse researcher at Japanese Red Cross Medical Center, Tokyo

INTRODUCTION
Support for early parent–child relationship building is an urgent issue. In Japan, midwives are involved with parents-to-be from pregnancy to the postpartum period. There is increased interest in the early use of newborn behavioral observation (NBO) systems in daily care by midwives.

STUDY AIM
To verify the effects of early intervention using the NBO system to support parent–child relationship building in a Japanese hospital setting.

METHODS
This parallel-design randomized trial runs from October 2019 until May 2020. The participants are first-time parents and their clinically healthy babies with a gestational age ≥ 32 weeks. Sixty to 70 couples will be recruited at the hospital antenatal department. Data will be collected at four points: in late pregnancy at home, on or before the sixth day after birth in the hospital, and at one and two months at home. The participants are automatically divided into an intervention group and a comparison group based on a random number table, and information regarding this will be sent the participants by internet or mail. The participants, assessors and analysts are blinded to group allocation, but NBO-trained midwife investigators are not. Both groups will receive standardized care, including an in-hospital consultation with the investigator. Intervention group parents will additionally receive NBO sessions. The primary outcome is the quality of caregiver–child interaction, assessed using self-recorded videos of at-home play-time interactions. The secondary outcomes are caregiver’s confidence, psychological state, marital adjustment, involvement in childcare, breastfeeding state and parental bonding, assessed using a self-reported questionnaire or medical records. Intention-to-treat and descriptive ANOVA will be used for analyses. Registration as a clinical trial study in UMIN-CTR is currently underway. The results will be presented and published in scientific journals. This research is supported by JSPS Grant-in-Aid for Scientific Research(C) 16K12155.
Reflecting on the 3M’s of building an infant mental health system: micro, meso and macro lessons learned

Dr Tessa Chesher¹, Dr Valerie Wajda-Johnston², Dr Amy Huffer³
¹Oklahoma State University Center For Health Sciences, Tulsa, United States, ²Tulane University School of Medicine, New Orleans, United States of America, ³Zero to Three, Washington D.C., United States of America

Biography:
Speakers in the symposium:
1. Tessa Chesher, D.O.
   Affiliation: Oklahoma State University Center for Health Sciences, Tulsa, OK, USA
2. Valerie Wajda-Johnston, Ph.D.
   Affiliation: Tulane School of Medicine, New Orleans, LA, USA
3. Amy Huffer, Ph.D.
   Affiliation: Zero to Three, Washington, D.C.
4. Sarah Hinshaw, Ph.D.
   Affiliation: Tulane School of Medicine, New Orleans, LA, USA

Introduction: Implementing an infant mental health system of care in a state brings challenges that require multi-level solutions.

Aim: To discuss challenges and problem-solving strategies in successfully implementing infant mental health best practices into community mental health settings in the United States.

Description: As infant mental health needs increase, successfully growing and navigating this system can be overwhelming. This symposium will break down the pieces of growing an infant mental health system of care into micro, meso and macro levels in order to address the complexity of needs. Participants will look at examples in two communities in the United States. With a shortage of competent infant mental health specialists across the United States, Oklahoma leaders teamed up to devise systemic strategies to address the growing needs of infants, toddlers, and their families. Members of a workforce development strategy team will share challenges and successes that could be shared worldwide in implementing best practices. Even with an established infant mental health community, it is important to learn to adapt to the ever-changing state systems. One program in Louisiana will discuss the lessons learned in sustaining a state-wide infant mental health system over time as well as the importance of community and state involvement in this endeavour.

Conclusions: Breaking down the infant mental health systemic needs into 3 levels – macro, meso and micro – can help providers, leaders and policy makers in planning for a sustainable community infant mental health foundation and structure.
Addressing micro-level workforce development needs is not a “micro” job

Presentation within the symposium titled: Reflecting on the 3M’s of Building an IMH System: Micro, Meso and Macro Lessons Learned

Dr. Amy Huffer¹
¹Zero to Three, Washington, D.C., United States

Biography:
Dr. Huffer is a Technical Assistant Specialist for Zero to Three. Her interests include exploring the impact of early adversity on parent-infant interactions and developing and improving evidence-based interventions focused on repairing disruptions within the caregiving relationship.

INTRODUCTION: Taking care of infants, young children, and their families requires specialized training with on-going supervision and fidelity standards. The success of introducing infant mental health care into a community requires looking outside the micro-level of care.

AIMS or PURPOSE: This session will take a retrospective look at ways that micro-level workforce development initiatives can incorporate meso-level perspectives to avoid pitfalls in serving infants, toddlers, and families.

DESCRIPTION: Building a model for training individual providers was an important component of addressing the infant mental health workforce shortage in Oklahoma, which included training in infant development and assessment, reflective consultation, and evidence-based interventions. However, training proved insufficient as the initial response illuminated other barriers, such as challenges of the clinician translating training into practice, clinicians not having adequate physical space or materials for assessments, and the limitations of billing codes to effectively meet the high therapeutic needs of infants and families. Participants will look at the strategies that Oklahoma used to address these challenges as well as the ongoing learning process to the individual training process.

CONCLUSIONS: Workforce development is a large piece of building an infant mental health system. Challenges in building the microsystem can be more fully addressed by integrating the larger system of care.
Securing infant mental health anchors at the state level

Presentation within the symposium titled: Reflecting on the 3M’s of Building an IMH System: Micro, Meso and Macro Lessons Learned

Dr Valerie Wajda-Johnston1, Dr Tessa Chesher2
1Oklahoma State University Center For Health Sciences, Tulsa, United States, 2Tulane University School of Medicine, New Orleans, United States

Biography:
Dr. Wajda-Johnston is an Assistant Professor of Psychiatry and a clinical psychologist at Tulane School of Medicine. Her interests include infant mental health training as well as assessment and intervention with toddlers through teens and their families.
Dr. Chesher is an Associate Clinical Professor of Psychiatry and is a child and adolescent psychiatrist at Oklahoma State University Center for Health Sciences. Her interests include infant mental health consultation and training as well as consultation-liaison psychiatry.

INTRODUCTION: Louisiana and Oklahoma are states which have focused on the needs of infants and small children, and both face obstacles in addressing those needs. Success and sustainability of services require support from state and local agencies.

AIMS or PURPOSE: To look at the development and sustainability of infant mental health services at a macro level.

DESCRIPTION Both Louisiana and Oklahoma are making continuing efforts to sustain, build and expand infant mental health services. Louisiana has had various advocates in the local and state government who have collaborated with clinicians, public policy analysts and researchers at private and public academic institutions to obtain funding and legislative mandates, and to establish services in communities. In contrast, Oklahoma has a history of private donations in addition to state and federal funding which contribute to the development of the advancement of infant mental health in the state. State and legislative support were also key to making progress. Challenges to the sustainability of the infant mental health system as well as the role that public policy can play will be discussed.

CONCLUSIONS: Sustainability of infant mental health services at the micro-level is often dependent on the financial support and legislative commitments from the state and local agencies at the macro level.
Preparing, implementing and sustaining infant mental health services at the community level

Dr. Valerie Wajda-Johnston\(^1\), Dr Tessa Chesher\(^2\)
\(^1\)Oklahoma State University Center For Health Sciences, Tulsa, United States, \(^2\)Tulane University School of Medicine, New Orleans, United States

Biography:
Dr. Wajda-Johnston is an Assistant Professor of Psychiatry and a clinical psychologist at Tulane School of Medicine. Her interests include infant mental health training as well as assessment and intervention with toddlers through teens and their families.
Dr. Chesher is an Associate Clinical Professor of Psychiatry and is a child and adolescent psychiatrist at Oklahoma State University Center for Health Sciences. Her interests include infant mental health consultation and training as well as consultation-liaison psychiatry.

INTRODUCTION: Community involvement is essential when building an infant mental health system of care and continuing this commitment over time builds sustainability. Focusing on mental health leaders in the community through training and supervision as well as breaking down silos to help the community work towards a common goal can bring people together around the topic of infant mental health.

AIMS or PURPOSE of the project or work described: To look at the needs of a mesosystem when implementing infant mental health into a community.

DESCRIPTION of the work or project:
A community with a focus on infant mental health can break down silos in that community; however, competing demands often take center stage over a community’s youngest citizens. Two states have addressed these barriers through consistent training, education and communication. Louisiana built an early childhood mental health system that spanned the state in several communities, but when state finances began to struggle, many of these centers were forced to close down. Challenges of rebuilding this system and the importance of community integration will be discussed. Oklahoma is in the beginning stages of creating an infant mental health system of care. Training and supervision for supervisors and administrators of community mental health systems were created that paralleled the individual practitioner’s infant mental health process. In addition, community-wide education was offered in order to bring the community together around infants and their families.

CONCLUSIONS: Sustainability of an infant mental health system requires “buy-in” on many systemic levels. By listening to the needs of administrators and supervisors, programs can be created that meet the needs of infants and young children. Communities can support these measures with consistent support and education.
Using technology to provide infant mental health education and consultation

Dr Tessa Chesher¹, Dr Amy Huffer², Dr Joyce Harrison³, Dr. Mary O'Connor Leppert⁴
¹Oklahoma State University Center For Health Sciences, Tulsa, United States, ²Zero to Three, Washington D.C., United States, ³Johns Hopkins University School of Medicine, Baltimore, United States, ⁴Kennedy Krieger, Baltimore, United States

Biography:
1. Tessa Chesher, D.O., Associate Professor, Department of Psychiatry and Behavioral Sciences, Oklahoma State University Center for Health Sciences, Tulsa, OK.
2. Amy Huffer, Ph.D., Technical Assistance Specialist for Zero to Three, Washington D.C.
3. Joyce Nolan Harrison, M.D., Assistant Professor, Department of Psychiatry, Johns Hopkins University School of Medicine, Baltimore, MD.
4. Mary L. O’Connor Leppert, MB, BCh, Assistant Professor of Pediatrics at Johns Hopkins University School of Medicine, Kennedy Krieger Institute, Baltimore, MD.

Introduction: Technology has the ability to expand the reach of infant mental health consultation and education. By utilizing this technology, quality services can be provided and grow exponentially over time due to the community learning environment.

Aim: Participants will look at how technology is being used for innovative infant mental health education and consultation at two programs in the United States.

Description: As infant mental health (IMH) needs grow, so does the need for clinicians to have access to IMH education and consultation. This symposium will look at how technology is being used at two programs in the United States to positively impact the mental health care of infants, young children, and their families through Project ECHO. The Kennedy Krieger Institute Network for Early Childhood Tele-Education targets the needs of the primary care providers through education and consultation on developmental and psychiatric needs of young children. While Oklahoma State University’s Infant Mental Health ECHO focuses primarily on the needs of infant mental health (IMH) clinicians, including IMH modalities, IMH therapeutic assessments, and IMH diagnoses. Participants will also be able to experience what an IMH ECHO session entails through a mock ECHO.

Conclusions: It is necessary to provide quality education and consultation as the mental health needs of infants and their families grows. Technology can be used to provide access to infant mental health experts while also growing an infant mental health community.
Creating an infant mental health community through technology

Presentation within the symposium titled: Using technology to provide infant mental health education and consultation

Dr Tessa Chesher1, Dr Amy Huffer2
1Oklahoma State University Center For Health Sciences, Tulsa, United States, 2Zero to Three, Washington, D.C., United States

Biography:
Dr. Chesher is an Associate Clinical Professor of Psychiatry and is a child and adolescent psychiatrist at Oklahoma State University Center for Health Sciences. Her interests include infant mental health consultation and training as well as consultation-liaison psychiatry.
Dr. Huffer is a Technical Assistant Specialist for Zero to Three. Her interests include exploring the impact of early adversity on parent-infant interactions, and developing and improving evidence-based interventions focused on repairing disruptions within the caregiving relationship.

INTRODUCTION: Infant mental health specialists, especially in rural or under-resourced communities, often struggle to find quality continuing education experiences and do not have access to other professionals for case consultation. Advances in technology provide a chance for professionals from different communities and backgrounds to share resources, learn from experts, and receive consultation about their own individual cases.

AIMS or PURPOSE of the project or work described: To look at the process of utilizing technology in order to address the increasing infant mental health needs in a state.

DESCRIPTION of the work or project: Oklahoma experiences some of the highest amounts of trauma in the nation with the youngest children receiving the most abuse and neglect. In order to address these statistics, Oklahoma began focusing on its youngest citizens through training and education on infants and young children. But as this education and training increased, it became evident that many clinicians did not have access to the continued support required to provide these services. A teleconsultation model, Project ECHO, has been used in many areas of medicine to provide specialty service access to physicians. This presentation will look at how Project ECHO was expanded to meet the needs of infant mental health clinicians across the state as well as the challenges with implementing this technology. Data from the participants of the Infant Mental Health ECHO will also be discussed.

CONCLUSIONS: Technology can provide a solution to the barriers of providing quality infant mental health care by giving clinicians access to infant mental health experts as well as a supportive infant mental health community in routine meetings.
The echo experience: a mock echo presentation

*Presentation within the symposium titled: Using technology to provide infant mental health education and consultation*

**Dr Tessa Chesher¹, Dr Amy Huffer², Dr Joyce Harrison³, Dr Mary O'Connor Leppert³**

¹Oklahoma State University Center For Health Sciences, Tulsa, United States, ²Zero to Three, Washington, D.C., United States, ³Johns Hopkins School of Medicine, Baltimore, United States

**Biography:**

1. Tessa Chesher, D.O., Associate Professor, Department of Psychiatry and Behavioral Sciences, Oklahoma State University Center for Health Sciences, Tulsa, OK.
2. Amy Huffer, Ph.D., Technical Assistance Specialist for Zero to Three, Washington D.C.
3. Joyce Nolan Harrison, M.D., Assistant Professor, Department of Psychiatry, Johns Hopkins University School of Medicine, Baltimore, MD.
4. Mary L. O'Connor Leppert, MB, BCh, Assistant Professor of Pediatrics at Johns Hopkins University School of Medicine, Kennedy Krieger Institute, Baltimore, MD.

**INTRODUCTION:** Experiential learning is known to increase knowledge, develop skills and grow capacity. In order to further increase the training on using technology to grow consultation and education, a teleconsultation model will be demonstrated.

**AIMS or PURPOSE of the project or work described:** Attendees will experience the informative and connective influence of ECHO firsthand during this experiential seminar.

**DESCRIPTION of the work or project:** In order to understand the ECHO platform, participants will walk through a mini ECHO session. Each ECHO webinar consists of two parts: the didactic and a case presentation. The didactic is an educational presentation from a leading expert in the field, with the goal of infusing small amounts of information over time to participants. The case presentation follows the didactic presentation and is the main focus of an ECHO presentation. This is the time where an Infant Mental Health (IMH) specialist presents a case. The spoke sites, or participants, are asked to wonder aloud about the case they just heard in order to better understand the specialist’s challenges and strengths. The Hub Team, or experts, ask any more questions that might provide further clarification. The webinar ends with recommendations from the spoke sites and hub team to the IMH specialist to help them move their case forward. By using this "hub" and "spoke" model, participants of ECHO are slowly building a community of knowledgable providers over time.

**CONCLUSIONS:** Attendees will have the opportunity to participate as a “spoke site” in this mock ECHO presentation in order to understand this learning platform that can be used to grow infant mental health consultation and education in communities across the world.
KKI-NECT: A multidisciplinary model of integrated care for mental health, behavioral and developmental concerns in children from birth to five

*Presentation within the symposium titled: Using technology to provide infant mental health education and consultation*

**Dr Joyce Harrison¹, Dr Mary Leppert¹**  
¹Kennedy Krieger Institute, Johns Hopkins School of Medicine, Baltimore, United States

**Biography:**  
Dr. Harrison is an infant and preschool psychiatrist and the Project Director for Kennedy Krieger Institute’s Network for Early Childhood Tele-education (KKI-NECT), an ECHO project for developmental, emotional and behavioral problems in children birth to 6. She is the president-elect of the Maryland-DC Association for Infant Mental Health.

Dr. Leppert is a developmental paediatrician and the Principal Investigator for KKI-NECT. She directs KKI’s Center for Development and Learning and its Preschool Interdisciplinary Clinic as well as the Division of Developmental Paediatrics.

**INTRODUCTION:** There is a critical shortage in the US of specialists to address infant mental health and developmental concerns. Project ECHO has been successful in building networks and communities which connect specialists with rural providers, moving knowledge not patients, thereby increasing patient access to specialized care. Kennedy Krieger Institute’s Network for Early Childhood Tele-education (KKI-NECT) is an ECHO model of case-based learning established in 2016 which connects rural paediatric primary care providers with a team of young child specialists for weekly video conferencing.

**AIMS or PURPOSE:** To describe a unique ECHO which brings together a specialty team including developmental paediatricians, child psychiatrist, behavioral psychologist, neurologist, and social workers with paediatricians, family medicine practitioners, and pediatric nurse practitioners and physician assistants in underserved areas across the states of Maryland and West Virginia, to address behavioral, emotional and developmental concerns in children ages birth to 5.

**DESCRIPTION:** Drs. Leppert and Harrison will make a brief presentation of the KKI-NECT, and discuss findings from the first 3 years of the program. 68% of children discussed have both developmental and behavioral or mental health concerns, and over 62% have adverse childhood experiences. The majority of these complex cases have been managed in their medical homes.

**CONCLUSION:** The ECHO model has been successful in training and supporting paediatric primary care providers in identifying and treating emotional, developmental and behavioral concerns in very young children.
Beyond disciplinary and international boundaries: Stories of supporting infant and child mental health from the developing world

Professor Abraham Sagi-Schwartz¹, Professor Abraham Sagi-Schwartz², Ms. Jane West³
¹University Of Haifa, Haifa, Israel, ²University Of Haifa, Haifa, Israel, ³The Two Lilies Fund, Denver, United States

Biography:
Sosthène Guei, Transforming Education in Cocoa Communities (TECC), Ivory Coast
Sahilu Baye, Enrichment Center Ethiopia (ECE), Ethiopia
Seng Raw, Pann Pyoe Lett Foundation (PPLF), Myanmar
Shoshana Linnane, UnitingCare Qld, Australia

INTRODUCTION
The interdisciplinary MA program in child development at the University of Haifa - Israel is unique internationally in addressing a dire need for early child development knowledge in developing countries. The program is offered to existing and emerging leaders from developing countries who work with young children and families. Most low-income countries do not have adequate early childhood training programs. Thus, the program in Haifa brings talented students from diverse backgrounds – pediatrics, nursing, psychology, child psychiatry, education, anthropology, sociology, occupational therapy, physical therapy, law, media, social work and social welfare, speech pathology and therapy, and even priesthood – to make a substantial impact in their home countries in the fields of education, welfare and healthcare of young children.

AIMS or PURPOSE of the project or work described
This symposium will focus on our insights from this interdisciplinary international program. We will discuss how the stories we have learned could be applied in interdisciplinary professional development programs in the developing as well as the developed world.

DESCRIPTION of the work or project
The participants in the symposium will represent the program developers which consist of both the academia and a philanthropist who support the program, as well as four graduates from Australia, Ethiopia, Ivory Coast and Myanmar. This symposium is consistent with WAIMH conference 2020's theme: "creating stories in Infant Mental Health: research, recovery and regeneration". We will describe how the program addresses infant mental health issues in the developing world, and we will share excerpts of compelling interviews filmed with graduates. Perhaps most importantly, the four graduates (out of 106 graduates thus far from 34 countries) will share their unique stories which go beyond disciplinary and international boundaries.

CONCLUSIONS
Together with the graduates, we will illustrate the significant positive impact of the program in various domains of infant mental health, as well as challenges and difficulties, mainly in various developing countries but also in developed countries.
Beyond disciplinary and international boundaries: Stories of supporting infant and child mental health from the developing world

Presentation within the symposium titled: Beyond disciplinary and international boundaries: Stories of supporting infant and child mental health from the developing world

Professor Abraham Sagi-Schwartz

1Transforming Education in Cocoa Communities Program (TRECC), Abidjan, Ivory Coast

Biography:
Sosthène Guei
ECD Research Associate
Transforming Education in Cocoa Communities Program (TRECC)
Ivory Coast

My journey working with children started with my involvement in a child-related research project as research assistant. This project funded by the Jacobs Foundation set out to understand the effects of poverty on children's ability to acquire literacy and design classroom solutions to support literacy outcomes for primary school children in rural areas in Cote d’Ivoire. This research experience coupled with my attendance to international Early Childhood Development (ECD) conferences further sparked my interest to contribute to human capital development, specifically at an early age. This drove my decision to embark on the International MA Program in Child Development at the University of Haifa, Israel in order to bridge my knowledge gap in the field and develop the required level of expertise. This program designed to empower generations of international experts from developing countries matched my expectations with regards to its robust and comprehensive curriculum. It offered a unique set up blending theory and hands-on experience through field visits in clinics and daycare centers allowing students to gain first-hand exposure to the Israeli model. Besides, I personally benefited from my interactions with the whole cohort composed of students from different professional and cultural backgrounds. This training was rewarding for me, as it opened new professional opportunities. Today, I work for the Jacobs Foundation on the Transforming Education in Cocoa Communities program (TRECC) in Cote d’Ivoire. Within that framework, I support and inform TRECC mandated research projects and interventions with the overall objective of providing evidence-based solutions to improve outcomes for children in Cote d’Ivoire. The ECD field is relatively new in Sub-Saharan Africa, including in my country and it is a personal satisfaction to be one of the “child ambassadors” positively impacting the lives of children and their families. I will share this amazing story in this symposium. I will also show how we still have a long way to go with so many challenges and obstacles.
Beyond disciplinary and international boundaries: Stories of supporting infant and child mental health from the developing world

Presentation within the symposium titled: Beyond disciplinary and international boundaries: Stories of supporting infant and child mental health from the developing world

Professor Abraham Sagi-Schwartz

1Enrichment Center Ethiopia, Addis Ababa, Ethiopia

Biography:
Sahilu Baye
Enrichment Center Ethiopia
Founder and Director

20 years ago, my life changed forever. It was my first trip to Israel for a course provided by Israel Ministry of Foreign Affairs Agency for International Development Cooperation (MASHAV), entitled “The Education of the Young Child with Special Needs”. Feeling empowered and inspired, I decided to establish, upon my return, an NGO called Enrichment Center Ethiopia aiming to impact the lives of children exposed to difficult circumstances.

After working for years, I felt like it’s time to once again go back to where I opened my eyes in child development. And that feeling brought me to my most important program “The International MA Program in Child Development for Developing Countries” at the University of Haifa, Israel.

What makes this multi-disciplinary program so special is its impact. The program gathers together professionals from around the world and from different disciplines equipping us with scientific tools and practical techniques in child development. The knowledge I gained about the scientific evidence of the detrimental effects of institution-based services on children’s mental health with potential long-term consequences on their physical development has brought practical and positive impact in my community. I realized that one of the main tools shown to influence a child’s ability to recover from difficult circumstances is the quality of the children’s attachment to their caregivers. Thus, the organization I founded actively involved in training child caregivers on “Attachment and Socio-emotional Development of Children”; the importance of a constant, warm, stable environment and sensitive and responsive caregiving. More than 200 caregivers have been trained since 2015, becoming more thoughtful and insightful. The feedback collected has confirmed that we are on the right path of creating safe haven for infants. Such positive results of professional collaborations are part of the story I plan to share in the symposium, alongside many difficulties that professionals confront in a developing country like Ethiopia.
Beyond disciplinary and international boundaries: Stories of supporting infant and child mental health from the developing world

*Presentation within the symposium titled: Beyond disciplinary and international boundaries: Stories of supporting infant and child mental health from the developing world*

**Professor Abraham Sagi-Schwartz**

1Pann Pyoe Lett Foundation (PPLF), Yangon, Myanmar

**Biography:**

Seng Raw

Program Director

Pann Pyoe Lett Foundation (PPLF)

Myanmar

Early Childhood Development (ECD) is still a very young profession in Myanmar, with still existing needs and gaps in the quality. As one of the few ECD professionals in Myanmar, I take part in filling up technical gaps such as developing children books, training videos, ECD trainer manuals, teacher resource books, and other materials. However, because I felt as lacking sufficient professional knowledge, I have never been satisfied with myself.

Subsequently, I have been exploring opportunities for enhancing my skills, especially given that I was chosen as a National Representative in 2011 and as a Global Leader in 2014 from World Forum Organization. The window which empowered so much both my professional and my personal life was the International MA Program in Child Development at the University of Haifa, Israel, in 2017. The course contributed to my professional development and gave me a deeper understanding of the importance of early years' experiences.

After returning to Myanmar, I explored ways to implement the intervention that I developed for my final project as part of my MA degree, which I now do at the Pann Pyoe Lett Foundation (PPLF). In fact, following my project, PPLF is providing now psycho-social support, responsive care, and parenting education in 16 IDP camps, situated in Kachin State and Northern Shan State and other project areas. As a result, I am pleased to observe the positive changes in young children and families, Consistent with my final project, the main differences and impact of our Parenting Program before and after the MA Course can be noticed by observing increased sensitivity and insightfulness in parents, more responsive caregiving, and capacity to build secure attachment in young children. In this symposium, I plan to share all these stories which I believe are some new stories for children in Myanmar, including many challenges and difficulties that remain.
Beyond disciplinary and international boundaries: Stories of supporting infant and child mental health from the developing world

Presentation within the symposium titled: Beyond disciplinary and international boundaries: Stories of supporting infant and child mental health from the developing world

Professor Abraham Sagi-Schwartz

1UnitingCare Qld, Gold Coast, Australia

Biography:
Shoshana Linnane
Early childhood early intervention coordinator
UnitingCare Qld

Walking the pathways to classrooms as an early year’s education leader in the south-east region of Queensland, Australia, I was continually bombarded with the quandary of the ‘white elephant’ in each foundation classroom. It presented itself as a silent, yet pervasive hidden disability beneath the turbulent behaviours of increasing numbers of young children, aged 4-8 years.

Perturbed and propelled further, I sought a global view which would provide a family-centered, strengths-based approach to child mental health; one that would marry with the colorful tapestry of our multicultural Australia.

It was during my search that I uncovered the innovative MA in Child Development program at the research-centered, University of Haifa, Israel. Not only did its courses get to the root causes of these hidden disabilities but also sought to meet the needs, interests and backgrounds of the student cohort. My old thinking and practice in early education was disrupted and forever impacted for good through the stories and journeys of my cohort colleagues from culturally diverse nations.

Current research methodologies, theories and practice explored during the ten-month course created a collective capacity-building within me to understand and support infant and child mental health, including attachment and resilience; developmental psychopathology; neuroscience in early development; cultural approaches to parenting practices; and early childhood development screening tools.

The success of this program shines through me daily as I work in a trans-disciplinary team with pediatric therapists to provide a range and level of supports and connections to community for families. I am now an early childhood early intervention coordinator with UnitingCare Qld., an early childhood partner of the National Disability Insurance Agency.

My learning journey in Israel, which I wish to share in this symposium, provided a life-changing experience; leading to a proactive pathway supporting the mental health of children, 0-6 years, and their families in the Gold Coast region.
“Holding the Infant across the universe: collaborative approaches”

Ms Kathy Eyre¹, Dr Lisa da Silva¹, Dr Megan Chapman¹, Ms Sally Hogg², Dr Beckie Lang², Dr Karen Bateson², Dr Julian Charles³, Ms Pip Kranz⁴, Ms Frances Walker⁴

¹Royal Children’s Hospital Mental Health, Parkville, Australia, ²Parent Infant Partnership United Kingdom, Mount Farm, United Kingdom, ³Kimberly Mental Health & Drug Services, Broome, Australia, ⁴Alfred CYMHS, Moorabin, Australia

Biography:
Kathy Eyre and Dr Lisa da Silva are senior infant mental health clinicians with Bubs in Mind, RCH Mental Health.
Dr Megan Chapman co-ordinates the Infant Mental Health at RCH Mental Health.
Sally Hogg is Head of Policy and Campaigning at PIP UK, the organisation supports the growth and quality of specialist parent-infant teams in the UK.
Dr Julian Charles is a Child & Adolescent Psychiatrist who works for Kimberly Mental Health & Drug Services.
Pip Kranz is an Occupational Therapist and Frances Walker is a social Worker on the Infant Mental Health program at Alfred CYMS.

This symposium draws on Infant Mental Health programs engaged in collaboration with universal health services to support and enhance infant and family relationships.

The aim of each program is to reach families who might not otherwise access and/or engage with IMH services.

This symposium will highlight four models of engaging with primary health care practitioners seeing infants and families in their communities.

IMH clinicians who are working within their broader community will discuss implementation and evaluation of their respective programs.

Presenters include:

IMH Clinicians working in the community with universal and enhanced MCHNs.
IMH services providing consultations to community health services working largely with Aboriginal people in remote areas of Australia.
Specialised teams in the UK providing training, consultation and supervision to health visitors and other universal services.
A metropolitan IMH team consulting to MCHN and other universal services.
Primary Consultation: A bridge between primary and tertiary services

Presentation within the symposium titled: “Holding the Infant across the universe: collaborative approaches”

Pip Kranz¹, Ms Frances Walker¹
¹Alfred Child Youth Mental Health Service (CYMHS), Moorabbin, Australia

Biography:
Pip Kranz, Occupational Therapist and Senior Intake Clinician
Infant & Preschool Team, Alfred Child & Youth Mental Health Service (CYMHS), Melbourne, Victoria, Australia

Frances Walker, Social Worker
Infant & Preschool Team, Alfred Child & Youth Mental Health Service (CYMHS), Melbourne, Victoria, Australia

Introduction:
Maternal and Child Health Nurses (MCHNs) provide a universal service for infants and their parents. Regular visits enable opportunity to identify a range of concerns early and can facilitate involvement with other services, including infant mental health services.

Aims or Purpose:
MCHNs see many infants in our region with complex presentations. Through Alfred CYMHS Infant and Preschool Team’s (IPT) primary consultation process MCHNs can seek specialist infant mental health input. This face-to-face session provides a non-threatening way to introduce families to infant mental health services, to provide brief intervention in the moment, and to support the MCHNs in their work with infants with complex presentations.

Description:
Alfred CYMHS IPT provide primary consultations to MCHNs. These involve two infant mental health clinicians attending the maternal and child health service to meet with MCHN, infant and family. The one hour session provides opportunity to hear the parents’ concerns, engage with the infant, and build a shared understanding of where the infant is at and what might help to foster this infant’s social and emotional development. Immediately after the consultation, MCHN and clinicians allow time for reflection. A brief written report including recommendations is provided. We are currently evaluating this primary consultation process, to improve our collaborative work with MCHNs.

This presentation will describe our primary consultation process and brief vignettes to illustrate possible outcomes.
Conclusion:
The Alfred CYMHS primary consultation service with maternal and child health nurses (MCHNs) is a collaborative relationship which aims to identify infant mental health concerns in a timely manner and offer intervention strategies for where families are at. It hopefully also offers a positive experience for families of infant mental health services as well as providing guidance and a sense of containment for MCHNs.
The Role of Specialised Parent-Infant Teams in driving system change

Presentation within the symposium titled: “Holding the Infant across the universe: collaborative approaches”

Ms Kathy Eyre¹, Dr Beckie Lang¹, Dr Karen Bateson¹
¹The Parent Infant Foundation, United Kingdom

Biography:
Sally Hogg is Head of Policy and Campaigning at the Parent Infant Foundation, the organisation that supports the growth and quality of specialised parent-infant teams in the UK. Sally leads the Foundation’s work to raise awareness of the importance of early relationships and to drive change at a local and national level. This includes coordinating the 1001 Critical Days Movement and the All Party Parliamentary Group for Conception to Age

INTRODUCTION
Specialised parent-infant relationship teams are multidisciplinary teams with expertise in supporting and strengthening parent-infant relationships. The teams are often known locally by different names such as a PIP, an Infant Mental Health Team, Parent-Infant Mental Health Services, early CAMHS or an early attachment team.

AIMS or PURPOSE
Specialised parent-infant relationship teams work at two levels:

1. They offer direct support to families. This includes targeted work with families experiencing early difficulties, and specialist therapeutic work with families experiencing severe, complex and/or enduring difficulties in their early relationships, where babies’ emotional wellbeing and development is particularly at risk.

2. They are expert advisors and champions for parent-infant relationships. They use their expertise to help the local workforce to understand and support parent-infant relationships, to identify issues where they occur and take the appropriate action. This happens through offering training, consultation and/or supervision to other professionals and advice to system leaders and commissioners.

DESCRIPTION
At present there are only 30 parent-infant teams in existence. Most babies live in an area without a service. The Parent-Infant Foundation’s goal is to change that. As a national organization, the Foundation (formerly PIPUK) supports the growth and quality of specialised parent-infant relationship teams by bringing together and supporting the sector, clinical leadership and campaigning for policy change. This includes development of an online open-source toolkit to support new and developing teams, a network of teams, and new quality standards for the sector.

CONCLUSIONS
Their two tiers of activity mean that, when specialised parent-infant relationship teams are functioning
effectively, and embedded within their local system, they can help to promote healthy relationships for all babies in their locality. These teams support improvements in universal and targeted provision, alongside providing services to families with the most severe and enduring problems.
Bubs in Mind consulting and collaborating with Universal and Enhanced Maternal Child Health Nurses

*Presentation within the symposium titled: “Holding the Infant across the universe: collaborative approaches”*

**Ms Kathy Eyre¹, Dr Lisa da Silva¹, Dr Megan Chapman¹**
¹Royal Children’s Hospital, Parkville, Australia

**Biography:**
Kathy Eyre is a Senior Infant Mental Health Clinician, Occupational Therapist and Family Therapist. She has over 25 years' experience working with infants, children, adolescents and families. Kathy works on the Bubs in Mind project.

Dr Lisa da Silva is a Senior Infant Mental Health Clinician and Clinical Psychologist. She has extensive experience working in CAMHS and currently works on the Bubs in Mind project.

Dr Megan Chapman coordinates the Infant Mental Health program at RCH Mental Health. Her clinical work is on the NICU at RCH.

**INTRODUCTION**
Maternal and child health (MCH) nurses are typically a family's main support following the birth of a child. They play an invaluable role in the prevention and early detection of mental health concerns for mothers, infants, and the broader families. MCH nurses have the capacity for follow-up from infancy through to primary school, and for many families become the ‘go to’ person when concerns arise.

**AIMS or PURPOSE**
“Bubs in Mind” is a community-based partnership between the Infant Mental Health Program of a tertiary paediatric hospital and two local government municipalities aimed at prevention and early intervention for vulnerable infants and their families. The program supports and enhances the work of MCH nurses through the provision of regular primary and secondary consultations with an IMH clinician, as well as greater access to information about infant mental health presentations and interventions.

**DESCRIPTION**
The “Bubs in Mind” program was established in response to the increasing prevalence of infant mental health concerns within the broader community. The partnership initiative has had a multifaceted focus, sharing knowledge and skills about infants and families, promoting greater understanding of infants and their mental health in the community, and seeing infants and their families directly. Bubs in Mind works collaboratively to provide greater access to mental health supports for infants and families who, for a variety of reasons, may not access traditional infant mental health services. The program also allows for a smoother transition into these services, or other services, should they be required. This presentation will outline the workings of the “Bubs in Mind” program, present case material and a preliminary evaluation of the program.

**CONCLUSIONS**
“Bubs in Mind” is an evolving community-based program working to ensure best outcomes for infants and their families. It has proved valuable for nurses, families and IMH clinicians alike.
Collaboration in remote regions of Australia

*Presentation within the symposium titled: “Holding the Infant across the universe: collaborative approaches”*

**Julian Charles¹**, Ms Angela Fisher¹

¹Kimberley Mental Health & Drug Services, Broome, Australia

**Biography:**

Dr Julian Charles is a Child & Adolescent Psychiatrist for the child and adolescent mental health service in the Kimberley - a remote region in North Western Australia

INTRODUCTION: The Kimberley region is a remote and sparsely populated area of North-Western Australia with an estimated 36,000 residents, of which approximately half are Aboriginal. People of the Kimberley live in small towns or in one of the 150 remote Aboriginal communities in the area. Geographic challenges, historical and social disadvantage and limited resources particularly place Aboriginal parents of the Kimberley and their infants at high risk of infant mental disorders.

AIMS OF THE WORK: The Kimberley Child and Adolescent Mental Health Service (CAMHS) is collaborating with midwives and maternal and child health nurses based in community health clinics across the Kimberley in an effort to improve the mental health outcomes of parents and their infants, most of whom are Aboriginal people. These frontline service providers are well placed to offer help to families as they are in more contact during the perinatal period.

DESCRIPTION OF THE WORK: CAMHS clinicians, including Aboriginal mental health workers, collaborate with midwives and maternal and child health nurses to support their work. Through a secondary consultation model, CAMHS clinicians contribute to case discussions, upskill workers and clarify referral pathways. Midwives and child health nurses also help the work of CAMHS clinicians by supporting families to engage directly for assessment and ongoing help if needed. Working in the context of the Kimberley requires a particular focus on engaging Aboriginal people and understanding their frameworks of mental health.

CONCLUSIONS: It is through this collaboration with community health service providers that CAMHS is beginning to access the populations that are known to be at high risk of infant mental health problems and that otherwise would not come into contact with mental health services. This presentation will examine the particulars of developing a service focused on infant mental health across a remote, culturally diverse area with limited resources.
Implementation of the DC: 0-5: Experiences from the Nordic countries

Mrs Nina Sanner¹, Mrs Catarina Furmark², Mrs Gro Vatne Brean¹, Mrs Anna Malmqvist Saracino³, PhD Karen Moran Finello⁴
¹RBUP East And South, Oslo, Norway, ²Karolinska Institute, Stockholm, Sweden, ³Psychiatry Region Stockholm, Stockholm, Sweden, ⁴WestEd, Arcadia, USA

Biography:
1. Catarina Furmark, Karolinska Institute, Stockholm, Sweden (Presenter)
2. Anna Malmqvist Saracino, Psychiatry Region Stockholm, Sweden.(Presenter)
3. Nina Sanner, RBUP East and South, Oslo, Norway (presenter)
Karen Moran Finello, WestEd Center for Prevention & Early Intervention, Arcadia, CA, USA (Discussant)

Introduction
Infant Mental Health clinicians and researchers in Scandinavia have collaborated closely for more than twenty years, and implementation of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood has been a main priority during these years. The collaboration was formalized when a Nordic DC:0-5 working group was initiated by the WAIMH affiliations in the Nordic countries in 2015 during the revision of the DC:0-3R. The group's mandate is to facilitate DC:0-5 research and implementation in the Nordic countries.

Aim
The aim of the symposium is to present experiences from the first year of implementation.

Description
Twelve researchers and clinicians with extensive experience as DC:0-3R users and supervisors the DC:0-3R from Denmark, Sweden, Finland and Norway were trained in DC:0-5. Through regular meetings, the group discussed concerns and established dialogue with multiple agencies in the different Nordic countries, Zero to Three and consulted international research communities and clinics. In April 2018 the first trainings started in Sweden, Finland and Norway. At this symposium we will present results and experiences from the first year of trainings in Sweden and Norway.

Catarina Furmark, Karolinska Institute, Stockholm, Sweden and ZERO TO THREE DC:0-5 trainer, will present experiences from the trainings in Swedish trainingsen, reflections concerning cultural adaptation and translation, and discuss the changes from the DC:0-3R to the DC:0-5, focusing on the new impairment criteria and the new age span, 0-5 years. Anna Malmqvist Saracino, Psychiatry Region Stockholm, will present how DC:0-5 is implemented as a supplementary classification system to the ICD-10 and how general assessments and treatment process plans have to be adapted to fit infant's and young children's needs. Nina Sanner & Gro Vatne Brean will present results from an online survey about feasibility and applicability of the DC:0-5 after the first eight introduction trainings in Norway.

Conclusions
The presentations will form the basis for a discussion about the DC:0-5 from a Nordic perspective and from the perspective of users already familiar with the DC system: Do the system make sense within a different culture and what is gained and lost concerning the revision?
Implementation of DC: 0-5 in Norway: Clinicians’ experiences and reflections one year after the introduction

*Presentation within the symposium titled: Implementation of the DC: 0-5: Experiences from the Nordic countries*

*Mrs Nina Sanner¹, Mrs Gro Vatne Brean¹*
²RBUP East And South, Oslo, Norway

**Biography:**
1. Catarina Furmark, Karolinska Institute, Stockholm, Sweden (Presenter)
2. Anna Malmaqvist Saracino, Psychiatry Region Stockholm, Stockholm, Sweden (Presenter)
3. Nina Sanner, RBUP East and South, Oslo, Norway (Presenter)
4. Karen Moran Finello, WestEd, Arcadia CA, USA (discussant)

**Introduction**
Implementation of the DC-system in Norway started late 1990s and is still ongoing. Implementation of DC:0-5 in Norway was prepared by a Nordic working group in collaboration with Zero to Three. The next step was setting up introduction courses throughout Norway.

**Aim**
The aim of the study was to explore feasibility and applicability of the DC:0-5, as well as reflections from the participating clinicians concerning changes from DC:0-3R to DC:0-5.

**Material and methods**
All 228 clinicians that participated in the first eight DC:0-5 introduction courses were contacted by e-mail and asked to participate in an online survey about their experiences with DC:0-5.

**Results**
Many were already familiar with the DC:0-3R and considered the system an important supplement to the mandatory coding system ICD-10, but there are questions concerning the new diagnoses. The ADHD diagnosis is controversial, so is also the crosswalk between ICD-10 and DC:0-5. The new Global relation assessment tables are helpful tools. The main obstacle for use is the language barrier. The manual needs to be translated to Norwegian in order to be a more useful and efficient tool. Dialogue with national governmental agencies is also called for, concerning the DC-systems status as a supplement to the current mandatory ICD-10 for the youngest children.

**Conclusions**
The DC:0-5 is overall considered an improvement. However, it is a complicated system and there are several controversies and questions concerning its use. It is important that clinicians have access to training courses, as well as supervision, supplemental information and support from hospital leaders and governmental agencies.
Pros and cons of implementing and using the DC:0-5 in Sweden

*Presentation within the symposium titled: Implementation of the DC: 0-5: Experiences from the Nordic countries*

**Mrs Nina Sanner**

1 *Karolinska Institute, Stockholm, Sweden*

**Biography:**

1. Catarina Furmark, Karolinska Institute, Stockholm, Sweden (Presenter)
2. Anna Malmqvist Saracino, Psychiatry Region Stockholm (Presenter)
3. Nina Sanner, RBUP East and South, Oslo, Norway (Presenter)
4. Karen Moran Finello, WestEd, Arcadia CA, USA (discussant)

**Introduction**

ZERO TO THREE'S Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood includes diagnostic categories to organize information from observations and assessments to form a comprehensive intervention plan. DC is also designed to foster development of a common vocabulary to enhance communication among professionals. The revised DC:0–5 published in 2016 extends the early childhood diagnoses to include children through age 5 years. Significant revisions to existing diagnoses were made and new diagnostic categories added. Other major changes such as the inclusion of a functional impairment criteria contribute to making the revised DC a substantially different diagnostic framework than its predecessor. The challenge now is implementing and training in the system, examining its usefulness in different countries and settings and how it contributes to fostering a common vocabulary for professionals worldwide.

**Purpose**

This part of the symposium presents the process of implementation and translation/cultural adaptation in Sweden to date.

**Description**

Two training courses are done; one for child- and adolescent outpatient psychiatry staff and one for neonatal nurses, physiotherapists and doctors. In these trainings, theoretical and in-depth case training has been provided in concordance with the Zero to Three DC curriculum, as the trainer is a certified Zero to Three Faculty member/teacher. Moreover, introductions to various staff groups have been conducted. Two more trainings are planned, meaning the total number of clinicians trained by June 2020 will be 120. Challenges of the training as well as cultural considerations and aspects of particular diagnoses in the practical work will be discussed. The translation process is underway through a joint Nordic effort and insights from the process will be highlighted.

**Conclusions**

In short, this presentation aims to discuss pros & cons of teaching, implementing and using the DC:0-5 so far in Sweden finishing with a look ahead.
Could the implementation of DC0-5 be helpful in ensuring infants and preschoolers´ right to child psychiatric assessment and treatment?

Presentation within the symposium titled: Implementation of the DC: 0-5: Experiences from the Nordic countries

Mrs Nina Sanner
1Psychiatry Region Stockholm, Stockholm, Sweden

Biography:
1. Catarina Furmark, Karoliska Institute, Stockholm, Sweden (presenter)
2. Anna Malmqvist Saracino, Psychiatry Region Stockholm, Sweden (presenter)
3. Nina Sanner, RBUP East and South, Oslo, Norway (Presenter)
4. Karen Moran Finello, WestEd, Arcadia CA, USA (Discussant)

Introduction
Child and Adolescent Psychiatry in Stockholm started using the DC system in 2000. In 2005 the organisation translated DC:0-3R into Swedish and implemented it a supplement to the official classification system, ICD-10. Practitioners have found it useful both as assessment and evaluation tool and in treatment method assignment processes. In Stockholm, psychiatric services for adults are organized and provided according to so called Process Maps (process flow charts) based on ICD-10 diagnostic categories. When Child and Adolescent Psychiatry became part of division Psychiatry in Region Stockholm, which now provides psychiatric services to patients of all ages within Stockholm county, they were asked to develop similar maps. Small children’s development and problems cannot be separated from the caregiving context. Fortunately, it was decided that a new map on for age/patient group 0-5 years would be developed.

Aim
Based on my role as Process Owner for the patient group 0-5 years at the Child and Adolescent Psychiatry in Stockholm I want to present and discuss:
At an organizational level: The work process to implement the DC:0-5 in the Process Map (process flow chart) for assessment and child psychiatric treatment for infants and preschoolers 0-5.
At a clinical level: The subsequent process to implement DC:0-5, including introduction courses, ongoing seminars and questions generated among practitioners.

Description
The Process Map includes both Attachment/ relationship and/or Neuropsychiatric problems on different care levels. We have a transactional approach to assessment and treatment of this patient group. We are also incorporating the changes from DC:0-3R to DC:0-5 into the Process Maps.

Clinicians find the major changes in DC:0-5 relevant: The expanded age range, the highlighted importance of assessment of assessment within a broader caregiving- social and cultural context, and the new Axis I category Neurodevelopmental disorders. The Parent Infant Relationship Scale on Axis II in DC:0-3R versus Specific Relationship Disorder on Axis I in DC:0-5 is debated. Language is a barrier, but the Child and Adolescent Service authorities have decided to translate the DC:0-5 into Swedish to enable a complete implementation of the system.

Conclusion
The Process Map development work is to be continued.
Pros and cons of implementing and using the DC: 0-5 in Sweden

*Presentation within the symposium titled: Implementation of the DC: 0-5: Experiences from the Nordic countries*

**Mrs Nina Sanner**

1Karolinska Institute, Stockholm, Sweden

**Biography:**

Catarina Furmark is a clinical psychologist at the child- and adolescent psychiatric outpatient clinic (BUP) in Luleå, north of Sweden. Catarina is also a trainer and supervisor throughout Sweden. She is a PhD student affiliated with the neuropediatric unit of Karolinska Institutet. Her research interests are parental representations, parent-infant interaction and attachment, but also to develop interdisciplinary IMH training with an overarching aim to advance Infant Mental Health policy. She is a member of the Zero to Three international Expert Faculty on DC:0-5 and part of the Nordic Implementation Team for DC:0-5 in Norway, Denmark, Finland and Sweden.

**Introduction**

ZERO TO THREE’S revised Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood 0-5 (DC:0-5) includes significant revisions, making it a substantially different diagnostic framework from its predecessor. The challenge is implementing and training in the new system, examining its revisions and current usefulness in the Swedish settings and how it contributes to fostering a common vocabulary for professionals worldwide.

**Purpose**

This part of the symposium presents the process of implementation and translation/cultural adaptation in Sweden to date.

**Description**

Four training courses have been completed aimed at child- and adolescent outpatient psychologists and therapists, habilitation services staff, well-baby clinic staff, neonatal nurses, physiotherapists and doctors. In these trainings, theoretical and in-depth case training has been provided in accordance with the Zero to Three DC:0-5 curriculum, with a certified Zero to Three Faculty member and trainer. Moreover, introductions to various staff groups have been conducted. Further trainings are planned, meaning the total number of clinicians trained by June 2020 will be 120. Challenges and benefits of the training and the use of the system will be discussed, as well as cultural considerations and aspects of particular diagnoses in the practical work. The translation into Swedish is underway through a joint Nordic effort and insights from this process will be highlighted.

**Conclusions**

In short, this presentation aims to discuss pros & cons of teaching, implementing and using the DC:0-5 so far in Sweden finishing with a look ahead.
Implementation of DC:0-5 in Norway: Clinicians’ experiences and reflections two years after the introduction

*Presentation within the symposium titled: Implementation of the DC: 0-5: Experiences from the Nordic countries*

**Mrs Nina Sanner**1,3, Mrs Grovatne Brean2
1Innlandet Hospital Trust, Hamar, Norway, 2RBUP East and South, Oslo, Norway, 3University of Oslo, Oslo, Norway

**Biography:**
Nina Sanner is a clinical psychologist at the child- and adolescent psychiatric outpatient clinic (BUP) in Hamar, Norway. Nina is also a national DC:0-5 trainer and supervisor throughout Norway. She is a PhD student affiliated with the Department of Psychology at the University in Oslo. Her research interests are the DC-system, infant mental health and development assessment, infant development, parent-infant interaction, trauma and attachment, but also interdisciplinary IMH training with an overarching aim to advance Infant Mental Health policy. She is a member of the Nordic Implementation Team for DC:0-5 in Norway, Denmark, Finland and Sweden.

**Introduction**
Implementation of the DC-system in Norway started late 1990s and is still ongoing. Implementation of DC:0-5 in Norway was prepared by a Nordic working group in collaboration with Zero to Three. The next step was setting up introduction courses throughout Norway and starting supervision and consultation programs.

**Aim**
Based on earlier experiences with the DC:0-3R the aim was to explore feasibility and applicability of the DC:0-5, as well as reflections from the participating clinicians concerning changes from DC:0-3R to DC:0-5.

**Material and methods**
All clinicians that participated in the first eight DC:0-5 introduction courses were contacted by e-mail and asked to participate in an online survey about their experiences with DC:0-5. Feedback from supervision session and consultations was collected.

**Results**
Dialogue with national governmental agencies is called for, concerning the DC-systems status as a supplement to the current mandatory ICD-10 for the youngest children. Many clinicians were already familiar with the DC:0-3R and considered the system an important supplement to the ICD-10, but there are questions concerning the new diagnoses. The ADHD diagnosis is controversial, so is also the crosswalk between ICD-10 and DC:0-5. The new Global relation assessment tables are helpful tools. The main implementation obstacle has been the language barrier.

**Conclusions**
The DC:0-5 is overall considered an improvement. However, it is a complicated system and there are several controversies and questions concerning its use. It is important that clinicians have access to training courses, as well as supervision, supplemental information and support from hospital leaders and governmental agencies. The manual is now translated to Norwegian in order to be a more efficient tool.
Could the implementation of DC0-5 be helpful in ensuring infants and preschoolers’ right to child psychiatric assessment and treatment?

*Presentation within the symposium titled: Implementation of the DC: 0-5: Experiences from the Nordic countries*

*Mrs Nina Sanner*

1Psychiatry Region Stockholm, Stockholm, Sweden

**Biography:**

Anna Malmquist Saracino is an experienced licensed psychotherapist and currently Process owner for Infant and young children 0-5 years Child Psychiatry Region Stockholm. She is also one of the Swedish national DC:0-5 trainers. She works clinically with Infant-Parent Relationship Psychotherapy in dyadic, triadic and Group based integrated settings. She also supervises and teaches in Child - Parent treatment, infant observation and in attachment and affect theory.

**Introduction**

Child and Adolescent Psychiatry in Stockholm started using the DC system in 2000. In 2005 the organization translated DC:0-3R into Swedish and implemented it a supplement to the official classification system, ICD-10. Practitioners have found it useful both as assessment and evaluation tool and in treatment method assignment processes. In Stockholm, psychiatric services for adults are organized and provided according to so-called Process Maps (process flow charts) based on ICD-10 diagnostic categories. When Child and Adolescent Psychiatry became part of division Psychiatry in Region Stockholm, which now provides psychiatric services to patients of all ages within Stockholm county, they were asked to develop similar maps. Small children’s development and problems can not be separated from the caregiving context. Fortunately, it was decided that a new map on for age/patient group 0-5 years would be developed.

**Aim**

Based on my role as Process Owner for the patient group 0-5 years at the Child and Adolescent Psychiatry in Stockholm I want to present and discuss:

At an organizational level: The work process to implement the DC:0-5 in the Process Map (process flow chart) for assessment and child psychiatric treatment for infants and preschoolers 0-5.

At a clinical level: The subsequent process to implement DC:0-5, including introduction courses, ongoing seminars and questions generated among practitioners.

**Description**

The Process Map includes both Attachment/ relationship and/or Neuropsychiatric problems on different care levels. We have a transactional approach to assessment and treatment of this patient group. We are also incorporating the changes from DC:0-3R to DC:0-5 into the Process Maps. Clinicians find the major changes in DC:0-5 relevant: The expanded age range, the highlighted importance of assessment of assessment within a broader caregiving-, social and cultural context, and the new Axis I category Neurodevelopmental disorders. The Parent Infant Relationship Scale on Axis II in DC:0-3R versus Specific Relationship Disorder on Axis I in DC:0-5 is debated. Language is a barrier, but the Child and Adolescent Psychiatry in Stockholm have decided to translate the DC:0-5 into Swedish to enable a complete implementation of the system.

**Conclusion**

The Process Map development work is to be continued.
DC: 0-5 how a multiaxial, contextual framework captures the impact of the pandemic and reflects the child’s and family’s story

Kathleen Mulrooney*, Kathleen Mulrooney¹, Lynn Priddis ², Nick Kowalenko³ and Catarina Furmark⁴

1 ZERO TO THREE, United States of America
2 ZERO TO THREE DC:0-5 Expert Faculty Consultant, Doubleview, Western Australia
3 ZERO TO THREE DC:0-5 Expert Faculty Consultant, St. Leonards, NSW, Australia
4 ZERO TO THREE DC:0-5 Expert Faculty Consultant, BUP, Sweden

INTRODUCTION: DC:0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood was published in 2016 and has been used around the world in providing a multiaxial diagnosis for children birth through 5 years old. This diagnostic classification system goes beyond provision of the clinical disorder in diagnosis, utilizing a multiaxial framework which provides rich contextual dimension to understanding the child and family’s experience and has implications then for tailoring intervention, research and communicating diagnosis.

AIMS/PURPOSE OF WORK: This 90 minute symposium aims to familiarize participants with the multiaxial framework of DC:0-5 and consider how the use of all 5 axes (Axis I: Clinical Disorders, Axis II: Relational Context, Axis III: Physical Conditions & Considerations; Axis IV: Psychosocial Stressors; Axis V: Developmental Competence) provides a more comprehensive, contextual and dimensional approach to diagnosis and how this framework has been especially relevant in capturing the impact of the pandemic on young children and their families. The multiaxial diagnostic summary communicates a much more comprehensive “story” of the child’s experience of mental health or developmental disorders within the context of their relationships, biology, environment, and developmental competencies.

DESCRIPTION/METHODS: Understanding clinical or developmental disorders in the infant/young child goes beyond knowing a disorder name alone. In order to know the true story of this child and how the disorder may be conceptualized and experienced, a multiaxial approach to diagnostic classification is necessary. This is particularly relevant as we consider diagnosis during the past year of the global pandemic.

DC:0-5 Expert Faculty representing international experiences in facilitating DC:0-5 training worldwide will lead this 90-minute symposium providing a brief overview of DC:0-5’s multiaxial framework and sharing three cases representing mental health issues diagnosed in different parts of the world during the pandemic. Through these case presentations, we will explore how the multiaxial framework assisted in differential diagnosis, cultural formulation, case conceptualization and treatment planning. The symposium will conclude with a brief, full panel discussion reflecting on how the multiaxial framework was critical in diagnostic assessment and in communicating diagnostic concerns and clinical formulation with family and collaborating professionals.

RESULTS: N/A
CONCLUSIONS: Participants will have a greater familiarity with DC:0-5 as a diagnostic classification system and will learn how a multiaxial framework and relationship-based approach to diagnosis leads to understanding the story of the child and his caregivers in a comprehensive and unique way.

Part II: Individual Abstracts
Kathleen Mulrooney: DC:0-5™ and the Use of the Multiaxial Framework to Tell the Story of the Child’s Diagnostic Profile and Experience
Ms. Mulrooney will facilitate the presenter panel and will present the first topic- a 15-minute overview of DC:0-5 Multiaxial Framework and of diagnostic considerations during the pandemic. She will provide a didactic presentation of all 5 axes and the incorporation of cultural context throughout the diagnostic process. At the end of the panel presentations, Ms. Mulrooney will facilitate a panel discussion about the cases presented, reflecting on the impact of the pandemic.

Nick Kowalenko: DC:0-5™ and the Use of the Multiaxial Framework to Tell the Story of the Child’s Diagnostic Profile and Experience
Dr. Kowalenko will provide a case vignette including a multiaxial diagnostic summary and providing an overview of the Axis I diagnosis as well as addressing how this child’s story is told through this diagnostic summary. Dr. Kowalenko will frame the case by sharing some context about the impact of the pandemic in Eastern Australia and efforts to adapt family contacts due to COVID restrictions.

Lynn Priddis: DC:0-5™ and the Use of the Multiaxial Framework to Tell the Story of the Child’s Diagnostic Profile and Experience
Ms. Priddis will provide a second case vignette that captures a case impacted by the pandemic in Western Australia and demonstrating how impressions on each of the axes provides a comprehensive diagnostic picture. She will discuss how the contextual axes contributed to decisions on Axis I Clinical Disorder diagnosis and highlight the story told through the multiaxial diagnostic summary. (20 min)

Caterina Furmark: DC:0-5™ and the Use of the Multiaxial Framework to Tell the Story of the Child’s Diagnostic Profile and Experience
Ms. Furmark will provide a third case vignette that captures a case which reflects the impact of the pandemic in Sweden, demonstrating how impressions on each of the axes provides a comprehensive diagnostic picture. She will discuss how the contextual axes contributed to decisions on Axis I Clinical Disorder diagnosis and highlight the story told through the multiaxial diagnostic summary. (20 min.)

Full panel discussion: Facilitated by Kathleen Mulrooney, the panelists will respond to questions posed by Ms. Mulrooney and discuss additional thoughts about their own case presentations, reflections on the global pandemic and those cases presented as a panel. (15 min)
What a multi-axial diagnostic summary tells about the child and family's experience around mental health disorder

Mrs Kathleen Mulrooney

Topics Covered: Infant mental health services, training, teaching, supervision and consultation

Description: This portion of the panel presentation will present the audience with a case and review the diagnostic summary revealing the “story” of this child’s experience. Presenter will share how use of the multiaxial system helped in differential diagnosis and provided greater understanding of the child in reaching clinical formulation and treatment planning.

Aim of presentation: Presenter will use case-based material to illustrate the application of the multiaxial approach in clinical practice.
How same clinical disorder can be described uniquely through multiaxial framework and context

Mrs Kathleen Mulrooney

Topics Covered: Infant mental health services, training, teaching, supervision and consultation

Description: Presenter will present a 2nd case for the audience’s consideration which has the same Axis I clinical disorder diagnosis as the first case presentation, but for whom diagnostic impressions across the contextual axes, (Axis II through Axis V) differ from the initial case presented and discussed. Presented will illustrate how the multiaxial diagnostic approach and summary provides greater dimension in understanding the diagnosis even when the classification of clinical disorder is the same.

Aim of presentation: Presented will illustrate how the multiaxial diagnostic approach and summary provides greater dimension in understanding the diagnosis.
Ways of developing Infant Mental Health in Indonesia, India and South Africa

Professor Astrid Berg

1Stellenbosch University, Cape Town, South Africa

That the mental health of infants requires our attention is not a topic that is part of the national discourse in many countries. This symposium describes how this gap has been addressed in various ways and at various levels in three different countries.

The reliability and validity of a bonding scale was tested in Jakarta in Indonesia. The use of this scale could pave the way for greater awareness of the importance of the first relationship. In India a project called Pathways Foundation, was developed. This Foundation addresses the lack of awareness of infant mental health and aims to improve the skill base in the local community by running courses for professionals as well as parents.

In South Africa a two year Masters’ Programme in Infant Mental Health has been established at Stellenbosch University. The challenges of conducting a course for students from diverse professional and cultural backgrounds will be presented. One of the pillars of the course is Infant Observation and this has been found to be a most valuable learning experience.

In the discussion we aim to draw together the commonalities that exist when working in contexts where infant mental health is a new concept but where greater awareness and support for young families is most urgently required. To overcome these challenges, as step by step approach is needed.
The infant is the teacher

*Presentation with the symposium titled; Infant Mental Health in Africa: Developing a Master’s programme that addresses the need for Afrocentric training*

**Professor Astrid Berg**

1Stellenbosch University, Cape Town, South Africa

**Biography:**
Astrid Berg is a Psychiatrist, Child & Adolescent Psychiatrist as well as a Jungian Analyst. She is an Emerita A/Professor at the University of Cape Town and A/Professor Extraordinary at the Stellenbosch University. She is co-convener of the newly established M Phil degree in Infant Mental Health at Stellenbosch University.

**INTRODUCTION**
The creation of a Master’s degree program in Infant Mental Health was proposed to Stellenbosch University, South Africa, with the intention of it being accessible to a wide group of graduates in a variety of health domains, including psychology, psychiatry, clinical social work, occupational therapy and nursing, this being in line with the multi-disciplinary nature of infant mental health. The wider selection pool would enable those interested in the early phases of life to gain knowledge. Psychodynamic knowledge underpins many of the interventions in this field.

**AIM**
The aim of this presentation is to describe how psychodynamic concepts can be transmitted to students coming from diverse training and clinical backgrounds who have limited knowledge and no experience of thinking in a psychodynamic manner.

**DESCRIPTION**
Infant Observation has been part of the training of clinicians at the Tavistock Clinic since the late 1940’s and continues to be a pre-requisite for many training programmes, especially in the UK. The weekly observation of an infant during the first 2 years of his/her life by the student, and the weekly seminar group that meets to discuss an observation in great detail, is the model that is being followed in this programme.

The different contexts in which the observed babies find themselves at times present the group with ethical challenges and the original model does require adjustment at times.

**CONCLUSION**
The weekly seminar provides a point of entry to elucidating psychanalytic concepts that are near to the lived experience of the baby observed as well as of the student. In this way a door is opened in a naturalistic, every day setting to difficult concepts, such as transference, projective identification and the like,
Infant Mental Health in Africa: Developing a Master’s programme that addresses the need for Afrocentric training

Presentation with the symposium titled; Infant Mental Health in Africa: Developing a Master’s programme that addresses the need for Afrocentric training

Professor Astrid Berg¹
¹Stellenbosch University, Cape Town, South Africa

Biography:
Anusha Lachman is a child psychiatrist who is involved in Paediatric consultation liaison psychiatry at a Cape Town based teaching hospital. She is currently pursuing a PHD in Maternal and Infant Mental Health and also co-convenes the clinical master’s program - the MPhil in Infant mental health at Stellenbosch University.

Background
In Africa, there is an ever increasing need for an Infant and maternal mental health service and this relies on building an effective training infrastructure. This requires the development of interdisciplinary graduate programmes to prepare a diverse prospective workforce for specialized intervention and clinical practice in IMH. In stark contrast to international standards of care, the African continent offers no professional postgraduate degrees focussing on infant mental health. Therefore, an MPhil in IMH was created to train competent IMH clinicians to attend to the mental health needs of children from 0-3 years old in a developing world setting.

DESCRIPTION
This paper describes the development of the MPhil programme that offers innovative and bespoke postgraduate training for allied health and medical professionals working in the fields of maternal and infant services. The challenges of teaching and evaluating competence in a multicultural classroom will be discussed. This will include a perspective and reflection on the prejudices, the disparities of educational backgrounds and the language barriers that limit student progress – while exploring the potential of the successful integration of diversity in the learning and training context.

CONCLUSION
A model of teaching including introducing online resources, cultural practices and the development of locally relevant and translatable research methodology may contribute to a more sustainable training platform that can be rolled out across similar developing country settings.
Indonesian study on mother-infant bonding

Presentation with the symposium titled; Infant Mental Health in Africa: Developing a Master’s programme that addresses the need for Afrocentric training

Dr Tjhin Wiguna1, Prof Raden Irawati Ismail1, Ms Fiona Muskananfola2, Ms Teresia Putri Widia Nugraheni2, Ms Shafira Chairunnisa1 Chairunnisa2

1Faculty of Medicine Universitas Indonesia - dr. Cipto Mangunkusumo General Hospital, Jakarta, Indonesia, 2Faculty of Medicine Universitas Indonesia, Jakarta, Indonesia

Biography:
Associate Professor at Department of Psychiatry and published several papers on International journal; and being presenter in many international conferences

Mother-infant bonding is a strong emotional relationship between mother and her infant and it is very important to improve the infant growth and development. However there isn’t any tool to detect the mother-infant bonding in Indonesian language nowadays. Therefore, the aims of this study were to identify the validity and reliability of the MIBS-Indonesian (MIBS-I) version based on Japanese MIBS (MIBS-J); and to identify several factors that related with mother-infant bonding in Indonesian sample. The design of the study was cross sectional and involving 150 mother-infant dyads recruited from Growth and Developmental Clinic dr. Cipto Mangunkusumo General Hospital-Jakarta and Beji Volunteer-Staffed Integrated Health Service (Posyandu)-Depok/West Java. Infant was categorized as children from 0 – 36 months old. Mother with at least junior high-school background fulfilled MIBS-Indonesian version and socio-demographic questionnaire. SPSS version 21 for Mac was applied to analyze the whole data. Results of the study demonstrated that the content validity was good with I-CVI=0.9875 and S-CVI=0.99; and principle component analysis (PCA) and confirmatory factor analysis (CFA) showed three- factor structure out of eight items (‘desire to love and denial’; ‘hate and being closed’; ‘rejection feeling’) with a total variance of 57.90%. Cronbach’s alpha for the eight items of MIBS-I was 0.535. Factors that correlated to mother-infant bonding in this study were socio-economic background (r=-0.28, 95% confidence interval -0.46 – -0.11), infants age (r=0.26, 95% confidence interval 0.09 – 0.42); mother age (r= -0.2, 95% confidence interval -0.36 – -0.01) To be concluded, MIBS-I confirmed valid and reliable to be implemented in Indonesian samples. In addition, early detection for mother-infant bonding is necessary to promote the infant mental wellbeing.
Current status of Infant Mental Health in India and the way forward

*Presentation with the symposium titled; Infant Mental Health in Africa: Developing a Master’s programme that addresses the need for Afrocentric training*

**Dr Porpavai Kasiannan**¹
¹Pathways Foundation Kovai, Coimbatore, India, ²Adjunct Lecturer, Monash University, Melbourne, Australia

**Biography:**
Porpavai Kasiannan is an experienced child, youth and family psychiatrist trained in India and Australia. After completing MBBS, DPM and MD in India, she received training in child and adolescent psychiatry, FRANZCP in Australia and MA in philosophy and psychiatry (UK). She has worked in India, Australia and the UK. Passionate about improving services in India, Porpavai started an NGO, Pathways Foundation in India to improve literacy and skills in infant, child and adolescent mental health in the community and among professionals. Pathways runs educational, community and clinical program in Coimbatore, Tamil Nadu, India.

**Introduction**
There are more than 434 million children and adolescents in India which is the second most populous country in the world with the population of children under the age of five more than 126.6 million increasing approximately by 27 million births every year. Less than 1% of the 50 million children and adolescents suffering from mental disorders receive treatment. The majority of the problems identified for intervention in infants fall within the physical health domain and their mental health is not even recognised as an issue. With only 0.6% of total national health budget allocated to mental health, addressing the needs of infants is a far cry and is limited to a few perinatal mental health centres.

**Aims/Purpose**
Pathways Foundation was established to address two main issues. Firstly, to address the lack of awareness which contributes to social stigma in infant, child and adolescent mental health (ICAMH) issues and secondly to improve the skill base in the local community by training professionals, parents and volunteers in the community.

**Description of the Project**
Pathways Foundation is a non-governmental, not-for-profit organisation established in 2014 to address the above issues. At Pathways we have developed a one-year post-graduate course in ICAMH for professionals working with children. This has run successfully for two years with the third intake under way. We have developed ‘Pathways to Effective Parenting’ program for parents which aims to be a preventive and intervention program and tailored to address parents of children from infancy to adolescence. Various community prevention programs have been developed and in 2019 a clinical program was established to provide assessment and interventions. This presentation will outline the process and challenges in establishing the project and will focus on the work in infant mental health.

**Conclusions**
It is possible to improve the mental health of infants and children by building capacity within the local community in resource poor setting. The work by a small group of individuals has shown that it is possible to address the gap in training needs in ICAMH in India by collaborative work by a group of motivated individuals with goodwill.
Different perspectives of early childhood interactions

Professor María Pía Santelices, PhD Ana María Gallardo, PhD Cecil Mata, PhD Denise Gerber, Professor Francisca Pérez

1Pontificia Universidad Católica De Chile, Santiago, Chile, 2Universidad de Chile, Santiago, Chile, 3Universidad Alberto Hurtado, Santiago, Chile

Biography:
Ph.D. in Psychology and Clinical Psychopathology of the Université Lumiere Lyon 2, France. Her main lines of research are focused on early childhood, attachment, parenthood, child development and non-family caregivers. She has directed FONDECYT projects and published more than 40 scientific articles. Currently Director of the Early Childhood UC Program.

Resume: Studies have shown that early interactions will affect diverse aspects of child later development. This symposium will focus on four studies that evaluate different elements that could influence the quality of significant caregiver-child interactions. Presentation 1 aims to describe the coparenting representations and the triadic family interactions during the transition to parenthood. Seven first time parental couples were interviewed during pregnancy and the recent postpartum, with focus on the four coparental dimensions developed by Feinberg (2003). Family triadic interaction were also assessed with the Lausanne Trilogue Play. Presentation 2 presents preliminary descriptive and comparative results of 35 parent-child German dyads (20 four-years and 15 two-years). Videotaped parent-child interactions are evaluated using the microanalysis coding schema SECORE (Self- and Co-Regulation). Presentation 3 evaluates parenting on migration context, whereas Chile has had an increase in immigration in recent years. This research focuses on parental distress, social support, and perception of self-efficacy in Latin American immigrant women. Presentation 4 will present the results of an intervention based on video-feedback to improve interaction quality between institutionalized children (0-5 years old) and their temporary caregivers. The main goal is to enhance caregivers’ sensitivity and responsiveness (E.S.A: Santelices et al., 2012).


Interaction quality in immigrant mother-child dyads living in Chile

*Presentation with the symposium titled; Different perspectives of early childhood interactions*

**Anna Maria Gallardo**
1Pontificia Universidad Catolica de Chile, Chile

**Introduction:** Chile has become a destination country in recent years. However, migration in Chile has been linked with social vulnerability (Bernales et al, 2017). In terms of parenting, it is known that psychosocial distress could affect parental self-efficacy.

**Aim:** This research focuses on parenting distress, social support and the perception of self-efficacy in immigrant mothers living in Chile.

**Methods:** 50 Latin-American immigrant women with toddlers answered 3 questionnaires to evaluate parental distress, social support and parental and self-efficacy.

**Results:** A mediational analysis was proposed using social support as a mediator between parental migration distress and parental self-efficacy.

**Conclusion:** The results of the current research are going to be used to develop a comprehensive support programs based on a cultural-sensitive framework.
Co-parenting representation and triadic family interactions during the transition of parenthood.

Presentation with the symposium titled; Different perspectives of early childhood interactions

Francisca Perez Cortes¹
¹Universidad Alberto Hurtado, , Chile

Introduction: In Chile, as in most societies, parenting has historically been mainly in charge of women, and there is not much research about how couples manage the arrival of the first baby.

Aim: The present study aims to describe the main processes involved in the construction of coparentality during the transition to parenthood in heterosexual couples.

Methods: Seven first time parental couples were interviewed during pregnancy and the recent postpartum, with focus on the four coparental dimensions developed by Feinberg (2003). Transcripts were analyzed through thematic analysis.

Results: Pregnancy wasn’t planned in most couples and therefore it was lived in most couples with high amounts of ambivalence, which lasted after the baby’s arrival. Conflict within the couple was evaded and naturalized, which appeared in the family interactions, most of them conflictive. Most couples had little space for reflection and discussion.

Conclusion: the biggest challenge that couples have is to move from a reactive style to a preventive one, in which parenting and coparenting can be planned and co-constructed.

From co-regulation to self-regulation in early childhood: an intercultural study in Germany and Chile

*Presentation with the symposium titled; Different perspectives of early childhood interactions*

**Cecil Mata**¹, Claudia Capella, Professor Sabina Pauen²

¹Universidad de Chile, , Chile, ²University of Heidelberg, ,

Introduction: Theory suggests that the development of self-regulation strategies in early childhood can be explained, in part, by the internalization of co-regulative strategies. However, most studies only evaluate the outcome of this process or focus on one-way predictive models.

Aim: The present study aims to evaluate the relationship between co- and self-regulatory behaviors used by parent-child dyads during a shared activity.

Method: Preliminary descriptive and comparative results of 35 parent-child German dyads (20 fouryears and 15 two-years) are presented. Videotaped mother/father-child interactions are evaluated using the new microanalytical coding schema SECORE (Pauen, Mata & Kläger, in press). In addition, instruments are used to evaluate the sociodemographic, cultural and dyadic characteristics of the sample.

Results: Child self-regulation increases with age while parental co-regulation decreases. Children mainly self-regulate using non-verbal strategies, while parents use verbal and non-verbal channels to offer co-regulation to their children. The results of the microanalytical evaluation do not agree with those reported by the parents.

Conclusion: The regulatory strategies of children and their parents change congruently throughout development, and microanalysis could be a useful tool to assess the changes occurring in the dyad.

Evaluation of the effectiveness of a video-feedback group intervention in temporary caregivers

*Presentation with the symposium titled; Different perspectives of early childhood interactions*

Denise Gerber¹, Maria Pia Santelices²

¹Universidad de Chile, , Chile, ²Pontificia Universidad Catolica de Chile, , Chile

Introduction: Studies have problematized the quality of the attention children receive in an institutional setting (Rosas & McCall, 2010). Additionally, the properties of the interactions between adults and children in their first years of life is especially relevant (Hungerford & Cox, 2006).

Aim: This presentation presents the results of a group intervention based on video-feedback to improve interaction quality between institutionalized children (0-5 years old) and their temporary caregivers. The main goal is to enhance caregivers’ sensitivity and responsiveness.

Method: Sensitivity and responsiveness will be measured before, during, right after and four months after the intervention with the Adult Sensitivity Scale (E.S.A: Santelices et al., 2012).

Results: There are some improvements from time 1 to time 3 but 4 months later there doesn’t seem to be an effect.


Nurturing parent-child secure attachment when the parent is incarcerated: Three approaches from around the world

**Dr Sherri Alderman**¹, Dr Amy Pace², Ms Rosalia Martin³

¹Portland State University, Portland, United States, ²University of Washington, Seattle, United States, ³Chatter Matters Tasmania, Hobart, Australia

**Biography:**
Sherri L. Alderman, MD, MPH, IMHM-E Policy & Clinical, FAAP, is Portland State University faculty, Developmental Behavioral Pediatrician, and American Academy of Pediatrics Executive Committee member of the Council on Early Childhood. She is endorsed as Infant Mental Health Mentor--Clinical and Policy and has a Masters of Public Health.

**INTRODUCTION:**
Incarceration is an infant/toddler issue. There are more than 1.5 million children in USA, alone, whose parents are incarcerated. Four percent of women in state prisons are pregnant. Greater than 1,300 American babies per year are born in prison. Eighteen percent of incarcerated mothers have a child less than four years old. More than 50% of children never see or have contact with their mothers until their mother is released (Kanabasi et al. 2017).

**PURPOSE OF THE PROJECT:**
Children of incarcerated parents are experiencing two harmful events: disruption of child-parent relationship and adverse childhood experience (ACE). Without intervention, both carry huge lifelong adverse consequences (Felliti 1998, Sroufe 2005).

Purpose of this symposium is to present three trauma-informed parent-child interventions promoting secure attachment within three prison settings and unveil the overlooked impact of current societal systems’ lack of consideration of the child of incarcerated parents, break down assumptions about incarcerated parents, reframe incarceration as an opportunity for repair of parent-child relationship, and promote strategies for partnering with corrections.

**DESCRIPTION OF PROJECTS:**
All three projects blend infant mental health principles into corrections through alignment of shared goals including reducing recidivism. Tasmania focuses on promoting social change bringing together the Governor, politicians, bureaucratic leaders, radio personalities, and journalists. Washington’s infants live with their incarcerated mothers and receive Promoting First Relationships training to help parents meet their child’s social/emotional needs. Oregon uses a right- and left-brain approach, including Act Early parent resources, Vroom, Circle of Security-Parenting, and parent coaching in a co-located Head Start classroom.

**CONCLUSIONS:**
Imprisonment is an opportunity for relationship repair, parent education, and parental empathic shift toward holding the baby in mind. When guided sensitively, interventions can lead to a clearer understanding of a young child’s behavior, greater confidence and competence to parent, and a healing coherent narrative of parents’ ACEs.
Nurturing Healthy Attachment in Oregon: A three-pronged approach to secure attachment when a parent is incarcerated

*Presentation with the symposium titled; Nurturing parent-child secure attachment when the parent is incarcerated: Three approaches from around the world*

**Dr Sherri Alderman¹**

¹Portland State University, Portland, United States

**Biography:**
Sherri L. Alderman, MD, MPH, IMHM-E Policy & Clinical, FAAP, is Portland State University faculty, Developmental Behavioral Pediatrician, and American Academy of Pediatrics Executive Committee member of the Council on Early Childhood. She is endorsed as Infant Mental Health Mentor—Clinical and Policy, and has a Masters of Public Health.

Nurturing Healthy Attachment Project (NHA) is a three-pronged enhancement of a preschool curriculum implemented in a classroom co-located at a women’s prison. NHA involved integrating (a) Circle of Security—Parenting (COS-P), (b) Vroom Interaction Activities and (c) Learn the Signs Act Early (LTSAE) Parent Resources. Project goal was to shift parent knowledge, attitudes, and behaviors toward repair of mother-child relationship and promotion of healthy, secure attachment.

NHA encouraged right- and left-brain integration and repair of mother-child relationship. Mothers participated in the eight-week facilitated COS-P group discussion sessions. This attachment-based reflective process guides mothers through self-discovery of their own parenting and how they were parented as a child, leading to a deeper understanding of their own child’s social-emotional needs. Vroom provided simple mother-child interactive activities during the classroom experience. LTSAE resources provided an interactive approach to learning social-emotional and developmental milestones.

Evaluation conducted at the end of the eight-week intervention and one year later indicated a sustained positive shift in parenting knowledge, attitudes, and behavior. Mothers reported that their participation in NHA helped them understand their role as parent and learn more about parenting skills that they struggle with. They reported improvement in their relationship with their child and felt that their child’s sense of security with them had improved.

One mother said, “...everything will stick with me for not only my one kid I have now but for future kids.” Another mother said, “I want to be able to be there to support [my child] and not require [my child] to support me,” and “I’ve taken many classes on [this] subject but this one has truly changed me as a parent.”
Preliminary outcomes from family-centered early intervention with incarcerated mothers who reside with their infants in a women's correction center

*Presentation with the symposium titled: Nurturing parent-child secure attachment when the parent is incarcerated: Three approaches from around the world*

**Dr Amy Pace**

*University of Washington, Seattle, United States*

**Biography:**
Dr. Pace is Assistant Professor and certified Speech-Language Pathologist in the Department of Speech and Hearing Sciences at the University of Washington. She is the director of the Child Language Research Lab. Her research focuses on identifying factors that predict positive language and learning outcomes for children experiencing environmental risk. Recent work aims to support parents and children through culturally relevant preventive and intervention services, as well as designing approaches to intervention through community partnerships.

**INTRODUCTION:** Residential parenting programs in correctional facilities allow infants born during their mothers’ incarceration to reside at the facility, providing an opportunity for new mothers to develop a healthy parent-child relationship with their infant. **AIMS:** The purpose of this proposal is to report preliminary outcomes from the Partnership for Healthy Parenting, a community-university partnership between a residential parenting program for incarcerated mothers who reside with their infants at a corrections center in the Pacific Northwest and the University of Washington’s Master of Science Program in Speech-Language Pathology. We describe an ecological model that serves as a framework for interpreting the impact of the experience on graduate student learning and maternal perceptions relating to family-centered practice in Early Intervention.

**DESCRIPTION:** With faculty guidance, students implemented parent education and child development workshops using the Promoting First Relationships© model to foster secure attachment relationships, enhance the quality of mother–child interactions, help mothers meet their child’s social and emotional needs, and promote communication and language development. Students completed self-report scales measuring civic attitudes and self-efficacy before participating; they also provided written reflections about their experience that were analyzed qualitatively. Mothers who participated with their children completed voluntary feedback surveys after each workshop.

**CONCLUSIONS:** Student reflections revealed a variety of perceived positive learning outcomes related to personal attitudes and beliefs about their role as a clinician, family-centered practices in early intervention, and knowledge about the population of interest. Feedback surveys administered to mothers who attended the workshops indicated satisfaction relating to the value of the services provided and skill acquisition related to infant mental health and child development. Project outcomes are discussed in the context of global models for supporting families and children experiencing parental incarceration.
Just Time: Circle of Security Parent DVD Program® in three prisons in Tasmania

Presentation with the symposium titled; Nurturing parent-child secure attachment when the parent is incarcerated: Three approaches from around the world

Ms Rosalie Martin

1Connect42, Hobart, Australia

Biography:
Rosalie is a criminologist, a facilitator of reflective dialogue with the Center for Courage & Renewal, and a speech pathologist with more than 35 years of clinical experience.

In 2013 she founded the charity now Connect42 as a vehicle to bring development of communication and positive relatedness to settings of disadvantage.

In 2017 Rosalie was awarded Tasmanian Australian of the Year for work she began at Tasmania’s prison.

Language, pro-social communication and emotional regulation develop when children are immersed in safe, enjoyable interactions imbued with positive affect across a wide range of experiences and topics. These capacities support personal agency and mental wellbeing throughout life. If safety and warm interaction are missing or in short supply, mental health, pro-social skill and language development are compromised – as may be literacy, which is built upon oral language development.

Many parents in prison have themselves experienced trauma, poor attachment and mental illness. Many also have low-level literacy, language and pro-social communication. Understanding the intergenerational passage of these adversities and disadvantages, the Just Time project introduced an attachment intervention, the Circle of Security Parent DVD Program® (CoSP), into three prison areas in Tasmania’s prison system – women’s prison, minimum- and medium-security men’s prisons. The CoSP teaches a readily-grasped model of attachment processes, made powerful through reflective dialogue and shared video clips. The project’s aim was to support the wellbeing and relational skills and insights of the parent-participants – and through them, support healthy development in their children.

Fifteen cycles of CoSP were delivered over 12 months with 100 participating parents. Independent evaluation using observations and semi-structured interviews of participants, facilitators, volunteers and prison personnel revealed overwhelmingly positive impact. We describe participants’ experiences of value and comfort in the program – positively affecting their parenting, self-identities and relationships with others. Many parents articulated the program’s effect in strengthening their resolve for desistance from crime. They also made suggestions, on the basis of their learnings, about how the prison system could better support healthy attachment for the children of incarcerated parents; and about how attachment could be supported beyond the prison gate.
'It’s a joy to be hidden but a disaster not to be found' – Assessment, mother-infant relationship and mental health

Professor Megan Galbally¹²³, Dr Karen Raine⁴, Ms Kelli MacMillan¹, Ms Pavitra Aran¹, Dr Stuart Watson¹, Professor Andrew Lewis¹

¹Murdoch University, Murdoch, Australia, ²University of Notre Dame, Fremantle, Australia, ³King Edward Memorial Hospital, Subiaco, Australia, ⁴Perinatal Child And Youth Health Service, Westmead Hospital, Australia

Biography:
Megan Galbally is a Perinatal Psychiatrist and the Foundation Professor of Perinatal Psychiatry a joint appointment between Murdoch University, University of Notre Dame and King Edward Memorial Hospital in Perth, Western Australia. She is the Medical Co-Director of Women’s Health, Genetics and Mental Health and Director of Psychiatry at King Edward Memorial Hospital (KEMH). Megan also holds an honorary appointment at the University of Melbourne and University of Western Australia. Megan is a perinatal psychiatrist who has undertaken research and the development of perinatal service delivery in Australia over the last eighteen years including the Mercy Pregnancy Emotional Wellbeing Study.

INTRODUCTION: Research emphasises that maternal mental disorders impact the mother-infant relationship. While not to detract from broader influences such as paternal mental health and trauma on infant wellbeing, the importance of this earliest relationship between mother and infant cannot be underestimated. A hurdle for incorporating assessment of the mother-infant relationship into perinatal mental health services is identifying measures that have psychometric validity, clinical utility and are feasible.

AIMS: First, the symposium will present relevant background literature and new research from a pregnancy cohort study that has utilised a multi-method approach to both measurement of maternal mental health and the quality of mother-infant relationship across pregnancy and up to 12 months postpartum. Secondly, a panel discussion with psychiatry, clinical psychology, and nursing presenters will integrate the research findings and discuss the clinical relevance for services.

MATERIAL and METHODS: The original data draws on the Mercy Pregnancy Emotional Wellbeing Study, a pregnancy cohort study, from early pregnancy to 4 years of age. This study includes 691 metropolitan women and their infants and 209 rural women and their infants. Measures of mother-infant relationship included maternal self-report at repeat time points across pregnancy and the postpartum and observational measures at 6 months using Emotional Availability Scales and 12 months using the Strange Situation Procedure. The symposium papers and panel discussion will also include reviews of relevant published research and present examples and illustrations of practice in relevant clinical services.

RESULTS: Our research findings illustrate the importance of measuring the mother-infant relationship across multiple domains. However, there are challenges to incorporating formal mother-infant relational measures into clinical perinatal mental health settings.

CONCLUSIONS: While the evidence for inclusion of assessment of the mother infant relationship is clear, the
practicalities of embedding robust and comprehensive measures of the mother-infant relationship are a challenge for many services.
Improving opportunities for mother-infant relational assessment via a perinatal mental health telemedicine outreach service

Presentation with the symposium titled; 'It’s a joy to be hidden but a disaster not to be found' – Assessment, mother-infant relationship and mental health

Dr Karen Raine1, Professor Phillip Boyce1,2
1Westmead Hospital, Westmead, Australia, 2University of Sydney, Westmead, Australia

Biography:
Karen is a nurse consultant and early career researcher with a robust academic and clinical track record. She has significant expertise across policy, service development, clinical service delivery, and leadership in perinatal and infant mental health. Her scope of practice demonstrates a strong interdisciplinary focus and an emphasis on synergies between research, clinical practice and service development. Karen is Clinical Lead, SwOPS-MH and maintains a keen interest in integrated models of relational recovery to support mothers and their infants living together in the community; or assertive restoration if separation has occurred due to maternal mental illness or child protection

INTRODUCTION: The NSW State wide Outreach Perinatal Service for Mental Health (SwOPS-MH) provides consultation-liaison perinatal mental health services via telemedicine outreach. Rapid response for clinician-to-clinician consultation and assessment for women via videoconference is prioritised according to rural/remote inpatient and community settings, pregnancy and mental health severity/complexity. Perinatal mental health assessment via SwOPS-MH includes the woman’s relationship with her unborn child or infant. Incorporating mother-infant relationship assessment via videoconference presents both opportunities and challenges. Formal assessment measures of mother-infant relationship such as CARE-Index, and reflective function in pregnancy, while valid and reliable for women who have perinatal mental disorders, are not feasible in frontline clinical settings, particularly via videoconference

PURPOSE: SwOPS-MH aims to integrate training and experience with formal measures for pragmatic assessment of mother-infant relationships, including during pregnancy. The presentation will describe applied mother-infant relationship assessment and interpretation via videoconference mode to inform dyadic formulation and recommendations for mother and baby mental health care planning.

DESCRIPTION: Mother-infant relationship assessment via SwOPS-MH integrates the presenter’s extensive training and experience with the CARE-Index (Crittenden) and Ainsworth infant Strange Situation Procedure (SSP DMM Method); training, clinical and research experience with Adult Attachment Interview (AAI) and Working Model of the Child Interview (Zeanah); and clinical practice with the Parent Development Interview (Slade). It is also informed by the presenter’s recently completed Doctoral work which showed that antenatal interpersonal sensitivity, a personality characteristic, ≤27/40 predicts quality of the mother-infant relationship one year postnatal. A recent addition to SwOPS-MH Mental Health Outcome Measure collection is a Parent-Infant Relationship Global Assessment Scale (PIR-GAS) score. SwOPS-MH practice vignettes will illustrate application of PIR-GAS scores based on mother-infant relationship assessment via telemedicine in the context of severe and complex maternal mental disorders.

CONCLUSION: Assessment of a woman’s relationship with her unborn child or infant is feasible via telemedicine outreach.
Perinatal and infant mental health clinician attitudes to the assessment and treatment of the mother-infant relationship

*Presentation with the symposium titled; 'It’s a joy to be hidden but a disaster not to be found' – Assessment, mother-infant relationship and mental health*

**Ms Pavitra Aran**, Professor Andrew Lewis¹, Dr Stuart Watson¹, Professor Megan Galbally¹

¹Murdoch University, Murdoch, Australia

**Biography:**

Pavitra Aran is a Provisional Psychologist, Doctoral Candidate of Clinical Psychology, and 2017 West Australian Young Achiever of the Year. She is a speaker, board member, and ambassador for not-for-profit groups and social enterprises, and was headspace’s first Culturally and Linguistically Diverse (CaLD) youth worker nationwide; a role developed to support refugees, asylum seekers, and migrants access mental health services. She is the founder of Young Refugees of WA and Cultural Conversations. Pavitra has received several honours including; The WA Office of Multicultural Interests Highly Commended Outstanding Contribution to Multiculturalism Award and SDERA’s Health & Wellbeing Award.

**INTRODUCTION:** Observational tools are the gold-standard for assessing mother-infant interactions, yet, systematic reviews indicate these tools are not widely used in service settings. Instead, self-reports and brief checklists are widely used, with less evidence of psychometric validity. Understandably, these tools have high feasibility, particularly in MBUs which typically comprise women with moderate to severe mental disorders, thus making the alleviation of maternal mental health symptoms a primary goal. Assessment frameworks that use unidimensional and limiting tools however impacts the quality of formulation and treatment, missing valuable detail that can be captured by comprehensive, robust observational assessments. Field research to explore the current frameworks and practice within perinatal and infant mental health (PIMH) can help us to translate research findings to practice.

**AIMS:** We developed a survey to explore the attitudes of perinatal and infant mental health (PIMH) clinicians to current assessment and treatment of mother-infant relationship quality in services for women with mental disorders.

**MATERIALS and METHODS:** A purpose-designed self-report questionnaire was completed by PIMH clinicians both nationally and internationally. The web-based survey consisted of closed and open-ended questions, designed to elicit information regarding the theoretical frameworks underlying current assessment and treatment practices in PIMH services.

**RESULTS:** A thematic analysis of responses to the qualitative items of the survey will identify any common themes in the responses, and trends in clinician attitudes towards current practice. Results will inform a set of recommendations to improve current assessment and treatment of the mother-infant relationship to more closely reflect research findings.

**CONCLUSIONS:** Field research is a way to bridge the gap between research and practice. Qualitative research that examines clinician attitudes, theoretical frameworks, and service settings, can be instrumental in enhancing clinical practice to more closely reflect the latest evidence.
Does treating perinatal depression with antidepressants benefit the mother-infant relationship? Risks, benefits and clinical dilemmas.

Presentation with the symposium titled; 'It's a joy to be hidden but a disaster not to be found' – Assessment, mother-infant relationship and mental health

Professor Megan Galbally¹,²,³ Dr Stuart Watson¹, Ms Pavitra Aran¹, Ms Kelli MacMillan¹, Professor Andrew Lewis¹

¹Murdoch University, Murdoch, Australia, ²University of Notre Dame, Fremantle, Australia, ³King Edward Memorial Hospital, Subiaco, Australia

Biography:
Megan Galbally is a Perinatal Psychiatrist and the Foundation Professor of Perinatal Psychiatry a joint appointment between Murdoch University, University of Notre Dame and King Edward Memorial Hospital in Perth, Western Australia. She is the Medical Co-Director of Women’s Health, Genetics and Mental Health and Director of Psychiatry at King Edward Memorial Hospital (KEMH). Megan is a perinatal psychiatrist who has undertaken research and led the development of perinatal service delivery in Australia over the last eighteen years including the Mercy Pregnancy and Emotional Wellbeing Study.

INTRODUCTION: There is no doubt that identification and treatment of depression and anxiety across the perinatal period is an important health endeavour with benefits for both mother and child. However, what remains unclear is specifically whether there is a benefit of antidepressant treatment across the perinatal period on the mother-infant relationship.

AIMS: This paper will firstly explore the relationship between antidepressant treated, untreated and control women on self-report and observational measures of the mother-infant relationship. Secondly, there will be an exploration of the challenges of assessing the mother-infant relationship in perinatal mental health services.

MATERIAL AND METHODS: This study utilizes data from MPEWS on 485 women recruited in pregnancy and followed up with their infants to 12 months postpartum. Measures of the mother-infant relationship include self-report measures in pregnancy, 6 and 12 months and observational measures of emotional availability at 6 months and attachment at 12 months.

RESULTS: A planned series of univariate ANOVA tests examination of the outcomes from the range of measures and associated classifications of the quality of the mother-infant relationship. Following this, a multiple group univariate regression model using the predictors of depression diagnosis and antidepressant use, perinatal depressive symptoms, and specific classifications of the quality of the mother-infant relationship at 6 and 12 months postpartum. Relevant co-variates to be considered include maternal age, education, partner support, maternal history of trauma and infant age and gender. Finally, drawing on the findings an overview will be provided of a model of integration of assessment of mother-infant relationship in perinatal mental health services.

CONCLUSIONS: Across the spectrum of treatment modalities for perinatal depression, there is the need to ensure consideration of the impact of these treatments on the mother-infant relationship. A range of measures including self-report and observation measures of the mother-infant relationship is useful in assisting clinical services in this endeavour.
Maternal depression, pacifier use and emotional availability of mothers at six months postpartum: findings from Mercy Pregnancy Emotional Wellbeing Study

Presentation with the symposium titled; 'It’s a joy to be hidden but a disaster not to be found' – Assessment, mother-infant relationship and mental health

Ms Kelli MacMillan¹, Professor Andrew Lewis¹, Dr Stuart Watson¹, Professor Megan Galbally¹
²Murdoch University, Murdoch, Australia

Biography:
Kelli MacMillan; DClinPsyc; BSc(Hons); BA/LLB
Kelli MacMillan is a clinical psychologist (registrar) with a Doctor of Psychology in Clinical Psychology. Kelli’s research is focused on understanding the development of the early mother-infant relationship, with specialist training around mother-infant assessment. This includes the assessment of over 200 mother-infant interactions that Kelli completed as part of the Mercy Pregnancy and Emotional Well-being Study. Kelli has published research in peer reviewed journals and has clinical experience working with clients from diverse backgrounds across the lifespan including women and infants during the perinatal period, children and

INTRODUCTION: Existing literature suggests that maternal depression might reduce the quality of the mother-infant interaction. However, few studies include both a diagnostic measure of maternal depression together with an observational measure of the mother-infant relationship. Moreover, whilst pacifier use is widespread, little is known about reliance on the object in the context of the mother-infant interaction.

AIMS: First, we aimed to review published literature on research using the Emotional Availability Scales (EAS) and identified studies examining mental health. Secondly, we tested the association between perinatal maternal depression and the quality of the mother-infant interaction. Finally, we wanted to understand the maternal psychosocial predictors for pacifier use during a mother-infant interaction task.

MATERIAL and METHODS: A systematic review of all published literature using the EAS was undertaken. Data was drawn from 210 women recruited in early pregnancy until six months postpartum within an Australian pregnancy cohort, the Mercy Pregnancy and Emotional Wellbeing Study. Those women who at six-months postpartum were video recorded interacting with their infant for 40-minutes were included in this study, with the quality of interactions assessed using the EAS coding system. Depression was measured using the Structured Clinical Interview for the DSM-IV-TR Clinician Version and the Edinburgh Postnatal Depression Scale. Maternal childhood trauma was measured using the Childhood Trauma Questionnaire.

RESULTS: Results showed a small negative association between antenatal depressive symptoms and maternal emotional availability (EA), but no effect of maternal depression diagnosis or of maternal depressive symptoms in later pregnancy or postpartum. Maternal EA was the only significant predictor of pacifier use.

CONCLUSIONS: Clinical intervention might not be necessary for all mother-infant dyads experiencing depressive symptomology, but instead be directed to those with additional risk factors. Of those women who are struggling to emotionally connect with their infant, reliance on the pacifier might be more likely.
'Building and breaking cycles with vulnerable, 'hard to reach' parents and infants

Dr Lisa Marsland

1 North West Boroughs NHS Trust, Knowsley, United Kingdom, 2 Liverpool Womens NHS Trust, Liverpool, UK, 3 Knowsley and St Helens NHS Hospital Trust, Knowsley, UK, 4 Edge Hill University, Ormskirk, UK

Biography:
Dr Lisa Marsland is a Consultant Clinical Psychologist, Trust Lead in Parent Infant Mental Health for NWBH NHS Trust, Lead for Building Attachment and Bonds Service (BABS), and the Director for Building Bonds Ltd. Lisa is 1 of the UK’s Leaders in Parent-Infant Mental Health and supporting Vulnerable, at risk, ‘hard to reach’ families in the perinatal period. BABS/Building Bonds have won national awards and have been recognised as ‘Rare Jewels’ in the UK (PIP UK). Lisa regularly attends UK Parliament to shape UK’s agenda, policy and plans for Parent Infant Mental Health Provision. Lisa’s mantra is ‘Relationships are Everything’!

INTRODUCTION: Globally there is inequitable access to Parent Infant Mental Health Services (PIMHS) which support parents to bond with their infants in the perinatal period. The cost of such gaps can be devastating; in particular for vulnerable ‘hard to reach’ families. The annual cost of an infant being removed by the Local Authority in the UK and placed in foster care is £43,455. The human cost has been estimated to be five times greater than the cost of providing the specialist services needed. The BABS model involves collaboration between Clinical Psychologists and Specialist Midwives and engages vulnerable/hard to reach families and fills the gap in specialist PIMH support in the perinatal period. AIMS: Describe impact and outcomes related to BABS. DESCRIPTION: Four papers are associated with this symposium.

Paper one describes the collaborative model of care and referral pathway which engages ‘hard to reach’ families in the perinatal period. This describes the partnership model of specialist clinical psychology and midwifery. Paper two focusses on four real life stories of families involved in BABS. Parents’ perceptions of how BABS helped them build secure attachments and break negative life cycles are told via the presentation of video. Case presentations include interventions, BABS care pathway and toolkit that helped families to breakthrough. Paper three draws attention to building capacity via specialist training to support the upskilling of the multidisciplinary workforce. The final paper explains findings of a mixed methods evaluation of BABS (December 2019). Synthesis of quantitative and qualitative data will inform recommendations for future commissioning and service developments.

CONCLUSIONS: The impact of antenatal/postnatal attachment and parental mental health results will be available in December 2019. Outcomes will be contextualised with service gaps globally to influence commissioning and investment in specialist PIMH services.

Curtis L. & Burns, A. (2016) Unit Costs of Health and Social Care 2016, Personal Social Services Research Unit, University of Kent, Canterbury
A unique collaborative PIMH model of care: 'Building bonds, breaking cycles and creating regeneration

Presentation with the symposium titled; 'Building and breaking cycles with vulnerable, 'hard to reach' parents and infants

Dr Lisa Marsland2, Mrs Allison Wright3
2 North West Boroughs NHS Trust UK, Liverpool, United Kingdom, 2Liverpool Women's Hospital NHS Trust UK, Liverpool, UK, 3St Helens and Knowsley Hospital NHS Trust, Knowsley, UK, 4Edge Hill University, Ormskirk, UK

Biography:
Carmel Doyle is a Specialist, Public Health Midwife employed by Liverpool Women's NHS Trust and is an integral member of the BABS Service. Carmel's passion and commitment as a Public Health Midwife is supporting parent and infant mental health. In particular, working collaboratively and engaging vulnerable, 'hard to reach' families to offer the best specialist care possible in the Perinatal Period, in order to prevent future ACES (Adverse Childhood Experiences) and give the baby the best start in life.

INTRODUCTION: The 'Building Attachment and Bonds' (BABS) service is delivered via a unique collaborative psychological and midwifery model that supports vulnerable parents to bond with their infant from conception to twenty-four months of age. This period of time is related to perinatal mental health, as defined by Leadsom et al. (2014). There are devastating consequences of poor Perinatal and Parent Infant Mental Health, involving increased parental and child mortality revolving around suicide or infanticide (WHO, 2013). Furthermore, children who lack secure attachment with parents are at risk of developing cognitive, social, educational and behavioural and mental health difficulties later in life (Rose and McInnes, 2017).

AIMS: To present this unique model of care from inception to current practice.

DESCRIPTION: The development of the model will be related to practice from 2014-2020. Current debates in theory will underpin how bonding and attachment is influenced by perinatal and parent-infant mental health. The description will be supported by the collaborative model, referral and care pathway. The service will highlight the need for this provision and will contextualise this to local, national and international settings.

CONCLUSIONS: This model of care attracted national awards and recognition in UK's parliament. The model is aligned to UK government policy to invest in early relationships. This unique model of care helps to break negative life cycles where despondency, isolation, parental mental health and insecure attachment are prevalent and the model supports recovery and regeneration of families. The presentation highlights the 96-98% engagement rate from vulnerable, 'hard to reach families', and how Community-Based-Children Centre-Mental Health Partnership has been integral.


Building attachments and bonds: Four life changing cases

Presentation with the symposium titled; 'Building and breaking cycles with vulnerable, 'hard to reach' parents and infants

Dr Lisa Marsland¹
¹North West Boroughs Nhs Trust Uk, Liverpool, United Kingdom

Biography:
Dr Lisa Marsland is a Consultant Clinical Psychologist, Trust Lead in Parent Infant Mental Health for NWBH NHS Trust, Lead for Building Attachment and Bonds Service (BABS), and the Director for Building Bonds Ltd. Lisa is 1 of the UK’s Leaders in Parent-Infant Mental Health and supporting Vulnerable, at risk, ‘hard to reach’ families in the perinatal period. BABS/Building Bonds have won national awards and have been recognised as ‘Rare Jewels’ in the UK (PIP UK). Lisa regularly attends UK Parliament to shape UK’s agenda, policy and plans for Parent Infant Mental Health Provision. Lisa’s mantra is ‘Relationships are Everything!!’

INTRODUCTION: One in ten in women in the UK experience perinatal mental health problems (MMHA, 2014). Perinatal mental health and other vulnerabilities parents experience (poverty, domestic violence, parents own attachment difficulties) in the perinatal period has a significant impact on the parent infant relationship. In many sad cases, resulting in the removal of the infant from parents care. Therefore it is a matter of urgency that families who experience perinatal and PIMH issues are supported effectively. AIM: To present the stories of four women and their partners supported by the BABS service.

DESCRIPTION: Four cases will be presented via video link and will report on the interventions and support they received. The service pathways and videos identifies the therapeutic toolkit used in practice. The information generated will be paused at crucial moments to interact with the audience. Cost benefits will be discussed and associated to information generated by local commissioning groups.

CONCLUSIONS: The real life stories will highlight how the BABS service was able to support families to regenerate in the light of extreme vulnerability and life circumstances. The service has been reported in UK Parliament as 1 of the UK’s ‘Rare Jewels’ (Rare Jewels Report, PIP UK 2019). ‘Prevention is always better than cure’ and the Cost benefits and return of human investment is significant.

MATERNAL MENTAL HEALTH ASSOCIATION (MMHA). 2014. What is mental health?

http://everyonesbusiness.org.uk/
PPIP UK (2019). Rare Jewels Report.

https://www.pipuk.org.uk/sites/default/files/PIPUK%20Rare%20Jewels%20FINAL.pdf
Specialist training to build a specialist multidisciplinary workforce

Presentation with the symposium titled; 'Building and breaking cycles with vulnerable, 'hard to reach’ parents and infants

Dr Lisa Marsland¹, Mrs Carmel Doyle¹
¹Building Bonds, Liverpool, United Kingdom

Biography:
Dr Lisa Marsland is a Consultant Clinical Psychologist, Trust Lead in Parent Infant Mental Health for NWBH NHS Trust, Lead for Building Attachment and Bonds Service (BABS), and the Director for Building Bonds Ltd. Lisa is 1 of the UK’s Leaders in Parent-Infant Mental Health and supporting Vulnerable, at risk, ‘hard to reach’ families in the perinatal period. BABS/Building Bonds have won national awards and have been recognised as ‘Rare Jewels’ in the UK (PIP UK). Lisa regularly attends UK Parliament to shape UK’s agenda, policy and plans for Parent Infant Mental Health Provision. Lisa’s mantra is ‘Relationships are Everything!!’

INTRODUCTION: It is crucial that services are supported by effective multidisciplinary team (MDT) working (NHS England, 2014). Quality and Person centred care is pivotal to an integrated service where cross boundary working is important (NHS England, 2016). MDT working involves a focus on leadership, relationships, culture, clinical engagement, developing the workforce, communication, and outcomes based commissioning (NHS, England, 2014). Developing the workforce is crucial in sustaining person centred PIMH support to reduce mortality and morbidity (Francis, 2013). Therefore, it is essential that a high standard of MDT professionals, across disciplines, were trained over this period. Barriers and facilitators of MDT working will be described.

CONCLUSIONS: Preliminary analysis (n = 293) showed that a 2 day specialist PIMH training program (called ‘Building Bonds and Breaking Cycles’ in the field of Parent Infant Mental Health) increased MDT professionals knowledge of PIMH. Health professionals commented that their confidence increased when working with hard to reach, vulnerable parents and infants in the perinatal period. Complete results will be reported in the Conference. This presentation will highlight how the Building Bonds Specialist PIMH Training programme has supported workforce capacity to work together as an MDT.


A mixed methods evaluation of the building attachment and bonds (BABS) service

Presentation with the symposium titled; 'Building and breaking cycles with vulnerable, 'hard to reach' parents and infants

Dr Lisa Marsland²
²North West Boroughs Nhs Trust Uk, Liverpool, United Kingdom, ²Edge Hill University, Ormskirk, UK, ³Liverpool Womens Hospital NHS Trust, Liverpool, UK, ⁴Knowsley and St Helens Hospital NHS Trust, Knowsley, UK

Biography:
Dr Lesley Briscoe is a Senior Lecturer in Postgraduate Medical Education and is the Programme Lead for The Advanced Fertility Practice Programme at Edge Hill University. Lesley has extensive experience working as a midwife, educator and researcher. Her extensive publications span across nursing, midwifery, obstetric and paediatric journals.

INTRODUCTION: BABS is a specialist, unique, strength-based PIMH service which supports vulnerable parents and infants in an area of low deprivation in England. The service used a range of reliable pre and post measures to assess vulnerability factors and past and present issues/factors which may impact on parent-infant mental health, bonding and attachment.

AIMS: To examine relationships between anxiety, depression and reflective functioning from admission to discharge. To explore parents’ experiences of receiving support from the BABS programme. MATERIALS AND METHODS: Ethical approval was obtained (HRA: 18/NW/06; EHU: CYPF 9) and supported a mixed methods design. Fifty women referred into the BABS service during November 1st 2018 – December 31st 2019 were included. Quantitative data: four validated, matched questionnaires administered at admission and discharge. Longitudinal pre and post intervention comparison of overall scores and by groups of interest as well as its correlation with other indicators of mental health and attachment will be presented. Qualitative data included face to face and telephone interviews. Framework analysis will synthesise data (Ritchie and Spencer, 1994).

RESULTS: The impact of prenatal reflective functioning and antenatal attachment; prenatal depression and anxiety; antenatal attachment or prenatal reflective functioning and depression/anxiety, will be available in December 2019.

CONCLUSIONS: It is crucial to understand if a unique collaborative model of care and specialist interventions offered to support attachment and bonding within the first 1001 days of an infant’s life are effective. This research will help to identify if this PIMH provision makes a difference to families.

Supporting parental reflective functioning in complex clinical samples part 1: Examining the role of trauma, stress, and mental health

Dr Ann Stacks1, Dr. Megan Chapman2, Dr. Marjo Flykt4, Nicki Dawson6

1Merrill Palmer Skillman Institute/wayne State University, Detroit, United States, 2Mental Health, Royal Children’s Hospital, Melbourne, Australia, 3University of Melbourne, Department of Paediatrics, Melbourne, Australia, 4Tampere University, Tampere, Finland, 5University of Helsinki, Helsinki, Finland, 6Ububele Educational and Psychotherapy Trust, Johannesburg, South Africa, 7Leiden University Medical Center, Leiden, Netherlands

Biography:
Stacks is the director of the IMH training program at the Merrill Palmer Skillman Institute in the USA; Flykt is a parent-infant psychotherapist, clinical psychologist and researcher in Tampere University in Finland; Chapman is a research associate and senior clinical psychologist at the Royal Children’s Hospital, Melbourne Australia where she co-ordinates the Infant Mental Health Program; Dawson is a community-based counseling psychologist and infant-parent psychotherapist with the Ububele center in Johannesburg, South Africa.

IMH practitioners recognize that social-emotional competencies are the foundation for mental health, and develop in the context of relationships. Parental reflective functioning is associated with responsive parenting and child attachment and thus a focus of IMH assessment, treatment and understandings. It is important to understand how stress and trauma impact parental RF and as well as factors that contribute to effective interventions for families who experience high levels of stress and trauma.

This symposium brings together an international group of scholars, who measure RF using a traditional interview method, and examine its relationship with stress, trauma and mental health. This symposium will:
1) describe how RF is measured on both the Pregnancy Interview and the Parent Development Interview (PDI)
2) highlight the utility of the measures for both clinical and research purposes,
3) consider stress, trauma, and mental health on RF.

The symposium will present learnings regarding RF garnered from a variety of settings, including traditional parent-infant psychotherapeutic service, an IMH home based treatment services, a quaternary neonatal intensive care unit, and a low-resourced, high risk community sample. Across each of these settings, RF has been shown to be a useful factor in understanding the relationship interplays between parents and infants, and the confounding variables associated with mental health and trauma.

The measurement of RF has been traditionally been interview based, using measures such as the PDI or the WMCI. While interview tools continue to be the gold standard, and provide considerable richness to our understanding of RF, some circumstances dictate that time and cost preclude them. This symposium is part 1 of 2, with the second symposium outlining alternative RF measures that have been recently developed. A discussant will then link the symposiums, providing reflections and insights into where next for this important work.
Maternal reflective functioning, positive and traumatic childhood memories and mother-infant emotional availability among mothers in parent-infant psychotherapeutic treatment

Presentation with the symposium titled; Supporting parental reflective functioning in complex clinical samples part 1: Examining the role of trauma, stress, and mental health

Dr Ann Stacks1, Sanna Isosavi3, Angela Narayan4, Riikka Korja5, Saara Salo2, Raija-Leena Punamaki1
1Tampere University, Tampere, Finland, 2University of Helsinki, Helsinki, Finland, 3Trauma Therapy Centre, , Finland, 4University of Denver, Denver, USA, 5University of Turku, Turku, Finland

Biography:
Flykt earned her PhD in psychology in 2014 and is a senior lecturer at the University of Helsinki, Finland and a researcher at Tampere University, Finland. She is a parent-infant psychotherapist and clinical psychologist, with years of experience working in child psychiatric hospital clinics and other communal mental health services aimed for young children and their families. Her research topics focus on parental mental health problems and substance misuse, early parent-child relationship, and their role on child development; parent and child attachment and mentalization, and research on family interventions

INTRODUCTION: Maternal reflective functioning (RF) is known to predict mother-infant interaction quality, whereas maternal unprocessed traumatic childhood memories are harmful for both RF and parenting. ‘Angel memories’, i.e., maternal positive, elaborated childhood memories have protective effects on maternal mental health and child trauma exposure despite simultaneous unprocessed traumatic (“ghost”) memories. However, no previous research exists whether “angel” memories also have protective effect on the mother-infant interaction and maternal RF.

AIM: To examine the inter-relations between maternal RF, emotional availability in mother-infant interaction and maternal angel and ghost memories among mothers receiving psychotherapy during pregnancy and postpartum.

METHODS: Sixty mothers (half during pregnancy and half postpartum) receiving parent-infant psychotherapeutic services are recruited as part of a larger effectiveness study. Both in the beginning and end of the treatment, maternal RF is measured with Parent Development Interview (PDI) or its prenatal version, Pregnancy Interview (PI), and maternal angel and ghost memories with Angels Interview. Mother-infant interaction is measured with Marschack Interaction Measure (MIM) and coded with Emotional Availability Scales (with prenatal version for pregnant mothers).

RESULTS AND CONCLUSIONS: The data collection has started and the baseline data will be available by the conference. We expect that higher amount of angel memories are associated with higher maternal RF and mother-infant interaction quality despite ghost memories. We expect the associations to be similar among mothers recruited during pregnancy and postpartum. The results give new information about risk and resilience in traumatic memory processes and their associations with caregiving. Clinical examples are used to illustrate findings, and the feasibility of measures in clinical practice as well as the supervision process are described.
Investigating mentalising capacity in a high-stress South African sample

*Presentation with the symposium titled; Supporting parental reflective functioning in complex clinical samples part 1: Examining the role of trauma, stress, and mental health*

**Nicki Dawson¹, Dr. Hanneke Smaling²**

¹Ububele Educational and Psychotherapy Trust, Johannesburg, South Africa; ²Leiden University Medical Center, Leiden, Netherlands

**Biography:**

Nicki Dawson is a community-based counseling psychologist and parent-infant psychotherapist. She works as the head of the Umdelezane Parent-Infant Programmes at the Ububele Educational and Psychotherapy Trust where she manages, develops and works clinically on perinatal mental health projects. In addition, she conducts infant mental health research, advocacy and training. She is completing her PhD at the university of the Witwatersrand.

**INTRODUCTION**

Parental reflective functioning is considered a key moderating factor in the transmission of attachment across generations. However, few studies to date have assessed mentalising capacity in the South African context.

**AIM OF THE STUDY**

This study aimed to better understand reflective functioning in a high-risk sample of South African mothers, by examining maternal variables associated with pre and post-natal parental reflective functioning.

**METHODS**

Mentalising capacity was measured at two time points (pregnancy and 3 months post partum) using the Pregnancy Interview and the Parent Development interview. using the Reflective Functioning Scale at two time points: during pregnancy (using the Pregnancy Interview), in a high-risk sample of 163 South African mothers. Sensitive responsiveness was also assessed at 3 months postpartum, using the Ainsworth Sensitivity Scale. Additional data were obtained via a number of self-report questionnaires.

**RESULTS**

Maternal reflective functioning was positively associated with education, knowledge of infant mental health, paternal employment status, disclosures of past abuse and disclosure of positive HIV status. Mothers of boy children were found to have significantly higher reflective functioning. No relationship was found between parental reflective functioning and maternal sensitivity, parental sense of competence, anxiety, or social support. Father’s involvement with the baby was negatively related to mothers reflective functioning.

**CONCLUSIONS**

In a context with a high prevalence of abuse, gender-based violence and HIV transmission, single parenthood and the ability to name and disclose abuse or HIV diagnoses, rather than its actual presence, may be predictive of reflective functioning in this setting. However, this study also raises questions regarding the validity of wholly verbal measures of mentalizing in multilingual populations such as South Africa.
Reflecting on babies in neonatal intensive care: What have we learnt from the new PDI:NICU?

*Presentation with the symposium titled; Supporting parental reflective functioning in complex clinical samples part 1: Examining the role of trauma, stress, and mental health*

**Megan Chapman**, Dr. Julia Gunn¹, Prof. Vicki Anderson, Dr. Campbell Paul²

¹ Royal Children's Hospital, Melbourne, Australia, ²Murdoch Children's Research Institute, Victoria, Australia, ³University of Melbourne, Australia

**Biography:**
Megan Chapman is a research associate at Murdoch Children's Research Institute who conducts research in mental health at the Royal Children's Hospital where she also co-ordinates the Infant Mental Health Program. Dr. Chapman also holds the position of the senior clinical psychologist and coordinator of infant mental health at the Royal Children's Hospital. She is an Honorary Fellow at the Melbourne School of Psychological Sciences

**INTRODUCTION**
The concept of Parental Reflective Functioning (RF) has become increasingly important in understanding interactions and relationships between parents and young children. However, there have been questions regarding the measurement and application of RF in the neonatal period. When there is a crisis within this timeframe, specifically when an infant is born very unwell, what role does RF play in forming relationships under circumstances of unanticipated stress.

**AIM of the study**
The aim of this study was to explore Parental RF when a baby is very sick in a Neonatal Intensive Care Unit (NICU). It aimed to determine whether RF could be measured within NICU, and if so, what it could help us understand about the developing relationship and reaction to stressors within the NICU environment.

**MATERIAL and METHODS**
This study developed and piloted a variant of the Parent Development Interview, designed specifically for parents of sick babies in NICU (PDI:NICU). It was administered to 19 mothers, scored for RF, and analysed for internal consistency. Further, it was examined against variables related to mother’s socio-demographics, mental health (EPDS & ASDS), and perception of feeling attached to their sick baby (MPAS) using spearman correlation and t-test analyses.

**RESULTS**
The PDI:NICU presented as a robust and internally consistent measure of RF in NICU. It produced RF profiles indicating that the RF of mothers of NICU infants was measurable, and related to maternal psychosocial concerns. The relationship between maternal RF in NICU and maternal perception of feeling attached to their infant was complex.

**CONCLUSIONS**
The PDI:NICU presented as a robust addition to the suite of PDI instruments. It was able to demonstrate mother’s capacity for RF within the NICU, despite environmental challenges and persistent worry that their baby may die.
Treatment dosage and clinician experience predict improvements in reflective functioning among mothers participating in community-based infant mental health treatment

Presentation with the symposium titled: Supporting parental reflective functioning in complex clinical samples part 1: Examining the role of trauma, stress, and mental health

Dr Ann Stacks¹, Dr. Jennifer Jester², Dr. Katherine Rosenblum³, Dr. Kristyn Wong³, Dr. Holly Brophy-Herb³, Dr. Alissa Huth-Bocks⁴, The Michigan Collaborative for Infant Mental Health Research²

¹Merrill Palmer Skillman Institute/wayne State University, Detroit, USA, ²University of Michigan, Ann Arbor, USA, ³Michigan State University, East Lansing, USA, ⁴Case Western Reserve University, Cleveland, USA

Biography:
Stacks is the Director of the Infant Mental Health training program and a research faculty member at the Merrill-Palmer Skillman Institute, in Detroit Michigan, USA. She is a Marriage and Family Therapist and has earned an IMH endorsement. Her research focuses on reflective functioning in parental and non-parental caregivers.

INTRODUCTION
Parental Reflective Functioning (RF) is predictive of parenting sensitivity and infant attachment and therefore, is a target of IMH treatment. Controlled studies, using highly trained clinicians, show that interventions can improve RF. Factors contributing to the effectiveness of community-delivered IMH treatment on improvements in RF remain understudied.

AIM OF THE STUDY
• To test whether community-based IMH intervention improves RF.
• To test the impact that maternal risk factors, treatment dosage, clinician experience, and the interactions of these factors have on improvements in RF.

METHODS
Participants included 78 mother-infant dyads enrolled in a home-based IMH service. Mothers completed surveys to assess demographic information, trauma exposure, depression, and parenting stress at treatment entry and were administered the Parent Development Interview (PDI). The PDI was re-administered 6, and 12 months after enrollment. Clinicians (N=51) reported on the number of years they had been providing IMH treatment (M=3.4; SD=3.6) and the number of clinical sessions the dyad received (M=32; SD=17).

RESULTS
• RF was unchanged in the first 6 months of treatment but increased from baseline (M=2.8, SD=1.1) to 12-months (M=3.4, SD=1.2), p=.001.
• Increases in RF were greater among mothers who received services from a more experienced clinician over a longer period of time, whereas RF decreased when mothers attended services over a longer period of time with a less experienced clinician.

CONCLUSIONS
Improving RF through clinical treatment may require specific training beyond master’s level preparation. Future studies can address clinician characteristics, reflective supervision and other aspects of training that may enhance clinical skills to support increased RF over the course of treatment.
Notes from the field: The NBAS and NBO in practice around the world

Dr Lise Johnson¹,²
¹Brigham and Women’s Hospital, Boston, United States, ²Boston Children’s Hospital, Boston, United States

Biography:
Dr Johnson is a general pediatrician who has focused the past 20 years of her career on the care of newborns. She is a newborn hospitalist at Brigham and Women’s Hospital in Boston and Assistant Professor of Pediatrics at Harvard Medical School. Dr Johnson is also Associate Director of the Brazelton Institute in the Division of Developmental Medicine at Boston Children’s Hospital. She is a co-author of the Newborn Behavioral Observations (NBO) System.

The NBAS and the NBO are powerful tools for understanding the individuality and developmental capacities and vulnerabilities of newborns and for building relationship between parents and their newborns. In this BOP session, we present abstracts describing a wide range of work, from gender differences in NBAS scores in preterm neonates in the NICU to the use of the NBO in contexts ranging from the intensive care setting to home visiting and with populations that include mothers with depression, NICU families, deaf infants and families, and infants exposed to opiates in utero. The need to adapt the tool to be appropriate in disparate cultures will also be discussed. Presenting authors will be asked to give a brief overview of their study or setting and then, in keeping with the theme of the WAIMH 2020 17th World Congress WAIMH 2020, “Creating stories in Infant Mental Health: research, recovery and regeneration,” presenters will be asked to share an illustrative story or case report that captures the essence of their work with the NBAS and/or NBO. At the conclusion of the session we hope that participants will have a sense of both the diversity and the unifying themes that characterize contemporary work using the NBAS and NBO.
Effect of Newborn Behavioral Observations (NBO) intervention on insecure parent-child attachment following maternal perinatal depressive symptoms: a prospective cohort study

Presentation with the symposium titled; Notes from the field: The NBAS and NBO in practice around the world

Dr Lise Johnson¹, Dr Ze’en Zhu², Dr Shan Wang¹, Dr Xiaoqin Nan¹, Dr Jinhua Huang¹, Dr Dan Yao¹, Dr Huiping Zhang, Dr Shuya Shao¹, Dr Shengquan Chen¹, Dr Tawali Shah¹, Professor Hui Li¹

¹Department of Neonatology, Affiliated Children Hospital of Xi’an Jiaotong University, Xi’an, China, ²Medical College of Dalian University, Da’lian, China

Biography:
Huiping Zhang, MD., attending pediatrician, she has been engaged in the basic and clinical research on the influence of perinatal maternal depression and anxiety on infant behavior. she has completed the training for the Newborn Behavioral Observations system in 2014., and published 6 papers in reputed journals. Two abstracts had been accepted for Brief Oral Presentation at the 16th WAIMH World Congress to be held in Rome, Italy, from 26 to 30 May 2018.

INTRODUCTION: There is a significant relationship between maternal depression and parent-child attachment nonsecurity. The Newborn Behavioral Observations (NBO) is an exploration of the newborn conducted with parents to increase their understanding of their infant’s behavioral cues as well as how to respond.

AIM of the study: The present study aimed to prospectively explore the efficacy of the NBO intervention in ameliorating the insecure parent-child attachment suffering from perinatal depressive symptoms.

MATERIAL and METHODS: A prospective cohort design was adopted. The subjects were recruited from the hospitalized full-term pregnant women of the First Affiliated Hospital of Xi’an Jiaotong University in China between January 2016 and August 2019. Pregnant women had to be 20-45 years of age, within 37-42 weeks of gestation, and expecting to deliver a single infant. The Hamilton Rating Scale for Depression (HAM-D) were used to assess maternal depressive symptoms. According to the score of HAMD, the pregnant women in trimester 3 were sorted into a normal group (n=89) and a depression group (n=94) who were divided into two groups: Control+ depression group (n=40) and Intervention + depression group (n=54). Depressed mother-child dyads were performed Newborn Behavioral Observations intervention. Mother-child dyads underwent the strange situation procedure to evaluate parent-child attachment. We followed up the mother-child dyads at about 18 months postpartum.

RESULTS: There were the less insecure attachment styles in Intervention + depression group compared with Control+ depression group in the mother-child dyads at about 18 months postpartum. There were no significant difference in the attachment styles between Intervention + depression group and normal group.

CONCLUSIONS: NBO intervention could ameliorate insecure parent-child attachment following maternal perinatal depressive symptoms.
Facilitating Newborn Behavioral Observations in the context of maternal-infant substance exposures and recovery

*Presentation with the symposium titled; Notes from the field: The NBAS and NBO in practice around the world*

Dr Lise Johnson, Dr Jayne Singer

1Brazelton Institute, Boston Children’s Hospital, Boston, United States

**Biography:**
Dr. Singer is a clinical psychologist with more than 35 years of experience working with a diverse array of children and families in hospital, school, and community-based settings. She mentors multi-disciplinary professionals in the Division of Developmental Medicine at the Boston Children’s Hospital as well as nationally and internationally as a trainer of the Newborn Behavioral Observations and the Brazelton Touchpoints approach. She is President of the Massachusetts Association for Infant Mental Health and an Assistant Professor of Pediatrics and Psychiatry at Harvard Medical School.

**Introduction:**
Many adults with Substance Use Disorders are parents or pregnant. This compounds stigma about individuals already battling this disease, yet also offers opportunity to address SUDs through the parent-infant relationship as the catalyst for change. The Brazelton Institute collaborates with community-based recovery programs including peer coaches to better serve infants and enhance maternal adherence to treatment. The Newborn Behavioral Observations provides relationally-based intervention to enhance care and outcomes for birthing mothers with SUDs and their newborn infants.

**Purpose:**
This project enhances the skills of professionals caring for newborns with substance exposures in NICU and after discharge, to better understand the behavior of newborns with substance exposures as well as use infants’ behavior to engage their parents in recovery. We create learning communities among professionals and peer recovery coaches who serve families with SUDs from different perspectives, to enhance all providers with a deeper understanding of the disease of SUD, and facilitate reduced stigma and more coordinated care among services systems.

**Description:**
Six diverse community-based programs which integrate peer coaches into professional recovery treatment models receive NBO training and mentorship for all staff. Peer coaches are mothers in recovery who birthed infants exposed to substances. The NBO is facilitated in-hospital as well as post-discharge in clinic and home visits; even during supervised parental visitations.

**Conclusion:**
Joint NBO training for peer coaches and recovery treatment professionals provides a unique learning community in which stigma towards mothers with SUDs is reduced among NICU and professional hospital workforce. Both professional and paraprofessional providers now have enhanced skills with which they can observe and attune to behavioral profiles of infants with substance exposures, practice more effective consoling and comforting techniques and share these with parents, and engage parents’ motivation for their own recovery in response to their emotional experience of their infant during the NBO.
"Leila, a hearing baby with her deaf parents: talking together"

Presentation with the symposium titled; Notes from the field: The NBAS and NBO in practice around the world

Dr Lise Johnson, Dr Claire Favrot-Meunier

Regional Center and Resources for Hard of Hearing Children and Teenagers, Paris, France

Biography:
Dr Favrot-Meunier is a child psychiatrist and psychoanalyst working in a Regional Psychiatric Center for deaf or hard of hearing children and/or parents. For the past few years her team has worked to implement prevention and very early care. Dr Favrot-Meunier is working in a group tcaing for babies with developmental risks (Laznik and coll). She is developing a practice for screening and caring for hard of hearing babies as well as babies of deaf families. She is an NBAS practitioner, trained by Edith Thoueille and Drina Candilis. They are working to adapt the NBAS for use with deaf families.

INTRODUCTION
In “The Regional Psychiatric Center for Deaf or Hard of Hearing Children and Teenagers” 20% of the population attending our center are deaf or hard of hearing parents. They mainly speak French Sign Language. Some parents lack information and need help to understand their baby. When they arrive, it’s sometimes too late: issues may become very heavy and encysted. In their own history some parents have had difficulties in own infancy and relationships because of their deafness. Only with preventive care and support could the parent gain self-confidence and understanding of their baby. (S. Fraiberg)

PURPOSE
Over the past few years, our team has been working to implement preventive and very early care. Dr Favrot-Meunier is an NBAS practitioner, working to adapt the NBAS for deaf families, which has not been done previously. This is unfortunate, because it may help parents to understand their baby, particularly if baby is hearing and sensorially different. In addition, some babies of deaf parents may have developmental risks because of complicated hearing loss (syndromic).

DESCRIPTION
We try work in in a multidisciplinary spirit, with maternity in which deaf mothers give birth and associate clinical research. We will adapt the NBAS or NBO using French Sign Language and study specific infants-parent relationship and bilingualism. We will experience use of NBAS or NBO like blind parents (Candilis, Thoueille).

We will describe the case of baby “Leila” in which the NBAS and NBO was very useful to permit meeting between parents and Leila and show all skills of this baby, born after a son died at 7 days of life.

CONCLUSIONS
NBAS and NBO are really interesting tools for creating meeting, knowledge between babies, parents and professionals. We can share a positive gaze. It’s important to create opportunities for deaf families.
Transforming relationships: Using the NBO in the neonatal unit to enhance infant communication and parent understanding.

*Presentation with the symposium titled; Notes from the field: The NBAS and NBO in practice around the world*

Dr Lise Johnson¹, Dr Deanna Gibbs
¹Barts Health NHS Trust, London, United Kingdom

**Biography:**
Dr Deanna Gibbs is the Research Consultant for nursing, midwifery and allied health professionals and co-director of children’s research at Barts Health NHS Trust in London, UK. She is a visiting senior lecturer at Queen Mary University of London. Deanna is a neonatal occupational therapist and has worked in Australia, Ireland and the United Kingdom. Deanna’s research focuses on the influence of parent psychological well-being on engagement in caregiving and self-efficacy in the NICU. Deanna is a senior trainer for The Brazelton Centre of Great Britain and serves as the international representative on the Neonatal Therapy National Certification Board.

**INTRODUCTION**
The birth of a preterm infant requiring admission to a neonatal intensive care unit (NICU) represents a major crisis for parents, in which they may struggle to establish meaningful and positive parent-infant interaction. The fragility of the infant and the level of care they require can serve to inhibit parent engagement with their infant. The incidence of parent stress in the NICU and its association with psychological distress can also impact on the development of a sensitive parent-infant relationship. The Newborn Behavioural Observations (NBO) system was developed as an infant-centred and family-focused relationship building tool. The NBO is designed to help sensitise parents to their infant’s competencies and capabilities, with a view to helping them read their infant’s signals, understand their behaviour, and promote positive interactions between parent and infant.

**PROJECT PURPOSE**
The aim of this project is to demonstrate the utility of the NBO as a means of supporting early parent engagement in infant-parent co-occupations in the NICU and describe the impact of these transactions on the developing parent-infant relationship.

**DESCRIPTION**
This paper will present two brief case studies describing the use of the NBO in the NICU setting as a process for supporting parents with anticipatory guidance as they increase their confidence in caring for their infant and prepare for discharge from the NICU to home. Consideration will also be given to the continued application of the NBO in the early intervention setting post-discharge.

**CONCLUSIONS**
The NBO is a versatile tool that not only positively enhances a parent’s understanding of their high-risk infant’s capabilities and vulnerabilities but supports their developing relationship. Further, it has the potential to transform everyday caregiving interactions in the NICU into those which sensitively open a safe space in which parents can share their concerns about an unknown future.
The uses of the NBO in Japanese cultural settings

Presentation with the symposium titled; Notes from the field: The NBAS and NBO in practice around the world

Dr Lise Johnson¹, Dr Eiko Saito², Dr Yukiyo Nagai³, Dr Masako Nagata⁴, Dr Shohei Ohgi⁵, Ms Mariko Iwayama
¹NBO Japan, Hiroo, Japan, ²Japanese Red Cross College of Nursing, Hiroo, Japan, ³Japanese Red Cross Nagoya Daini Hospital, Nagoya, Japan, ⁴Nagoya University, Nagoya, Japan, ⁵Seirei Christopher University, Hamamatsu, Japan

Biography:
Ms Iwayama is a clinical psychologist working with babies and parents in NICU and after. She is one of the three NBO trainers in Japan and has taken NBAS and Touchpoint trainings at Brazelton Centre, UK.

INTRODUCTION
The NBO trainings in Japan with Japanese NBO trainers, as the NBO Japan, started in 2016 with support of two NBO master trainers, Kevin Nugent and Campbell Paul. Since then, the NBO Japan has made multiple trials to adapt the trainings to fit Japanese culture.

PURPOSE
Child rearing culture differs a lot from countries to countries and also between families. Maternity leave and parental leave systems and hospital stay after birth differ from other countries. In Japan, leaving a baby to cry is not welcomed, and many parents sleep in a same room with their baby. Our purpose was to adapt our NBO training programs to fit our culture.

DESCRIPTION
Few items of NBO observations, e.g. sucking, crying and soothability, needed to be altered according to the rules and restrictions in hospitals, and to fit with the family beliefs. Making video samples of NBO observations with Japanese babies and families may lead to better understanding of the training. We also collaborate with other associations to help support babies and families in Japan, sharing our knowledge and experience. We now organize three NBO training programs with follow-up sessions and an open seminar, which include introductions of NBO and NBAS, a year.

CONCLUSION
The NBO Japan has managed to adapt the NBO training program to fit Japanese culture. Our attempts continue to give trainings which are culturally adaptive and to organize events in collaboration with other associations with similar aims for promoting relationships between babies and families.
Using the Newborn Behavioural Observation (NBO) to support parents and staff in meeting the needs of extremely premature babies

*Presentation with the symposium titled; Notes from the field: The NBAS and NBO in practice around the world*

Dr Lise Johnson¹, Associate Professor Campbell Paul², **Professor Masako Nagata**¹  
¹Nagoya University, Nagoya, Japan, ²Royal Women's Hospital, Melbourne, Australia

**Biography:**  
Professor Nagata, PhD, is a clinical psychologist, researcher and head of the Psychological Development & Family Division, Psychological Support at the Research Center for Human Development, Nagoya University, Japan. Prof Nagata has supervised many clinical psychologists and researchers and is also an accredited trainer for the NBAS.

**INTRODUCTION**  
The birth of an extremely premature baby, particularly when there are multiple medical complications, presents a profound trauma for parents. The spectre of death may be ever present for parents whose baby who is so tiny and so ill. The process of the baby’s recovery may be very slow and the baby may be so frail that it’s impossible for parents and staff to see the real baby and their strengths.

**AIMS**  
This clinical case report will examine the impact of conducting an NBO session with family members and medical and nursing staff. The Newborn Behavioural Observation is a brief dynamic intervention designed to build the relationship between infant parents and carers.

**DESCRIPTION**  
Baby E was born around 23 week’s gestation and still very ill and physiologically unstable seven months after birth still requiring intense active cardiorespiratory nutritional and nursing care. Baby E’s parents seemed paralysed when visiting, and although they came regularly, they seemed unable to make any effective communication with her, fearing that she was unable to respond. Infant mental health clinicians, adapting the NBO intervention in the NICU, met with baby E alone, and then on two subsequent occasions with her mother. There was a dramatic shift within the mother’s mind as she was able to think about her own baby’s mind and enjoy holding, talking to and playing with her sick baby. At three-year follow-up, baby E’s mother said the NBO intervention was a great turning point in the relationship with her baby.

**CONCLUSIONS**  
Our clinical experience suggests that the NBO can be a powerful intervention supporting parents’, and hospital NICU staff, capacity to emotionally engage with their very sick baby.
Focusing on stress and how it relates to parents’ relational competences and child adjustment

Dr Anna Georg¹, Dr Sibel Halfon², Dr Anna-Lena Zietlow³
¹University Hospital Heidelberg, Heidelberg, Germany, ²Istanbul Bilgi University, Psychology Department, Istanbul, Turkey, ³University of Mannheim, Mannheim, Germany

Biography:
Dr. Anna Georg (University Hospital Heidelberg, Center for Psychosocial Medicine)
Dr. Sibel Halfon (Istanbul Bilgi University, Psychology Department)
Dr. Anna-Lena Zietlow (University Mannheim)

While parenting stress is a topic of interest for researchers since decades, the ways it compromises parenting quality and developmental pathways to child adjustment are still unclear. In this symposium we explore parental distress at different developmental stages: during pregnancy, in relation to postpartum anxiety disorders and in relation to emotional and behavioral problems of children during early and middle childhood. We investigate the sources of parental distress, including parents’ own early adverse childhood experiences and current psychiatric condition. We explore how it affects the quality of the parent-child dyadic interaction and parents’ attunement to the child’s mental states. Finally, we investigate how it affects child adjustment, in particular security of attachment, child regulation and behavior problems.

Specifically, we bring together findings from three studies with parents and their children in different clinical samples. We look at mothers with postpartum anxiety disorders, mothers of infants/toddlers with regulatory disorders, and mothers and fathers of children referred with emotional and behavioral problems. One longitudinal study covers the period from before birth until preschool age and two cross-sectional studies investigate clinical samples in early and middle childhood.


In the discussion we aim to highlight the various findings which offer a perspective into different developmental pathways to child adjustment. Audience participation and questions will be actively encouraged.
Emotional stress during pregnancy – associations with maternal anxiety disorders, infant cortisol reactivity, and mother–child interaction up to pre-school age

*Presentation with the symposium titled; Focusing on stress and how it relates to parents’ relational competences and child adjustment*

**Dr Anna Georg**, Nora Nonnenmacher, Dr Corinna Reck, Dr Beate Ditzen, Mitho Müller
1University Mannheim, Mannheim, Germany, 2University Hospital Heidelberg, Heidelberg, Germany, 3Ludwig Maximilian University of Munich, Munich, Germany

**Biography:**
Anna-Lena Zietlow1, Nora Nonnenmacher2, Corinna Reck3, Beate Ditzen2 & Mitho Müller3
1Faculty of Social Sciences, University of Mannheim, Mannheim, Germany
2Institute of Medical Psychology, Center for Psychosocial Medicine, Heidelberg University Hospital, Heidelberg, Germany,
3Department of Psychology, Ludwig Maximilian University of Munich, Munich, Germany

**INTRODUCTION:** There is growing evidence that maternal stress or anxiety during pregnancy can cause long-term consequences for child development. The mechanisms through which prenatal maternal stress may affect the unborn are not yet entirely clarified. Due to limited self-regulatory skills, infants depend parental sensitive behavior to regulate physiological arousal. Dyadic affect regulation has been linked to various developmental patterns and thereby represents a key element of early social relationships.

**AIM of the study:** Aim was to evaluate possible long-term consequences of emotional stress during pregnancy and postpartum anxiety disorders, as well as infant postpartum cortisol reactivity on mother–child-interaction at pre-school age.

**MATERIAL AND METHODS:** The sample comprised of N = 63 mother–infant dyads, n = 28 with postpartum anxiety disorders according to DSM-IV, n = 35 controls. Mothers were interviewed with the SCID at infant age of M = 4.1 months, filled out a questionnaire regarding emotional stress during pregnancy and were videotaped during the Face-to-Face-Still-Face paradigm (FFSF). To determine infant stress-reactivity, infant salivary cortisol was collected before, immediately after and 20 min after the FFSF. Missing values were estimated by multiple imputations. At the age of M = 5.3 years, mother-child-interaction was re-assessed in a follow-up sample of n = 30 dyads during free-play.

**RESULTS:** The clinical group reported significantly higher stress than the control group. Infant stress reactivity in the early postpartum period and maternal anxiety symptoms at the 5-year follow-up assessment were significantly associated with dyadic interaction quality at pre-school age. Even though maternal stress during pregnancy did not directly predict mother–child interaction quality at pre-school age, it was significantly correlated with infant cortisol reactivity during postpartum period.

**CONCLUSIONS:** The results contribute to the understanding of the importance of early stress and social interaction experiences and will be discussed regarding the clinical implications.
Holding dysregulation in mind

*Presentation with the symposium titled; Focusing on stress and how it relates to parents’ relational competences and child adjustment*

**Dr Anna Georg**, Miriam Binder, Dr Svenja Taubner

1University Hospital Heidelberg, Heidelberg, Germany

**Biography:**
Dr. Georg, Anna and Dr. Svenja Taubner (University Hospital Heidelberg, Center for Psychosocial Medicine)
Binder, Miriam (University Hospital Heidelberg)

**INTRODUCTION:** It is known from previous studies that experiencing parenting stress is negatively associated with the capacity of holding a child’s mind in mind during mother-infant interactions (maternal mind-mindedness). Regulatory disorders put infants at risk for experiencing dysfunctional parenting strategies and are typically associated with high parental burden. This study investigates how maternal distress relates to infant regulatory symptoms and maternal mind-mindedness in the interaction, and explores the role of maternal difficulties in emotion regulation for these associations.

**AIM of the study:** First, to investigate if mothers of infants with regulatory disorders are less mind-minded during mother-child interaction compared to a healthy control group. Second, to examine how infant regulatory symptoms and maternal distress relate to maternal mind-mindedness in clinical and control samples and if maternal difficulties in emotion regulation moderates/mediates this interrelation.

**MATERIAL and METHODS:** Cross-sectional study with N = 126 mothers of infants (age: 4 to 15 months), diagnosed with regulatory disorders (clinical group) and N = 32 mothers of infants without a diagnosis (control group). Self-report measures on mothers psychological distress, infant regulatory problems, and difficulties in emotion regulation; video-recorded mother-infant interaction (15 min. free play) that was coded by reliable raters on maternal mind-mindedness.

**RESULTS:** Mothers in the clinical group were more distressed and there was a trend pointing to lower maternal mind-mindedness in the clinical group compared to the control group. Mind-mindedness was negatively related to infant regulatory problems and maternal psychological distress. Regression analyses are pending and will be presented at the conference.

**CONCLUSIONS:** The direction of the effects and possible transactional processes as well as clinical implications will be discussed.
Links between adverse childhood experiences, parental mentalization and child attachment security and regulation

Presentation with the symposium titled; Focusing on stress and how it relates to parents’ relational competences and child adjustment

Dr Anna Georg

1Istanbul Bilgi University, Psychology Department, Istanbul, Turkey

Biography:
Dr. Sibel Halfon (Istanbul Bilgi University, Psychology Department)

Evidence shows early adverse experiences impact parenting and has intergenerational consequences. Parents with childhood experiences of abuse and neglect are more likely to show parenting distress and impairments in parental mentalization, defined as difficulty seeing their children’s mind in terms of mental states and making improbable hostile attributions. These in turn are associated with attachment insecurity, behavior problems and emotion dysregulation in children.

The aim of this study was to investigate whether (1) early adverse experiences of parents are associated with more parental distress and pre-mentalistic function (a.k.a., impaired mentalization) (2) whether these variables are associated with less attachment security, more behavior problems and emotional lability in their children.

The sample included 91 low SES Turkish mother-child and 78 father-child dyads. Children were between 3-9 years old (M age = 6.07, SD = 2.07), 57% boys and were referred to an outpatient clinic with emotional and behavioral problems. Parents were administered adverse childhood experience, parental distress, parental mentalization, child emotion regulation and problem scales. Children were administered an attachment-based story-stem task to assess attachment security.

Partial correlation analyses, after controlling for parental age, education, child age and gender, revealed that maternal adverse childhood experiences were positively associated with pre-mentalistic function and maternal distress; maternal distress was negatively associated with child attachment security, and maternal pre-mentalistic function was positively associated with child total problem behaviors and emotional lability. Paternal adverse experiences were positively associated with child emotional lability, and paternal distress with pre-mentalistic function.

Path analyses were conducted to further understand these results. Maternal pre-mentalistic function and child emotion lability mediated the link between mother’s adverse experience and child problems. Child attachment security mediated the link between paternal pre-mentalistic function and child problem behavior.

These findings indicate different pathways between maternal and paternal adversity, parenting and child function.
The NBO in Covid Times: How can the NBO be conducted virtually to build a strong parent-infant relationship? Lessons from Pakistan, Australia, Norway, and the United States

Dr Alexandra Harrison¹, Dr Kevin Nugent², Dr Lise Johnson³, Ms Jessica Bartlett⁴

¹Cambridge Health Alliance, Cambridge, United States, ²Boston Children's Hospital, Boston, United States, ³Child Trends in Action, ⁴Brigham and Women's Hospital, Boston, United States

Biography:
Dr. Alexandra Harrison is Assistant Prof of Psychiatry Part Time, Harvard Medical School at the Cambridge Health Alliance, Training and Supervising Analyst Boston Psychoanalytic Society and Institute, President Supporting Child Caregivers, Inc.

Dr. Kevin Nugent is Founder and Director of the Brazelton Institute and Lecturer in Pediatrics at the Harvard Medical School. Dr. Nugent co-authored with Dr. T Berry Brazelton the Neonatal Behavioral Assessment Scale, the NBAS and co-authored the Newborn Behavioral Observation, the NBO.

Dr. Lise Johnson is Assistant Professor of Pediatrics and Chief, Division of Newborn Pediatrics, Brigham and Women's Hospital, and co-authored the NBO.

Integrative Statement:
The Newborn Behavior Observation (NBO) system has proven to be a powerful tool for building a strong relationship between infant and caregiver during the perinatal period. The pandemic creates both a challenge and an opportunity to explore the use of the NBO while working remotely. Conducting an NBO online seems to go against the core of what we do as NBO practitioners, which is to be present, literally and figuratively, with the baby and the family, in a shared physical space. Do we lose that ineffable dimension when we are on screen but not sharing the same physical space? What is lost and what of value remains? Alexandra Harrison and colleagues answer these questions with a presentation of using the NBO remotely in collaboration with a pediatric resident in rural Pakistan. Campbell Paul and Susan Nicolson present case material describing how the NBO is used to provide infant mental health therapeutic support via telehealth in a large tertiary maternity hospital in Melbourne. In the “BabyAMOR” RCT project in Boston, Aditi Subramaniam and colleagues describe how the ZOOM format has provided opportunities to thoughtfully enhance ways of joining and being with families during this time. Kari Slinning and Unni Traanaas-Vannebo discuss how nurses were trained to use a “hands-behind-the-back” in-person approach to the NBO in both well-baby clinics and during home visit settings in Norway. Roseanne Clark, Sarah Strong and Gretchen Becker-Crabb train mental health providers, early interventionists and home visitors in remote use of the NBO in their effort to reach families to support attuned early relationships in rural, urban and Tribal settings in Wisconsin, the United States. Presentations will include videotaped examples and will engage the participant group in a discussion of shared experience and a consideration of how to implement the NBO remotely, while preserving its relationship-based focus.
The NBO in Covid Times: How can the NBO be conducted virtually to build a strong parent-infant relationship? Lessons from Pakistan, Australia, Norway and the United States.

Presentation with the symposium titled; The NBO in Covid Times: How can the NBO be conducted virtually to build a strong parent-infant relationship? Lessons from Pakistan, Australia, Norway, and the United States

Dr Alexandra Harrison1,9,11, Dr J Kevin Nugent2,10,11, Dr Lise Johnson3,10,11, Ms Shazia Parveen4,9, Dr Jessica Bartlett12, Dr Susan Nicolson6, Dr Campbell Paul6,13, Dr Roseanne Clark8, Dr Muhammad Zeshan5,9, Dr Kari Slinning13, Dr Uni Tranaas Vanebo13, Ms Sarah Strong13, Ms Gretchen Becker Crabb13, Ms Aditi Subramaniam10

1Cambridge Health Alliance, Cambridge, United States, 2Boston Childrens Hospital, Boston, United States, 3Brigham and Womens Hospital, Boston, United States, 4Nishtar Medical University, Multan, Pakistan, 5Rutgers, the State University of New Jersey, Princeton, United States, 6Royal Women's Hospital, Parkville, Melbourne, Australia, 7Department of Psychology, University of Oslo, Oslo, Norway, 8University of Wisconsin School of Medicine and Public Health, Madison, United States, 9Supporting Child Caregivers, Inc., Cambridge, United States, 10Brazelton Institute, Boston, United States, 11Harvard Medical School, Boston, United States, 12Child Welfare and Early Child Development, Acton, United States, 13World Association of Infant Mental Health, Tampere, Finland

Introduction:
The Newborn Behavior Observation (NBO) system has proven to be a powerful tool for building a strong relationship between infant and caregiver during the perinatal period. The pandemic creates both a challenge and an opportunity to explore the use of the NBO while working remotely. Conducting an NBO online seems to go against the core of what we do as NBO practitioners, which is to be present—literally and figuratively—with the baby and the family, in a shared physical space. Do we lose that ineffable dimension when we are on screen but not sharing the same physical space? What is lost and what of value remains?

Purpose:
The aim is to outline practical alternatives available to NBO practitioners who wish to use the NBO remotely, to share experience with global NBO practitioners, and to discuss the future.

Description:
Alexandra Harrison and colleagues present the use of the NBO by a pediatric resident in rural Pakistan guided remotely by an NBO practitioner in the U.S. Campbell Paul and Susan Nicolson present case material describing the use of the NBO via telehealth in a large tertiary maternity hospital in Melbourne. In the “BabyAMOR” RCT project in Boston, Aditi Subramaniam illustrates the use of remote NBO to support families of late pre-term infants during this stressful time. Kari Slinning and Unni Tranaas-Vannebo discuss how nurses use a “hands-behind-the-back” in-person approach to the NBO in well-baby clinics and home visiting in Norway. Roseanne Clark, Sarah Strong and Gretchen Becker-Crabb train mental health providers, early interventionists, and home visitors in the remote use of the NBO in rural, urban, and Tribal settings in Wisconsin, U.S. Presentations will include videotaped examples and will engage the participant group in a discussion of shared experience and a consideration of how to implement the NBO remotely, while preserving its relationship-based focus.

Conclusion:
“Necessity is the mother of invention.” This symposium gathers experience of NBO practitioners from across the world with the purpose of beginning a global discussion about the remote use of this relationship-building tool during the pandemic and to continue to reach faraway families in the future.
Zooming in to Support Families of Infants: Practicing the Remote NBO

*Presentation with the symposium titled; The NBO in Covid Times: How can the NBO be conducted virtually to build a strong parent-infant relationship? Lessons from Pakistan, Australia, Norway, and the United States*

Dr Alexandra Harrison¹, **Ms Shazia Parveen**², **Dr Muhammad Zeshan**³

₁Harvard Medical School; Supporting Child Caregivers, Cambridge, United States, ²Nishtar Medical University, Multan, Pakistan, ³Rutgers, The State University of New Jersey, Newark, United States

**Biography:**
Dr. Harrison is Assist. Prof of Psychiatry Part Time, Harvard Medical School at the Cambridge Health Alliance, Training and Supervising Analyst at Boston Psychoanalytic Society and Institute, President of Supporting Child Caregivers, Inc.
Ms Parveen is Resident in Pediatrics at Nishtar Medical University.
Dr Zeshan is Clin Asst Prof of Psychiatry, Rutgers The State University of New Jersey, Infant, Child, & Adult psychiatrist, ADHD Specialist, Inside Out CURE Psychiatry LLC

**Introduction:**
The Newborn Behavior Observation has proven to be a powerful tool for building a strong relationship between infant and caregiver during the newborn period. COVID-19 has necessitated the transfer of many perinatal interventions online, including the NBO. How can an intervention focused on the infant parent relationship be done remotely? What of value is lost, what of value remains?

**Purpose:**
We propose to describe and demonstrate several varieties of remote NBO’s: (1) remote NBO’s with the NBO practitioner guiding a local clinician; (2) remote NBO with the parent when the practitioner has a previous relationship with the parent; and (3) remote NBO when the practitioner is meeting the parent for the first time remotely. We will consider the choice of the NBO according to the family and practitioner contexts. The aim is to outline practical alternatives available to NBO practitioners who wish to use the NBO remotely.

**Description:**
Videotape illustrations -- of the several methods of implementing remote NBO’s noted above will be offered to consider the advantages and disadvantages of the different approaches to remote NBO. The participants will then be engaged in an in depth discussion of the presentations and of the participants’ experience with remote NBO’s. The participant group will then contribute to establishing a set of guidelines and suggestions for practicing remote NBO’s.

**Conclusion:**
The pandemic creates both a challenge and an opportunity to explore the use of the NBO while working remotely. This presentation will engage the participant group in a discussion of shared experience, a review of the primary principles of the NBO, and a consideration of how to implement the NBO remotely while preserving the critical relationship-supportive features of the NBO.
Necessity is the mother of invention: Newborn Behavioral Observations in perinatal and infant mental telehealth

Presentation with the symposium titled; The NBO in Covid Times: How can the NBO be conducted virtually to build a strong parent-infant relationship? Lessons from Pakistan, Australia, Norway, and the United States

Dr Alexandra Harrison¹, Dr Campbell Paul¹
¹Royal Women's Hospital, Melbourne, Australia

Biography:
Dr. Susan Nicolson is an infant mental health clinician. She has done research in an infant mental health intervention for adolescent parents and their infants. Her clinical and research work in Melbourne focuses on brief psychotherapy with vulnerable families from diverse backgrounds. She is the lead researcher in the registered UNA trial (Understanding your Newborn and Adapting to parenthood).

Dr. Paul is Consultant Infant and Child Psychiatrist, and established and teaches Infant Mental Health, at Royal Women's Hospital, Melbourne, is a master trainer of the NBO, and is President of WAIMH.

INTRODUCTION
At The Women’s, a large tertiary maternity hospital in Melbourne, perinatal and parent-infant psychotherapy are prioritised for those in need, in light of the serious potential impact of maternal distress on infants and the family system and the brief therapeutic window of opportunity afforded by women already accessing care for pregnancy and childbirth.

AIMS/PURPOSE OF THE WORK
The COVID 19 pandemic and extended social lockdown gave rise to increased demand for perinatal and infant mental health support at the hospital, and required innovative ways to provide it. Case material will be used to present and discuss unanticipated benefits, obstacles and approaches to effective perinatal and infant mental health therapeutic support via telehealth for families and clinician.

DESCRIPTION
The luxury of in-person sessions during pregnancy--to explore psychodynamic influences of ambivalence and fear about parenting and who the baby will be, and to promote emotional openness to the baby before birth--followed by meeting the baby on the ward and then ‘on the mat’ therapy sessions, was significantly curtailed by COVID-19 circumstances. However, acceptability of ‘remote’ antenatal telehealth sessions was high among mothers, and coupled at times with remarkable motivation and momentum in the sessions, an unanticipated capacity of the baby to still directly engage with the clinician, and the opportunity to use parent affect in response to baby in real time to guide the therapy. Newborn Behavioral Observations, a normally integral part of the therapeutic approach, were expected to be largely unusable, but were still found to facilitate surprise and change in the dyad, despite the obstacles.

CONCLUSIONS
Forced innovation in perinatal and infant mental health was expected to diminish the quality of support but has been met with high demand and acceptability among families and may overcome previous barriers to effective care in an acute maternity hospital setting.
The urgent need for ‘Holding’ mothers and their late preterm infants in mind: Creative adaptations in the Baby AMOR study

*Presentation with the symposium titled; The NBO in Covid Times: How can the NBO be conducted virtually to build a strong parent-infant relationship? Lessons from Pakistan, Australia, Norway, and the United States*

Dr Alexandra Harrison¹, Dr. Kevin Nugent², Aditi Subramaniam³, Maria Henrikson¹, Sylva Yeghiayan¹, Ms Leah Koretz¹, Nancy Macalaster¹, Laurie Foster¹, Rachel Suttin¹

¹Brigham and Women’s Hospital, Boston, United States, ²Brazelton Institute, Boston Children’s Hospital, Boston, United States

**Biography:**
Dr. Johnson is Assistant Prof of Pediatrics, Chief of Division of Newborn Pediatrics, Brigham and Women’s Hospital, Baby AMOR Project
Dr. Nugent is Director of Brazelton Institute, Boston Children’s Hospital, Baby AMOR Project
Aditi Subramaniam is infant and child clinician, dance therapist, and researcher in Baby AMOR Project

**INTRO**
The Baby AMOR study is a randomized controlled trial (RCT) of an NBO based intervention to improve health and well-being of late preterm infants and their mothers. The primary goals of the study are to examine the effects of the NBO intervention on the psychological well-being of mothers with a late-preterm infant and to examine the effects of the NBO intervention on the quality of mother-infant interaction and maternal engagement.

**AIMS/PURPOSE OF THE WORK**
The COVID 19 pandemic has presented challenges and created opportunities to adapt the study protocol in order to support maternal-infant mental health that might be impacted even more during this time of physical isolation. Case material through qualitative data and video will be used to discuss the innovative methods engaged by the study team that are consistently grounded in a continuous reflective practice framework.

**DESCRIPTION**
The COVID 19 pandemic called upon us as the study staff to be innovative and reflective to support mothers and their late preterm infants enrolled in the study, while keeping the core elements of the NBO intervention as a compass. With COVID19, the sense of social isolation for new parents is even more profound, especially when they transition home. The need to be reflective, ‘hear’ the very real safety concerns of new parents, and keep the infant-focused, relationship-centered grounding of the NBO was essential. Some of the innovative strategies that we have adopted include a ‘zoom hello!’ with every family, transparent communication of safety protocols, flexible stance in meeting the families, and the ability to pivot encounter to Zoom format. All the while, we remain mindful of integrating the baby’s voice into the center of the NBO intervention.

**CONCLUSIONS**
Necessary innovation in the Baby AMOR study has provided opportunities to thoughtfully enhance ways of joining and being with families during the time of the pandemic.
When the NBO practitioner takes the role as a coach: Some experiences from Norway during the Covid-19 situation.

Presentation with the symposium titled; The NBO in Covid Times: How can the NBO be conducted virtually to build a strong parent-infant relationship? Lessons from Pakistan, Australia, Norway, and the United States

Dr Alexandra Harrison¹, Unni Tranaas Vannebo²
¹Regional Centre for Child and Adolescent Mental Health, Oslo, Norway
²Regional Centre for Child and Adolescent Mental Health, Oslo, Norway

Biography:
Kari Slinning is Head of Section for Infants’ and Young Children’s Mental Health, Region East and South Norway

Anni Tranaas Vanebo-- is Clinician in Section for Infants’ and Young Children’s Mental Health, Region East and South Norway

Introduction:
The Newborn Behavior Observation system is a relationship building tool that aims to strengthen the relationship between the parents and the newborn and between the health practitioner and the parents. Under normal conditions the parents and the NBO trained health practitioner interact in a dynamic triadic system with the infant at the center, but the COVID-19 has challenged this triadic interaction pattern.

Purpose:
We will describe and demonstrate how we have rearranged our original interactive role as NBO practitioners to act as coaches to support the parents’ observational skills on how to read and respond in a sensitive way to their infant’s behavioral signals.

Description:
As far as the regional health authorities allow, we arrange for safe live meetings with the parents and their infant, either in the clinic or in the family’s home. The NBO practitioner keeps a physical distance of 2 meters from the parent-infant dyad while simultaneously encouraging joint attention on the infant’s behavior. In this “hands behind the back” approach, the NBO practitioner keeps her hands behind her back while coaching the parents to pay attention to the infant’s AMOR behavioural system, while the mother or father interact with the infant according to the items in the NBO observational system. During the parent-infant interaction the NBO coach makes “in-the-moment-comments” on the infant’s behavioral signals, on the parenting behavior and on the infant’s responses. We will illustrate our points with illustrations and short video clips from the NBO.

Conclusions:
The role as NBO coach involves strengths and weaknesses, which have the potential to lead to more opportunities than challenges if we succeed in building a holding environment in which parents feel safe and supported while engaging with their infant.
Remote NBO Training and Implementation in the Context of the Global Pandemic in a University Post-Graduate Infant Mental Health Program: Challenges and Benefits

Presentation with the symposium titled; The NBO in Covid Times: How can the NBO be conducted virtually to build a strong parent-infant relationship? Lessons from Pakistan, Australia, Norway, and the United States

Dr Alexandra Harrison¹, Sarah Strong¹, Gretchen Becker Crabb¹

¹University of Wisconsin School of Medicine and Public Health, Madison, United States

Biography:
Dr. Clark is Professor of Psychiatry and Director of the University of Wisconsin Infant, Early Childhood and Family Mental Health Capstone Certificate Program. Her research and publications focuses on prevention and treatment of parent-child early relational disturbances and she is the developer of the Parent-Child Early Relational Assessment (PCERA). She is currently conducting a randomized trial examining the integration of the Mother-Infant Therapy Group (M-ITG), a relational treatment approach for postpartum depression, in home visiting programs in low income, underserved urban, rural and Tribal populations.

INTRO:
The COVID-19 pandemic presents challenges in training practitioners to facilitate the NBO while increasing the need for attuned approaches to support early relationships during a time of increased isolation. The University of Wisconsin Infant, Early Childhood and Family Mental Health Capstone Program provides remote adaptations in NBO training and longitudinal implementation in mental health, early intervention and home visiting work with racially and ethnically diverse families from rural, urban, and Tribal communities.

PURPOSE:
The remote preparation of practitioners to engage parents in the earliest months after delivery in observing and reflecting on their infants’ capacities and supporting their capacity to mentalize their infants’ experience will be illustrated. We strive to develop attuned, culturally sensitive and respectful relationships with our learners that will mirror their engagement with parents. The parent’s role as in vivo administrator and primary observer necessitated by the remote platform will be demonstrated.

DESCRIPTION:
The Infant Family Mental Health Capstone Program provides training for interdisciplinary practitioners working with families during prenatal, postpartum and early childhood periods. The remote NBO training includes all didactic modules of the traditional training. Additional video conducted both in-person and remotely is used to provide opportunities to practice observation and relational skills in application of the remote NBO. Practitioners facilitate the NBO with parents via a remote platform with the parent engaged as administrator and primary observer and the practitioner serving as facilitator, wondering with and validating parent’s further discovery of their newborn. Small Reflective Practice groups with an NBO trainer provide learners the opportunity to share their experiences with the remote NBO.

CONCLUSION:
While it presents challenges, benefits of utilizing a remote platform post-pandemic as an augmentation to the NBO training and implementation may increase access and follow-up, further strengthening relationships and honoring parents as primary observers and knowers of their infants.
The interplay between parental and infant psychopathology

Professor Miri Keren

Geha Mental Health Center And Tel Aviv University Medical School, Kfar Saba, Israel

Biography:
Assoc. Prof. Campbell Paul is a Consultant Infant Psychiatrist at the Royal Children’s and Royal Women’s Hospitals Melbourne and Honorary Principal Fellow in the Department of Psychiatry at the University of Melbourne. Has established and delivered postgraduate courses in Infant and Parent Mental Health since 1992. Has developed models of working in therapeutic groups with troubled parents and infants. He is President-Elect of the World Association for Infant Mental Health.

Anne Laure Sutter Dellay is Head of the Perinatal Psychiatry Network at Pole UnivA-CH Charles Perrens Bordeaux 9France) and Senior Researcher at INSERM1219 Bordeaux Population Health -University of Bordeaux

Introduction: This symposium will try to capture different situations that illustrate complex interplay between infant’s and parent’s risk factors.

Purpose: To show how one needs to be aware of the bidirectional interplay between parental and infant psychological and physical factors.

Description of the symposium: Anne Laure Sutter (France) will review current knowledge on the maternal risk factors for postpartum depression that have already largely well explored, and will focus on the role of the infant’s characteristics in the spiral of interactive disorders in the context of PND that is relatively unexplored and then will present the results of her longitudinal study on 11.643 dyads analysis of the ELFE cohort. Another situation of complex interplay between infant’s and parents’ risk factors is infant’s severe and chronic illness which necessitates prolonged periods of hospitalization, and often requiring intrusive and frightening treatment interventions. Babies themselves can be frightened and traumatized demonstrating post-traumatic stress symptoms in hospital, and this is especially so if their own parents feel unable to psychologically support the child because of their own intense fear and traumatic stress symptoms. Campbell Paul (Australia) will present the Royal Children Melbourne hospital approach to support the attachment and engagement between very sick infants and their parents using interventions such as infant-parent psychotherapies and the Newborn Behavioral Observation. In research studies as well as in clinical intervention program, fathers’ mental health is rarely addressed, in spite of their having become progressively more involved and integrated into the parenting roles due to women/mothers’ increasingly active role in the workforce, to the change in culture about masculinity, men, and fatherhood and to growing equality in gender roles. Miri Keren (Israel) will review and illustrate through a case vignette what is known and unknown about the impact of paternal psychopathology on parenting behaviors and infant’s outcomes.
Role of infant’s factors in the genesis of postnatal depression: results from the ELFE cohort

*Presentation with the symposium titled; The interplay between parental and infant psychopathology*

Professor Miri Keren, Anne Laure Sutter

Introduction: The risk factors for the occurrence of maternal postnatal depression (PND) have been largely explored. However, while it is probably one of the main factors that make these depressions truly specific, the impact of infant’s factors in the pathogenesis of PND remains relatively unexplored.

Objective: To review the current knowledge and to explore the causal pathways between maternal postnatal depression and infant’s factors at 2 months post-partum in a large general population sample.

Methods: We used data from the French longitudinal study from infancy to adulthood “Etude longitudinale Francaise depuis l’Enfance (ELFE). Available information about risk and protective factors were collected during the maternity stay (through mother or medical records) and at 2 months by a telephone call to the mother. Post-natal depression was evaluated at 2 months with the Edinburgh Postnatal Depression Scale. Exploratory analysis and a structural equation model were used to investigate the causal pathways between infant’s factors and PND.

Results: Among our sample of 11,643 dyads, we found main effects of infant’s self-regulation skills on the severity of PND, when maternal ability to understand infant cry and hospitalization had low direct effects, as well as indirect ones, mediated by infant’s self-regulation skills.

Conclusion: Perinatal support to new mothers should take into account infant’s vulnerability.
Infants with serious and complex illnesses: understanding the infant and parent experience in the context of parental mental illness

*Presentation with the symposium titled; The interplay between parental and infant psychopathology*

Professor Miri Keren, **Associate Professor Campbell Paul**

*Royal Childrens Hospital, Melbourne, Australia*

Introduction: Infants and very young children may experience severe and chronic illness which sees them admitted to hospital for prolonged periods of time, and often requiring intrusive and frightening treatment interventions.

Aims: This presentation will explore the infant’s experience and how to support them in the context of severe parental stress and mental illness.

Description: This paper will describe an approach to support the attachment and engagement between very sick infants and their parents in hospital using interventions such as infant-parent psychotherapies and the Newborn Behavioral Observation. Babies themselves can be frightened and traumatized and demonstrate post-traumatic stress symptoms. This is especially so if their parents feel unable to psychologically support the child because of their own traumatic stress symptoms. Hospital consultation liaison infant mental health program is well-placed to work with each of the infant, parents and the caregiving staff to better understand the emotional and psychological needs of the infant. Infant mental health consultation and liaison services have been developed to attempt to minimise the potentially enduring traumatic effects for children, families and staff. Conclusion: In the context of complex medical nursing care and uncertainty about survival, parents may find it very difficult to feel emotionally close and attached to their infants. Hospital and community mental health services need to provide mental health care for each of infants and parents.
The impact of paternal psychopathology on parenting behaviors and infant’s outcome

*Presentation with the symposium titled; The interplay between parental and infant psychopathology*

**Professor Miri Keren**

Introduction: Father Involvement has been linked to positive child mental and medical health outcomes from pregnancy to childhood that persists through adulthood. When the mother’s ability to parent is impaired, fathers tend to function as a buffer between negative maternal behaviors and potential negative impacts on child outcomes. On the other hand, paternal mental health problems can dampen a father’s ability to engage effectively with his child. Just as in a mother’s case, a father’s mental health problems can be preexistent or onset concurrently with parenthood. The father’s vulnerability to mental health problems can be influenced by multiple, diverse predictors including, but not limited to, genetic, psychological, socioenvironmental, and potentially even biological factors.

Purpose: To increase both clinicians and researchers’ awareness of the need to actively address the fathers’ mental health, especially but not only, in the first year post-partum.

Description: As we will review the existing data on parental psychopathology, we will emphasize how different can be fathers’ manifestations of emotional distress from mothers’. Through a clinical vignette, we will show the impact of paternal Obsessive Compulsive Disorder on his parenting behaviors and their link with his 3 years-old boy’s clinical symptoms of aggression, anxiety and oppositionality.

Conclusion: It is due time to address paternal mental health, not less than maternal mental health, when one formulates the context of the very young child’s clinical symptoms.
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Strengthening relationships with young children: New twists on evidence-based treatments

Dr Robin Gurwitch

*1Duke University Medical Center, , United States

**Biography:**
Robin Gurwitch, Ph.D., a Clinical Psychologist and Professor at Duke University Medical Center, specializes in work with children considered at-risk. Dr. Gurwitch is one of only 21 PCIT-International certified Master Trainers world-wide in Parent-Child Interaction Therapy (PCIT). She is recognized as the leader in the military adaptation of PCIT. She has recently co-developed a PCIT module for children with trauma histories. Dr. Gurwitch is a co-developer of Child-Adult Relationship Enhancement (CARE), a program based on PCIT and other EBTs designed to improve behaviors in children/teens. Additionally, she is a recognized expert on the impact of disasters/large-scale traumas on children/families.

A strong relationship with one caring adult is a primary predictor of positive outcomes for children after trauma and for building resilience. This relationship may be with parents/caregivers or with other adults in the children’s lives. With approximately 400,000 children in the USA foster care system and more at risk for family disruptions, evidence-based programs targeting this specific population are essential.

Parent Child Interaction Therapy (PCIT) is one of the strongest evidenced based treatments (EBT) for young children with significant behavior problems, typically with strained family relationships. Outcomes of this assessment-driven, criteria-based, short-term intervention include: improvements in the parent/caregiver-child relationship, pro-social skills, positive generalization to school and untreated siblings and reductions in trauma symptoms, maternal depression, and parenting stress, and re-abuse rates. Consistently receiving the highest ratings for an EBT, including for child maltreatment and child welfare populations, PCIT was not developed specifically for trauma. PCIT therapists report incorporating trauma knowledge into PCIT efforts. But, there is no consistent approach for blending trauma understanding with this EBT while maintaining the integrity of the model and dissemination with high fidelity. With a twist on PCIT, a trauma module has been developed for PCIT. This adaptation is being led by two PCIT Master Trainers (USA) and implemented by skilled Australian PCIT therapists.

As children interact with multiple adults each day, improving relationships in any setting is important. Developed from multiple EBTs for children, Child Adult Relationship Enhancement (CARE) is a set of skills with a strong trauma-informed theoretical grounding. CARE is not a therapy, but is a positive twist on these for any adult who interacts with children, especially parents/caregivers. Findings and satisfaction are positive for CARE across a variety of settings.
This symposium provides an overview of PCIT, with a focused presentation on the PCIT trauma module, using examples of the skills and its implementation with families. Similarly, an overview of CARE will be presented along with a focused look at its implementation for parents/caregivers with children considered high-risk for relationship and behavioral challenges. A discussion of implementation, dissemination, and next steps will conclude this symposium.
An overview of PCIT and CARE: Interventions to build relationships

Presentation with the symposium titled; Strengthening relationships with young children: New twists on evidence-based treatments

Dr Robin Gurwitch¹, Dr Robin Gurwitch²
¹DePaul University, United States, ²Duke University Medical Center, United States

Biography:
Christina Warner-Metzger, Ph.D., directs the Parent-Child Interaction Therapy (PCIT) Program at DePaul University’s Family and Community Services. She is 1 of 21 PCIT International Certified Master Trainers worldwide and a Child-Adult Relationship Enhancement (CARE) co-developer, which provides her with clinical expertise in PCIT and CARE training and dissemination. Dr. Warner-Metzger has served as a trainer and consultant for PCIT dissemination efforts across the United States, as well as Australia. Dr. Warner-Metzger’s clinical and research interests include Autism Spectrum Disorders (ASD), developmental disabilities, disruptive behavior disorders, trauma-informed systems, underserved populations, barriers to treatment participation, and dissemination efforts.

An increased focus of infant and early childhood mental health is on the identification of programs designed to strengthen family relationships, creating an environment in which young children can best meet their full potential. Parent-Child Interaction Therapy (PCIT) and Child Adult Relationship Enhancement (CARE) are two such programs. PCIT, one of the strongest evidence-based treatments (EBT) available for young children and their families, repeatedly receives the highest ranking possible in EBT reviews. Recently, the USA Families First Prevention Services Act endorsed PCIT for use with children considered at-risk (e.g., those involved in the child welfare system, children exposed to traumatic family relationships). Originally developed for children with disruptive behaviors, PCIT is also effective in addressing internalizing problems. Research studies show numerous positive outcomes: improved child behaviors, improved parent-child relationships, generalization to school and untreated siblings, reduced parenting stress, decreased maternal depression. This assessment-driven, criteria-based therapy involves in vivo coaching of the parent/caregiver and child to change their interaction patterns, producing a secure and positive relationship while also teaching the parent/caregiver a positive discipline program that can be implemented across settings. Child Adult Relationship Enhancement (CARE) is a trauma-informed set of skills based on PCIT and other EBT parenting programs and designed for all adults interacting with children/teens. While the goal is to strengthen these relationships, it is especially important for positive relationships to exist between children and their parents/caregivers. While CARE is not a therapy, the skills appear to make a significant difference in children’s behaviors as well as with caregivers’ perceptions and their satisfaction with the program. This presentation will provide an overview of PCIT and CARE. It will cover appropriate populations and settings, review the science behind these interventions, and will discuss dissemination and implementation efforts in the United States and globally.
PCIT through a trauma lens: A novel adaptation

*Presentation with the symposium titled; Strengthening relationships with young children: New twists on evidence-based treatments*

**Ms Nerissa Flanagan¹, Dr Robin Gurwitch¹**

¹Department of Communities and Justice, Hunter and Central Coast Region, Australia

**Biography:**

Jessica Warren is a registered psychologist who has worked with children and families with complex trauma histories for the past 13 years. Currently working for the statutory child protection agency Department of Communities and Justice (DCJ), Jessica’s particular area of interest is trauma treatment in very young children. To that end, Jessica is trained in a variety of therapeutic modalities including Trauma-Focused Cognitive Behavioural Therapy and Parent-Child Interaction Therapy (PCIT). Jessica is a level 1 trainer in PCIT and has assisted DCJ to roll this training out to internal psychologists statewide.

With approximately 400,000 children in the USA foster care system, often due to trauma-related issues, evidence-based treatments targeting this specific population are essential. PCIT has shown significant improvements for children in the child welfare system, those with trauma symptoms, and caregivers with a history of child maltreatment. PCIT has been cited in a review of EBTs for child maltreatment as one of the three best treatments available. However, PCIT was not developed specifically for this population. The importance of trauma-informed interventions continues to recognized. PCIT therapists report incorporating their knowledge of trauma into their PCIT efforts. However, there has yet to be a consistent approach for exactly how to blend an understanding of trauma with this evidence-based treatment in order to maintain the integrity of the model and allow for dissemination with high fidelity. Using an approach first advanced for working with children with severe separation anxiety, this trauma adaptation inserts a Trauma-Directed Interaction (TDI) phase between CDI and PDI phases of PCIT. This presentation will review the components and provide examples of the skills in TDI. It will discuss collaborative efforts between PCIT Master Trainers from the USA and PCIT therapists in Australia to pilot the efficacy of TDI, thus resulting in a consistent approach for PCIT therapists working with children with trauma histories and their families. Lastly, the presentation will share next steps of this novel adaptation.
Child-Adult Relationship Enhancement (CARE): Strengthening relationships for our youngest children

*Presentation with the symposium titled; Strengthening relationships with young children: New twists on evidence-based treatments*

Dr Robin Gurwitch, **Dr Christina Warner-Metzger**

1Department of Communities and Justice (DCJ) in New South Wales, Australia, 2DePaul University, ,

**Biography:**
Nerissa Flanagan, Clinical Psychologist, from the Department of Communities and Justice (DCJ) in New South Wales, Australia with a Master’s degree in Clinical Psychology. She is currently a certified Parent-Child Interaction Therapy (PCIT) therapist and a Level 1 PCIT trainer certified with PCIT International. Mrs Flanagan is one of two PCIT Level 1 trainers employed by DCJ.

Her work also includes providing evidence-based psychological interventions for children and young people involved with the NSW Child Protection system who have experienced trauma, abuse and neglect. Mrs Flanagan also provides interventions with their parents, relative and foster carers.

Child Adult Relationship Enhancement (CARE) is an evidence-informed program based on four evidence-based parenting programs: Parent-Child Interaction Therapy, Incredible Years, Parent Management Training-Oregon model and Helping the Non-Compliant Child. There is a growing evidence base for the program with several randomized controlled trials completed. The general CARE application is appropriate for a multitude of groups including parents/foster parents, health (PriCARE and ICARE) and mental health professionals, allied health professionals, shelter and treatment center staff, allied health professionals, child welfare staff, and in-home visitors. CARE has been adapted for use across a variety of settings and populations such as school and childcare settings (CARE in the Classroom) and for use with military families and supporting personnel (CARE for Families who Serve). CARE is appropriate for use for children ages 2-18; materials vary based on age group addressed. CARE trainings combine didactic information, participant discussion, and videos, games, and live practice to support adult learning. To date, more than 10,000 adults have received CARE training across the United States. This presentation will focus on how CARE can be taught to parents/caregivers to decrease risk for disruptive placements. With a strong trauma underpinning, a discussion around the impact of CARE in families where trauma has occurred will be incorporated into the presentation.
Understanding and managing medical trauma for infants and their parents in the tertiary paediatric hospital setting.

Dr Susan Wilson¹, Ms Lisa Findlay¹, Dr Alexandra De Young¹, Dr Megan Chapman², Sophie Oldfield²
¹Child and Youth Mental Health Service, Children’s Health Queensland Hospital and Health Service, Brisbane, Australia,²Mental Health Service, Royal Children’s Hospital, Melbourne, Australia, ³Complex Colorectal Service, Royal Children’s Hospital, Melbourne, Australia

Biography:
Dr Susan Wilson, Children’s Health Queensland Hospital and Health Service, Brisbane, Queensland, Australia
Ms Lisa Findlay, Allied Health Service, Children’s Health Queensland Hospital and Health Service, Brisbane, Queensland, Australia
Dr Alexandra De Young, Queensland Centre for Perinatal and Infant Mental Health, Children’s Health Queensland Hospital and Health Service, Brisbane, Queensland, Australia
Dr Megan Chapman, Mental Health Service, Royal Children’s Hospital, Melbourne, Victoria, Australia
Dr Kim Gilson, Complex Colorectal Service, Royal Children’s Hospital, Melbourne, Victoria, Australia

Infants, toddlers and pre-schoolers are numerically overrepresented in tertiary paediatric hospital settings and represent the highest risk population for exposure to medical trauma. As the specialities within paediatric medicine and surgery continue to develop the range of life saving treatments, infants are spending longer in hospital and being exposed to a greater variety of interventions. These interventions have the potential to impact on infants’ immediate mental health and ongoing emotional development, in addition to the wellbeing and availability of their parents. This symposium seeks to explore the experiences of infants and their parents in the tertiary and quaternary paediatric hospital setting and the types of infant mental health interventions that may ameliorate and treat the impacts of medical trauma. Speakers are drawn from two paediatric hospitals in different Australian states, working with different populations of infants and with diverse professional backgrounds including clinical psychology, occupational therapy, psychiatry and paediatrics. The symposium will include presentation of research findings and clinical material as well as data related to service development and advocacy.
Prioritising infant mental health in a paediatric hospital setting – infants, attachment and medical trauma.

Presentation within symposium titled: *Understanding and managing medical trauma for infants and their parents in the tertiary paediatric hospital setting.*

**Dr Susan Wilson**
1. Child and Youth Mental Health Service, Children’s Health Queensland Hospital and Health Service, Brisbane, Australia

**Biography:**
Dr Susan Wilson, Children’s Health Queensland Hospital and Health Service, Brisbane, Queensland, Australia
Ms Lisa Findlay, Allied Health Service, Children’s Health Queensland Hospital and Health Service, Brisbane, Queensland, Australia
Dr Alexandra De Young, Queensland Centre for Perinatal and Infant Mental Health, Children’s Health Queensland Hospital and Health Service, Brisbane, Queensland, Australia
Dr Megan Chapman, Mental Health Service, Royal Children’s Hospital, Melbourne, Victoria, Australia
Dr Kim Gilson, Complex Colorectal Service, Royal Children’s Hospital, Melbourne, Victoria, Australia

**INTRODUCTION**
Infants (0-2 years) make up a sizable proportion of all admissions to paediatric hospitals. Infants (0-12 months) also tend to stay longer than older children. Research has highlighted that infants require exposure to a range of experiences to develop optimally (Schore 1996). Overwhelming experiences can impact on the developing brain (Perry, 1995). The socio-emotional experiences of infants may be overlooked when their physical health needs are prioritised.

**Aims or PURPOSE**
This paper aims to provide an overview of the socio-emotional needs of infants who experience medical trauma in the context of admission to tertiary paediatric hospitals, with specific reference to the Queensland Children’s Hospital. Ways in which these needs may be supported will be explored.

**DESCRIPTION**
In 2019 infants represented 22.9% of all admissions and 28.1% of occupied bed days at the Queensland Children’s Hospital. Referrals of infants to the Consultation Liaison mental health team do not reflect their numerical and developmental importance. Advocacy and education of hospital staff is required to highlight the needs of all infants in this setting. This paper will address the role of attachment in hospitalized infants exposed to medical trauma and the ways in which infant-parent attachment may be supported and prioritized in a paediatric hospital setting to improve outcomes.

**CONCLUSIONS**
It can be argued that in a hospital setting, infants represent the most vulnerable population – unwell, frightened and in pain, without a voice of their own. They need clinicians to join with their parents in providing that voice and advocacy, so their needs are not overlooked.
Occupational therapy for medically traumatised infants: supporting best performance in parent and infant occupations.

Presentation within symposium titled: Understanding and managing medical trauma for infants and their parents in the tertiary paediatric hospital setting.

Dr Susan Wilson
1
1Allied Health Service, Children’s Health Queensland Hospital and Health Service, Brisbane, Australia

Biography:
Dr Susan Wilson, Children’s Health Queensland Hospital and Health Service, Brisbane, Queensland, Australia
Ms Lisa Findlay, Allied Health Service, Children’s Health Queensland Hospital and Health Service, Brisbane, Queensland, Australia
Dr Alexandra De Young, Queensland Centre for Perinatal and Infant Mental Health, Children’s Health Queensland Hospital and Health Service, Brisbane, Queensland, Australia
Dr Megan Chapman, Mental Health Service, Royal Children’s Hospital, Melbourne, Victoria, Australia
Dr Kim Gilson, Complex Colorectal Service, Royal Children’s Hospital, Melbourne, Victoria, Australia

INTRODUCTION
The occupations and “co-occupations” of parent and infant are core considerations for the occupational therapist working with infants in the acute care setting. Long term or traumatic admission can impact upon confidence in (and execution of) practical and intuitive caregiving roles.

AIMS or PURPOSE
This presentation will describe how Occupational Therapy works with allied health and consultation liaison mental health teams at the Queensland Children’s Hospital to support the best performance of both infant and parent in their “occupations”. A clinical case study will be referenced throughout to demonstrate the practical application of Occupational Performance theory in supporting Infant Parent Mental Health with medically traumatised infants.

DESCRIPTION
Supporting the occupations of infancy may involve: - Providing parents with targeted supports and resources to improve autonomy and deliver confident cue based care in the hospital environment. - Supporting confidence in adapting handling the fragile infant in nurturing roles such as feeding and bathing - Exploring practical parent roles when feeding, comforting and bathing not possible during hospitalisation - looking at altered cues and pacing when infants are unwell - Helping parents to share their expertise about the infant with all involved in care - Looking at sibling roles and provision of resources to manage the common issues experienced by siblings - Supporting and advocating for the infant’s regulation, routine, sleep, adjustment to hospital environment and the “just right” developmental experiences.

CONCLUSIONS
The medically traumatised infant and family face many disruptions to typical roles. Occupational Therapists support parents and infants to manage hospitalisation to ensure best possible infant parent wellness and infant development.
Medical trauma during early childhood: implications for clinical practice.

Presentation within symposium titled: Understanding and managing medical trauma for infants and their parents in the tertiary paediatric hospital setting.

Dr Susan Wilson
Queensland Centre for Perinatal and Infant Mental Health, Children’s Health Queensland Hospital and Health Service, Brisbane, Australia

Biography:
Dr Susan Wilson, Children’s Health Queensland Hospital and Health Service, Brisbane, Queensland, Australia
Ms Lisa Findlay, Allied Health Service, Children’s Health Queensland Hospital and Health Service, Brisbane, Queensland, Australia
Dr Alexandra De Young, Queensland Centre for Perinatal and Infant Mental Health, Children’s Health Queensland Hospital and Health Service, Brisbane, Queensland, Australia
Dr Megan Chapman, Mental Health Service, Royal Children’s Hospital, Melbourne, Victoria, Australia
Dr Kim Gilson, Complex Colorectal Service, Royal Children’s Hospital, Melbourne, Victoria, Australia

INTRODUCTION
Infants, toddlers and preschoolers represent the highest risk population for exposure to medical trauma. Despite this, very little clinical or research attention has focused on understanding and addressing the psychological needs of this vulnerable population.

AIMS or PURPOSE
This presentation will review and discuss the findings from longitudinal research that has been conducted at children’s hospitals in Brisbane, Australia, over the past 13 years with young injured children (aged 1-6 years) and their parents.

DESCRIPTION
The following findings from this research will be presented: (1) prevalence, comorbidity and course of trauma reactions in young injured children and their parents, (2) developmental considerations, (3) procedural pain, (4) validation of screening tools, and (5) early intervention.

CONCLUSIONS
This research has important implications for the current and future management of trauma reactions in young children and their families.
What becomes of the broken hearted? Infant mental health interventions with very young children with complex heart disease.

Presentation within symposium titled: Understanding and managing medical trauma for infants and their parents in the tertiary paediatric hospital setting.

Dr Susan Wilson¹
¹Mental Health Service, Royal Children’s Hospital, Melbourne, Australia

Biography:
Dr Susan Wilson, Children’s Health Queensland Hospital and Health Service, Brisbane, Queensland, Australia
Ms Lisa Findlay, Allied Health Service, Children’s Health Queensland Hospital and Health Service, Brisbane, Queensland, Australia
Dr Alexandra De Young, Queensland Centre for Perinatal and Infant Mental Health, Children’s Health Queensland Hospital and Health Service, Brisbane, Queensland, Australia
Dr Megan Chapman, Mental Health Service, Royal Children’s Hospital, Melbourne, Victoria, Australia
Dr Kim Gilson, Complex Colorectal Service, Royal Children’s Hospital, Melbourne, Victoria, Australia

INTRODUCTION
Medical and surgical interventions for very young children with complex heart conditions have increased in both success and complexity. This can result in long hospitalisations, or multiple hospital admissions. Although potentially lifesaving, there can be significant implications for both immediate mental health and ongoing emotional development.

AIMS or PURPOSE
This paper outlines clinical work by an Infant Mental Health (IMH) team at a quaternary paediatric hospital serving as the national cardiac transplant centre. It reflects on the contrasting experience of young children with congenital heart conditions requiring multiple hospital admissions verses those previously well finding themselves hospitalised on a ventricular assistance devise (VAD) awaiting heart transplantation.

DESCRIPTION
Very young children undergoing lifesaving medical treatment can have mental health needs rivalling the complexity of their heart condition. They live and grow within a system characterised by layers of trauma: direct medical trauma, trauma within infant-parent relationships and between parents, and trauma and ruptures occurring both between and within hospital systems. This paper outlines how multilayered IMH interventions can be employed within this environment to treat and protect against the impact of trauma, drawing on both a nested mentalization approach (Slade et al., 2016) while still working directly with the Baby as Subject (Paul and Thomson-Salo, 2014).

CONCLUSIONS
Infants and young children with complex cardiac conditions are vulnerable to medical trauma impacting on their mental health. IMH interventions, targeted both directly and systemically, can decrease distress in this population.

Reducing the impact of medical trauma for parents and infants in the complex colorectal service within a paediatric hospital.

*Presentation within symposium titled: Understanding and managing medical trauma for infants and their parents in the tertiary paediatric hospital setting.*

Dr Susan Wilson

1Complex Colorectal Service, Royal Children's Hospital, Melbourne, Australia

**Biography:**

Dr Susan Wilson, Children’s Health Queensland Hospital and Health Service, Brisbane, Queensland, Australia

Ms Lisa Findlay, Allied Health Service, Children’s Health Queensland Hospital and Health Service, Brisbane, Queensland, Australia

Dr Alexandra De Young, Queensland Centre for Perinatal and Infant Mental Health, Children’s Health Queensland Hospital and Health Service, Brisbane, Queensland, Australia

Dr Megan Chapman, Mental Health Service, Royal Children's Hospital, Melbourne, Victoria, Australia

Dr Kim Gilson, Complex Colorectal Service, Royal Children’s Hospital, Melbourne, Victoria, Australia

**INTRODUCTION**

The Complex Colorectal Service at the Royal Children’s Hospital, Melbourne sees paediatric patients with Anorectal Malformations (ARMs), Hirschsprung’s Disease (HD) and chronic constipation. The former two conditions are often diagnosed within the days after birth. These infants need a series of surgeries during their first year of life and frequent medical reviews. From birth, parents experience a confronting process of adjustment to their baby’s diagnosis, dealing with multiple surgical procedures, and integrating healthcare into long term family life. There is a great need to ensure preventative approaches exist that reduce the impact of medical trauma in both the infant and their families.

**AIMS or PURPOSE**

The Complex Colorectal Service has recently established a psychological service for patients and their families. Part of this service is to establish a new trauma-informed model of care for parents and their infant with an ARM and HD, this talk will introduce this body of work.

**DESCRIPTION**

Development of the model of care started in September 2019 and began to be implemented with infants (aged 0-4 years) in late October 2019. Components include psychologist meet-and-greet visits following diagnosis, ongoing follow up to discuss adjustment and opportunity for face to face clinic appointments and joint consults with the surgeon. For older infants, pre and post-operative discussions about surgery and plans to minimise their anxiety take place. Invasive and confronting procedures that parents perform on their infant following surgery, namely anal dilatations, are supported through the provision of educational consults held jointly with the clinical nurse consultant and trauma informed information sheets.

**CONCLUSIONS**

Conclusions will be discussed in context of clinical processes and initial outcomes observed from October 2019-May 2020. A flow chart of service provision is presented.
Interventions for Mothers with Substance Use Disorders and their Infants: Pregnancy through Infancy

Dr Lela Rankin Williams

1Arizona State University, Tucson, United States

Biography:
Anna Herriott (Paper 1) has her PhD in Sociology & Social Work and is a Postdoctoral Fellow at the University of Chicago. Ruth Paris (Paper 2) has her PhD in Social Welfare and is an Associate Professor at Boston University. Lela Rankin Williams (Paper 3) has her PhD in Family Studies and Human Development and is an Associate Professor at Arizona State University. Emily Bosk (Paper 4) has her PhD in Sociology and Social Work and is an Assistant Professor at Rutgers University. Sharon Dawe (Discussant) is a Professor of Clinical Psychology at the School of Applied Psychology, Griffith University.

Mothers with substance use disorders (SUDs) face a variety of challenges, which make parenting difficult. Stigma, histories of trauma, stress, depression, and disrupted neurological reward systems contribute to harsh and insensitive parenting, disrupting infant development with longterm consequences. Additionally, infants born in active withdrawal are irritable, and face difficulties feeding and sleeping. These co-occurring factors create challenges for parenting effectively and place children at greater risk for abuse and neglect.

This symposium informs and assesses interventions accessed by mothers with SUDs and their infants, including: prenatal care, parenting interventions that are trauma- and attachment-informed, hospital-based interventions in the Neonatal Intensive Care Unit (NICU), and residential SUD and parent-infant mental health programs. The first two papers inform interventions from pregnancy (paper 1) into infancy (paper 2). Paper 1 is a qualitative examination of prenatal care in the context of SUDs from the perspectives of postpartum women and health care providers and the importance of nonjudgmental approaches in caring for women with SUDs. Paper 2 examines parenting practices among mothers with SUDs and identifies parenting stress as the most salient predictor, and mediator of infant trauma, on infant socioemotional development. The last two papers assess interventions and services for mothers at delivery (paper 3) into infancy (paper 4). Paper 3 examines the impact of Babywearing infants with Neonatal Abstinence Syndrome in the NICU to decrease infant pain and maternal stress (as measured by heart rate). Paper 4 qualitatively assesses problematic parenting behaviors from the perspectives of front-line staff in a residential setting, revealing a gap in integrated SUD and parent-infant mental health treatment programs.

An international expert discussant, known for developing an innovative intervention for parents with SUDs, will synthesize these findings and provide insights into working with mothers with SUDs and their infants to improve maternal and infant health outcomes internationally.
Prenatal care in the context of substance use disorders: Perspectives of postpartum women and health care providers

Presentation within symposium titled: Interventions for Mothers with Substance Use Disorders and their Infants: Pregnancy through Infancy

Anna Herriott1

1University of Chicago, Chicago, United States

Biography:
Anna Herriott has her PhD in Sociology & Social Work and is a Harold A. Richman Postdoctoral Fellow at the University of Chicago.

Introduction: Pregnant women with substance use disorders (SUDs) need support but stigma and fear can be deterrents (Terplan et al, 2015). Prenatal care and patient-provider relationships are essential to improved health outcomes (Lori et al, 2011), which can promote babies’ wellbeing, yet little is known about what facilitates engagement in care.

Aim: This qualitative interview study examines prenatal care and patient-provider relationships from the perspectives of postpartum women with SUDs and providers. Analysis is informed by recognition theory (Honneth, 1992), which emphasizes acknowledging each person’s uniqueness and dignity in interpersonal relationships.

Materials and Methods: Semi-structured interviews were conducted with postpartum women with SUDs (n=19) and providers (n=10) regarding prenatal care. The majority of the postpartum women reported heroin/opiates as their primary substance of misuse. Using a two-layered thematic analytical approach – data-driven and informed by recognition theory – this research offers a comprehensive examination of prenatal care in the context of SUDs.

Results: The majority of the women reported entering prenatal care newly motivated, worried about their babies, and having experienced feeling judged. However, most of the women reported their providers were nonjudgmental, caring, and informative. Providers facilitated connection by fostering trust and comfort. For some women, this resulted in them feeling like they “deserve to be treated like a person.” The majority of the providers reported approaching prenatal care with women with SUDs nonjudgmentally and compassionately. Findings underscore the salience in acknowledging the worth and dignity of pregnant women with SUDs in fostering engagement in prenatal care.

Conclusions: These findings, while limited, highlight the need for compassionate prenatal care for pregnant women with SUDs. Such care may lead to improved outcomes for mothers and babies. Future research should assess whether these approaches by professionals working with women with SUDs are occurring in other settings, including child welfare and SUD treatment programs.
Who Parents the Parents?

*Presentation within symposium titled: Interventions for Mothers with Substance Use Disorders and their Infants: Pregnancy through Infancy*

**Dr. Emily Bosk**¹, Ms Alicia Mendez¹, Dr Debra Ruisard², Ms Kimberly Hokanson³

¹Rutgers University, New Brunswick, United States, ²The Center for Great Expectations, Somerset, United States, ³Boston College, Boston, United States

**Biography:**

Emily Bosk is an Assistant Professor of Social Work and a Faculty Affiliate with the Institute for Health, Health Policy, and Aging Research, the Center for Violence Against Women and Children, and the Department of Sociology. Trained as both a sociologist and a clinical social worker, Dr. Bosk works at the intersection of social theory and applied practice. Her research uses rigorous social science methods to theorize how organizations and individuals understand and intervene with vulnerable children and families and to trace out the policy and background of interventions in this arena.

Background and Purpose: As a group, caregivers with a Substance Use Disorder (SUD) are more likely to utilize a range of maladaptive parenting strategies which negatively impact infant’s socio-emotional development. Integrated residential SUD and parent-infant mental health (PIMH) programs for caregivers and their infants offer an innovative approach to intervention. However, little is known about how PIMH principles are integrated across program staff. This study seeks to fill this gap in order to identify areas for improvement in program development.

Methods: Data was collected through observation of and semi-structured interviews with frontline staff at a residential SUD and PIMH program. Utilizing grounded theory, all data was initially analyzed using an open coding strategy. Next, concepts reflecting recurring themes in the data were identified and a codebook was developed. The authors then re-analyzed the data deductively using the codebook and resolved disagreement through consensus.

Results: Patterned differences among approaches to maladaptive parenting strategies emerged by role and parenting status. Residential Associates (RAs) reported they did not have official guidance for negotiating maladaptive or harsh parenting behaviors. Instead, each RA devised her own individual response. All but one clinician who were not explicitly trained in PIMH also reported they did not integrate a focus on parenting in their work with clients. Instead, parenting intervention was managed through the PIMH clinician in weekly sessions.

Conclusion and Implications: Findings reveal a potential practice gap in integrated SUD and PIMH residential treatment. A core principal of PIMH is reflective and “in the moment” intervention. These principles are likely to be negatively impacted by inconsistent messages to parents across treatment team members. Staff who do not have experience with PIMH should be trained in basic principles of PIMH intervention. Enhanced coordination between the PIMH clinician and other staff would likely improve outcomes.

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¹ Rutger University, New Brunswick, United States
² The Center for Great Expectations, Somerset, United States
³ Boston College, Boston, United States
“Babywearing” Infants with Neonatal Abstinence Syndrome: Reducing Pain and Stress for Infants and Caregivers

Presentation within symposium titled: Interventions for Mothers with Substance Use Disorders and their Infants: Pregnancy through Infancy

Dr Lela Rankin Williams, Ms Molly Wolfe
1Arizona State University, Tucson, United States

Biography:
Lela Rankin Williams is an associate professor and the associate director of the School of Social Work, Tucson. Williams’ scholarship focuses on preventive parenting interventions for infants, children and families, particularly in vulnerable populations.

Introduction: Infants diagnosed with Neonatal Abstinence Syndrome (NAS) has increased more than fivefold from 1999 to 2014. NAS is commonly associated with maternal opioid use and includes symptoms such as high-pitched crying, tremors, and poor feeding. Infants with NAS are accustomed to drug exposure in utero; when the drug is no longer present, the absence of the stimuli is painful (i.e., elevated heart rate (HR)). Research on skin-to-skin contact has found decreased perceptions of pain during heel prick procedures.

Aim: Does physical contact through Babywearing (i.e. holding or carrying a baby in a cloth carrier worn on the body) have pain-reducing and stress-relieving benefits to infants and caregivers?

Materials and Methods: Physiological readings (N=97 readings, N=15 infants; 53% White, 53% female) were assessed daily in a Neonatal Intensive Care Unit (NICU) when infants were four days old. Heart rates of infants and Individuals Wearing the Infant (IWI; 16% mothers/5% fathers) were taken every 15-seconds before, during, and after carrying the infant in an infant carrier (30 minutes per phase). A 3-Level Hierarchical Linear Model accounted for the nested data (HRs nested within readings, nested within infant-adult dyads) at three time points.

Results: Compared to baseline (infant calm/asleep and without contact), infants and IWIs heart rates’ declined significantly (B=-1.84, SE=.20, p<.001, and B=-.65, SE=.10, p<.001, respectively), indicating reduced pain and stress, both during (20 minutes in the carrier) and after (30 minutes following) using the carrier. There was no significant difference by IWI (mother, father, nurse/volunteer). Infants being treated pharmacologically (morphine, clonidine) had a lower baseline heart rate (B=-10.59, SE=3.28, p=.002) but no significant interaction effects with carrier use.

Conclusions: Babywearing infants with NAS can decrease infant pain and caregiver stress. Promoting Babywearing as a hospital norm and policy can reduce risk for child abuse and neglect.
Social-emotional development in infants of mothers with substance use disorders

*Presentation within symposium titled: Interventions for Mothers with Substance Use Disorders and their Infants: Pregnancy through Infancy*

**Dr Ruth Paris**, Ms Mihoko Maru, Dr Anna Herriott

1Boston University, Boston, United States, 2University of Chicago, Chicago, United States

**Biography:**

Ruth Paris, PhD, is an Associate Professor in the School of Social Work at Boston University. Her expertise includes attachment-based therapeutic interventions for parents and young children; trauma and early childhood in vulnerable populations; substance dependence and parenting; cultural issues in parenting; maternal and early childhood mental health; mixed methods research; and community-based participatory research.

Introduction: Parents with substance use disorders (SUDs) often experience co-occurring stress and depression (Kaltenbach, 2013) which, in addition to infant trauma, may affect infant’s social-emotional development due to problematic caregiving (Romanowicz, et al., 2019).

Aim: Given the global epidemic of substance misuse and the complex interplay among these challenges, we purport to discern factors associated with infant development in order to build targeted parenting interventions.

Materials and Methods: This study utilized baseline data from participants of a dyadic, trauma-focused and attachment-oriented intervention for mothers with SUDs and their very young children. Mothers (N=51) were predominantly white (mean age=30 years) with histories of substance misuse. Many had elevated depression (BSI-D) and parenting stress (PSI) scores and low resiliency (CDRISC). Infants (mean age=22.5 months) averaged four traumatic events (TESI). Using two hierarchical regression models, we tested whether TESI, maternal mental health factors (BSI-D, CDRISC), and PSI predict parent-reported infant social-emotional (SE) development (DECA).

Results: Model one showed that TESI and BSI-D were associated with DECA ($p=0.056$, $B=0.26$; $p=0.02$, $B=-0.32$, respectively; $R^2=0.19$). However, after PSI was added to the model, BSID and TESI were no longer associated, and PSI was the single predictor of infant SE development ($p=0.004$, $B=-0.44$; $R^2=0.33$). Similarly, in model two, TESI and CDRISC predicted DECA ($p=0.003$, $B=-0.29$; $p=0.03$, $B=0.29$, respectively; $R^2=0.18$), yet PSI was found to be the single predictor after it was included in the model ($R^2=0.34$). Further analysis showed that PSI fully mediated the association between TESI and infant SE development.

Conclusions: Results demonstrated that parental stress was the most salient predictor of infant SE development and that it also mediated the impact of the infant’s trauma exposure on their SE development. This small study offers support for targeting parenting stress, along with other challenges, in parenting interventions for mothers with SUDs and their young children.
Innovative therapeutic interventions for infants and their parents with substance use disorders

Dr Ruth Paris

1Boston University, Boston, United States

Biography:
Maarit Andersson, MSS, Organizational consultant Finod, The Federation of Mother and Child Homes and Shelters. Helsinki, Finland
Ruth Paris, PhD, Boston University, Boston, MA, USA
Sharon Dawe, PhD, Griffith University, Brisbane, Australia
Karen Hanson, MSW, Yale Child Study Center, New Haven, CT, USA

Substance use disorders (SUD) during the perinatal period affect both parents and their infants in part due to in utero substance exposure, difficulties in parental emotion regulation and reflective functioning (RF), and frequent absence of parental sensitivity. Parenting challenges continue as the infant grows, possibly influencing cognitive, social and emotional development. Given these difficulties, infant mental health practitioners and researchers in numerous countries have begun developing therapeutic interventions for parents with SUDs and their young children incorporating best practices from trauma and SUD treatment.

In this symposium, four multi-disciplinary scholars from three different countries present innovative therapeutic approaches to working with the above families. The first presentation describes the Holding Tight® model, a Finnish program for working with pregnant women with SUDs and families with infants which supports abstinence during pregnancy and postpartum, good parenting, and optimal maternal RF. The second presentation focuses on BRIGHT, a U.S. home-based dyadic parenting program for women with opioid use disorders, begun in a prenatal clinic and offered during pregnancy through 6 months postpartum aimed at improving maternal RF, mother-child attachment, and child development. The third presentation offers an overview of the Australian Parents Under Pressure [PuP] program, which utilizes mindfulness strategies to improve parental emotion regulation among other approaches. The final presentation explores the details of a U.S. intervention offered in the home, Family-Based Recovery, which uniquely combines substance use and attachment-based dyadic treatments for parents with SUDs and their young children.

In addition to describing the unique and overlapping facets of the different interventions, presenters will discuss culturally-responsive aspects of their programs and engage the audience in a conversation about optimal ways to engage and work therapeutically with parents who have SUDs and their young children.
The Holding Tight® -nationwide treatment system for substance abusing pregnant women and families with infants

*Presentation within symposium titled: Innovative therapeutic interventions for infants and their parents with substance use disorders*

**Mila Pikulinsky**, Dr. Marjo Flykt, Maarit Andersson

1 The Federation of Mother and Child Homes and Shelters, Helsinki, Finland, 2 University of Helsinki, Helsinki, Finland

**Biography:**

Maarit Andersson from The Federation of Mother and Child Homes and Shelters in Finland developed and led the establishment of the nationwide Holding Tight® -treatment system. She has done development work together with rehabilitation workers and researchers. Ms. Andersson has utilized the latest research information on substance abuse rehabilitation and support for early interaction between mother and baby.

Introduction: ‘The Holding Tight’ model is a nationwide system in Finland for substance abusing pregnant women and families with babies. It comprises 7 residential (Mother and Child Homes) and 9 outpatient units. It is co-ordinated by The Federation of Mother and Child Homes and Shelters and started 1998 and has been developed intensively.

Aims: This presentation will describe the model in Finland. The aim of the treatment system is to prevent and minimize fetal exposure to substances by supporting mothers’ efforts to stay abstinent during pregnancy and to support good parenting, motivate abstinence and promote maternal reflective functioning (RF) postpartum.

Description: The residential treatment period lasts from pregnancy to several months postpartum, after which there is an open care period, lasting from several months to about 2-3 years. The residential settings are therapeutic communities. Core ideas in both residential rehabilitation and open care units are: 1. good and supportive relationships and holding environments; 2. examining the substance abuse from the baby’s perspective and seeing parenthood as a resource; 3. supporting the early parent-baby interaction and working in a reflective way. A previous preliminary effectiveness study (Pajulo et al., 2012) showed the model was effective in increasing parental RF, and higher RF decreased substance relapses and child foster care risk. A new effectiveness study involving all treatment units, with a broad focus on both family relationships, substance-use, mental health and child development has recently been started to gain important information on an intensive, integrative nationwide treatment model. Preliminary baseline results will be presented.

Conclusions: The treatment setting has been found to be especially beneficial as it allows for intensive work in daily situations to enhance positive interaction and maternal reflective capacity.
BRIGHT: An attachment-based perinatal parenting intervention for women with opioid use disorders and their infants

Presentation within symposium titled: Innovative therapeutic interventions for infants and their parents with substance use disorders

Dr Ruth Paris¹, Dr Ruth Rose-Jacobs¹, Ms Ashley Short Mejia¹, Ms Annie Query², Ms Mihoko Maru¹
¹Boston University, Boston, United States, ²Institute for Health and Recovery, Cambridge, United States

Biography:
Ruth Paris, Ph.D., is an Associate Professor of Clinical Practice at Boston University School of Social Work and Chairperson of the Clinical Practice Department. At BUSSW, she teaches courses on clinical practice with families, trauma in early childhood and clinical research methods. Her program of research focuses on attachment-based interventions for vulnerable families with young children.

INTRODUCTION: The global epidemic of opioid use disorders (OUD; WHO, 2014) is significant for infant mental health professionals as mothers with OUD’s can exhibit problematic parenting, putting their children at-risk for maltreatment and poor outcomes. Few interventions address the complexities of parenting while in recovery, particularly with an attachment focus. AIMS: This presentation describes BRIGHT, a trauma-responsive home-based parenting intervention for women with OUD, offered during pregnancy through 6 months postpartum. Additionally, preliminary baseline data are presented from an ongoing pragmatic randomized controlled trial (RCT).

DESCRIPTION: BRIGHT is rooted in the principles of Child-Parent Psychotherapy, including weekly mother-child dyadic work to improve maternal reflective functioning, mother-child attachment, and child social-emotional development. During pregnancy the clinician provides emotional support, helps anticipate the birth of the infant and encourages reflective capacities. Postpartum, the clinician additionally fosters positive dyadic connection, wonders about the infant’s feelings and actions, offers developmental guidance, and supports maternal emotion regulation. Trauma and recovery are kept in mind through all sessions. Resource assistance is part of the intervention.

BRIGHT is currently being tested in an RCT beginning in pregnancy, although similar versions were evaluated previously in SUD treatment settings. Outcomes include: maternal reflective functioning; parent-infant interactions; child maltreatment; infant development; and maternal mental health. To date, 19 women are enrolled. Participants are on average 29 years old, mostly White (89%), and unmarried (72%); the majority (72%) have a high school education and prior child welfare involvement (78%). All have histories of opioid misuse, extensive life traumas (mean=16), and 53% were at-risk for PTSD.

CONCLUSION: Addressing parenting and recovery for women with OUD using a trauma and attachment lens, beginning in pregnancy, and including infants after birth, is essential to prevent untoward outcomes for mothers and children. Findings from this RCT will inform best practices for this vulnerable population.
Improving outcomes for children living in families with parental substance misuse: Practice and policy imperatives

Presentation within symposium titled: Innovative therapeutic interventions for infants and their parents with substance use disorders

Sharon Dawes¹, Dr Paul Harnett¹, Dr Jane Barlow²
¹Griffith University, Brisbane, Australia, ²Oxford University, Oxford, United Kingdom

Biography:
Professor Sharon Dawe is a clinical psychologist and academic and has an international reputation in the field of addiction, child and family studies, child maltreatment and child development. Her clinical work focuses on supporting the development of young children and toddlers by supporting parents and carers to provide a safe and nurturing environment. She is the co-developer of the Parents Under Pressure program (www.pupprogram.net.au), designed for complex families that includes parental substance misuse.

Introduction: Improving family functioning and child outcome in families with complex problems including parental substance misuse, mental health problems, and often parental childhood adversity is challenging. Parenting practices are often compromised by difficulties in emotional regulation that result in insensitive parenting practices.

Aims: This presentation provides an overview of the Parents under Pressure (PuP) program and some recent findings from a randomized controlled trial, focused on potential predictors of change.

Description: The PuP program is underpinned by a theoretical framework in which improvement in child outcome is seen as a consequence of increased emotional availability of the parent. This occurs by improving parental emotion regulation by directly targeting psychological symptoms underpinning childhood trauma, mood disorders, substance misuse and other impulsive behaviours.

PuP is typically delivered in family’s homes and tailored to the individual needs of each family. The therapeutic work of improving parental emotional regulation draws from mindfulness strategies. This supports the parent-child relationship which is enhanced by a specific focus on play and shared activities. Supporting parents to manage the complexities of the wider social context such as navigating health, housing and benefit systems is also supported by practitioners helping parents develop action plans and coping skills. Family visits are normally once weekly and the program is supported by online tools and a parent workbook. Two randomized controlled trials and one quasi experimental study support the use of this model with high risk families.

Conclusions: Improving outcomes for children exposed to a range of adverse experiences in early childhood is critical for interrupting the intergenerational cycle of substance misuse, mental health problems and parenting styles. The PuP program indicates that such change is possible, but programs need to extend beyond a focus on parenting skills.
Family-Based Recovery: Parenting as the primary positive reinforcement in substance use treatment

*Presentation within symposium titled: Innovative therapeutic interventions for infants and their parents with substance use disorders*

**Karen Hanson¹**
¹Yale Child Study Center, New Haven, United States

**Biography:**
Karen E. Hanson, LCSW is the Director of Family-Based Recovery (FBR) Services and an Assistant Clinical Professor of Social Work at the Yale Child Study Center. Ms. Hanson has extensive experience treating families impacted by substance use. She is one of the FBR model developers.

Introduction: Many substance use treatment programs define the client as an individual, rarely offering treatment focused on the client as a parent. Conversely, parent-child dyadic treatment refers parents to another program to address substance use. Treatment programs can offer both modalities, substance use and attachment-based dyadic therapy to address the specific needs of the family.

Aims: To provide information on one model that has integrated both modalities to treat parents with a child birth to three.

Description:
Family-Based Recovery (FBR) was developed to address the specific challenges faced by parents diagnosed with a substance use disorder (SUD), who have child protective services involvement and who are actively parenting a child under the age of 36 months. FBR recognizes that the parent-child relationship cannot wait until a parent achieves abstinence and can be a powerful motivator for change. Joining treatment modalities addresses the interrelatedness of parenting and recovery. Each treatment team is composed of two master’s level clinicians and one bachelor’s level support staff that provide in-home contingency management substance use treatment, individual therapy, attachment-based parent-child therapy, developmental screenings, and case management. No matter the treatment component, it is the team’s responsibility to focus the parent on the child’s experience. Home-based treatment affords a unique opportunity for the team to experience how the environment impacts parenting and recovery. FBR offers families treatment up to one year, recognizing that abstinence is only the start of the recovery process. Parents need support in learning how to live life in recovery, treatment for underlying psychological issues and opportunities to process how recovery impacts parenting. Since 2007, FBR teams have treated 1,785 families. At discharge, 81% of children were living with a biological parent.

Conclusion: In-home treatment that provides concurrent SUD treatment and parent-child dyadic therapy allows families to remain together while parents achieve recovery.
A palette of evidence: Child Parent Psychotherapy and Australian infant mental health practice

**Ms Emma Toone**

1Berry Street, Innovations Team, Richmond, Melbourne, Australia, 2Judith Lumley Centre, La Trobe University, Melbourne, Australia

**Biography:**

Leesa Hooker & Emma Toone
Judith Lumley Centre, La Trobe University & Innovations, Berry Street (VIC)
Sherryn Tobin & Kirsten Williams
Restoring Childhood, Berry Street (VIC)
Vibhay Raykar
Child & Adolescent Mental Health Service, Goulburn Valley Health (VIC)
Tessa Kong
Child Protection Services, Southern Adelaide Health Service (SA)
Rebecca Bennett, Robyn Fletcher & Ali Knight
Take Two, Berry Street (VIC) and Child Protection Services, Women’s & Children’s Hospital (SA)

**Introduction**

Equidistant between the United Kingdom and United States, Australian infant mental health practice blends psychoanalytic and developmental paradigms in a local system context. Major public health issues of family violence, child maltreatment and entry of children into out of home care have driven system reforms calling for ‘early intervention’ and ‘evidence-based practice’ (EBP). The infant mental health field has much to offer both in the definition of these terms, and in the provision of meaningful solutions. Additionally, there is a tension between the need to establish new clinical trial evidence and the need to provide ready-made evidence as a timely response to these imperatives. Child Parent Psychotherapy (CPP) from the United States is one EBP model being integrated into existing local infant mental health practice.

**Aims**

This symposium will explore how the Australian palette of infant mental health practice for atrisk infants and families is being expanded and enriched, through implementation of Child Parent Psychotherapy (CPP) in Victoria and South Australia.

**Description**

Presenters from a range of disciplines and roles will discuss their experiences of implementing CPP in community and public mental health systems. Topics include the feasibility of CPP for non-statutory family violence populations; integration of CPP with EBP models for children of all ages; CPP assessment and treatment for children navigating judicial systems and family reunification; the challenges and benefits of CPP training for workforce development in rural areas.
Conclusion

CPP is an EBP that integrates theoretically and practically with existing Australian infant mental health service delivery. This creative integration offers a platform for enrichment of practice for local systems to respond to at-risk infants and children.

Early intervention to reconnect mothers and children exposed to domestic violence (RECOVER): The Australian Child-Parent Psychotherapy Pilot

Presentation within symposium titled: A palette of evidence: Child Parent Psychotherapy and Australian infant mental health practice

Ms Emma Toone¹,², Leesa Hooker¹,²
¹Judith Lumley Centre, La Trobe University, Melbourne, Australia, ²Berry Street, Innovations Team, Melbourne, Australia

Biography:
Emma Toone is a consultant psychoanalytic child psychotherapist; clinical & research lead (Child Parent Psychotherapy) at Berry Street and graduate researcher at the Judith Lumley Centre, La Trobe University in Melbourne, Australia. Dr Leesa Hooker is a nurse/midwife academic and Senior Research Fellow at the Judith Lumley Centre at La Trobe University, leading the Maternal and Child Health nursing research area within the Centre, with established expertise in family violence, women’s mental and reproductive health and parenting. She is based in Bendigo and Melbourne, Australia.

Introduction

Domestic violence (DV) detrimentally affects women and children, who are the most common victims of abuse. Women and children’s mental health and the mother-child relationship is often impaired consequently. Relational interventions that include mothers and children, such as Child-Parent Psychotherapy (CPP) are effective in restoring maternal and child health and wellbeing. While there is strong evidence that CPP is effective, across different populations, Australian research on relational interventions for abused women and children is limited.

Aim of the study

To test the feasibility of implementing CPP for children and mothers affected by domestic violence in Australia.

Materials and Methods

A concurrent mixed methods, pre-post study. Pre-school aged children 3-5 years and their mothers attending DV and child mental health services were recruited in 2018. Process evaluation methods included assessing the acceptability of the intervention to women (n=15) and providers (n=9) and identifying process issues including barriers to program implementation and sustainability. The acceptability of measuring maternal physical and mental health, DV exposure, parental reflective functioning, and child mental health symptoms was also assessed. Direct observation of mother-child interaction was also captured on video for analysis.
Results

We experienced implementation challenges due to competing demands on services and workforce capacity to provide DV informed, child mental health assessment and response. Service systems prioritised older children’s mental health needs over pre-schoolers. Children were usually co-parented by fathers however this relationship was beyond the scope of the current study. Other preliminary results will be discussed including baseline data on women and children’s social and emotional health, attachment and wellbeing.

Conclusion

Although relational interventions for women and children exposed to DV are effective in reducing mental health and trauma symptoms, more investment in building a DV informed child mental health workforce and capacity to engage co-parents is needed for future implementation of CPP in Australia.
The intersection of Safe & Together©, Child-Parent Psychotherapy (CPP) and Eye Movement Desensitisation Reprocessing (EMDR) with children after family violence.

Presentation within symposium titled: *A palette of evidence: Child Parent Psychotherapy and Australian infant mental health practice*

Sherryn Tobin¹, Ms Kirsten Williams¹  
¹Berry Street, Restoring Childhood Program, Melbourne, Australia

**Biography:**  
Dr Sherryn Tobin is a clinical psychologist and Senior Clinician with the Berry Street Restoring Childhood Program for children and their mothers/caregivers affected by family violence in Melbourne, Australia.

Kirsten Williams is a child psychotherapist, psychologist and Clinical Team leader with the Berry Street Restoring Childhood Program for children and their mothers/caregivers affected by family violence in Melbourne, Australia.

**Introduction**

The Royal Commission into Family Violence (State of Victoria, 2014-2016), highlighted the plight of children who experience family violence and documented the difficulties and dearth of therapeutic supports available to them. Over the course of a 2-year pilot period the Restoring Childhood Project provided a stepped care model of therapeutic interventions to over 150 children between the ages of 0-5 and their non-offending parents. The majority of whom were continuing to have access with the person who perpetrated family violence.

**Aims**

This work demonstrates that it is feasible to offer evidence-based therapeutic services to children and caregivers who have experienced family violence; where the work is grounded in a comprehensive understanding of the risk and protective factors, and choice of therapeutic intervention is tailored to the presenting needs of the child and caregiver.

**Description**

Principles from the Safe and Together Model were integrated into all aspects of the program from intake through to closure, ensuring that the perpetrators of violence remained visible and responsible for their behaviour and parenting choices so that adequate safety and therapeutic treatment planning could occur. CPP was offered as a medium to longer term intervention when children (0-5) where presenting with significant symptoms of distress associated with experiences of family violence, and it was assessed that there was sufficient therapeutic safety and readiness. EMDR was used as an adjunctive intervention with the aim of symptom reduction when either the parent or child was presenting with acute symptoms of trauma that impeded on their capacity to make used of a relational based intervention.

**Conclusions**
It is possible to offer safe therapeutic interventions in the context of ongoing family violence risk factors when a comprehensive risk management framework is integrated into therapeutic practice.
Child Parent Psychotherapy in a rural Child & Adolescent Mental Health Service context

Presentation within symposium titled: A palette of evidence: Child Parent Psychotherapy and Australian infant mental health practice

Vibhay Raykar, Kate Lawless, Nichole Ryan
Child & Adolescent Mental Health Service, Goulburn Valley Health, Shepparton, Australia

Biography:
Dr Vibhay Raykar is a ZERO TO THREE Fellow (2014-16); and child and adolescent psychiatrist and clinical director of the Child and Adolescent Mental Health Service (CAMHS) at Goulburn Valley Health, Shepparton, Australia. His areas of interest include Infant & Early Childhood Mental Health, early intervention, and global mental health.

Introduction

Very young children are the most likely of any age group to suffer trauma and yet the least likely of any age group in Australia to receive a mental health response. In rural Australia this age group face additional access barriers and rural Child and Adolescent Mental Health services (CAMHS) face the challenge of how to provide a specialized response when balancing resource and workforce skill gaps. In Victoria, the training opportunities to become an Infant Mental Health (IMH) specialist confident in providing sophisticated and appropriate therapy to this age group is limited. Child Parent Psychotherapy (CPP) is a trauma-informed relational treatment model developed in the USA for children with history of trauma. A rural CAMHS service in Victoria has invested in training clinicians to deliver this intervention for babies, children and caregivers.

Aim

This presentation describes the experiences and impact of training, supervision and implementing CPP within a rural CAMHS setting over a three-year period from 2016.

Description

The presentation will introduce Goulburn Valley Health CAMHS, situated in rural Victoria. In the context of redevelopment, this service has over a period of 3-years focused on providing an IMH service for children aged 0-5. In this context, the presentation will explore the particular impact of CPP training on GV Health CAMHS practice. It will demonstrate how the CPP focus on trauma-informed assessment, dyadic therapy, and quality supervision provided a good framework for supporting the workforce to deliver quality therapy and address the complexity of working with traumatized families and systems.

Conclusion

The experience of undertaking training and implementing CPP was found to provide broader and unexpected benefits for a rural CAMHS team’s responses to the under-5 age and over-5 age-groups. Implications for building capacity in IMH therapeutic work in high need low resource areas will also be explored.
From frontline assessment to reunification: The integration of CPP into a hospital based Child Protection Service

Presentation within symposium titled: A palette of evidence: Child Parent Psychotherapy and Australian infant mental health practice

Tessa Kong Toone¹
¹Child Protection Services (Flinders Medical Centre), Southern Adelaide Local Health Network, Australia

Biography:
Tessa Kong is a clinical psychologist and Senior Clinical Practitioner at the Child Protection Services, Flinders Medical Centre in South Australia.

Introduction

The SALHN Child Protection Service (CPS) is one of three specialist medical and psychosocial assessment units in SA, providing services to children who have been or who are suspected to have experienced abuse and neglect. The service conducts Parenting Capacity Assessments, Forensic Evidential Interviews and Therapeutic Intervention with a focus on working with families with children 0-6 years.

Aim

The aim will be to discuss the implementation of CPP as a targeted reunification service for children under short term Guardianship Orders in South Australia (SA). It will consider the learnings, challenges and positive outcomes both within service and for the wider child protection system.

Description

In 2016, the CPS began using CPP as its main therapeutic framework. Through case vignettes and clinical reflections, this presentation will discuss the use of CPP within a high-risk child protection population including the need to balance therapeutic progress within a time limited child-focused environment. The building of a CPP team, the importance of peer supervision and the benefits and challenges experienced for clients and staff will be discussed. Incidental learnings including the use of CPP for pregnant clients and the sustainability of CPP over the long term will be considered.

The presentation will also discuss how CPP has influenced the wider child protection system, including refining parenting assessments through the use of the Crowell Observation Process and WMCI and the intersection of CPP with the judicial system. Further reflections about working alongside the statutory child protection agency and the impact of changing state legislation will be included.

Conclusions

This presentation will highlight the importance of the CPP framework for fostering hope and building relationships for clients and clinicians. Implications for clinical practice and service development will also be explored.
“Mummy, where you go when died?” Child Parent Psychotherapy: a trauma-informed treatment with very young children in care

Presentation within symposium titled: A palette of evidence: Child Parent Psychotherapy and Australian infant mental health practice

Ms Emma Toone1, Ms Robyn Fletcher1, Ms Ali Knight2
1Berry Street, Take Two, Bendigo, Australia, 2Child Protection Services, Women & Children’s Hospital, North Adelaide, Australia

Biography:
Rebecca Bennett is a social worker and Senior Clinician with the Berry Street Take Two Intensive Therapeutic Service for traumatised infants, children and young people in Bendigo, Australia.

Robyn Fletcher is a social worker and Senior Clinician with the Berry Street Take Two Intensive Therapeutic Service for traumatised infants, children and young people in Bendigo, Australia.

Ali Knight is a social worker and Clinical Co-ordinator at Child Protection Services, Women's and Children's Health Network in North Adelaide, South Australia.

Introduction
In Australia, almost half of all children entering Out of Home Care are aged under 5 years. The early adversities faced by these babies and children can cause negative lifelong developmental and mental health impacts. Supporting children’s wellbeing and caregiving relationships through an evidence-based, relationship centred and trauma-informed treatments such as Child Parent Psychotherapy (CPP), is important for their recovery from trauma. Clinicians who engage children and families in CPP make a commitment to bear often unspoken stories as part of the child and caregiver’s therapeutic journey. CPP provides a framework for making sense of these stories and a scaffolding for children’s voices to be heard.

Purpose
This paper will explore how use of CPP concepts such as the ‘Triangle of Explanation’ supported clinicians in their work integrating these stories of very young children and their caregivers in the child protection system.

Description
The paper’s title: “Mummy, where you go when died?” was a question posed by a 2-year-old boy who lost his connection to his mother when removed from her care after his big brother died. Clinical vignettes exemplifying CPP treatment journeys of grief and loss, healing, reconnection and relationship repair such as this will be presented from two different intensive therapeutic services for children involved with child protection services: Berry Street Take Two in Victoria and the Women & Children's Health Infant Therapeutic Reunification Service in South Australia.

Conclusion
Very young children at developmental risk within child protection systems can be supported to recover through evidence-based relational responses such as CPP. The presenters will explore how they drew on
CPP concepts to bear and “to speak the unspeakable” stories of very young children in the context of their caregiving relationships to redress the impact of trauma and promote their ongoing mental health and wellbeing.
Unrestricted Permission to Love your Child: Reaching Families Experiencing the Criminal Justice System

Ms Nancy Mork¹, Ms Allison Lowe-Fotos², Doctor Nneka Jones Tapia³, Ms Natalie Bortoli⁴, Ms Cristina Gonzalez del Riego², Ms Siemone Smith

¹Erikson Institute, Chicago, United States, ²Ounce of Prevention Fund, Chicago, USA, ³Chicago Beyond, Chicago, USA, ⁴Chicago Children's Museum, Chicago, USA

Biography:
Nancy Mork, Erikson Institute Fussy Baby Network Chicago.
Allison Lowe-Fotos, The Ounce of Prevention Fund
Nneka Jones Tapia, Chicago Beyond
Cristina Gonzalez del Riego, The Ounce of Prevention Fund.
Siemone Smith, Erikson Institute Fussy Baby Network Chicago.

The U.S has the highest rate of incarceration in the world (698 per 100,000), especially among racial/ethnic minorities and those living in poverty, reaching approximately 2.2 million people, who are the parents of 2.7 million children. Children with incarcerated parents are three to four times more likely to develop a juvenile record, two and a half times more likely to develop a serious mental disorder, and five times more likely to spend time in prison. In partnership with a local jail facility, leading early childhood and youth-focused organizations are bringing research, best practice, program implementation, and policy work together to address the needs of families impacted by the criminal justice system in order to improve outcomes, introduce infant/early childhood mental health (I/ECMH) concepts, and address equity. Panel one highlights a pilot project that introduces a reflective parenting group to fathers who are incarcerated. Panel two highlights a pilot project that introduces group, doula, and home visiting services to pregnant women who are detained, following them at release. Panel three explores a pilot that focuses on family engagement, introducing trauma-informed, child-centered visitation practices to families impacted by the criminal justice system. I/ECMH consultation features as a best practice and dynamic, reflective practice are used in both the micro and macro work.

The symposium will discuss key needs and interests of the participants, appropriateness of the approaches, and lessons learned from implementation. Further discussion highlights the complexities and necessity of coordinated multi-level approaches to influence change in a system that is not infant/early childhood-focused, in order to reduce the deleterious effects of incarceration. This symposium will describe efforts to anticipate and accommodate unintended consequences, address racial and ethnic disparities, and how best practice standards and current data collection, evaluation and support efforts are being utilized to inform implementation and advocacy.
A Mother’s Unrestricted Permission to Love her Child: Doula, Home Visiting, and Group Services to Incarcerated Expectant Mothers

Presentation within symposium titled: Unrestricted Permission to Love your Child: Reaching Families Experiencing the Criminal Justice System

Ms Cristina Gonzalez Del Riego¹, Ms. Allison Lowe-Fotos¹
¹The Ounce Of Prevention Fund, Chicago, United States

Biography:
Cristina Gonzalez del Riego, MS, LPsy, is a Program Manager in the Illinois Birth to Three Institute at the Ounce of Prevention Fund, who has worked in the early childhood/mental health field for the past 13 years as a clinical psychologist and in diverse research roles related to home visiting and home based child care.

Allison Lowe-Fotos, MSW, LCSW, I/ECMH-C is a Policy Manager with the Ounce of Prevention Fund. She works on mental health, special education, early childhood expulsion, child welfare, and juvenile justice initiatives. She has previously worked in direct practice in early childhood education programs.

This submission is panel two of the overall symposium Unrestricted Permission to Love your Child: Reaching Families Experiencing the Criminal Justice System. It describes a pilot project that utilizes community-based organizations to deliver doula, group, and home visiting services in a local jail facility, hospital, and the homes of expectant mothers who are involved in the criminal justice system (incarcerated, on electronic monitoring or recently discharged). The main objectives of the project are to strengthen the parent-child relationship, improve developmental trajectories of children immersed in a highly vulnerable and at-risk environment, and support maternal well-being. In parallel, we aim to inform current home visiting models of future adaptations for serving this underserved population’s needs by collecting data on an on-going basis; and to identify systemic and policy issues that need to be addressed. Services offered include group and individual prenatal visits aimed at preparing the mother for childbirth and supporting the attachment process between her and her unborn child; supporting her through the labor and delivery process; and subsequently providing long-term evidence-based home visiting services aimed at continuing to strengthen the parent-child relationship, the child’s development and mental health, and positive caregiving practices. Mental health services are also available to the mothers and equally important are supports for staff, such as Infant/Early Childhood Mental Health Consultation. The panel will also explain the policy and research contexts of the project to explore the complexities and necessity of coordinated multi-level approaches to system change.

The panel will include video and case presentations as well as preliminary findings collected through surveys, interviews, and focus groups. Cross-systems collaboration and legislative advocacy will be highlighted through the recommendations made by a statewide Women’s Justice Task Force and pilot Advisory Group. These recommendations focus on how the justice system can be family-focused, gender responsive, and trauma-informed.
Fathering behind bars: A reflective parenting group for fathers in jail

Presentation within symposium titled: Unrestricted Permission to Love your Child: Reaching Families Experiencing the Criminal Justice System

Ms Nancy Mork

Erikson Institute, Chicago, United States

Biography:

Nancy Mork, LCSW, I/ECMH is the Director of Fussy Baby Network Chicago. She has been with Fussy Baby Network for 16 years, providing reflective supervision, home visiting and training. She also co-facilitates the Father’s group. Nancy is past president of the Illinois Association for Infant Mental Health.

Siemone Smith, MA, LPC is an Infant Mental Health Specialist at Fussy Baby Network Chicago. She is trained in Child Parent Psychotherapy and has worked with children and families for almost 10 years providing trauma focused therapy and support services. She also co-facilitates the Father’s group at Illinois County Jail.

Reflection in jail is possible! This symposium describes a 6-week reflective group for incarcerated men who have children/grandchildren ages 6 or under. The group utilizes the FAN (Facilitated Attuned Interaction), a parent engagement and reflective practice approach developed at Erikson Institute, Chicago, IL. The reflective group process aim to encourage participants’ reflective capacity and promote compassion for themselves and empathy for their children, families, and significant others in their lives. Led by two female infant mental health clinicians, the format and structure of the group allows fathers to share their struggles with one another, including their trauma histories and feel and express themselves in ways not often available to or expected of men. The group uses the FAN Arc of Engagement which begins each group with a check-in – “How has this week been for you as fathers?” – then moves to a topic for discussion or group activity, and ends with each member sharing one word to describe themselves as a father. Topics include: exploring self-perception as fathers and men; their relationship to their father; communicating with their children and other family members about being incarcerated; learning about infant and child development; thinking from their child’s perspective about their being incarcerated; and exploring their personal values that they want to pass to their children. We will share the lessons learned including ways to create a holding environment where men can feel, express their feelings, and listen to and support other men. We share challenges and barriers to group facilitation, including correctional systems procedures and the group being led by women. Finally, we will share reflections from fathers’ perspective about themselves and their experience with the group.
Unrestricted permission to love your child: reaching families experiencing the criminal justice system. beyond incarceration

Presentation within symposium titled: Unrestricted Permission to Love your Child: Reaching Families Experiencing the Criminal Justice System

Dr Nneka Jones Tapia
1Chicago Beyond, Chicago, United States, 2Chicago Children’s Museum, Chicago, United States

Biography:
Dr. Nneka Jones Tapia is an experienced psychologist who is passionate about mental wellness, criminal justice reform, and supporting young people who have experienced trauma. Dr. Tapia is Chicago Beyond’s first-ever Leader in Residence, focusing on tackling significant challenges facing Chicago’s youth. Prior to joining Chicago Beyond, she served as the Warden of the Cook County Jail, one of the country’s largest jails and what has been called ‘the largest mental hospital’. The first clinical psychologist in the country to take on such a role, Dr. Tapia brought innovative ways to reduce the negative impact of the penal system.

This panel discusses how the innovative partnership between a children’s museum, a holistic impact investor and one of the largest jails in the country was able to initiate family-friendly, child-centered visitation experiences for children whose parents are incarcerated, their incarcerated fathers and their caregivers and increase supports for youth with incarcerated parents.

In the United States, more than five million children have had a parent in jail or prison at some point in their childhood, and more than 2.7 million children have an incarcerated parent on any given day. Black children and children from poverty-stricken families are more likely to experience parental incarceration, and the overwhelming majority of incarcerated parents are fathers. Losing a parent to incarceration can impact children’s mental health, social behavior and academic achievement, increasing their risk of future involvement with the criminal justice system. The emotional trauma that may result from parental incarceration is often exacerbated by the social stigma that youth may face. Research shows that the preservation of a child’s relationship with the incarcerated parent is beneficial to the child, the incarcerated parent, and society as a whole. This relationship can reduce the possibility of the child experiencing mental health issues, increase the likelihood of the successful reentry of the incarcerated parent to society and lower the odds of recidivism. Very few programs exist to support these bonds and heal these relationships. This panel will describe the importance of trauma-informed, child-centered visitation for families impacted by the criminal justice system, key components of such practices, implementation strategies and policy implications.
Adversaries or collaborators: meeting the best interests of infants and very young children before the courts.

Dr Karen Gaunson

Alfred Child And Youth Mental Health Service, Melbourne, Australia, The Royal Children's Hospital, Melbourne, Australia, Victorian Child Protection. Department of Health and Human Services., Melbourne, Australia, The Royal Children’s Hospital, Melbourne, Australia, Louisiana State University Health Services Center, New Orleans, United States

Biography:
Dr Karen Gaunson has worked as an infant and child psychiatrist and psychotherapist in private practice, and tertiary child and youth mental health services for 15 years. She also works as an expert witness in protective matters for children under 5. She enjoys teaching and reflective supervision, and is currently on sabbatical developing a medico-legal training program at Mindful. She is involved in advocacy to reduce systemic bias, and overcome barriers, to infants and their caregivers accessing effective mental health interventions. Her research interests are reducing the risk and impact of early in life neglect and maltreatment.

INTRODUCTION:
When an infant arrives at hospital with an unexplained physical injury the system ‘kicks in’ to assess, and if necessary, act to protect them from additional ‘harm’.

AIM:
Amidst the flurry of inter-disciplinary investigations and interventions, we need to ensure we meet our duty to the infant - including preserving any good aspects of their primary caregiving relationship - whilst reflecting on their lived experience and taking care of each person’s mental health.

DESCRIPTION:
The forensic medical assessment is directed towards determining the causal mechanism and timing of injury. The psychosocial protective assessment which examines the parent’s capacity to protect their infant and meet their complex needs, forms a key part of the protective case plan. The decision maker considers if the evidence is consistent with the parent’s story of what happened and applies discretion regarding the best interests of the infant. We need to standardise and improve the quality of the evidence that is provided to the court.

Presenters will reflect on challenges arising from their work within the Australian system - bringing perspectives from their discipline and multiple roles - forensic paediatrics, forensic psychology / principal protective practitioner and infant psychiatry. Dilemma’s include conflicts of interest, systemic toxic stress/ acrimony and finding common purpose. There will be an opportunity to discuss aspects of the work, and models of working with the children’s court - with a highly experienced infant mental health professional and clinical and developmental psychologist, from the United States.

CONCLUSIONS:
Innovative infant-centred court practice offers hope for ameliorating the impact of toxic stress, enriching the early experiences for some of the most vulnerable infants in our society. Targeted early intervention is a public health imperative.
The medico-legal journey from home to hospital and beyond: the seriously neglected and injured infant viewed through a forensic paediatrician's eyes

_Presentation within symposium titled: Adversaries or collaborators: meeting the best interests of infants and very young children before the courts._

**Anne Smith**

**Biography:**
A/Prof Smith trained as a general paediatrician and specialised in forensic medicine in Melbourne, Australia. Since 2006 Anne has been the medical director of the Victorian Forensic Medical Paediatric Service for vulnerable, injured, abused and neglected under 18 year old children. In addition to the responsibilities that come with the leadership role, Anne has researched, published, educated health professionals, police and child protection practitioners, developed curricula and units of study within the masters of Forensic Medicine program, Monash University.

A senior forensic paediatrician will describe the processes surrounding the medico-legal legal assessment of a hypothetical infant presenting with a fractured femur and bruises. It is important we standardise how assessment are performed - and how to categorise, grade and report neglect. How is the medical evidence presented to parents, protective practitioners and the courts in criminal and protective proceedings? What is the forensic paediatrician’s role in how an infant’s ongoing medical and developmental needs are met over time - by community health, welfare and early intervention services? The training needs and impact on paediatric clinicians, of conducting the assessment and giving evidence in adversarial settings, will also be considered.

How does the timing of police investigation and criminal proceedings, impact on the decision maker examining the evidence and determining on the balance of probabilities what has happened to the child - and weighing the risk of harm vs their right to a relationship with both of their parents and caregiving stability?
Requesting an infant mental health, risk and parenting assessment for protective matters: purposeful observations and collaborative terms of reference

*Presentation within symposium titled: Adversaries or collaborators: meeting the best interests of infants and very young children before the courts.*

Eamonn McCarthy

**Biography:**
Dr Eamonn McCarthy is a forensic psychologist and the principal practitioner for Victoria’s child protection, North East Melbourne Area. The role of the principal practitioner is to support better outcomes for clients through the capacity building of child protection staff, the provision of support and oversight in high risk and complex cases, and direct engagement with cases of a nature requiring additional professional investigation and analysis. Throughout this process Eamonn has continuously sought to promote child focused and purposeful collaboration between child protection and external stakeholders to ensure the best interests of vulnerable children are understood and protected.

**Introduction:**
Of all reports made to child protection, an infant presenting with unexplained injuries is perhaps the most concerning. Initial collaboration with infant psychiatry contributes to a limited consideration of factors beyond the child’s physical needs.

**Purpose:**
To examine the potential role of infant mental health professionals in ongoing collaboration throughout key stages of the child protection process in order to bring the child’s voice to the forefront of decision making.

**Description:**
In cases of unexplained injuries, an infant’s trajectory through the child protection system is often determined by legal manoeuvring with the almost singular focus on the child’s physical safety and whether or not there is evidence to prove the parents caused the presenting injuries. Legal representatives seek to dilute the potency of forensic evidence while the child protection practitioners are called on to defend and account for any alleged inadequacies in the complex medical findings. This process contributes to a dynamic of ‘child protection versus the parents’, in which the capacity to objectively prioritise the psychological needs of the child can be lost, along with any hopes of maintaining and supporting underlying psychosocial causes that could be meaningfully addressed. Without ongoing guidance and support from multidisciplinary experts the child protection role becomes one of maintaining physical safety while awaiting a moment in court where experts can speak to their own assessments. This climate does not encourage consideration of the infant’s mental health needs as this is implicitly considered less immediate and more intangible for court processes.

**Conclusions:**
Ongoing multidisciplinary collaboration and increased input from infant mental health professionals will improve the outcome of statutory processes for vulnerable infants and their families.
Bringing the vulnerable infant’s voice and family story to court: Reflections on the role of infant psychiatrists across different settings.

*Presentation within symposium titled: Adversaries or collaborators: meeting the best interests of infants and very young children before the courts.*

**Dr Karen Gaunson**, 1 **Associate Professor Campbell Paul**, 2 **Professor Joy D. Osofsky**, 3

1 Alfred Child and Youth Mental Health Service, Melbourne, Australia, 2 The Royal Children’s Hospital, Melbourne, Australia, 3 Louisiana State University Health Services Center, New Orleans, United States

**Biography:**
Professor Joy D. Osofsky will be the discussant. She is a clinical and developmental psychologist. She has published widely, and is the past president of both WAIMH and zero to Three: National centre for infants and toddlers. Associate Professor Campbell Paul is an infant psychiatrist with long experience in consultation liaison psychiatry and parent-infant psychotherapy. Together with his colleagues he established a masters course in infant mental health and NBO training. He is the president elect of WAIMH. Dr Karen Gaunson has worked as an infant and child psychiatrist and psychotherapist across multiple settings in Victoria for over 15 years.

The disproportionate impact of exposure to toxic stress very early in life, including family violence, is well known. Infant-centred interventions involve targeted support for high-risk parents to overcome multiple adversities and develop caregiving skills. Through safe and therapeutic collaborative relationships parents are supported to reflect on, respond to, and enrich their infant’s experiences. Can parents be engaged when there is evidence of “significant harm” and “unacceptable risk” to their infant, with the threat of potential criminal and statutory implications? Nuanced sharing of perspectives and cooperation is required to prevent an infant’s needs being overlooked throughout this critical developmental period, to minimise disruptions to their caregiving expectations and opportunities to play.

As infant psychiatrists we conduct mental health assessments and provide an explanatory diagnostic formulation. We lend our mind to the Court and inter-related sectors, to help the system think about what might have happened when a child has been seriously injured and the meaning of their symptoms related to contact. Our infant – centred perspective assists the court to examine observational evidence and apply discretion to protect an infant’s best interests amidst the clamouring of competing and contradictory adult voices - which are often easier to hear, understand and identify with. Our duty is to the child and the Court. We need to consider our implicit bias and whether our recommendations are even handed and useful to the court. We need to have the healthy scepticism, capacity to concede our opinion as new evidence emerges and to mentalise well whilst our credibility is examined. Our reflective stance can model for others how to think and relate amidst threatening circumstances.

What is the impact of adversarial processes and different roles on how people think about very young children’s experiences and best interests over time? How do people make sense of what they see, hear, feel and read about the infant’s experience and the family story? How is emerging reflective capacity preserved when there are multiple new threats and shift to “adversarial” processes. What is the impact of adversarial processes on the journey of the vulnerable child, and the people entrusted to care for them, within an overstretched and under-resourced system?
Our central duty is to the child, who benefits from preserving any good aspects of their disrupted primary caregiving relationship - whilst enabling their recovery and a predictable caregiving rhythm to be established with their new carer. Separations & reunions occur within an adversarial setting, with potentially serious implications for their family’s future. High risk caregivers who already face multiple adversities, often feel threatened and overwhelmed, with potentially traumatic interactions during contact.
'For Baby’s Sake' symposium: whole family perinatal intervention, breaking cycles of domestic abuse, giving babies the best start in life

Amanda McIntyre¹, Dr Wendy Bunston², Elaine Fulton¹, Dr Kylee Trevillion⁴, Dr Jill Domoney⁴, Judith Rees¹, and Kathy Eyre⁵

¹The For Baby’s Sake Trust, Stevenage, 2a102e3b-83e9-4b73-8335-7638134375c3,
²wb Training & Consultancy, Moonie Ponds, Australia,
³La Trobe University, Bundoora, Australia,
⁴Section of Women’s Mental Health, Institute of Psychiatry, Psychology & Neuroscience, King’s College London, United Kingdom
⁵Royal Children’s Hospital Mental Health Service, Melbourne, Australia

INTRODUCTION
‘For Baby’s Sake’ is an innovative relational intervention in the UK, supporting expectant mothers and fathers as co-parents, from pregnancy until their baby is two. There are synergies with the infant-led approach to tackling family violence advocated by Wendy Bunston et al in Australia.

AIMS
The symposium will explain how ‘For Baby's Sake’ in the UK aims to bring an end to domestic abuse and create the best possible start in life for their baby. It will share learning from infant-led practice in Australia.

DESCRIPTION
‘For Baby’s Sake’ practitioners work separately with mothers and fathers, empowering them to support the mental health and emotional wellbeing of their baby while making lasting behaviour changes and processing the trauma from their own childhood experiences. The response to a poster workshop on For Baby’s Sake at WAIMH 2018 by The For Baby’s Sake Trust (a UK charity) and its evaluation partners, King’s College London, indicated the international significance of the innovation and its relational, trauma-informed and attachment-based approach to breaking the cycle of domestic abuse. In Australia, Wendy Bunston has been researching infant-led practice in Australia and internationally and has also developed programmes to address family violence.

CONCLUSIONS
This symposium will update WAIMH 2021 on the learning from ‘For Baby’s Sake’ to date and action underway to scale up the programme. It will share the final results of external evaluation (a mixed methods cohort study) in two prototype sites (published May 2020) and related thematic analysis of the experience of becoming a father for men engaged in ‘For Baby’s Sake’. The UK learning from ‘For Baby’s Sake’ and the Australian-led research and practice in infant-led approaches underlines the case for working relationally, harnessing motivations, managing risks and addressing needs of parents aiming to break cycles of domestic abuse and intergenerational traumatic experiences.
‘For Baby’s Sake’ symposium: building an evidence-based earlier intervention for co-parents and babies at risk

*Presentation within symposium titled: ‘For Baby’s Sake’ symposium: whole family perinatal intervention, breaking cycles of domestic abuse, giving babies the best start in life*

**Miss Amanda McIntyre**, Mrs Judith Rees, **Ms Elaine Fulton**

*The For Baby’s Sake Trust, Stevenage, 2a102e3b-83e9-4b73-8335-7638134375c3*

**Biography:**
Amanda McIntyre is Director of the Stefanou Foundation, a charity using a catalytic model of philanthropy to protect vulnerable infants. Amanda led the Foundation’s multi-agency and interdisciplinary teamwork to create ‘For Baby’s Sake’, a perinatal programme supporting parents to break the cycle of domestic abuse and give their babies the best start in life. She is a co-author of a paper on ‘For Baby's Sake’ published in the Journal of Family Violence (*J Domoney et al, 2019*). Amanda’s career has focused on bringing together the public, private and voluntary sectors to improve public services and strengthen local communities.

**INTRODUCTION**
The For Baby’s Sake Trust invested its philanthropic resources and worked with expert clinicians, academics and multi-agency partners to create and deliver ‘For Baby’s Sake’.

**AIMS**
To describe the journey of creating, implementing and evaluating ‘For Baby’s Sake’, a relational intervention, supporting expectant mothers and fathers as co-parents, from pregnancy until their baby is two, to bring an end to domestic abuse and give their baby the best possible start in life.

**DESCRIPTION**
‘For Baby’s Sake’ draws on diverse evidence bases related to domestic abuse, trauma (including trauma arising from the parents’ Adverse Childhood Experiences), mental health, behaviour change, parenting, motivational interviewing, infant mental health, high risk safeguarding (of children and vulnerable adults) and partnership working. ‘For Baby’s Sake’ is driven especially by evidence that (1) domestic abuse can undermine parents’ ability to provide the consistent, sensitive and responsive caregiving that babies and young children need (2) exposure to domestic abuse in the first 1001 days of life is especially damaging for babies as they develop (3) intervening over this period harnesses both co-parents’ motivations during early parenthood and is the optimum opportunity to improve the baby’s life chances and (4) success requires working motivationally and relationally. When launched in April 2015 in two prototype sites, Westminster and Hertfordshire, it became the UK’s first whole family change programme related to domestic abuse, starting in pregnancy and embedded in local systems and services.

**CONCLUSIONS**
This presentation will: share the promising signs of changes taking place for the men and women engaged in ‘For Baby’s Sake’ and for their babies and other children; share learning from developing the programme, including feedback from service users and local partner agencies; highlight results from an independent evaluation, led by King’s College London (published May 2020), building on Domoney, J. et al (2019).
‘For Baby’s Sake’ symposium: taking a relational, trauma-informed and attachment-based approach to breaking the cycle of domestic abuse

Presentation within symposium titled: ‘For Baby’s Sake’ symposium: whole family perinatal intervention, breaking cycles of domestic abuse, giving babies the best start in life

Miss Amanda McIntyre1, Mrs Judith Rees1, Ms Elaine Fulton1, Mrs Brenda Evans1
1The For Baby’s Sake Trust, Stevenage, 2a102e3b-83e9-4b73-8335-7638134375c3

Biography:
Amanda McIntyre is the Director of the Stefanou Foundation and led the development of For Baby’s Sake. Her career has focused on partnership working in public services. Judith Rees became Director, For Baby’s Sake, at the Stefanou Foundation after a career in nursing and health visiting, with specialisms in safeguarding, domestic abuse and teenage parents. Elaine Fulton joined the Stefanou Foundation as Director of Social Investment after holding senior positions in local government children’s services. Amanda, Judith and Elaine are co-authors of the paper on For Baby’s Sake, published in the Journal of Family Violence (J Domoney et al 2019)

INTRODUCTION
Around one in five UK children experience domestic abuse during childhood and domestic abuse is referenced in 75% of UK Child Protection Plans. Exposure to domestic abuse from conception to age two is associated with long-term adverse outcomes.

AIMS
‘For Baby’s Sake’ is an innovative programme for expectant co-parents wishing to break cycles of domestic abuse and give their baby the best possible start in life. It operates in three sites, with a fourth site launching in early 2020. King’s College London have conducted an independent evaluation of the prototype phase (published May 2020).

DESCRIPTION
Practitioners work therapeutically and relationally with mothers and fathers as co-parents, starting in pregnancy until their baby reaches age 2, whether they are or remain together as a couple. Mothers and fathers are supported separately, in a coordinated way, to address their complex histories and current needs and support sustained behaviour change, while managing risks for each family member and acting swiftly and robustly to address any safeguarding concerns that may emerge. Around 70% of parents engaged in ‘For Baby’s Sake’ experienced four or more Adverse Childhood Experiences (ACEs) and many suffered severe abuse or neglect. This explains their need for a trauma-informed and attachment-based intervention to end and overcome domestic abuse, enable emotional self-regulation and provide attuned parenting that promotes secure attachments in their babies and children. The structured programme includes Inner Child work which is key to achieving lasting change and to building their capacity for attuned parenting, which is fostered in particular by Video Interaction Guidance (VIG).

CONCLUSIONS
This presentation will explain how the relational, trauma-informed and attachment-based methodology at the core of ‘For Baby’s Sake’ is working to break intergenerational cycles of domestic abuse and trauma and create the conditions for the baby and parents to build and sustain resilience.
‘For Baby’s Sake’ symposium: the evaluation of ‘For Baby’s Sake’

Presentation within symposium titled: ‘For Baby’s Sake’ symposium: whole family perinatal intervention, breaking cycles of domestic abuse, giving babies the best start in life

Dr Kylee Trevillion2, Dr Jill Domoney2, Dr Margaret Heslin3, Professor Nicky Stanley4, Professor Harriet MacMillan5,6, Professor Paul Ramchandani7, Professor Debra Bick8, Professor Sarah Byford9, Professor Louise Howard2

1The For Baby’s Sake Trust, Stevenage, 2a102e3b-83e9-4b73-8335-7638134375c3, 2Section of Women’s Mental Health, Institute of Psychiatry, Psychology & Neuroscience, King’s College London , London, United Kingdom, 3Centre for the Economics of Mental and Physical Health, Institute of Psychiatry, Psychology & Neuroscience, King’s College London, London, United Kingdom, 4School of Social Work, Care and Community, University of Central Lancashire, Preston, United Kingdom, 5Department of Psychiatry and Behavioural Neurosciences and of Pediatrics, McMaster University , Hamilton, Canada, 6School of Health Sciences, McMaster Children’s Hospital , Hamilton, Canada, 7Faculty of Education, University of Cambridge, Cambridge, United Kingdom, 8Faculty of Health Sciences, McMaster University, Hamilton, Canada, 9King’s Health Economics, Institute of Psychiatry, Psychology & Neuroscience, King’s College London, London, United Kingdom

Biography:
Dr Kylee Trevillion is a lecturer at King’s College London (KCL) and a mixed-methods researcher, specialising in women’s mental health, violence and abuse in the context of mental illness, and perinatal mental health. She was Co-Lead (with Prof Louise Howard) on the evaluation of For Baby’s Sake. Dr Jill Domoney is a Research Clinical Psychologist at KCL, specialising in research on perinatal and infant mental health, perinatal interventions, paternal mental health and father-inclusive practice. She played a major role in the evaluation of For Baby’s Sake and her PhD is drawing on evidence on the fathers’ participation in the programme.

INTRODUCTION: Domestic violence and abuse (DVA) in pregnancy is a significant public health issue, with poor physical and mental health outcomes for children, women and men. ‘For Baby’s Sake’, developed by The For Baby’s Sake Trust, is a whole family approach that addresses cycles of DVA and seeks to improve mental health and parent-child attachment. The Foundation commissioned King’s College London to undertake an independent evaluation of the programme. The evaluation collected process-related data, data on the outcomes of families in the programme and data on the views and experiences of staff and stakeholders.

AIMS OF THE STUDY: The evaluation aims to assess whether the prototype programme operates as anticipated, and whether there is evidence for improved outcomes for families.

MATERIALS AND METHODS: A mixed-method cohort study. A process evaluation charted the operation of the programme, including fidelity to the programme manual and the extent of flexibility in its delivery matched to service users’ needs, staff capacity and skills, and the characteristics of families referred to and engaged on the programme. Pre- and post-programme surveys and qualitative interviews were conducted with 40 mothers and fathers, to assess changes in clinical, health and social care factors and experiences of the programme. Pre- and post-programme qualitative interviews were also undertaken with programme staff and stakeholders to explore their views, expectations and experiences of the programme.

RESULTS: This presentation will report on the key methods and findings of the evaluation of ‘For Baby’s Sake’, including whether it operates as anticipated, results from the survey and qualitative interviews with parents, staff and stakeholders and evidence for improved outcomes for families.
CONCLUSIONS: ‘For Baby’s Sake’ seeks to address the limitations of existing interventions by developing a whole family approach that addresses the cycles of DVA and seeks to improve mental health and parent-child attachment outcomes.

‘For Baby’s Sake’ symposium: becoming a father in the context of domestic violence: hopes and challenges

Presentation within symposium titled: ‘For Baby’s Sake’ symposium: whole family perinatal intervention, breaking cycles of domestic abuse, giving babies the best start in life

Dr Jill Domoney1, Dr Kylee Trevillion1
1Section of Women’s Mental Health, Institute of Psychiatry, Psychology & Neuroscience, King’s College London, London, United Kingdom

Biography:
Dr Jill Domoney is a Research Clinical Psychologist at KCL, specialising in perinatal and infant mental health, interventions, paternal mental health and father-inclusive practice. She worked extensively on the For Baby’s Sake evaluation and was lead author in the Journal of Family Violence paper on the programme (J Domoney et al, 2019). Dr Kylee Trevillion is a lecturer at King’s College London (KCL) and a mixed-methods researcher, specialising in women’s mental health, violence and abuse in the context of mental illness, and perinatal mental health. She was Co-Lead (with Prof Louise Howard) on the evaluation of For Baby’s Sake.

INTRODUCTION
‘For Baby’s Sake’ is a trauma-informed whole family intervention that works with both parents from pregnancy to two years postpartum to break cycles of domestic violence and abuse (DVA) and improve outcomes for children. The impact of DVA on babies from conception onwards and the motivations of fathers during early parenthood were among the factors that drove programme design. ‘For Baby’s Sake’ began in two prototype sites with an evaluation by King’s College London. The evaluation included collecting qualitative data on men’s experience of becoming fathers in the context of engaging in the programme. These data are essential to understanding the mechanisms of change and key components of the intervention, as well as contributing to the wider literature on motivators for and mechanisms of change in male perpetrators of DVA.

AIMS OF THE STUDY
To explore the experience of becoming a father in a sample of men engaging in a perinatal programme to reduce violence.

MATERIALS AND METHODS
Men who signed up to ‘For Baby’s Sake’ and agreed to being contacted were invited to participate in the study between July 2017 and February 2018. Those who consented were interviewed by the researcher about their experience of becoming a father, including worries, challenges and how they managed change. All men were interviewed postnatally. The sample included both first time and experienced fathers. Interviews were audio recorded and transcribed verbatim. Data were analysed using thematic analysis.
RESULTS
This presentation will report the results of the evaluation of ‘For Baby’s Sake’. Themes include conceptions of fatherhood, the challenge of becoming a father, and breaking the cycle.

CONCLUSIONS
Understanding the experiences and trauma histories of new fathers who are seeking help to change abusive behaviours, improve their relationships and be good dads is important in order to engage them and facilitate lasting change.
'For Baby’s Sake' symposium: Australian perspectives on infant-led practice in helping babies to heal after family violence

*Presentation within symposium titled: 'For Baby’s Sake' symposium: whole family perinatal intervention, breaking cycles of domestic abuse, giving babies the best start in life*

**Dr Wendy Bunston**1,2, Ms Kathy Eyre3
1 wb Training & Consultancy, Moonee Ponds, Australia, 2 La Trobe University, Bundoora, Australia, 3 Royal Children’s Hospital Mental Health Service, Melbourne, Australia

**Biography:**
Dr Wendy Bunston’s multi-award winning research and practice specialises in infants and young children experiencing domestic abuse. She wrote ‘Helping Babies and Children to heal after Family Violence’ (Jessica Kingsley, 2017) and ‘Supporting Vulnerable Babies and Young Children’ (co-editor: Sarah J Jones; international and Australian contributors, including Kathy Eyre, 2019). Her PhD on infants’ experiences of women’s refuges won the ‘Nancy Millis’ award and a Victorian Premier’s Health and Medical Research Awards nomination. She created ‘Dads on Board’, also ‘The Peek a Boo Club’ for infants and mothers, which Kathy Eyre has run and supported with reflective supervision for practitioners.

**INTRODUCTION**
How and why to take an infant-led approach to working within a family violence context where the family violence has been intergenerational? A new baby can be the entry point for change.

**AIMS**
To present Australian research into taking an infant-led approach towards work with parents who have experienced trauma in their own childhoods, examining both the case for taking such an approach and the practicalities for practitioners working in this way.

**DESCRIPTION**
Infants provide a unique entry point into working with families as support from professionals is expected and requested. This includes even those most vulnerable families who are suspicious of agencies. These professionals have a valuable opportunity to empower the parents truly to see their baby. They can have a critical impact on enabling new parents to understand that their baby is born capable of communicating and also of feeling emotions and holding memories.

Parents who grew up experiencing family violence, and who received little attention from their caregivers, can demand much from their relationship with professionals, while also being resistant to receiving support. This may stem from not feeling heard or validated as children. Taking an infant-led approach to working with parents who experienced such traumatic adversity does not mean simply replacing ‘adult centric’ thinking with ‘infant centric’ thinking, but instead holding the parent and infant equally in the working relationship. This presentation will share examples from Australian practice and lessons for practitioners, drawing on publications by W Bunston et al: ‘Helping Babies and children 0-6 to heal after family violence’ and ‘Supporting vulnerable babies and children’.

**CONCLUSION**
Taking an infant-led approach to supporting parents to break intergenerational cycles of family violence opens a rich though precarious channel for navigation. Careful navigation and creative, reflective practice can create new journeys of healing and hope for parents and infants.
Treating preverbal trauma in infants and young children with EMDR

Ms Arianne Struik1, Mrs Sally Handby2, Dr Allister Bush3,4

1Institute For Chronically Traumatized Children, Agnes Water, Australia, 2Child Protection Services, Adelaide, Australia, 3Capital Coast District Health Board, Porirua, New Zealand, 4Te Kakano o Te Aroha, Porirua, New Zealand

Biography:

Arianne Struik is a clinical psychologist, family therapist and she worked in Child and Adolescent Mental Health for twenty-two years as a clinical psychologist and in private practice.

Sally Handby has many years of experience in working with young children and their caregivers and parents in out of home care.

Dr Allister Bush is a child and adolescent psychiatrist working in a Maori service and the Pasifika CAMHS and the World Psychiatric Association Zonal Representative for Oceania.

INTRODUCTION

Little is yet known about the impact of trauma on infants, the way preverbal trauma is stored and the way it can be treated. Infants can experience all sorts of possible traumatizing circumstances such as domestic violence, sexual abuse, physical abuse, neglect or painful medical procedures and some infants experience chronic traumatized or are taken into care by child protection services. The impact of traumatization in infants is great and when left untreated, the effect on development can be devastating and long lasting.

AIMS

This symposium provides an overview of the research evidence on preverbal trauma and the treatment of preverbal trauma in infants with an adapted version of EMDR.

DESCRIPTION

Speakers will present the treatment model and the adaptation for different types of trauma, illustrated with case examples and video material.

CONCLUSION

EMDR therapy is a promising treatment for traumatized infants and young children.
Preverbal trauma in infants and young children and treatment with EMDR

Presentation within symposium titled: Treating preverbal trauma in infants and young children with EMDR

Ms Arianne Struik
Institute For Chronically Traumatized Children, Agnes Water, Australia

Biography:
Arianne Struik is a clinical psychologist, family therapist and EMDR practitioner and consultant, originally from the Netherlands. She worked in Child and Adolescent Mental Health for twenty-two years as a clinical psychologist and program director. As the director of the Institute for Chronically Traumatized Children (ICTC) she provides specialized trauma treatment in remote areas, as well as workshops, training, supervision and research.

INTRODUCTION
Infants can experience all sorts of possible traumatizing circumstances such as domestic violence, sexual abuse, physical abuse, neglect or painful medical procedures and some infants experience chronic traumatized or are taken into care by child protection services. The impact of traumatization in infants is great and when left untreated, the effect on development can be devastating and long lasting.

AIMS
This presentation provides an overview of the research and practice-based evidence on the use of EMDR with infants and young children and outline of the treatment illustrated with video material and case examples.

DESCRIPTION
In this presentation an outline is provided of the parent child trauma therapy model, a brief intervention (6 sessions) to treat trauma in infants with a combination of parent-child psychotherapy and EMDR. Storytelling, an adaptation of EMDR therapy for young children and parents, is used in which the attunement between parents and child guides the therapist in regulating the child’s stress level. Specific traumatic incidents are addressed by telling the story of what happened while applying bilateral stimulation to regulate the infant’s stress. EMDR is combined with elements from parent-child interaction therapy and play to integrate changes, assist parents in mentalising and improve attachment relationships. In this presentation experiences and outcomes will be shared and illustrated with video material of a child with eating problems and subsequent medical treatment. When infants and young children experience medical issues, the parents are often involved in the medical procedures or are witness when the child is undergoing the procedures, this can impact the relationship between parent and infant.

CONCLUSION
Even though this treatment is experimental and research is currently done to objectively measure the outcomes of this treatment, the reports from parents and carers are so positive that therapists continue to use EMDR therapy for traumatized infants.
EMDR treatment for a 2 year old after community violence in New Zealand

*Presentation within symposium titled: Treating preverbal trauma in infants and young children with EMDR*

**Allister Bush**
1
2Capital Coast District Health Board, Porirua, New Zealand

**Biography:**

Dr Allister Bush is a child and adolescent psychiatrist and EMDR therapist working in Te Kakano o Te Aroha (Maori child, adolescent and family service), and the Pasifika Child Adolescent Mental Health Service at Capital Coast District Health Board, in Porirua, New Zealand. He is the World Psychiatric Association Zonal Representative for Oceania.

**INTRODUCTION**

Eye Movement Desensitization and Reprocessing (EMDR) treatment has become established as a first line treatment for children and adolescents affected by PTSD. For the zero to three age group, adaptations include the narrative methods originally described by Joan Lovett.

**AIMS**

This presentation will demonstrate the successful treatment of PTSD in a 2 year old affected by a community attack, using this narrative method.

**DESCRIPTION**

The presentation will include case description as well as video footage of the sessions with the family, and parent and clinician perspectives on the treatment outcome.

**CONCLUSIONS**

This case shows that EMDR can be effectively adapted for use with toddlers affected by traumatic experiences. Controlled trials are needed to establish the efficacy of this modality for the zero to three age group.
Using the Eye Movement Desensitization and Reprocessing storytelling approach to treat preverbal trauma in infants in a child protection setting

Presentation within symposium titled: Treating preverbal trauma in infants and young children with EMDR

Sally Handby¹, ¹Child protection Services, Adelaide, Australia

Biography:

Sally Handby is a social worker at the Women's & Children's Health Network of Child Protection Services in Adelaide. She has many years of experience in working with young children, infants and their caregivers and parents when children are placed in out of home care.

INTRODUCTION

Children in care often have experienced neglect and abuse and infants and young children can suffer from the consequences of chronic traumatization. Their behavior can be difficult to manage leading to foster placements breaking down.

AIM

The storytelling approach is an adapted EMDR protocol which can be utilised to process preverbal trauma memories in infants and toddlers in a child protection setting. This can reduce the difficulties for caregivers and the risk of placements breaking down.

DESCRIPTION

The case examples discussed in this workshop involve children who were treated with the EMDR therapy storytelling approach within a broader therapeutic response in a child protection setting where serious abuse and neglect had been substantiated. This approach targets negative past experiences, current triggers, and potential difficulties to achieve alleviation of symptoms, decrease in the distress associated with the memory, relief from bodily sensations, elimination of triggers, and a more positive view of the self. The aims and outcomes of the treatment for the child, caregiver, and the relationship will be outlined. The eight phases of treatment and the modifications required to suit this target group will be explained. A case study will be presented to illustrate the work.

CONCLUSION

While evaluation is ongoing, the work has anecdotally demonstrated; adaptive integration of experiences, a significant decrease in symptoms, a resumption of developmental progress which had previously stalled, improved family functioning, and the resolution of clinical symptoms. Additionally, the attachment relationships between child and caregivers improved with the children more able to have their emotional needs met by their caregivers and caregivers more able to assist with the children’s emotional regulation. Most significantly, the children had an increased sense of safety and control and the possibility of improved outcomes.
Achieving whole-scale change: The differing roles of Health Visitors in promoting infant mental health in the UK

**Mrs Sally Hogg**, Dr Beckie Lang¹, Dr Karen Bateson¹, Ms Merle Davies², Ms Melita Walker³, Dr Cheryll Adams³

¹Parent Infant Foundation, London, United Kingdom, ²Centre for Early Childhood Development, Blackpool Better Start, Blackpool, United Kingdom, ³Institute for Health Visiting, United Kingdom

**Biography:**

**Presentation 1:**
Dr Beckie Lang, Sally Hogg and Dr Karen Bateson
Parent Infant Foundation UK

**Presentation 2:**
Merle Davies,
Blackpool Better Start

**Presentation 3:**
Melita Walker, Dr Cheryll Adams
Institute of Health Visiting

Health visitors are registered nurses or midwives who have additional training in community public health nursing. They provide a professional public health service based on best evidence of what works for individuals, families, groups and communities; enhancing health and reducing health inequalities through a proactive, universal service for all children 0-5 years and for vulnerable populations targeted according to need.

Given their remit and contact with every family from pregnancy and the early years, health visitors are uniquely well-placed to support infant mental health, to promote positive parent-infant interaction and to offer additional support, or refer to targeted or specialist services when families are struggling and early relationships are compromised.

This symposium will examine the different ways in which health visitors, working in partnership with other professionals, can support infant mental health. Our talks bring an example of how health visiting services have been enhanced in one locality to improve the support offered to families; discusses the role that health visitors can play as champions to deliver whole-scale change, and showcases close working between health visitors and mental health professionals on Specialised Parent-Infant Relationship Teams.

Themes raised in the symposium include the importance of multi-agency working; the value of place-based approaches and the need to drive whole-scale change. Whole-Scale Change is the creation of change in organisations, networks and communities that requires the active involvement, energy, ideas and commitment of multiple stakeholders in order to be long lasting, effective and successful.
Specialised Parent-Infant Relationship Teams and their role in system change

*Presentation within symposium titled: Achieving whole-scale change: The differing roles of Health Visitors in promoting infant mental health in the UK*

*Mrs Sally Hogg*¹, Dr Beckie Lang¹, Dr Karen Bateson¹
¹Parent-Infant Foundation, United Kingdom

**Biography:**
The Parent-Infant Foundation (formerly PIPUK) exists to support the growth and quality of specialised parent-infant relationship teams in the UK. The Parent-Infant Foundation brings the sector together through collaborative leadership. We work to advance thinking and practice, improve collective understanding, provide a much-needed national voice, and campaign for policy change.

Specialised parent-infant relationship teams are multidisciplinary teams with expertise in supporting and strengthening the important relationships between babies and their parents or carers.

Parent-infant teams work at two levels:
• They are expert advisors and champions for parent-infant relationships. They use their expertise to help other professionals in the local system to understand and support parent-infant relationships, to identify issues where they occur and take the appropriate action. This happens through offering training, consultation and/or supervision to other professionals and advice to system leaders and commissioners.
• They offer direct support to families. This includes targeted work with families experiencing early difficulties, and specialist therapeutic work with families experiencing severe, complex and/or enduring difficulties in their early relationships.

Specialised parent-infant relationship teams often include health visitors within their multidisciplinary teams, to provide valuable holistic public health nursing expertise to the team, and to act as an important conduit to local universal services. Parent-infant teams also work closely with health visiting services, offering training, supervision and consultation to support health visitors to promote parent-infant relationships in their work, and to recognise and support families at risk of relational problems. Services also work together to develop and deliver local pathways of care that ensure families receive the right support at the right time.

Their two tiers of activity mean that, when specialised parent-infant relationship teams are functioning effectively, and embedded within their local system, they can help to promote healthy relationships for all babies in their locality through working with other services, and offer early and effective intervention to those most at risk.
A Better Start: Transforming the Health Visiting System in Blackpool

Presentation within symposium titled: Achieving whole-scale change: The differing roles of Health Visitors in promoting infant mental health in the UK

Mrs Sally Hogg:
Centre for Early Child Development, Blackpool Better Start, Blackpool, United Kingdom

Biography:
A Better Start aims to improve the life chances of babies and very young children by delivering a significant increase in the use of preventative approaches in pregnancy and the first three years of life. The National Lottery Community Fund has invested £215m over 10 years across five areas in England including, Blackpool. The Centre for Early Child Development (CECD) is the engine room of the Blackpool Better Start partnership. It is here that the strategic planning and delivery of the programme takes place.

The UK Health Visiting service is a universal offer to families from pregnancy until their child is 5. In Blackpool, a full review has been undertaken to ensure that the service and the way in which it is delivered and received is relevant and meets the needs of parents living in one of the most disadvantaged areas, with many of the worst health indices in England. Over a 2-year period a major service review and redesign was undertaken involving health visitors and parents to ensure the service was parent-led and met the distinct needs of the town. The new service went live in April ’18 and will be fully implemented by April ’20. This equates to a four-year process of consultation and review. The service now incorporates 8 mandatory visits starting at 28 weeks gestation with a final integrated review when children are 3.5.

Key elements of the new service are:
• Using communication styles that are strengths-based and empowering, focussed on building confidence, knowledge and skills.
• A model of clinical and safeguarding supervision that is trauma-informed and which can encourage contributions to continual service development based on research, evidence and best practice.
• The introduction of new tools, including agenda-matching and collaborative planning tools, which have been developed by health visiting teams themselves.
• Using Wellcom Speech and language assessment and providing an additional home visiting service to work with parents requiring additional support
• Developing a tool and training in Behaviour Activation to support women showing signs of post-natal depression.

The changes to health visiting in Blackpool are part of the A Better Start programme, a 10 year, £215 million National Lottery funded programme focused on promoting good early childhood development. As part of this wider programme, the reforms will be evaluated and disseminated to inform policy and service design across the UK.
The Institute of Health Visiting Champions Programme: Driving Whole-Scale Change

*Presentation within symposium titled: Achieving whole-scale change: The differing roles of Health Visitors in promoting infant mental health in the UK*

Mrs Sally Hogg¹, Dr Cheryll Adams¹, **Ms Sylvia Woolley¹**

¹Institute of Health Visiting, United Kingdom

**Biography:**
The Institute of Health Visiting is a UK Centre of Excellence supporting the development of universally high-quality health visiting practice. Melita is the Institute’s Mental Health Lead, with responsibility for work on perinatal and infant mental health, including the institute’s Champions programme and forums.

In 2013/14 the Department of Health, England commissioned the Institute of Health Visiting (iHV) to train health visitors in perinatal mental health. The iHV successfully negotiated to instead create 400 perinatal mental health (PMH) Champions who would then cascade evidence-based, post registration education and training to all health visitors in England.

This presentation will share the background development & context of this hugely successful model of multi-agency training and the subsequent development of the multi-agency Perinatal and Infant Mental Health Champion (PIMH) programme. The iHV have now trained over 1800 Multi-professional Champions in PIMH.

Through a mixture of presentation, discussion and case studies, delegates will:
• Appreciate the UK context of PIMH practice
• Know what the role & scope of the iHV Champion is, including; place-based leadership, training, influencing commissioning, developing evidence and promoting best practice
• Understand the model of training iHV Champions.
• Understand the important role regional iHV PIMH Champion Forums play in developing and sustaining Champions' confidence, competence and commitment in PIMH practice

The iHV Perinatal and Infant Mental Health Champions training was nationally recognised in the first UK PMH Awards in 2017 and awarded first prize at the International Marce Society conference in 2018.
Video Presentations
Building partnerships with refugee and immigrant families through infant and early childhood mental health consultation

Mr Ross Nunamaker\textsuperscript{1,3} Dr. William Mosier\textsuperscript{1,2}
\textsuperscript{1}The Lynda A. Cohen Center for the Study of Child Development, Dayton, United States, \textsuperscript{2}Istanbul Gelişim University, Istanbul, Turkey, \textsuperscript{3}Wright State University, Dayton, United States

Biography:
Ross “Chad” Nunamaker is the executive director of The Lynda A. Cohen Center for the Study of Child Development—a community-based child and family resource center & behavioral health clinic—and adjunct faculty at Wright State University. He holds bachelor’s and master’s degrees in early childhood and is a PhD candidate specializing in early childhood. Nunamaker’s research interests are at the intersection of parent & teacher education, adult-child interactions, infant & early childhood mental health, and prevention science. He has worked in adult education and training, primarily with parents and teachers of young children, since 2009.
Dr. William Mosier, IMFT, is Director of Research at The Lynda A. Cohen Center for the Study of Child Development in Dayton, OH and Professor of Child Development in the School of Health Sciences at Istanbul Gelişim University in Istanbul, Turkey. He is currently developing child development programs for the families of Syrian refugees in Istanbul. He served 20 years in the military, treating children throughout Latin America, Asia, and Africa as an International Health Specialist in the Biomedical Science Corps. He was recently selected to receive the 2020 NAECTE/Pearson Outstanding Early Childhood Teacher Educator Award.

Introduction
Infant and early childhood mental health (IECMH) consultation is grounded in the idea that an equal partnership is built among the consultant and other important adults in a young child’s life. The quality of the partnership between an IECMH consultant, early childhood professionals, families, and other important adults is critical to ensure positive outcomes for young children. All partners must appreciate that everyone brings unique and useful perspectives and knowledge to the partnership.

Purpose of the Work Described
The purpose of our work is to form partnerships with refugee and immigrant families through IECMH consultation. Currently, we are working with immigrant and refugee populations in Dayton, OH, United States and with Syrian refugees in Istanbul, Turkey. In our work, we partner with refugee and immigrant families through IECMH consultation with an emphasis on buffering the effects of toxic stress and ACEs on young children.

Description of the Work
When building partnerships with families who are refugees or immigrants, cultural humility is critical. Refugee or immigrant families with young children are a uniquely marginalized population. Young children in these families have an increased likelihood of adverse childhood experiences (ACEs) leading to toxic stress. With perspectives from working with immigrants in Dayton, Ohio, United States to working with Syrian refugees in Istanbul, Turkey, we describe key tools and methods for developing equal partnerships with families and their young children that buffer the negative effects of ACEs and toxic stress.
Conclusion
The equal partnership that is critical to successful IECMH consultation is dependent on cultural humility. The key is for IECMH consultants to use tools and methods that are facilitative, responsive, and grounded in empathy. Through facilitative processes, IECMH consultants can build positive partnerships with refugee and immigrant families that benefit young children and buffer the effects of toxic stress and ACEs.
A Seat at the Table: A Reflective Journey from South Africa to WAIMH for Two Infant Mental Health Home Visitors

Ms Jane West¹
¹Heart of The West Counseling, LLC, Denver, United States

Biography:

Jane West, MA, MS, LPC, ECSE is an early childhood mental health program developer, clinician, and consultant based in Colorado. West is also the Executive Director of The Two Lilies Fund, a global early childhood mental health initiative that shines a light on innovative ways to bring services to under-resourced parts of the world. In an earlier life, West was a documentary producer and director for PBS and the BBC and she produces short films for The Two Lilies Fund through her company, Clarity Jane Productions, Inc. in order to bright to life the work of the fund's global grantees.

The world is awakening to the call sounded by early childhood champions the last few decades to tend to our youngest children’s developmental potential through interventions that focus on attachment and responsive caregiving. Given the global shortage of mental health professionals, programs are relying on lay community workers to meet the ongoing demand and this arrangement while viable runs the risk of exposing home visitors to secondary trauma.

To protect their EC practitioners from stress and burnout, the South African group, Ububele, provides robust reflective supervision to its staff. This 12-minute film shows—in a rare moment—this supervision model in action at the Rome WAIMH conference. West brought a camera crew to this break out session and captured the process as it unfolded and the feedback the home visitors received from the professional members of the audience. They start out worried about the reception they might receive as lay workers and end up by the film’s end realizing they have come to have "a seat at the global table." These veteran community workers conclude by advocating that all lay workers experience the parallel process they have in place at Ububele so that the world’s infants, toddlers and their families can thrive.

Jane West produced this documentary to make it easier for EC funders and interventionists to grasp what goes on in the private world of reflective supervision, an aspect of global scale up getting discussed more and more. It is the first film to participate in the newly emerging conversation about the need to raise the quality of program delivery during the expansion of promising interventions. West is happy to share more about her experiences funding this focus after the film has been shown.
Enhancing Intuitive Parenting and Attachment in Parent - Infant Relationship through Communicative Musicality and REV Theory.

Dr Hisako Watanabe1,2
1 Watanabe Clinic, Yokohama, Japan, 2 Keio University, Tokyo, Japan

Biography:
Hisako Watanabe is a child psychiatrist who combines western approaches with cultural Amae to help children suffering from diverse stress and trauma in the rapidly industrializing society of Japan. Her wide experience with complex cases such as sexual abuse, domestic violence, hikikomori (youth in chronic confinement and withdrawal at home) and anorexia nervosa, made her aware of the crucial role of early relationship, which led her to delve into clinical research of the non-verbal world of the infant. Under the guidance of B. Cramer, B Emde and C Trevarthen, she explores new creative ways of early intervention.

INTRODUCTION
Enhancing intuitive parenting (Papousek) and attachment (Bowlby) in parent-infant relationships by inducing Communicative Musicality (CM) (Malloch & Trevarthen) and REV (Emde) can yield effective early intervention. The two theories are the products of neuroscientific and psychodynamic research validating infant intersubjectivity, universal human endowment of communication and moral development.

AIMS
Based on her own research of CM in premature and at-risk babies, the presenter aims to apply CM and REV theories in wider clinical practice of infant mental health.

DESCRIPTION
A human baby is born with intersubjectivity ready to engage in interaction with its caregiver. CM is a theory of inborn musicality of our non-verbal communication. Using spectrograph we can analyze audio-visual recordings of parent-infant vocal interaction where pulse, contour and narrative can be detected as CM’s three components. REV stands for reciprocity (R), empathy (E) and value (V) and are elements of human moral endowment. REV is found universally in good enough parenting, education and therapy. To illustrate these points, clips of videotape recordings and photos from clinical cases will be presented. One case is of a baby with 18 trisomy. When CM researchers elicited the baby to open her eyes with melodious vocal overtures, her mother perked up and picked up the baby in intuitive parenting resulting in deep mutual gaze. Another is a boy born with brain damage from repeated intrauterine bleeding. The frightened father initially rejected him. Through the help of nurturing mother with therapists, the father overcame his fear and succeeded in eliciting CM in his interaction with the boy. Through this new intimate reciprocity the father resolved to raise the boy.

CONCLUSIONS
Introducing CM and REV theories in clinical practice will add new dimensions to early intervention through enhancing intuitive parenting and reciprocity in parent-infant relationships.
Antenatal interpersonal sensitivity as an early predictor of vulnerable mother–infant relationship quality

Dr Karen Hazell Raine¹, Professor Philip Boyce, Professor Karen Thorpe
¹University of New England; University of Sydney

Biography:
As a Registered Nurse and early career researcher, Karen has a robust academic, clinical leadership, Policy and service development track record. Her scope of practice demonstrates a strong interdisciplinary and research translation focus. From 1999 Karen has been engaged with formal studies in attachment theory. She is an authorised trainer in validated assessments of mother-infant/toddler relationship quality and infant attachment. For more than 30 years Karen has worked in clinical and leadership roles across specialist Perinatal, Infant, Child, Youth and Adult Mental Health Services. Karen presently leads the NSW State wide Outreach Perinatal and infant Service for Mental Health.

INTRODUCTION: Maternal mental disorders can significantly impact on the psychosocial and psychological development of infants incurring substantial ongoing economic and personal costs. A key mediating mechanism is mother-infant relationship quality. Perinatal mental health screening initiatives predominantly focus on maternal depressive symptoms. While maternal depression is associated with suboptimal mother-infant relationship quality, the findings are not consistent. Personality characteristics, including interpersonal sensitivity, are associated with parenting and proneness to depression and other mental disorders, presenting a potential addition to antenatal mental health assessment. We have demonstrated that antenatal interpersonal sensitivity independently predicted mother-infant relationship quality at 12 months postpartum.

AIMS: Building on our previous work, the objective of this study was to examine the associations of antenatal interpersonal sensitivity and depressive symptoms with mother-infant relationship quality 12 months postpartum.

MATERIAL and METHODS: A sample of ethnically diverse women attending routine antenatal care in Western Sydney were studied across the perinatal period. At ≤26 weeks, gestation interpersonal sensitivity and depressive symptoms were measured. At 12 months postpartum maternal mental health was assessed and mother-infant relationship quality was assessed using the Child Adult Relationship Experimental (CARE)-Index (infant and toddler scales).
The video presentation will include a brief oral presentation of the research and a case study series of Toddler CARE-Index with Frustration and Repair (TCI) videotapes. The TCI assesses risk in adult-child (15-48 months) relationships. The presentation will demonstrate and teach about the TCI (Crittenden) illustrating the study results.

RESULTS: The results align with our previous findings showing that antenatal interpersonal sensitivity associates with postnatal mother-infant relationship quality. At postpartum follow-up the mothers and children were all well and not known to specialist health, mental health or child protection services. Maternal sensitivity assessment (mother-infant relationship quality) using the CARE-Index identified low mean scores signifying low levels of maternal sensitivity.

CONCLUSIONS: Our findings raise questions about the presentation and assessment of perinatal mental health status among culturally diverse populations and scoping of parenting support and intervention needs within this population to optimise infant outcomes.
Ghosts and Angels in the Nursery: A conversation with Dr. Alicia Lieberman about the Legacy of Selma Fraiberg

**Biography:**

Dr. David Oppenheim is a Developmental Psychologist at the University of Haifa, Israel.

Dr. Kate Rosenblum is a Professor of Psychiatry at the University of Michigan, USA.

Dr. Kaija Puura is a Professor of Psychiatry at the University of Tampere, Finland.

Dr. Campbell Paul is a Consultant Infant Psychiatrist at the University of Melbourne, Australia

This video presentation will present a 25-minute filmed interview with Dr. Alicia Lieberman conducted by Dr. David Oppenheim. The reference point for the interview is the work of Selma Fraiberg and her evocative metaphor of Ghosts in the Nursery. The video presentation will begin by showing clips from a film made by Selma Fraiberg in the 1970s in which she describes basic principles of Infant Mental Health. Parts of the film will be shown, followed by the interview with Dr. Lieberman. The interview presents a historical perspective and begins with Dr. Lieberman discussing Fraiberg's concept of Ghosts in the Nursery. She then proceeds to explain that the concept is not only still relevant today, but is necessary for anyone working in IMH. She proceeds to discuss what her work has added to Fraiberg's and lists two points. First, "Speaking the Unspeakable", which refers to direct discussion of traumas that children experience. Lieberman emphasizes the importance of discussing "what happened" directly with both parent and child and exploring how the trauma is expressed in the child's and the parent's behavior with one another. The second concept is "Angels in the Nursery": As much as it is important to focus on unresolved trauma from the past, the "Ghosts in the Nursery", it is also important to focus and directly probe for "Angel moments" in which the parent experienced love, protection, and care during childhood. The interview closes with Lieberman discussing how Fraiberg would have been thrilled to see how much IMH has evolved over the decades but that she would be shocked at how society and its institutions fail to provide so many families and young children the supportive ecology needed for healthy growth and development.

Following viewing the film three leaders in the field of IMH will discussions the film: Dr. Kate Rosenblum, an invited plenary speaker for the conference, Dr. Kaija Puura, the Executive Director of WAIMH, and Dr. Campbell Paul, the President-Elect of WAIMH. Following the discussions there will be time for audience comments.
Movement through motherhood

Mrs Madeline Harvey¹, Professor Zeynep Biringen², Ms Ann Kralewski Van Denburg², Ms Abby Allison¹, Ms Madelyn Caviness¹, Ms Maddy Kling¹,²
¹Colorado State University, School of Music, Theatre, and Dance, Fort Collins, United States, ²Colorado State University, Human Development and Family Studies, Fort Collins, United States

Biography:
Madeline Harvey, Assistant Professor of Dance at Colorado State University, holds an MFA in Choreography from Jacksonville University. Her performance and choreography has been featured across the nation. Her research explores community engagement and play as a paradigm for choreographic process. Her work uses guided and improvisational movement to enhance awareness, communication and expressiveness.
Zeynep Biringen holds a PhD in Psychology from the University of California, Berkeley and is a professor at Colorado State University’s Department of Human Development & Family Studies and the School of Public Health. She works in the areas of attachment, emotional availability, and prevention/intervention science.

INTRODUCTION
A recent study found that emotional attachment can begin as early as 10 weeks gestation (Laxton-Kane & Slade, 2002). As medical technology progresses, genetic screenings are becoming more common and accessible. As a result, parents are postponing their emotional engagement with pregnancies until later trimesters (Rowe, Fisher & Quinlivan, 2009). Pregnancy may cause changes in mood and perception, and movement and play can act as destressors to improve self-image and external outlook (Laxton-Kane & Slade, 2002). By engaging with dance in a light-hearted/authentic way, the Movement Through Motherhood study aims to promote positive non-verbal communication, emotional expressiveness, emotional availability, and to cultivate secure parent-child relationships. The pilot study followed first author’s pregnancy story: https://vimeo.com/460827302

AIMS or PURPOSE
The purpose of this research is to understand how different pre-parenting interventions may help improve expectant parents’ mood and feelings about their unborn baby. Here, we feature dance interventions.

DESCRIPTION
Expectant mothers complete “pretests” (self-reports of anxiety, depression, flourishing, as well as feelings about the corona virus pandemic) in the 2nd trimester. These are administered again as “posttests”. In addition, a video of mom responding to 4 questions about baby for evaluation of prenatal Emotional Availability (EA) (Biringen, 2008) is created. After pretesting, moms are (randomly) assigned to one of 4 groups: 1- a psychosocial intervention (involving mindfulness, attachment, emotional availability), 2- dance intervention described below; 3- dance intervention plus psychosocial; 4- a control group. The pregnancy dance intervention: Covers 2 “live” virtual meetings with a dancer, where sensorial experiences are emphasized, including emotional expressiveness, mindfulness, bonding and trust-building with child. These sessions involve gentle movements that may enhance family communications.

CONCLUSIONS
Observations indicate greater willingness to express emotions with partner, increased focus on self-care, and releasing of emotional stress. Findings of the dance intervention will be finalized prior to the June 2021 conference.
Cultural omissions of child suffering. Young children exposed to scenes of violence or strange situations in films or television fiction.

Mrs Claudia Ester Gerstenhaber

INTRODUCTION
In our society, many forms of child abuse occur frequently and in the sight of everyone. These facts account for the way in which infant suffering can easily become invisible and ignored. The Video Study is a compilation of scenes, taken from the artistic field (Cinema and TV) in Argentina and other countries that shows the response of young children exposed to strange or violent situations.

AIM OF STUDY
Present the mistreatment to children when exposed to disturbing experiences in the media and the absence of intervention by those who have assumed the responsibility of caring for them. Describe and analyze scenes and the intervening factors that contribute to the silencing of child suffering.

MATERIAL and METHODS
Qualitative Case Study: Analysis of 10 media cases in Argentina and other countries as empirical material. Observational method. Theoretical-conceptual framework: Psychosocial, Institutional and Cultural perspectives; Attachment Theory.

RESULTS
A young child cannot understand the fictional nature of what he is going through; he cannot de-center himself and become a script character. The child experiences the situation as a real event. This produce an emotional impact that results in expressions of confusion, fear, anxiety. An unknown environment increases the feeling of risk and lack of protection. The importance of loving support and the emotional needs of a child are socially accepted issues evidenced by scientific research, yet expressions of affliction or suffering are often minimized or treated with indifference by society. What underlies is the belief that "because the child is still small, he does not understand", and therefore "he does not suffer". The inability to recognize that their emotional reactions are real feelings is a form of mistreatment linked to the invisibility of the child as a subject.

CONCLUSIONS
The cases presented are not unique or exceptional, the omission of child suffering is recurrent in other social practices. We are especially interested in the media field because the massiveness that it implies is a powerful instrument that contributes to the creation of consensus that reinforces and legitimize a way of thinking of the young child and his emotional needs.
Workshops
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Young generation`s rejection of value of attachment and early relationships - why the world`s happiest people don`t want to parent

Dr Merja-Maria Turunen1, Licentiate of psychology Sinikka Makela, Bachelor of culture and arts Minna Pahkin
1BabyFinland, Helsinki, Finland

Biography:
Dr. Merja-Maria Turunen is a consultant child psychiatrist with a history of both national and international developing projects in planning and developing child mental health services. She has worked in clinical settings and administratively for city of Helsinki, University clinic of Helsinki and as advisor for the government. Currently she is involved in a project for prevention of multigenerational violence in families with babies. Sinikka Makela is the clinical director in a psychotherapy clinic and has worked a lot with baby families in adult and child psychiatry. Minna Pahkin is responsible for the communication and media production in Baby Finland association.

Finland has been ranked as the country with world` s happiest people, yet the birth rate has decreased dramatically fast, being now 1,37 children per parents. BabyFinland is an organisation for the families, organisations, decision makers and businesses to hear better the voice of the infant in the society. Attitudes towards babies have become conflictual. Young people suffer from climate anxiety and many other worries concerning world situation and working life. Media introduces idealized images of motherhood which colludes with everyday parenting stress.

Our purpose is to open the discussion of prevention in a fast-changing world and in a context where the value of babies seems to get diminished. There seems to be a widespread anxiety towards commitment to relationships in general in our society.

In 2015 we started a non-government organization, BabyFinland (www.babyfinland.fi) for advocacy in media and politics aiming at change. Our key instrument has been to create a national baby day, when the whole nation would focus on babies and especially let the babies be seen and charm everybody. In our third Baby Day 2019 we collaborated with the parliament, the government, and the Evangelical Lutheran church and major cities. More than 2500 families attended. Due to the Covid-19 pandemic 2020 Baby day was a virtual event.

Baby Finland has started a movement that seems to enlarge rapidly. We have seen how important it is for babies and their parents to be noticed and valued. The media has taken to the Baby Day. At the same time, we need to put more effort to reach our targets: to promote interaction between different groups to promote the importance of attachment and thus increase security and sociability.
Self-care and the Clinical Infant Mental Health Practitioner: A qualitative exploration

Dr Tanika Eaves Simpson, Dr. JoAnn Robinson
Fairfield University, Fairfield, United States, University of Connecticut, Storrs, United States

Biography:
Dr. Simpson has been a Licensed Clinical Social Worker for over 20 years, and holds the CT Association for Infant Mental Health Endorsement as an Infant Mental Health Specialist. Her clinical experience includes: child and family guidance clinics, early intervention programs, early childhood mental health consultation, policy work, parent-infant psychotherapy, and training/consultation with home visiting clinicians. Dr. Simpson is currently an Assistant Professor of Social Work at The Egan Center for Nursing and Health Studies at Fairfield University in Connecticut. Her research investigates individual and organizational factors related to work-related stress management amongst frontline and supervising infant mental health practitioners.

INTRODUCTION
Infant mental health (IMH) as an interdisciplinary field relies on relationships to heal past trauma and promote secure parent-infant attachment. Stress related to performing IMH work has gained more attention in workforce development/well-being literature. Yet, IMH workforce engagement in self-care practices to manage work stress is left unexplored.

DESCRIPTION:
This qualitative investigation examines a purposive sample (N=21) of clinical IMH practitioners in two U.S. states to answer the following research questions: a) What self-care practices do clinical IMH practitioners perform? b) Do clinical IMH practitioners rely on reflective supervision as a professional self-care practice? Data include: a) open-ended interviews with clinical IMH practitioners and b) an inventory measuring burnout.

RESULTS:
Results indicate that on average, the sample reported moderate to high levels of burnout. Yet the majority of the sample engaged in personal and professional self-care practices to manage work-related stress. Saturation of themes: a) heavy reliance on individual coping, b) reflective supervision is insufficient on its own, c) organizational supports may facilitate engagement in self-care and d) competing care demands impede self-care; suggests that individual engagement in self-care outside of work, may not sufficiently manage work-related stress in this group of social service professionals.

CONCLUSION
Highlighted themes offer an ecological framework for considering the interplay between individuals and organizations in promoting IMH workforce well-being. Recommendations for systematic investigation of the role individuals and organizations play in promoting self-care practice and well-being in the broader IMH workforce, employing quantitative methods of inquiry are discussed.
The Early Childhood Policy Leadership Institute: A model for advancing advocacy, policy, and action for young children's wellbeing

Dr. Charles Zeanah1, Dr Sarah Hinshaw-Fuselier1, Dr. Julianna Finelli1, Ms. Lindsay Usry2

1Tulane University, New Orleans, United States, 2ZERO TO THREE, Washington, DC, United States

Biography:
Charles Zeanah holds the Mary Peters Sellars Polchow Chair in Psychiatry at Tulane University, where he is Professor of Psychiatry and Pediatrics and Vice Chair of Child and Adolescent Psychiatry. His research, clinical and policy work in Infant Mental health spans four decades. His focus is on the effects of trauma and deprivation on young children’s development and on interventions designed to help them recover.

INTRODUCTION
Recognizing that infants/toddlers need influential champions who are knowledgeable about research, practice and policy and are connected to a vigorous network of strategic partners, Tulane University faculty developed a program to inform diverse leaders throughout Louisiana. Annually, the Early Childhood Policy Leadership Institute (ECPLI) identifies a cadre of established and emerging leaders from different professional sectors who are well-positioned to promote safe, stable, and nurturing relationships for young children. In this session, we discuss program design, curriculum, and cohort recruitment and retention. We conducted follow-up interviews with 6 years of graduates.

AIM
We set out to review systematically the impacts of the 6-year-old program on selected participants: how they applied the information to their work and how this influenced their workplace or community. We sought to identify successful elements and areas for growth moving forward.

METHODS
Semi-structured interviews with Fellows, a group of 102 individuals from diverse disciplines including health and human services, child welfare, business, education, philanthropy, law and state/local government. Interviews were coded for content, themes, participant and cohort characteristics.

RESULTS
Program participants overwhelmingly rated the program as valuable and reported gaining knowledge across topics presented. They reported that learning about early brain development, ACES, attachment, and early experience were most impactful. Networking was an essential and beneficial part of the program experience. Participants developed ideas about infant/toddler needs in the state and numerous projects, programs, and initiatives arose from collaboration amongst Fellows.

CONCLUSIONS
ECPLI has been an overwhelmingly positive experience for Fellows, impacting their work and influencing the policy and practice landscape in our state. This model is a promising method of impact young children.
Intervening with emotionally dysregulated mothers to change infant trajectories and maternal mental health

Dr Anne Sved Williams1,2, Ms Chris Yelland1, Ms Sharron Hollamby2, Dr Amanda Osborn1
1Womens and Children’s Health Network, South Australia, North Adelaide, Australia, 2University of Adelaide, Adelaide, Australia

Biography:
Dr Anne Sved Williams, AM, has worked with mentally ill mothers for more than 30 years, mainly in an inpatient mother-baby unit. In the last 8 years her research has focused on the treatment of women with borderline personality disorder to provide better emotional regulation and improve infant outcomes.

INTRODUCTION: Many women present with emotional dysregulation postnatally, often due to a previously undiagnosed borderline personality disorder (BPD). Despite the burden of this condition for the mother, and known effects on infant and other family members, there has been a paucity of treatment programs to help mother and infant.

AIMS: Many women presenting to an inpatient mother-baby unit had out-of-control emotions and highly compromised relationships with their often-dysregulated infants. Staff struggled to manage the many problems these dyads presented. After a systematic review of prevalence of BPD confirmed the high rates of presentation and the paucity of resources, a protocol was developed for inpatient management and a program constructed to provide better therapy after discharge. This workshop will mainly describe the therapeutic program, Mother-Infant Dialectical Behavior Therapy (Mi-DBT).

DESCRIPTION: DBT was chosen as the mode of therapy for perinatal BPD and staff then adapted Linehan’s work by adding components to promote parenting competence and the mother-infant relationship. Whilst mothers attend DBT group, infants receive care from child-care workers who are upskilled in attachment theory and an awareness of the impact of the maternal illness. After 2 hours of group, infants are reunited with their mother and staff encourage mothers to use newly learned skills and knowledge if infants are themselves dysregulated. Evaluations have been systematically collected and data is now available on more than 40 dyads, with some follow-up data after a year or more becoming available. Following requests from other services, including child protection, a short version is now being trialled and early results will be shared and discussed.

CONCLUSION: The influence of maternal emotional dysregulation and inconsistent parenting on developing infants necessitates urgent intervention. This new program provides substantial help for mothers and their infants.
Antenatal mentalisation in Aboriginal Communities: A subsequent reflection of yarning to improve parental engagement with babies and early years services

Ms Kathy Crouch

Mdas, Mildura, Australia

Biography:
Kathy is a registered psychologist with post graduate degrees in Adult Education, Training and Development and Forensic Mental Health. She has her Certificate of Applied Behavioural Analysis, Adv Diploma of Management and Diploma of Leadership and is a graduate of the inaugural Diploma of Therapeutic Life Story Work in Australia. Kathy managed Child and Youth Mental Health Services for Mildura Base Hospital for 10 years before moving to Mallee District Aboriginal Service as the Lead Practitioner for the Early Years, supporting staff, families and Community and providing trauma-informed systems delivery and attachment-rich consultation from conception and across the life span.

Introduction: The challenges of intergenerational trauma facing vulnerable Aboriginal families are many and varied and often western clinical approaches to treatment and intervention can be perceived as intrusive, fragmented and potentially dismissive. Community-led healing, informed by traditional care-giving wisdom and contemporary neuro developmental advances could be instrumental in closing the gap for aboriginal families. Such an approach has been trialled in regional Victoria, with ancient wisdom being integrated with infant mental health theories to create an antenatal reflection resource for inclusion in casework.

Aims: There are 3 aims to this present workshop. The first is to present an overview of an antenatal mentalization resource currently being explored with Aboriginal and Torres Strait Islander families in Mildura Victoria so that participants have an example what might be offered in an effort to enhance cultural safety and bonding for Aboriginal parents. The second is to share some international feedback from WAIMH 2018 and how it has been used in a rural Victorian Aboriginal Community Controlled Organisation (ACCO) to expand casework outcomes and frontline workforce development at a local level. The third is to gather additional peer-review feedback from workshop participants regarding the mentalization techniques and how such experiences may better inform community embedded infant mental health programs.

Description: Combining the curiosity of an unborn child with the rich story-telling traditions of local Aboriginal Community, ‘Wondering From the Womb’ offers 9 ‘narratives’ from a baby’s perspective. These narratives invite yarning around difficult conversations that may need to be considered for generational health. The applications of ‘Wondering From The Womb’ will be described via a case example and demonstrated as part of workforce development. Participants will be invited to examine the reflections from past WAIMH delegates and contribute to the practice wisdom that is being gathered around this mentalization resource.

Conclusions: With permission, participant feedback will be collated into a discussion paper regarding
Community embedded infant mental health practice in regional Australia and how aboriginal wisdom may be able to enrich contemporary community service delivery.
The Baby in The Room - The Unseen Transference Object

Dr Laura Kean¹, Dr Vicki Lehmann², Dr Donal Hanratty²
¹Specialist Maternal Mental Health, Wellington, New Zealand, ²Victorian Institute of Forensic Mental Health, Melbourne, Australia

Biography:
Laura is a perinatal psychiatrist practicing in a community perinatal team in Wellington. She completed her basic psychiatric training in Scotland and finished her advanced training in child psychiatry in New Zealand. She has two children.
Vicki is a forensic psychiatrist working in inpatient forensics in Melbourne. She completed her medical training in Scotland before completing her psychiatric training in New Zealand and Melbourne. She has three children.
Donal Hanratty is an advanced trainee in forensic psychiatry, working in Melbourne. He completed his medical training in Ireland before commencing psychiatric training in New Zealand. He does not have children.

INTRODUCTION
Pregnancy and motherhood is a dynamic time in a woman's life, with changes in emotions, physical appearance and an evolving maternal pre-occupation. Pregnancy can impact upon a woman's relationships in both overt and unseen ways. As psychiatrists, this can occur in many ways, including clinical practice, patient-clinician relationships and supervisory roles. In this workshop, we consider the impact of the pregnant clinician and the transference issues within the perinatal, forensic and psychotherapy supervision setting.

AIMS
To consider from three different angles, including one male perspective, the impact that pregnancy in the clinician has upon the clinical transference and the supervisory relationship. Safety issues are also discussed, practically and personally. We encourage our audience to consider their own responses to the pregnant clinician and whether there should be more open discussion around the already evident maternal status of the clinician. Boundaries and maintaining clinician privacy is considered.

DESCRIPTION
Dr Kean and Lehmann will present their personal experiences - in the perinatal, forensic and psychotherapy supervision setting - of working as a pregnant clinician. Dr Hanratty and Kean will consider the differences of the supervision experience during Dr Kean's pregnancy. This case has additional layers in that Dr Hanratty was being supervised by Dr Kean in providing psychotherapy to a pregnant patient. We set these experiences against reflective practice as well as literature around transference in this setting. The impact of 'the baby in the room', unseen within the clinician's womb yet significant in their presence, is described.

CONCLUSIONS
The pregnant clinician is in a unique situation where their maternal status is obvious, yet they must maintain a professional distance in their work. They can evoke a maternal counter-transference in colleagues and patients, which needs to be considered sensitively. The impact of the unseen yet experienced unborn infant needs to be explored. The use of supervision and supportive collegial relationships is essential.
The founding and first case of a perinatal & infant mental health service in regional Australia

Dr Ben Goodfellow, Ms Yvette Mackley, Ms Bernadette Flynn, Dr Ben Goodfellow

Geelong University Hospital, Geelong, Australia, Geelong University Hospital, Geelong, Australia, Geelong University Hospital, Geelong, Australia, Geelong University Hospital, Geelong, Australia

Biography:
Dr Julian Charles led the establishment of the perinatal and infant mental health service (PIMHS) in Geelong and is now the child and adolescent psychiatrist for the Kimberley region in Western Australia, an area of 450,000 sq km. Yvette Mackley and Bernie Flynn are the PIMHS clinicians, with Dr Goodfellow the current psychiatrist for team.

INTRODUCTION
Perinatal mental health treatment remains one of the most important and troubling gaps in mental health services worldwide. In 2017, limited funding became available across regional Victoria to begin to provide services to meet this demand but it is far from possible to simply put up a shingle saying "open for business."

AIMS
The four presenters will engage the audience in discussion of their roles in the establishment and operation of an entirely new clinical service for complex, high-risk patients in a manner than may guide others embarking on a similar project

DESCRIPTION
Maternity services and others in the region have long been very concerned with the care available to many of the mothers they see who were routinely unable to access the limited primary and secondary perinatal services that exist. The opportunity for acute and early intervention mental health care with this population was overdue and keenly embraced

In developing a service to offer treatment for the most vulnerable and disturbed families in the perinatal period, a crucial step was the cultivation of relationships with maternity services and other stakeholders to develop robust clinical pathways, manage limited resources and provide governance under CAMHS, rather than adult psychiatry in part because the local infant mental health program was already well established.

The first case referred to the service was that of a young mother from a very disturbed background who became pregnant with twins while homeless and heavily substance using. Hers and her babies' tragic yet hopeful story illustrates the operation of the service, in particular the effect, importance and also limitations of psychotherapeutically informed care in the treatment of major mental disturbance in the perinatal period.

CONCLUSIONS
Even with minimal resources, leadership, vision and institutional support can allow a carefully designed perinatal service that considers both the mother and infant as subjects in their own right, demonstrating how transformative this can be for patients and families. The strong psychotherapeutic underpinnings of
the service have also led to reduced psychotropic medication use and higher rates of breast feeding than comparable services.
Development of the Parent and Baby Star: a keywork and outcomes tool to promote infant mental health

Ms Joy Mackeith, Mr Nick Karr, Dr Anna Good

Triangle Consulting Social Enterprise, Hove, United Kingdom

Bio: Nick is a lead psychotherapist in an NHS mental health service He is a Professional Advisor for Young Minds and a Clinical Supervisor for Shout, the UK’s 24/7 Crisis Text service. He also trains people to use the Outcomes Star and ran the Outcomes Star in Australia for two years. Joy is the Strategic Director and Co-founder of Triangle, the creator of the widely used Outcomes Star suite of keywork and outcomes tools. She has led on a number of areas including the creation of an international network of Outcomes Star service providers and work with software companies.

INTRODUCTION
There are over 30 different versions of the Outcomes Star, each tailored to a specific sector and co-created with services and service users. They are strengths-based outcomes measurement and keywork tools, designed to be completed collaboratively by practitioners and service users as an integral part of the keywork process.

AIM of the study
The aim was to develop and validate a new version of the Outcomes Star to a) support perinatal mental health and well-being, and b) promote infant mental health through consistent, sensitive and attuned parenting.

MATERIAL and METHODS
The model of change and desired outcomes for parents were identified through engagement with the scientific literature and a series of focus groups with services working with parents.

The draft version of the new ‘Parent and Baby Star’ was piloted with mothers and fathers supported by health visitors, children’s centre staff, midwives and mental health practitioners in the UK. Data gathered during the pilot was used in psychometric testing and feedback forms from workers and parents were used to inform the need for further changes.

RESULTS
The Parent and Baby Star was well received with 80% of practitioners reporting that it helped them to ‘get an overall picture of service user’s situation and needs’. Over 85% of service users said that the Star helped describe ‘how life is for me at the moment’. Analysis of the psychometric properties revealed a unidimensional factor structure, with high internal consistency (α= .81) and small-medium effect sizes showing responsiveness to change.

CONCLUSION
These initial findings support the Parent and Baby Star as a well-accepted and valid keywork and outcomes tool. The final version of the Parent and Baby Star is now published and available for wider use.
Pregnancy and COVID-19: emotional states, coping and delivery outcomes

Mrs Svetlana Savenysheva¹
¹Saint-petersburg State University, Saint-Petersburg, Russian Federation

Biography:
Savenysheva S., PhD, Associate Professor, Department of Psychology, Saint-Petersburg State University, Saint-Petersburg, Russian Federation
Blokh Mariia, PhD, MD, psychotherapist at Dr D.O. Ott Research Institute of Obstetrics, Gynecology, and Reproductology; Senior Lecturer at Department of Psychology, Saint-Petersburg State University, Saint-Petersburg, Russian Federation,
Anikina V, PhD, Associate Professor, Department of Psychology, Saint-Petersburg State University, Saint-Petersburg, Russian Federation,

The COVID-19 pandemic has struck the world, and the most impact it has on vulnerable people. Pregnant women is a vulnerable group since due to physiological and endocrinological changes they are more susceptible to infections disease and will definitely be in hospital to have their labor. During the pandemic they experience fear to be infected and vertical transmission, virus impact on child health and development, absence of planned medical visits, delivery when hospitals keep closing, self-isolation and hypodynamia. All these are stressful for pregnant women. Stress, anxiety and depression during pregnancy have negative impact pregnancy complications and probability of premature birth. It also predicts child short- and long-term mental health problems, may lead to disturbances in interaction and attachment.
Providing a parent-infant therapeutic intervention online: Video Interaction Guidance - empowering parents during COVID-19

Ms Rachel Pardoe, Dr Cerith Waters, Dr Jessica Williams

1Early Years Emotional Security (EarlyYES) Ltd, Bristol, United Kingdom, 2Cardiff University & Cardiff and Vale University Health Board, Cardiff, United Kingdom

Biography:
Rachel Pardoe worked as a Child and Adolescent Psychotherapist, and Parent-Infant Therapist, in the NHS for 28 years until 2019. Rachel is an accredited Video Interaction Guidance (VIG) practitioner and supervisor. Dr. Cerith Waters is a Senior Lecturer and Clinical Lead for perinatal psychological services, Cardiff University & Cardiff and Vale UHB. Cerith conducts parent-infant research and is an accredited VIG practitioner. Dr. Jessica Williams is a Highly Specialist Perinatal Clinical Psychologist in the Cardiff and Vale perinatal CMHT. Jessica has worked in child and family services for many years and is training in VIG.

INTRODUCTION: The online delivery of therapeutic interventions has become a necessary reality in the context of the COVID-19 pandemic. The well-known challenges of parenting infants can be exacerbated by additional COVID-19 stressors including social isolation, financial difficulties, physical illness and parental mental health problems. Recovery from past or current trauma is even more challenging in the context of COVID-19 and its associated threat and uncertainty. Despite these difficulties, parents and clinicians are discovering the benefits of using technology to enable the online delivery of therapeutic interventions during the COVID19 pandemic, ensuring access to psychological input at a critical time.

AIMS: To demonstrate, through audio-visual case examples, the potential benefits of Video Interaction Guidance (VIG) delivered online.

DESCRIPTION: VIG is a strengths-based, brief intervention, aiming to enhance parental sensitivity, attunement, and the capacity to mentalize. VIG is client-centred: moving at the clients’ pace, with their goals in mind. VIG highlights and builds on attuned moments in parent-infant interaction. Parents are supported by a VIG practitioner to view and reflect on audio-visual, micro-moments of parent-child interaction that highlight strengths. Parents are asked: ‘What you are doing that is making a difference?’ Through this process of active engagement and reflection, parents become aware of, and build on, their attunement skills. Digital recordings will illustrate how VIG can be delivered effectively online – often to the surprise of both parent and practitioner. Online working presents challenges to the practitioner: how to sustain attunement to the parent when ‘video panels’ are small? For the parent, the practitioner may indeed feel ‘remote’. Despite this, parents comment on feeling that they ‘know’ the practitioner, feel able to trust and share difficulties, and feel empowered. The emotional content of the online therapeutic sessions is evident.

CONCLUSIONS: Online delivery of VIG can contribute to enhanced parental attunement, and promote recovery in the parent-infant relationship during the COVID-19 pandemic.

REFERENCES
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Wait - Join - Build: Implementing A Regional Responsive Caregiving Program to Improve Resilience in Young Children Impacted by Conflict

Dr Joshua D Feder1, Dr. Deborah Sussman1, Dr. Jerri Lynn Hogg1, Ms. Erin Jipner2, Mrs. Zoe Kernohan Neely2, Mrs. Yvonne Tracey3, Ms. Sara Clancey1

1Fielding Graduate University, Santa Barbara, United States, 2The Early Years - the Organisation for Young Children, Belfast, Northern Ireland, 3Rainbow Sure Start, Omagh, Northern Ireland

Biography:
Joshua Feder, MD is a child psychiatrist and Editor in Chief of The Carlat Child Psychiatry Report. He runs a research incubator at Fielding Graduate University program in Infant and Early Childhood Development and serves as a Senior Associate Member of the International Network on Peace Building with Young Children.

Objective: This workshop will describe programs which develop caregiver-implemented interventions which aim to promote young children’s improved self-regulation, resilience and more normal development. The presenter will draw on his experience in working with young children residing in conflict-ridden areas such as Northern Ireland, the Balkans, and the Middle East where children many developmental and emotional challenges.

Method: This workshop will use an interactive culturally appropriate audiovisual presentation to describe the psycho-education intervention for caregivers in international conflict zones. The workshop will promote participant engagement.

Result: The presenter will discuss his experiences providing interventions which help parents and caregivers to build and maintain healthy relationships with their young children despite the challenges of war, violence, lack of resources, and chronic community stress. Parents receive education and support to facilitate early childhood affect regulation, engagement, and other aspects of emotional development. Therapeutic models include the DIR (Developmental Individual Difference Relationship, based model by Greenspan and Wieder), Mutual Regulation Model (Tronick), trauma focused therapies and various parent coaching interventions.

The program aims to:

- develop with parents a shared understanding of the core infant mental health concerns;
- describe relevant psychopathology or conditions which may lead to risk;
- establish a developmentally-based differential diagnosis and an ongoing mutual process of formulation;
- develop with the parents a treatment plan which addresses the parents' explicit and implicit expectations and facilitates supportive parent-child relationships.

Conclusion: Participants will have a greater appreciation of the methodology used in this program for young children and caregivers in major conflict areas, and some methods available to promote resilience and adaptation in these families.
Check It Out: a community screening process bringing theory-to-practice to life in Toronto, Canada

Ms Michele Lupa\textsuperscript{5}, Dr Jean Clinton\textsuperscript{1,3,4}, Dr Malini Dave\textsuperscript{1,2}

\textsuperscript{1}University of Toronto, Toronto, Canada, \textsuperscript{2}Hospital for Sick Children, Toronto, Canada, \textsuperscript{3}McMaster University, Hamilton, Canada, \textsuperscript{4}McMaster Children’s Hospital, Hamilton, Canada, \textsuperscript{5}Canadian Mothercraft Society, Toronto, Canada

\textbf{Biography:}

Dr. Jean Clinton, child psychiatrist, is known for advancing knowledge about the interconnections between relationships, attachment and brain development. Jean is Clinical Professor in the Department of Psychiatry at McMaster University/University of Toronto and on staff at McMaster Children’s Hospital. Dr. Malini Dave is a paediatrician with an interest in advocacy. She is a Board Director with the Paediatric Alliance of Ontario, Infant Mental Health Promotion at Toronto’s Hospital for Sick Children and is on faculty at University of Toronto. Michele Lupa is the Executive Director of the Canadian Mothercraft Society, a Toronto-based NGO that serves families with young children.

\textbf{INTRODUCTION}

Early identification of developmental concerns and referral to early intervention programs optimizes outcomes for children. For parents who may be new to the country, unfamiliar with how service systems work or have no idea what questions to even ask, knowing what to be concerned about and where to turn for support is often overwhelming. \textit{Check It Out} is a standardized, community-based approach that facilitates access to professionals in community settings who can answer questions about child development, health and well-being, and/or conduct pre-screening assessments in 12 domains.

\textbf{PURPOSE}

The workshop will describe the development and evolution of a family-friendly model of early ID/referral with three key partners to the initiative. Dr. Jean Clinton, a child psychiatrist and neurodevelopment expert who can deftly explain complex concepts to policy makers, professionals and parents alike, will describe the science that compels us to identify and intervene early. Dr. Malini Dave, a community paediatrician and passionate paediatric advocate who has been a driving force behind the development of \textit{Check It Out}, will describe the 12 domains, how they were chosen, and why clinicians must always consider children’s health, development and well-being in the context of the family. Michele Lupa will address the role of community service organizations in the creation of \textit{Check It Out}, share the findings of the pilot evaluation and describe the process of systemizing the approach in Canada’s largest city.

\textbf{DESCRIPTION}

Rooted in evidence and relying heavily on the social determinants of health, \textit{Check It Out} was developed by professionals representing early childhood, public health, mental health, primary care, Immigration/settlement and child welfare. It was piloted and evaluated in eight communities across Toronto in 2017/18 and was adopted by the Toronto Child & Family Network in 2019 as the mechanism by which this system planning collaborative will achieve its strategic goal to “Implement consistent and comprehensive screening across the system”.

\textbf{CONCLUSION}

Participants will learn about the model, review the toolkit and discuss its applicability in their communities.
Improving infant mental health outcomes in the early learning sector: for children who have experienced trauma: research findings

Ms Alma-Jane O’Donnell1, Professor Jon Jureidini2, Dr George Karpetis3
1Goodstart Early Learning, Adelaide, Australia, 2Adelaide University, Adelaide, Australia, 3Adelaide University, Adelaide, Australia

Biography:
Alma O’Donnell is Goodstart Early Learning National Manager Child and Family Service. Alma holds a Master’s qualification in Perinatal & Infant Mental Health, with over 25 years’ experience working with vulnerable families and communities and was team leader for “Preparing for Life Dublin”, one of the most extensive RCT in early childhood intervention, conducted in Europe.
Jon Jureidini is a child psychiatrist who heads Adelaide University’s Critical and Ethical Mental Health research group (CEMH), and Paediatric Mental Health Training Unit (PMHTU).
Dr George Karpetis is a researcher at the University of Adelaide, Medical School, and a psychoanalytic psychotherapist.

Introduction
Goodstart Early Learning’s vision is for all Australian children to have the best possible start to achieve the learning, development and wellbeing outcomes they need for school and life. Our social inclusion goal is to ensure that those children at greater risk of falling behind, such as children that have experienced trauma have an opportunity to learn and grow through early learning.

Purpose
High quality Early learning settings can offer an opportunity to create a safe place for a traumatised child’s development to progress. To meet the needs of their most vulnerable infants and improve early learning outcomes, Goodstart Early Learning developed trauma informed policies, procedures and practices to be implemented nationally. A 12-week Intensive Emotional Support Plan (IESP) is now offered to children at risk of exclusion due to presenting with extreme volatile behaviours or withdrawal behaviours. The IESP provides an out of ratio educator to become a safe predictable attachment figure who is 100% emotionally available to the child. Over the weeks the educator supports specific objectives with the child, to help make sense of the their world and others when in a heightened and/or aroused state and learn self-regulating strategies.

Description of the project/research
Since 2015, Goodstart has implemented 60 Intensive emotional Support Plans (IESPs), with nearly 100% success. Goodstart seeks to validate the approach and inform best trauma-based practice to the wider Early Childhood Education and Care. Goodstart further aims to identify the effective measures that have contributed most significantly to the success of the approach and, also, consider whether the successful elements of the approach can be applied in all early learning sectors.

Outcome
This workshop will review the IESP approach using two case studies on the implementation and present the findings of the research undertaken by Adelaide University.
The trouble with trials in the parenting field: a workshop to discuss pertinent problems and solutions

Dr Anja Wittkowski¹
¹The University Of Manchester, Manchester, United Kingdom

Biography:
Dr Anja Wittkowski, a Senior Lecturer/Associate Professor in Clinical Psychology at the University of Manchester, is a TRHIVE co-applicant and the Principal Investigator of a feasibility trial called the IMAGINE study.

Dr Marion Henderson, a Senior Investigator Scientist (MRC/CSO Social & Public Health Sciences Unit) at the University of Glasgow, is Chief Investigator on two funded RCTs, called the SEED and THRIVE trials.

Associate Professor Alina Morawska is the Deputy Director (Research) at the Parenting and Family Support Centre, The University of Queensland. Supported by numerous grants, she has published extensively in the field of parenting and family intervention.

Randomised controlled trials (RCTs) are still considered the ‘gold standard’ in order to examine the clinical and cost effectiveness of an intervention. RCTs and associated qualitative studies or process evaluations are required to build up an evidence base for any intervention and this is also the case in the parenting field. However, within this particular field expectant parents and parents of infants have access to a wide range of psychosocial and parenting interventions that usually aim at facilitating their transition to parenthood. Whilst they may be ‘spoilt for choice’, the efficacy and effectiveness of some of these interventions remain to be fully tested.

With the rapid expansion of perinatal mental health services, especially in the United Kingdom, the desire to offer evidence based parenting interventions is great but the available evidence is not always as robust as it first seems.

As part of this workshop we would like to engage the audience in a discussion of the challenges of conducting trials within this field with the aim to find solutions and overcome very common challenges.

We will use several examples from, for example, feasibility and a full RCT to highlight the difficulties we have come across and debate future solutions with the audience. This discussion will also explore the best ways to engage mothers with mental health difficulties, fathers in research studies and members of the public as experts by experience in the design and conduct of trials. We will explore if alternative designs should be considered more in our quest to offer evidenced based best clinical practice to parents.

The workshop facilitators will be Dr Anja Wittkowski from the University of Manchester, Dr Marion Henderson from the University of Glasgow and Dr Alina Morawska from the University of Queensland.
Grounding Ourselves in Best Practice for Reflective Supervision

Mrs Ashley Mccormick, Mrs Nichole Paradis, Mrs Faith Eidson, Mrs Deborah Weatherston

Alliance For The Advancement Of Infant Mental Health, Southgate, United States, IMH Consultant

Biography:
Ashley McCormick, LMSW, IMH-E®, IMH Mentor-Clinical, serves as the Endorsement and Communications Director for the Alliance for the Advancement of IMH. Ashley is dedicated to promoting workforce development standards for professionals who work with very young children and families through the promotion and use of the Competency Guidelines® and Endorsement®.

INTRODUCTION
The cornerstone of infant mental health informed practice within the infant and early childhood field is reflective supervision/consultation (RSC). Defined as “a partnership formed for learning” (Shahmoon-Shanok, 2006) or a shared experience founded on trust, mutual respect, curiosity, and wonder (Weatherston, 2016). RSC is co-created between supervisors/consultants and supervisees/consultees. Because of the complex and emotionally evocative nature of work with infants, young children, and families, professionals need a regularly scheduled time and place in which to pause and reflect on their experiences.

PURPOSE OF THE WORK
In 2004, the Michigan Association for Infant Mental Health (MI-AIMH) saw the need to answer questions and provide direction about RSC including, How does one know that what they are providing and/or receiving is RSC? What are the defining features? How does it differ from other forms of supervision? Who can provide it? and they authored the document, Best Practice Guidelines for Reflective Supervision/Consultation (Guidelines). This crucial resource has been shared across the world and guided many discussions about the practice of RSC.

DESCRIPTION
In recent years, as RSC has become more widely recognized, utilized, researched, and examined, MI-AIMH and Alliance for the Advancement of Infant Mental Health have revised the Guidelines to add clarity around topic areas of particular interest, such as group and RSC via distance technology.

CONCLUSION
Program supervisor as reflective supervisor, group RSC, and RSC via distance technology are identified as three distinct ways in which RSC can be provided that often need specific training and guidance. The Guidelines provide guidance for both the supervisor/consultant and supervisee/consultee regarding best practices for entering a reflective supervisory relationship in these formats. Extra attention is given to RSC provided via distance technology because of the expressed needs from the infant and early childhood workforce upon encountering the worldwide COVID-19 pandemic.
Providing Developmentally-Informed Trauma Training for Birth to 5 Providers

**Dr Karen Finello**

*WestEd Center for Prevention & Early Intervention, PASADENA, United States*

**Biography:**
Karen Moran Finello, PhD, is an applied developmental psychologist and provides training, technical assistance, and consultation to school districts, hospitals, and community, state, national and international organizations in the areas of infant mental health, early intervention, early childhood development, reflective supervision, developmentally-informed trauma practices, and program development.

**INTRODUCTION:**
While it is essential to provide professional development focused on supporting healthy outcomes and building buffers for child and family risks and trauma, it is also important to examine how basic competencies in trauma-informed care are being developed. This is necessary to avoid creating more family stress through inappropriate provider responses to trauma screenings and to support providers in incorporating self-care to guard against the impact of secondary traumatic stress.

**AIMS:**
To provide an overview of a comprehensive trauma training program for multi-disciplinary birth to five providers

**DESCRIPTION:**
We have created developmentally-informed trauma trainings focused on building professional capacity for multi-disciplinary birth to 5 providers in childcare, home visiting, early intervention, and preschool programs. The design utilizes a series of three to four face to face trainings, along with monthly geographically-based Community of Practice (CoP) calls to mentor providers and assist them in applying complex concepts covered during skill-based training sessions. The geographically-based mentoring allows a deeper dive and conversation about diversity-informed, specialized responses and adaptations that may hold greater relevance for diverse populations of young children and families being served by programs in different regions. Through the CoP, our long-term efforts build communities of peer support for providers engaged in similar work in different regions. Our model also incorporates a “train the trainer” design to build local expertise to continue efforts after the initial funding period for the external trainers.

**CONCLUSIONS:**
To address the complexity of issues associated with early childhood risks and family trauma and to ensure that providers are trained to differentiate between trauma events, individual experience of the events, and potential effects upon young children and families, a developmentally-informed approach and ample
opportunities for application of training content is critical. This session will provide an example of such a training approach.
Ghosts in the Infant/Toddler Classroom: Relationship-Based Professional Development to Promote Caregiver Responsiveness

Dr Bethanie Van Horne, Dr. Beverly Weathington, Dr. Janelle Montroy, Dr. Carla Barron

Baylor College Of Medicine, Houston, United States, Merrill Palmer Skillman Institute/Wayne State University, Detroit, United States, University of Texas Health Science Center-Houston, Houston, United States

Biography:
Bethanie Van Horne, DrPH, is an assistant professor of pediatrics at Baylor College of Medicine. Beth develops and evaluates programs and interventions targeting at-risk families. Ms. Beverly Weathington is the Program Coordinator of the Healthier Urban Families Outreach Program at Merrill Palmer Skillman Institute/Wayne State University. She provides professional development seminars to teachers and clinicians working with at-risk families. She is a curriculum content developer and facilitator for the Hearts and Minds on Babies project. Janelle Montroy, PhD. University of Texas Health Science Center-Houston. Carla Barron, PhD. Merrill Palmer Skillman Institute/Wayne State University

Introduction: Half of U.S. infants are in childcare. High-quality care supports social-emotional well-being, yet many U.S. infants attend care that is at-best of moderate quality. Unfortunately, traditional training opportunities have not been found to improve responsive caregiving.

Purpose: This interactive workshop provides opportunities to discuss the emotional realities of caring for groups of infants and the impact it has on responsive care. We share two relationship-based training programs for infant/toddler caregivers and discuss lessons learned.

Description: First, Van Horne & Montroy discuss the Strategies for Early Education and Developmental Success (SEEDs), a 14-week online professional development program, involving online didactic sessions, daily practice, and weekly video feedback and reflection with coaches. Through the use of video, they will demonstrate 6 techniques used by coaches to build trusting, responsive relationships with caregivers that facilitate responsive caregiving and social-emotional development. They will discuss common coaching challenges and ongoing training needs.

Next, Weathington and Barron discuss Hearts and Minds on Babies (HMB) an attachment-based training for infant/toddler caregivers aimed to support their ability to read children’s cues and respond sensitively; promoting social-emotional competence. HMB introduces concepts and provides a reflective space to process emotions related to caring for multiple children. Using case examples, this workshop highlights 1) lessons learned about the importance of meeting the needs of caregivers so they can meet the needs of the babies, and 2) the need to develop a parallel training to facilitate administrators’ ability to reflect on caregivers needs.

Conclusions: Many factors influence caregivers’ ability to be responsive, including perceptions and misperceptions of infant’s needs and ghosts from unresolved caregiving in their own history. Consistent with relationship-based treatment approaches, training professional caregivers requires a relational approach that can be met via coaching and supporting caregivers’ supervisors’ use of a relationship-based approach to supervision.
Infant mental health and psychoanalysis; from Little Hans to the Piggle and work with babies today

Dr Ben Goodfellow

Freudian School of Melbourne, Melbourne, Australia

Biography:
Ben Goodfellow is an infant, child and general psychiatrist in public and private practice and in formation as a psychoanalyst with the Freudian School of Melbourne.

INTRODUCTION
Many disciplines, fields of inquiry and modes of thought underpin the work in infant mental health. It is often overlooked how grounded the field is in psychoanalysis and how relevant, fascinating and useful a grasp of certain concepts from contemporary psychoanalysis can be in our everyday work in all settings of care.

PURPOSE
To revisit the history and the genealogy of infant mental health and the place that psychoanalysis has had in it, beginning with Freud's observations and discoveries to Winnicott's revolutionary practices and beyond. This paper will also consider the meme that Lacan "is all just about language."

DESCRIPTION
Freud's acute interest in the mental lives of infants was the genesis of the case of "Little Hans," one of far more relevance than it's near absence in contemporary thinking would suggest. This paper will revisit "Little Hans" with Winnicott's "The Piggle" for their powerful clinical relevance, not merely historical curiosity. Little Hans, actually named Herbert Graf is now known to have gone on to have the extraordinary life and career, in part due to his encounter with Freud. Winnicott too was a paediatrician who made something remarkable of his own psychoanalysis in the establishment of infant mental health as a central discipline parallel to paediatrics. The paper will also introduce the participants in the workshop to some thinking stemming from the work of Jacque Lacan, an analyst little read and poorly understood in the English speaking world.

CONCLUSIONS
Psychoanalysis is one of several foundations of infant mental health and a renewed encounter with it can add rigour to our thinking from other disciplines and orientations. Furthermore it can directly guide our practice in considering the baby as subject in their own right, not to mention the projections and relationships into which they are born that we must inevitably contend with.
Ars Poetica: Poetry and Reflective Practice in Infant Mental Health.

Professor J. Kevin Nugent, Dr. Jennifer Harrison, Professor Antoine Guédeney, Dr. Alex Harrison, Professor Campbell Paul, Dr. Jayne Singer, Beulah Warren, Dr. Debbie Weatherston

1Brazelton Institute, Boston Children’s Hospital and Harvard Medical School, Boston, United States

Biography:
J. Kevin Nugent, Director, the Brazelton Institute, Boston Children’s Hospital, Lecturer, Harvard Medical School.
- Moderator
Jennifer Harrison, Consultant Child and Youth Psychiatrist, Alfred Hospital, Melbourne, also a distinguished poet. - Moderator
Antoine Guédeney, Professor of Child & Adolescent Psychiatry, Unvi Diderot Paris Cité.
Alex Harrison, Child Psychiatrist, Assistant Clinical Professor of Psychiatry, Cambridge Health Alliance.
Campbell Paul, Consultant Infant Psychiatrist, Royal Children’s Hospital, Melbourne.
Jayne Singer, Clinical Psychologist, Department of Pediatrics. Assistant Professor, Harvard Medical School.
Debbie Weatherston, Child Psychologist, Michigan Association for Infant Mental Health.

Poetry can be an important way of seeking meaning, helping us better understand ourselves and the inner lives of others. In the first place, the sounds of words themselves can be healing not only in and of themselves but in conjunction and juxtaposition with each other. Secondly, the very act of reading a poem can cultivate mindfulness and foster self-reflection by asking us to step back to consider the meaning of what has transpired in our relationships, how we are relating to the children and families we work with, and examine our professional and personal responses to these interactions. Robert Frost called poetry “a momentary stay against confusion”. Thirdly, as Jennifer Harrison writes - poetry – if read properly – also demands that we should change our lives and as Seamus Heaney reminds us, “writing poetry is about making a difference as well as making a thing”. So, poetry can serve as a call to action by helping us make sense of our own emotional responses to infants and their families, sustain empathy, deepen our engagement in our work, explore concepts, discover new solutions and challenge us to take things to a deeper level. As a multidisciplinary area of practice, our work with infants and families seems particularly suited to the practice of poetry because in infant mental health we seek to work in an explicitly strength-based, holistic and empathic therapeutic manner. Presenters include Antoine Guédeney, Alex Harrison, Jennifer Harrison, J. Kevin Nugent, Campbell Paul, Jayne Singer, Beulah Warren and Debbie Weatherston, all of whom will discuss a poem of their choice and describe how these poems have influenced their practice with infants and families. This interactive workshop will be introduced by J. Kevin Nugent and moderated by distinguished poet and psychiatrist, Jennifer Harrison. Audience participation will be encouraged.
It speaks volumes! An enhanced treatment for selective mutism through a unique neurodevelopmental approach

Mrs Jessica Richards
Jessica Richards, A Licensed Clinical Social Worker Professional Corporation, Pasadena, United States

Biography:
Jessica Richards completed a unique dual master’s degree program in Child Development (Erikson Institute) and Clinical Social Work (Loyola University Chicago). At Children’s Memorial Hospital in Chicago she worked with severely emotionally distressed children on the Inpatient Psychiatric Unit. Jessica has provided dyadic therapy to children 0-5 in South Central Los Angeles, supervised Early Intervention therapists and was the lead therapist on the Fostering Family Partnerships 0-5 court team pilot program at the Los Angeles Children’s Court. In her private practice she consults and treats families using integrated, trans-disciplinary approaches.

A modified version of cognitive behavioral therapy is the status quo treatment modality for children experiencing selective mutism (Lang et al., 2016). Research confirms its’ efficacy, yet like all evidence-based practices, the approach is not universally successful (Lang et al., 2016). Equipped with that standard approach, Jessica Richards, MS, MSW, LCSW applied her extensive background in the neuro-developmentally attuned NeuroRelational Framework (Lillas & Turnbull, 2009) to create a hybrid approach for the treatment of selective mutism. This nuanced approach adapts the standard cognitive behavioral tools to fit the individual neurobiological profile of a given child and results in a higher rate of success in establishing new verbal communication partners.

This workshop will share detailed case examples, specific strategies and NeuroRelational Framework tools used to guide the interventions that promote verbal communication. Audio and video illustrations of these techniques will be shared, with examples of office-based, community-based and school-based sessions, to generalize the verbal skills in a titrated manner. Individualized neurodevelopmental approaches equip providers with better tools to “listen” to what isn’t said, ultimately giving voice to the voiceless.
Culturally Sensitive Infant Mental Training for Front Line Caregivers in Low to Medium Income Countries (LMIC)

Professor Alayne Stieglitz¹, Dr. Alexandra M. Harrison², Dr. Tjhin Wiguna³

¹Supporting Child Caregivers, San Francisco, United States, ²Harvard University, Cambridge, United States, ³Department of Psychiatry, Faculty of Medicine Universitas Indonesia, Jakarta, Indonesia

Biography:
Alayne Stieglitz has lifelong experience in early childhood education and infant mental health. As co-founder of Supporting Child Caregivers, she provides pro-bono culturally sensitive IMH training to collaborating agencies in low and middle income countries worldwide. Ms. Stieglitz is Professor of Early Childhood Education (retired) at Diablo Valley College, CA, and is endorsed as an Advanced Trans-disciplinary Practitioner in IMH by the CA-ECMH Center. Dr. Alexandra M. Harrison is Assistant Professor of Psychiatry Part Time, Harvard Medical School. Dr Tjhin Wiguna is a Consultant in Child and Adolescent Psychiatry at Department of Psychiatry, Faculty of Medicine Universitas Indonesia.

INTRODUCTION:
There is recognized need for front line health workers in low resource regions to be trained in infant parent mental health (IMH). Community health workers are rarely trained in the importance of and methods of supporting the infant-parent relationship. “Capacity building” is a term typically used with reference to training front line caregivers. A consensus exists that a combination of education and mentoring is the best method to support daycare or residential child caregivers, and this approach seems consistent with the capacity building needs of community health workers caring for infants and their families (UN General Assembly, Guidelines, 2010, Heath & Khoury, 2016, Bradley et al, 2017).

PURPOSE:
The purpose of the workshop is to share ideas and generate discussion about meeting the training needs of community health workers in low resource areas of the world. Challenges include the fact that some community health workers are semi-literate and have difficulty reading informational material, which may also be in a language different from their own. In addition, cultural differences create major challenges to teaching based on Western middle class theories of child development and parenting. The implicit biases of both the trainers and the trainees must also be acknowledged and addressed.

DESCRIPTION:
Presenters will present information from IMH training programs delivering IMH training in Indonesia, South Africa, North India, Pakistan, Peru, and El Salvador. We will discuss the following questions: (1) How do we create a curriculum with consistent content supported by current research to a disparate communities and cultures? (2) How do we incorporate flexibility into our delivery, insuring relevancy to partner agencies? (3) How do we encourage sustainability of new processes and practices between trainings?

CONCLUSION:
After these presentations, the co-chairs will invite participants to share their experiences and ideas in an open forum discussion, working towards a global WAIMH initiative to deliver infant mental health training to front line health workers in LMIC.
Principles and processes for adapting and implementing relationship-based interventions for substance use disorders

Ms Karen Hanson¹, Ms Emily Bosk², Ms Carolyn Flynn³
¹Yale Child Study Center, New Haven, United States, ²Rutgers University, New Brunswick, United States, ³The Center for Great Expectations, Somerset, United States

Biography:
Karen Hanson is Director of Family-Based Recovery and Assistant Clinical Professor of Social Work, Yale Child Study Center. Ms. Hanson has experience treating and designing programs for families impacted by substance use. Emily Bosk is Assistant Professor of Social Work, Rutgers University. Her work focuses on interventions for caregivers with substance use disorders and their young children, and the implementation of interventions across contexts. Carolyn Flynn is S.T.A.R.T. Program Director, Center for Great Expectations. She is a birth doula and advocate for trauma-attuned early postpartum experiences.

Introduction: Interventions that strengthen attachment in the perinatal period can be incorporated into substance use treatment. A reflective approach to both dyadic and substance use treatment components highlights the power of the therapeutic relationship as the primary mechanism of change. While there is a growing evidence base for these models, there are few established processes for their adaptation and implementation across agencies, communities and countries. Aims: To identify challenges and solutions to adaptation of relationship-based interventions for caregivers with Substance Use Disorder (SUD) and their young children.

Description: Developers of relationship-based interventions for caregivers with SUD face challenges in application across contexts. In addition to routine challenges such as creation of policies, procedures, and identification of expertise, relationship-based intervention for SUD face unique challenges. Many infant mental health clinicians are unfamiliar with substance use treatment and many substance use providers have little understanding of child development or infant mental health.

Presenters will share a framework for adapting attachment-based models with parents with SUDs who are pregnant or have a child under age three. The same principles of relationship-based interventions are central in implementation. This takes many forms including: (1) partners invest resources relationship building prior to model implementation (attunement); (2) consistency in stakeholder communication (regularity and reliability); (3) transparency; (4) development of shared goals; (5) flexibility; (6) consideration of necessities for model adherence and areas for modification; (7) change in practice and policy.

Conclusions: Developers need to meet the system “where it is” while concurrently moving the system towards a new framework for understanding possibilities for treatment of substance use in the parent-child dyad. For wide dissemination of models, it is critical that model developers work with stakeholders to adapt models using processes that uphold core principles of the relationship-based intervention.
Because a star chart isn’t always the answer: Taking infant mental health into paediatrics and child health

Dr Sophie Oldfield¹, Dr Tammy Goldwasser¹, Dr Nicholas Mills⁵,⁸, Dr Joshua Osowicki¹,²,³, Dr Lianne Cox⁵, Professor Marcel Nold⁴,⁷, Dr Carly Blum⁴, Dr Brooke Doherty⁶, Dr Monique Peris¹, Associate Professor Campbell Paul¹,², Dr Megan Chapman¹,²,³

¹The Royal Children’s Hospital, Melbourne, Australia, ²The University of Melbourne, Melbourne, Australia, ³Murdoch Children’s Research Institute, Melbourne, Australia, ⁴Monash Medical Centre, Melbourne, Australia, ⁵Werribee Mercy Hospital, Melbourne, Australia, ⁶University Hospital Geelong, Geelong, Australia, ⁷Monash University, Melbourne, Australia, ⁸The Northern Hospital, Melbourne, Australia

Biography:
Tammy Goldwasser was the Infant Mental Health Fellow at The Royal Children’s Hospital, Melbourne, for 18 months in 2017 and 2018. She is now a Consultant General Paediatrician who continues to practice with an Infant Mental Health lens.

Sophie was the Infant Mental Health Fellow in 2019 and is completing her Pediatric training working as the Refugee Health Fellow at RCH in 2020.

Introduction
The establishment of Infant Mental Health (IMH) as a discipline in Australia was led in part by Dr Ann Morgan, a paediatrician who championed understanding the inner worlds of infants and young children. Although paediatricians today remain aware of the importance of addressing social and emotional needs of children, particularly in the first years of life - a critical period that shapes future health and wellbeing, opportunities for IMH training during paediatric physician training are rare, with only one dedicated position in Australia.

Aims or Purpose
The aim of this workshop is to share insights of those who have held the specialist IMH training position over the past ten years. We aim to explore how IMH training has impacted on personal paediatric practice and advocate for the IMH message so that it may positively impact the approach to practice of paediatricians more broadly.

Description
Through a reflective and interactive presentation, we seek to explore the influence of IMH on the paediatrician, their patients and the wider health care team. Specifically, this workshop will address:
• How IMH training has shaped our paediatric practice and the practice of others
• How IMH has been welcomed into medical wards and clinics
• The impact on families when clinicians view their babies through the IMH lens
• The future for IMH training in paediatrics

Conclusions
The IMH fellow year is a unique opportunity for paediatric trainees to work in a consultation liaison capacity under the supervision of an infant psychiatrist and infant psychologist. Trainees who have held the position universally find it has significantly shifted their practice of paediatrics. To date, past IMH trainees have taken their influence into their sub-specialities including community paediatrics, palliative care, neurology, infectious diseases and neonatology.
‘Feeling Secure’ an infant mental health clinical program developed by the Queensland Centre for Perinatal and Infant Mental Health.

**Dr Ewa Bodnar**

Queensland Centre for Perinatal and Infant Mental Health, Brisbane, Australia

**Biography:**

Dr Ewa Bodnar is a Child and Adolescent Psychiatrist working at the Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) within the Zero to Four Child and Youth Mental Health Service (CYMHS). This is a specialised public mental health service for infants and young children from birth to four years who are not yet at school. Ewa’s role is a combination of direct clinical service delivery as the clinical lead of the infant team, supporting statewide development and training of the infant mental health workforce, and advocacy for the needs of infants.

Introduction: The Zero to Four Child and Youth Mental Health Service (Zero to Four CYMHS) has developed “Feeling Secure”, a psychoeducational and therapeutic program for clinicians to use with infants and young children and their families. The program is developed to be both a manual for new clinicians and touch point for more experienced clinicians. It is also a tool to help develop commonality of clinical Infant Mental Health practice throughout the public mental health service in Queensland.

Purpose: This workshop will provide an overview of the clinical program ‘Feeling Secure’ and discuss its various uses in Infant mental health service delivery.

Description: Zero to Four CYMHS accepts referrals for pregnant women, infants and young children who are not yet at school where the mental health of the infant / young child is compromised or at risk of being compromised. Zero to Four CYMHS is part of the QLD Centre for Perinatal and Infant Mental Health (QCPIMH). QCPIMH works state wide to support parents, caregivers and communities to have the confidence, knowledge, skills and resources to support their own wellbeing and raise emotionally healthy and resilient children. Zero to Four CYMHS is a team within the wider Child and Youth Mental Health Service at Children’s Health Queensland. Zero to Four CYMHS provides a largely home visiting therapeutic service to a large geographical area of greater Brisbane. The team is transdisciplinary and each clinician brings their own therapeutic skills and unique experiences to the team. The team comprises both experienced and novice infant mental health clinicians. Zero to Four CYMHS also has a role within QCPIMH in broader infant mental health workforce development across QLD. In this context it has been important to develop a therapeutic program that incorporates established infant mental health principles, is useful to a broad spectrum of infant mental health clinicians and improves equity of service delivery across a large geographical area both urban and remote. Feeling Secure is organized in 6 modules each addressing a different aspect of infant Mental Health. The content and concepts included are drawn from a range of theoretical and clinical sources and combined into a unique format. The first five modules follow a similar structure with theory, reflective questions, points to ponder and experiential activities that are relevant to the overall module topic. The sixth module seeks to utilise skills and learnings from the other modules and focus on practical modes of connection between parent and infant / young child. There are accompanying handouts and references for each module. The program is currently in draft form and being trialed in clinical settings including our pilot e-PIMH program.
Conclusion: “Feeling Secure” an Infant Mental Health Clinical Program covers established Infant Mental Health Principles and is a useful resource for both novice and experienced clinicians. It will help improve service equity for infants, young children and their families accessing mental health supports.
The inaugural Sue Morse Oration - in honour of a warm and exceptional thinker and clinician.

**Dr Ben Goodfellow**, Ms Victoria Hingston, Dr Tatiana Catanchin, A. Prof. Campbell Paul

1 Geelong University Hospital, Geelong, Australia, 2 Ballarat Mental Health Service, Ballarat, Australia, 3 Eastern Health, Melbourne, Australia, 4 Royal Children’s Hospital, Melbourne, Australia

**Biography:**

Ben Goodfellow is an infant and paediatric consultation-liaison psychiatrist in public and private practice who completed a fellowship in Infant Mental Health at the Royal Children's Hospital with Sue Morse and the team. Tatiana also undertook this fellowship and is a child and adolescent psychiatrist at a metropolitan CAMHS. Their colleague Victoria is a speech pathologist and infant mental health clinician at CAMHS in regional Victoria with over 11 years of experience. Campbell Paul is the infant psychiatrist at the Royal Children's Hospital and is the president elect of WAIMH

**INTRODUCTION**

Sue Morse was a speech pathologist and infant mental health clinician of nearly 30 years’ experience who died suddenly in March 2019. She was a respected and published pioneer of infant mental health in Victoria, particularly with children with feeding disorders and acquired brain injuries. Sue was also an iconoclast and a deeply revered friend, colleague and teacher of many working in the field around Australia and the world.

**PURPOSE**

This workshop forms the inaugural Sue Morse Oration to honour her legacy, promote her teachings and illustrate how much speech pathology as a discipline has to share with those of us from other clinical backgrounds.

**DESCRIPTION**

Four students and colleagues of Sue’s will reflect on her unique work and life in discussing the following case series in which she was involved as clinician and supervisor. These clinicians remain inspired by her singular brilliance, warmth, style and respect for the babies and families with whom she worked.

- One, the girl who swallowed a fly: the use of humour to ameliorate life threatening anxiety
- Two, a six month old with traumatic brain injury who was nasogastric tube dependent
- Three, a two year old girl born with major facial deformities and a mother with disordered eating referred with oral aversion.

The speakers include a fellow speech pathologist and two psychiatrists whose practice has been profoundly shaped by Sue’s life, words and wisdom.

**CONCLUSIONS**

We all learn from our colleagues and share clinical experience informed by our respective disciplines. Sue Morse's particular influence has been especially powerful and this workshop will allow her voice to be heard through the work of those she has inspired, much as we might still wish it were from Sue herself.
Video feedback for co-parenting and family functioning: Using the Lausanne Trilogue Play task as a super brief intervention with young families.

Dr. Diane Philipp ¹
¹Sickkids Centre For Community Mental Health and the University Of Toronto, Toronto, Canada

Biography:
Dr. Philipp is a practicing Child and Adolescent Psychiatrist at SickKids Centre for Community Mental Health and the University of Toronto. She has authored and co-authored articles on young families and coparenting. She also co-authored the book, “The baby and the couple: Understanding and Treating Young families” (Fivaz-Depeursinge & Philipp, 2014). Dr. Philipp developed a brief family therapy model for the infant and preschool population known as Reflective Family Play. RFP has been manualized, with a recent case series demonstrating its feasibility for this young age group. Her manual on clinical use of Lausanne Trilogue Play will be released shortly.

Introduction: In many centres, Lausanne Trilogue Play (LTP) has become standard clinical practice, part of a thorough assessment that can inform clinical decisions around who to work with: the coparents, a parent-child dyad, or the whole family. Video clips from the LTP can then be used for a video feedback intervention, allowing clinicians to share and discuss preselected moments of strength and difficulty with parents.

Video feedback has been found to be a highly effective intervention that may also shorten treatment times. At our Children’s Mental Health Centre, parents are offered a single-session video feedback consultation about their family functioning using the LTP. Some may go on to longer forms of treatment, however, for those with mild to moderate symptomatology, this super brief intervention may suffice.

Aims: In this workshop, we introduce the clinical LTP and its uses, with a specific focus on video feedback for coparents.

Description: Using clinical vignettes, this workshop begins with a presentation of a clinical LTP for families with infants and preschoolers presenting for mental health services. Participants will have the opportunity to work with the material to discuss which elements of the LTP would best show the parents their family’s strengths and areas of challenge. Excerpts from actual video feedback sessions will be used to further illustrate technique. Clinical characteristics of the families for whom super brief intervention will be their only treatment, will also be discussed.

Conclusions: In an era of increasing demand on children’s mental health services, effective brief interventions are needed. Moreover, young families experiencing mild to moderate symptomatology may benefit from super brief interventions with a focus on coparenting, thereby alleviating some of the strain on our healthcare systems and reducing wait times for those families requiring more intensive and lengthy interventions.
The Psychometric Properties of the Working Model of the Child Interview

Ms. Kjersti Sandnes¹, Mr Stian Lydersen¹, Mrs Silja Berg Kårstad¹, Mrs Turid Suzanne Berg-Nielsen¹
¹NTNU, Trondheim, Norway

Biography:
I am a clinical psychologist with special training in family psychology. My main clinical interests have been the field of infant mental health, child development, attachment, parent-child interaction and perinatal mental health. I have 15 years of clinical experience from working with community-based services for pregnant women and families with infants or toddlers. Since 2010, I’ve held a position as an assistant professor at NTNU, the University of Trondheim, Mid-Norway. Since 2018, I am combining this position with doing research as a Phd-candidate, investigating the Working Model of the Child Interview.

Introduction
The Working Model of the Child Interview (WMCI) (Zeanah et al., 1994) is frequently used to measure parents’ representations of their infant and the relationship they have with their infant. Beyond the global categories (balanced, disengaged, distorted), the reliability, factor structure, and validity of all the 15 clinical scales have not previously been studied.

Aim of the study
To investigate the psychometric properties of the WMCI scales.

Methods
The WMCI was administered to 152 mothers of infants (mean age 7.3 months), recruited from community Well Baby Units. We tested for reliability, factorial structure, factorial validity, concurrent validity and discriminant validity of the 15 WMCI scales.

Results
Inter-rater reliability was substantial for five of the clinical scales, moderate for 9 scales and fair for one scale. Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) yielded three factors with evidence of factorial validity. The factors are comparable to the original categories balanced and distorted, while the original category, disengaged, did not manifest in our low-to-moderate risk sample. Concurrent validity and discriminant validity of the factors were supported.

Conclusions
The reliability and validity of the WMCI scales were supported in a low to moderate risk sample, suggesting that the clinical scales of the WMCI can be used in their own right in research.

Assessing mental health difficulties in under 4s: examining clinical presentations in high-risk community populations

Ms Carol Hardy¹, Ms Eva Sprecher²

¹South London And Maudsley NHS Foundation Trust, London, United Kingdom, ²University College London (UCL), The Anna Freud National Centre for Children and Families, London, United Kingdom

Biography:
Carol Hardy, Under 5s Clinical Specialist, South London and Maudsley NHS Foundation Trust. Carol has worked in CAMHS teams with high risk populations for over 30 years. She has a longstanding interest and engagement in clinical research and service development for preschool children and their parents/carers. Eva A Sprecher, PhD Student (UCL) and Research Assistant (Anna Freud Centre)

Eva Sprecher is a PhD student exploring relationships between foster carers and the young people in their care. She is also a Research Assistant at the Anna Freud National Centre on the NIHR funded randomized controlled trial of the Reflective Fostering Programme.

INTRODUCTION: An assessment model developed for this age-group within community services was trialled in the SUSI (Social-emotional Under 4s Screening & Intervention) study to gain a greater understanding of how social–emotional and emerging mental health needs present in high-risk pre-school populations.

AIMS or PURPOSE of the project: The SUSI assessment provides a comprehensive system, combining standardised measures and clinical observation, to assess social-emotional and mental health difficulties in the context of the parent-child relationship. The assessment was delivered to babies/children with birth parents, foster/kinship and adoptive parents, and written up in a brief accessible report that provided the basis for a targeted intervention, where indicated. Features of the child’s clinical presentation and functioning, as well as patterns of caregiver-child interactions with their primary caregivers were highlighted and discussed with parents, and the professional network. These clinical signs were later categorised into 5 groups:
- emotional
- behavioural
- functional
- physical
- child-parent interaction patterns.

Each child’s profile of clinical features was created at both baseline (n=122) and the 12 month follow up review (n=73), and the child’s strengths noted.

DESCRIPTION of the work: This investigation allowed for prevalence of clinical features from different domains to be compared at different levels: at a sample-wide level, between age groups and through individual case studies. We have explored how these clinical features change over time and the association with other relevant factors such as ACE scores, intervention uptake and the scores on standardised measures. The workshop will explore how this system may serve as a basis for tracking the assessment and development of clinical presentations in pre-school children.

CONCLUSIONS: This is an assessment model that clinicians may use to gain insight into the difficulties faced by infants/young children, through the strategic use of clinical observation data, and which can inform clinical practice with their primary caregivers.
It Matters: Collaborating and Partnering with Foster Families for Future Success

Mrs Elvia Cortes¹, Mrs Lisa Terry²
¹Family Intervention Nurturing Empowerment, Inc., Riverside, United States, ²Virginia Commonwealth University, Richmond, United States

Biography:
Elvia Cortes, MS, Ph.D Candidate, is the executive director of FINE Infant Program, providing early intervention services to children (0-3 years) and families in California. Her background includes 20 years in program administration, professional development, and reflective supervision. Her research includes foster parents’ experiences caring for young children 0-5 years.

Introduction:
In 2016, over 3 million children entered the foster care system in U.S. as victims of child abuse and neglect and children under the age of three were the most vulnerable victims entering the foster care system (U.S Department of Health and Human Services, 2018). These high-level risk factors for young foster children highlight both the significant challenges (e.g. unable to make relationships with adults, continuation of toxic stress, foster parents not able to understand the child’s emotions and behaviors) young children face in the foster care system and the high level of support foster parents are required to provide care for sensitive young children entering their homes (Dozier, Zeanah, & Bernard, 2013).

Purpose of work:
Educate professionals to support foster parents in understanding child development and ways to nurture relationships by interpreting the variety of emotions that interplay between caregivers and children.

Description of work:
Participants will learn eight specific strategies to support foster parents including using intentional reflection, creating a safe space to support emotional well-being, establishing rapport while supporting the parent-child relationship, increasing meaningful interactions within everyday routines and activities, looking at the big picture and focusing on teaming, educating caregiver on upcoming milestones and functional development, providing opportunities to observe, ask questions, and listen, and empowering foster families.

Conclusion:
This interactive session will engage participants in a personal story, present current research and data on supporting foster parents, and provide eight strategies to implement into practice.
Together in Mind: Collaborating for improved mental health outcomes.

Mrs Cate Rawlinson, Ms Adrienne Irvine

Queensland Centre for Perinatal And Infant Mental Health, Nundah, Australia

**Biography:**
Adrienne is a social worker with 40 years’ experience working in areas of child and family welfare, adult and child and youth mental health, project management and statewide service development in areas such as sexual assault and forensic mental health in health and justice settings. Adrienne was a member of the Children’s Services and Mental Health Review Tribunals. Her interest is in early intervention programs that maximise outcomes for infant’s development and the social-emotional wellbeing of their families. Her current role is Project Coordinator for the Together in Mind Program for mothers with a complex mental illness and their infants.

**INTRODUCTION**
Emerging evidence supports interdisciplinary collaboration between health services to deliver mental health services for women in the perinatal period, including their relationship with their infant. This workshop presents research results of ‘Together in Mind’, an interdisciplinary perinatal and infant mental health day program, for mothers with a moderate to severe mental illness and their young infant. Presenting the workshop is the project coordinator and clinicians representing the day program collaborating services.

**AIMS:** To improve the wellbeing of mothers with moderate to severe mental illness, enhance parenting confidence and promote secure maternal-infant attachment, and fill an identified gap in the mental health service continuum of care, for mothers and their young infants.

**DESCRIPTION**
‘Together in Mind’ is a 6 week psychoeducation day program delivered in public hospital and health services across Queensland, by clinicians from adult and child and youth mental health (infant), and child health services. A 2 hour single session supporting partners of the mothers is also delivered. Clinicians are trained to use a program manual to ensure consistent content delivery across programs. Results reported are gathered from seven program sites in 2016-18. Program outcomes were assessed using pre and post quantitative measures to identify changes in maternal mental health, parenting confidence, and mother-infant attachment. Post-program qualitative surveys assess participant, partner and clinician acceptability of the program.

**CONCLUSION**
Statistically significant improvements in maternal mental health and infant attachment, positive feedback from parent self-report surveys on program elements, and enhanced engagement in post group referral pathways were found. Development of workforce capacity in perinatal and infant mental health has been a significant outcome of the program. Clinicians reported high levels of acceptability of the program,
satisfaction with the collaborative process, transfer of knowledge and skills. Results support “Together in Mind” as a sustainable, effective and efficient model of service, for mothers, infants and families experiencing complex perinatal mental health issues.
Relational Dance-Therapy; Observing the Choreography of the Infant-Parent Dance.

**Mrs Yael Beth-Halachmi**

*NCDT: National Centre of Dance Therapy, Montreal, Canada*

**Biography:**

Dance Movement Therapist; INECAT, Paris, France and Seminar-Hakibuzim, Tel-Aviv, Israel. M.A.Dance, Jerusalem Dance Academy. Yael is currently a fellow at the IPMHC at UMass, Boston, and a Dance-Therapist at the NCDT, Montreal, Canada. Her research project: "The Choreography of Infant-Parent Relations" was presented at the Rome IARPP conference in 2016.

Introduction: A workshop presenting a model for observing the non-verbal relations and communications within an infant-parent interaction, integrating knowledge drawn from Post-Modern dance, Dance-Therapy and Parent-Child Therapy, following the HDT approach. The structure of the model designed to follow the infant’s development from bottom to top, linking each layer of developmental capacities with appropriate movement and dance notions.

Aims: Presenting an intervention program, based on the model, inviting therapists to experience its acquisition for clinical observations and interventional objectives. Providing professionals that work with infants and their parents an additional tool for understanding the underlying ‘choreographies’ of an early relationship and offering new, creative ways of promoting non-verbal coordinations.

Description: This workshop explores the use of choreographic ‘scores’ as playful structures for being with the other. Exploring weight and breath relations as linked to self and mutual regulation. Perceiving coordinations in time and space as being related to the formations of social encounters. Acknowledging the various non-verbal communication modalities; gaze, voice, touch, facial expressions and the movement of the spine. Finally, promoting reflective processes using dance composition and improvisation in the objective of encouraging the development of a creative self for both infant and parent.

The use of video feedback is proposed as another method for reflection and awareness of the underlying non-verbal configurations. Videos of infant-parent interactions will be shared within the workshop, practicing observation and interpretation of movement and vocal relations within an infant-parent interaction.

Conclusions: This workshop is introducing therapists with the experience of using dance and choreography within the therapeutic process, while developing a sensibility for the perception of movement relations as a base for playful, creative and metallization based interventions. Following the infant-parent dance from its very first steps, as it becomes a duet.
Parent-Child Interaction Therapy with Toddlers (PCIT-T): Improving Emotion Regulation and Attachment Relationships

Dr Jane Kohlhoff¹, Ms Susan Morgan², Dr Nancy Wallace³, Dr Emma Girard³, Professor Cheryl McNeil⁴
¹University Of New South Wales, Randwick, Australia, ²Karitane, Carramar, Australia, ³UC Riverside School of Medicine, Riverside, United States of America, ⁴Department of Psychology West Virginia University, Morgantown, United States of America

Biography:
Dr Jane Kohlhoff is a Senior Lecturer in the School of Psychiatry, University of New South Wales, Australia and Research Fellow at Karitane, Sydney, Australia. Dr Kohlhoff is a clinical psychologist who conducts clinically-oriented and translational research in the areas of perinatal, infant and early childhood mental health. She has particular interest in attachment theory and clinical applications, early interventions to improve outcomes for vulnerable and marginalised families, and the roles of early environmental and biological factors in the intergenerational transmission of poor parenting and psychological outcomes.

INTRODUCTION. Disruptive toddler behaviours (aggression, tantrums) are common (Tremblay et al., 1999) and typically conceptualised as a normal response to the challenges of the developmental stage. However, when persistent and left untreated, such behaviours can represent the start of a trajectory towards poor social-emotional and academic outcomes (Campbell et al., 2000).

AIMS. Parent-Child Interaction Therapy with Toddlers (PCIT-T; Girard et al., 2018) is a new attachment-informed parenting intervention developed collaboratively by a team of scientist-practitioners from Australia and the US. The program is designed to meet the specific developmental needs of children aged 12-24 months presenting with disruptive behaviours. Supported by a growing body of empirical data, outcome studies suggest improvements in parenting skills and sensitivity, decreases in child behaviour problems, and shifts from insecure and disorganised to secure infant attachment patterns (Kohlhoff & Morgan, 2014; 2018; Kohlhoff et al., 2019a; 2019b). Consumer satisfaction is also high (Kohlhoff et al., 2019c).

DESCRIPTION. PCIT-T assumes that (a) disruptive toddler behaviour is a sign of emotional dysregulation, (b) the parent-toddler attachment relationship is the vehicle through which the child’s capacity for emotion regulation develops, and (c) toddlers are capable of learning how to listen to instructions with parental assistance. Adapted from standard PCIT (Eyberg & Funderburk, 2011), PCIT-T involves the therapist providing in-vivo coaching (via Bluetooth) from behind a one-way mirror during parent-child play. The program comprises two sequential phases, ‘Child Directed Interaction – Toddler’, aimed at improving positive parenting as well as emotion regulation for parent and child, and ‘Parent-Directed Interaction – Toddler’, aimed at promoting listening skills using a game-like ‘tell-show-try again-guide’ sequence. The ultimate goal of PCIT-T is to optimise potential for secure infant attachment patterns.

CONCLUSIONS. This workshop will provide an overview of PCIT-T and a summary of supporting empirical evidence. Case study material (videos and vignettes) will demonstrate the major treatment components,
therapeutic approach and outcomes. Participants will receive information about further resources and training.

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Shape-Flow and Tension-Flow as Portals into Concordances and Discordances in Parent-Infant Interaction: Extending Research to Prevention and Clinical Practice

Dr K Mark Sossin¹
¹Pace University, Department of Psychology, New York, United States

Biography:

INTRODUCTION: Anchored in integrative theoretical and observational parent-infant and nonverbal work of Judith Kestenberg (1975), the Kestenberg Movement Profile (KMP) has continued to evolve, as reflected in The Meaning of Movement, Second Edition (Kestenberg Amighi, Loman, & Sossin, 2018).

AIM: This workshop highlights linkage of tension-flow and shape-flow movement features to emotional experience, affect sharing and temperament, as well as self- and interactive-regulation. Tension-flow rhythms and attributes serve as principal conduits of attunement and clashing in parent-infant relating. Bipolar (symmetric) and unipolar (asymmetric) shape-flow patterns provide channels of adjustment between parent and infant that nurture development of trust and create a basis for mistrust.

DESCRIPTION: Flow factors provide a key in understanding intergenerational passage/transmission of stress and trauma. Rooted psychoanalytically, the KMP is an empirical research tool, serving as a clinical framework for both primary prevention and parent-infant psychotherapeutic work. One research approach applies observational KMP coding using comparative frequency distributions that, over many years, have become viewed with interpretive strategies. Another approach looks at coding of tension- and shape-flow patterns of interacting parent and child in temporal terms. This research methodology employs microanalytic lag sequential analysis of uninterrupted serial behaviors, KMP-coded, of the parent-child dyad to examine sequential probabilities or contingencies (cf. Beebe, et al., 2020). A set of studies examined mother- and 12-month old infants in interaction and found that mother-, infant-, and dyadic-shape-flow movement patterns differed in correspondences to the mother’s dependency vs. self-critical dispositions. For instance, varied
patterns of maternal shrinking patterns followed by infant shrinking were significantly correlated with infant self-criticism. Further research results will be summarized.

CONCLUSION: Results pertain to clinical utility of the KMP (La Barre, Birklein, Johnson, & Binette, 2018). Particular methods employed to facilitate a more positive parent-infant manner of embodied connection through parent-infant psychotherapy and video-feedback will be discussed.

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‘Pathways to Connection’: A 6 week Co-joint Parallel Group program focusing on enhancing parent-infant relationship.

Ms Lisa Gannon1, Ms Kathryn Allen1
1Queensland Centre for Perinatal and Infant Mental Health - QCPIMH, Brisbane, Australia

Biography:
Lisa Gannon is a Mental Health Nurse with clinical experience in Adult Mental Health and Child and Youth Mental Health settings in the UK and Australia. Lisa works at the Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) as Clinical Nurse within the Zero to Four Child and Youth Mental Health Service (CYMHS) clinical team, where she continues to enhance clinical skill and knowledge, through her work with infants, young children and their families.

Pathways to Connection’: A 6 week Co-joint parallel group program focusing on enhancing parent-infant relationship as part of a Zero to Four Child and Youth Mental Health Service (CYMHS) intervention.

Aim: This workshop aims to orientate participants to ‘Pathways to Connection’ group including rationale, program outline, objectives and family goals and case study illustrating the benefits of this approach.

Description: ‘Pathways to Connection’ (PCT) has been developed by clinicians within the Zero to Four CYMHS clinical team. Zero to Four CYMHS accepts referrals for pregnant women, infants and young children who are not yet at school where the mental health of the infant/young child is or is at risk of, being compromised. Zero to Four CYMHS is part of the QLD Centre for Perinatal and Infant Mental Health (QCPIMH).

Families are invited to participate in PCT at a time when their identified goals align with the groups aims. The group consists of 5-8 parent-infant dyads and a clinically appropriate number of clinicians. The program consists of 6 sessions across 6 weeks. The group sessions are preceded by an individual goal setting appointment. Group sessions include co-joint section, a separation whereby children’s and parent’s groups run in parallel, a reunion followed by final co-joint section. Structure and content of PCT supports dyads to have successful separations and reunions, understand importance of predictability and routine, and importantly, increase opportunity for joy and delight. These moments are photographed and reflected back to each dyad. The children’s group focuses on activities, appropriate to the age/developmental needs of the children attending. The parents group follows a set format, helping parents learn from each other and
gain skills in promoting a positive relationship with their child. Each dyad’s goals are reassessed at the end of PTC.

Families and clinicians have given positive feedback about PTC and its benefits in enhancing parent-child relationships and increasing parental confidence. A case study will be presented illustrating the benefits of PTC for one particular dyad.

Conclusion: ‘Pathways to Connection’ an intensive 6 week group program is a clinically useful adjunct to individual dyadic work within an infant mental health program.
Moving past defensive barriers of both caregiver and clinician in therapeutic parent-child attachment work

Ms Sabine Shanahan, Mrs Susan Williams, Dr Angelique Gross

1 Marymead, Canberra, Australia

Biography:

Williams, Susan: Social Worker. Clinician at Marymead, Centre for Early Life Matters. Registered COS-P facilitator, Certified COS-I facilitator and COS-I supervisor-in-training.

McDonald-Hall, Britt: Mental Health Counsellor. Clinician at Marymead, Centre for Early Life Matters. Registered COS-P facilitator and COS-I facilitator.

Marymead’s Early Intervention programs address child and infant mental health struggles by providing attachment-based interventions. Marymead is a community based non-for-profit organisation in Canberra, Australia, which has delivered the Circle of Security (COS) Intensive Intervention (Cooper, Hoffman, Powell and Marvin), both individually and in a group format continuously since 2006. This is an individualised video-based Intervention that works with caregivers to increase attachment security in their relationship with their child. The COS Intensive protocol provides a framework to understand attachment security on multiple levels in the therapeutic space: parent-child; parent (client)-clinician; clinician-supervisor.

In this workshop, we will present examples of defensive barriers in both clients and clinicians who have been involved in the Circle of Security Intensive Intervention. We will use video vignettes to show how defensive barriers can lead to missed opportunities in the Intervention and how through the process of ongoing reflection and supervision, these missed opportunities can be avoided in future sessions. These case examples will highlight the important link between clinicians’ experience of a secure base relationship with their supervisor and their ability to offer such relational security to their clients, especially when faced with difficult emotions and defensive barriers in the client. Such experiences set the scene for (1) relationship patterns between the client and his/her child to shift towards increased attachment security and (2) for clinicians to grow in their own personal and professional capacities.
Lullabies for Sleep and for the Transmission of Emotion and Culture

Dr. Alexandra Harrison¹, Dr. Muhammad Zeshan², Dr Ana Mayen Lainez³

¹Harvard Medical School, Cambridge, United States; ²Rutgers The State University of New Jersey, Newark, United States; ³Colaboradora Técnico de Salud II, Seccion Atención Primaria en Salud, Neonatologist, El Salvador Team Leader, Supporting Child Caregivers, Inc., El Salvador

Biography:
Dr. Harrison is Assistant Professor of Psychiatry Part Time, Harvard Medical School at the Cambridge Health Alliance; Training and Supervising Analyst at Boston Psychoanalytic Institute; Core Faculty, Infant Parent Mental Health Post Graduate Certificate Program University of Massachusetts Boston; President, Supporting Child Caregivers, Inc.

Dr. Zeshan is Assistant Professor of Psychiatry and Attending Child Psychiatrist, Rutgers, The State University of New Jersey.

Dr Ana Mayen Lainez. Colaboradora Técnico de Salud II, Seccion Atención Primaria en Salud, Neonatologist, El Salvador Team Leader, Supporting Child Caregivers, Inc.

INTRODUCTION: Lullabies have been used across the world for hundreds of years to calm infants and put them to sleep (Perry, 2013). Recent studies demonstrate that lullabies are soothing to infants. In one study of hospitalized infants, lullabies decreased heart rate and pain level significantly more than a control group of infants who were read stories (Longhi & Pickett, 2007). The live performance of a song was found to be more effective than recorded music, particularly if the singer is the parent of the infant (Mehr et al, 2016). In addition to certain common musical attributes and emotional qualities, lullabies also contribute to the intergenerational transmission of culture.

PURPOSE: To educate infant mental health (IMH) practitioners about the importance of parents singing to their babies, to enhance learning about the cultural and emotional meaning in lullabies in the IMH community.

DESCRIPTION: The presenters will describe the current research about lullabies and other “infant directed song”. They will then play videos of parents from different cultures singing lullabies to their babies and explain how they use lullabies in clinical and educational interventions. The discussion will be then opened to all participants, who will be invited to bring lullabies from their personal and cultural histories to share with the group.

CONCLUSION: IMH practitioners will benefit from learning about the value of lullabies and other infant-directed song as a method of calming infants, and the cultural understanding of the WAIMH community will be enhanced.
“What’s your biggest worry?” Answers from a prenatal class for expectant fathers over two years (2018-2019)

Mr Nicholas Kasovac¹
¹The DAD Projects, WA-AIMH, Tacoma, United States

Biography:
Nicholas Kasovac, MA, IMH-E®, OTS is endorsed with Washington Association for Infant Mental Health and currently works as one of the Endorsement Coordinators. Nicholas has developed programs for Fathers including The DAD Project: Fathers & Infants, The DAD Project: Toddlers & Fathers, Milk Men: Dads and Breastfeeding Support, and Baseball Tummy Time. Additional programs for fathers are in development. Nicholas has taught CE classes on Fatherhood topics at Erikson Institute in Chicago. He also teaches Conscious Fathering (prenatal) at Swedish Medical Centers and The DAD Projects at Tacoma-Pierce County Department of Health.

INTRODUCTION
The prenatal period for expectant parents consists of celebration, preparation, planning, hoping, and dreaming. For many first-time expectant fathers in the United States, the prenatal period arouses increased feelings of fear, anxiety, incompetence, and lack of confidence for their impending new role. Confusion and conflicted feelings may arise as well, when faced with the inevitable experience of their partner going through labor and delivery in addition to caring for a newborn baby.

AIMS or PURPOSE of the project or work described
The purpose of this project compiles responses within a prenatal class for expectant fathers in metropolitan Seattle area, when posed with the question “What’s your biggest worry?” Very little has been written about the expectations of expectant fathers during the prenatal period and this project seeks to aggregate responses, then highlight patterns and trends.

DESCRIPTION of the work or project
This presenter facilitates a prenatal class for expectant fathers at 4 hospital locations in the metropolitan Seattle area. The introduction at the beginning of class invites participants to share their name, their baby’s due date, the gender if they’d like to share, and what “burning question or worry have you been carrying around with you.” The purpose of the question is to inform the facilitator of specific information that needs to be addressed or covered during the class to mitigate any concern, fear, and/or anxiety each participant holds in mind. If not discussed during the class, the instructor provides further resources for the fathers. Aggregated data is over a 2 year period, averaging 6-7 classes per month with 8-10 participants in each class.

CONCLUSIONS
Expectant fathers have their own set of worries or questions during the prenatal period. This aggregated data serves to illuminate the concerns being held in mind by expectant fathers.
Parental attachment, marital conflict and coparenting in separation and divorce: A clinical experience in custody evaluation context for 0-6 children

Professor Silvia Mazzoni\(^1\), Dr. Valentina Nassisi\(^1\), Dr. Leonardo Provini\(^1\)

\(^1\)Department of Dynamic and Clinical Psychology - Sapienza University of Rome, Rome, Italy

Biography:
Silvia Mazzoni, PhD, is an expert in research on child development in the context of coparenting and family dynamics. She is an expert in Family Psychotherapy and Parenting Coordination with children aged 0-6. Together with Valentina Nassisi and Leonardo Provini - experts in the evaluation of attachment styles through the AAI - she applied a multi-method assessment procedure to respond to the requests of Judges when they need a Custody Evaluation. Some data emerging from such clinical experience have stimulated a new line of research on risk and protection factors in the dynamics of families facing separation and divorce.

Introduction: the psychologist’s involvement in the conflictual separations and divorces requires a specific knowledge of how the risk and protective factors interaction affects developmental trajectories of the child adjustment. The attachment dimension is strictly connected with the parenting variability. Secure attachment is related to a sensible, flexible and responsive parenting. Disorganization, on the other hand, is associated with unpredictable and fearful parenting and makes the subject more vulnerable to other traumas.

Aim: the aim of the workshop is to explore how the parental attachment style affects the separation and divorce management, the coparenting and the developmental child adjustment.

Material and methods: we examine 8 conflicting parents’ couples using different clinical instruments: Adult Attachment Interview (AAI; George, Kaplan, Main 1984-1996); Coparenting and Family Rating System (CFRS; Mc Hale et al., 2000); Lausanne Trialogue Play (Fivaz-Depeursinge, Corboz-Warnery, 1999). We have also used the Psychodynamic Diagnostic Manual, Second Edition (Lingiardi, McWilliams 2017) and DC: 0-5\(^{TM}\) (Zero to Three, 2018). We will discuss some clinical illustration.

Results: we have found that the majority of parents was secure (63%) and the remaining was Cannot Classify (37%); the 56% of the group was unresolved with respect to loss or trauma (Ud) and, in the secure sub-group, the 63% was classified as Ud. We found that the secure attachment style is connected with a better coparenting and with a better child adjustment.

Conclusion: parents with unresolved traumatic experiences seems to be “freezed” in the processing of a new traumatic separation experience. Beyond the disorganization, secure attachment seems to be a potential protective factor both for parenting and coparenting. This work highlights the importance for the custody evaluators of implementing a multi-method assessment procedure that includes family resources and vulnerabilities in order to draw an intervention project within the conflicting families.
Re-Generativity and the Grandmother Hypothesis. How can we replicate ancient parenting practices in a modern world?

Dr Rachel Bushing1
1Three Little Birds Perinatal Psychology, Brisbane, Australia

Biography:
Dr. Rachel Bushing has been a practicing psychologist for 17 years, most of this with children and families experiencing distress and dysfunction. She operates a Brisbane-based private practice, Pop! Psychology, as well as the specialist perinatal service Three Little Birds. Her passion for perinatal and infant mental health comes out of her child mental health work as well as her own experiences of parenting her own "three little birds".

INTRODUCTION
The Grandmother Hypothesis in social science refers to the theory of early female menopause among humans as compared to other mammals. It postulates that these extended postmenopausal life spans are adaptive for the race in providing care for the infants of their children, and therefore grandmothers (and elders in general) are essential for the survival of the tribe. It would appear that in modern life, the importance of grandparents in care-giving is poorly understood, and especially how grandparenting interrelates with attachment theory and the role of the primary caregiver. Additional caregiving has always been an important part of how children are raised, and there is evidence that active grandparenting plays an important role in the achievement of Erikson’s stage of generativity vs. stagnation. Grandparenting is good for all generations.

AIMS OR PURPOSE of the project or work described
The aim of this workshop is to present this evolutionary hypothesis in context of modern parenting, to enable further understanding on the current demands, wants and needs of grandparents. The presentation will highlight some of the barriers, myths, and practices in how grandparents are viewed in modern families, and suggest that we re-think how we can harness the wisdom of our elders in ways that improve family function.

DESCRIPTION of the work or project
This presentation will draw upon social science and psychological research on the effects of grandparenting upon infant mental health, and present a case for improved practices in Infant Mental Health care.

CONCLUSIONS
The session will conclude by highlighting the importance of grandparents throughout history, and suggest ways in which mental health clinicians, primary care and prevention work can support the important role of grandparents and overcome barriers posed by modern life.
Influences in Parenting and Early Childhood Development in Ongoing Emergency Settings: Two Refugee Camps in Palestine

Dr Alia Assali1, Dr Deborah Young2, Ms Alia Gilbrecht1
1An Najah University, Nablus, Palestine, State of, 2Empowering Communities Globally, Longmont, USA

Biography:
Dr. Deborah Young, Associate Professor of Early Childhood (Former Chair), Executive Director of Empowering Communities Globally (INGO). Involved in human rights and social justice with a focus on early childhood mental health issues and parenting for over 35 years.
Alia Gilbrecht MA, Lecturer Gender and Woman’s Studies, Research Associate. Director Debate Team. Project manager National University’s Office of International Development and External Affairs

The aim of this study was to explore the range and nature of influences on parenting practices with children birth-5 in families living in refugee camps in Palestine. A participatory-action-research approach used mixed-methods for five rounds of data collection/analysis/interventions. The data drew on an intersectional perspective of family (inter/intra personal) and environmental challenges (cultural, political, economic). The study provided insights on the impact of adverse childhood experiences and access to protective factors.

The research team co-created knowledge and interventions based upon interviews, focus-group discussions, social mapping, observations, surveys, and transactional walks. Although this was a relatively small-scale exploratory study, confidence in the generalizability of the findings was enhanced by the high level of consistency in the findings noted by the consensus among participants through multiple methods for triangulation. The high level of consistency across the participants suggests the issues identified may be shared and relevant to other ongoing emergency settings.

Factors revealed that parenting practices were influenced by: perceptions of parenting roles and responsibilities; the impact of positive and/or negative social/emotional interactions between caregivers and children; power dynamics within the family-gender and generational hierarchies; power dynamics within the community; education level; economic level; and religious influence. The five-rounds of interventions focused on empowering caregivers through home-visits, community workshops, and story hours, all which shared information around child development, trauma-informed practices, and protective factors. Outcomes revealed that research team members and participants increased their trust between each other and within themselves positively correlating with an increase in healthy practices and self-efficacy in their parenting practices; participation in community workshops increased trust between community members; increased positive social/emotional interactions within participating families occurred after 4-6 homes visits and/or attendance of four workshops; and parents increased knowledge of trauma-informed practices increased positive emotional responses with their children and with children in the community.
Building walls & building relationships: our story rich in authentic heart connections

Ms Teresa Johnson, Mrs Leah Whitehead

IWK Health Centre, Halifax, Canada

Biography:
Teresa Johnson has had the privilege of learning from infants and families for over 25 years. A social worker by profession and heart, Teresa specializes in relationships. Teresa holds a graduate degree, along with Infant Mental Health Certification. Teresa is also a Registered Circle of Security Parenting facilitator. She is a Clinical Social Worker with the Neonatal team at the IWK.

Leah Whitehead mom of three. Her oldest child, Tessa was born at 28 weeks. Leah helped develop a Parent Partner Program unique in Canada.

Dr. Normand Carey, IWK, is a child and adolescent psychiatrist specializing in Infant Mental Health.

Introduction
An admission to the Neonatal Intensive Care Unit (NICU) is generally considered an adverse childhood experience. Historically, Healthcare Providers (HCP) and parents have expressed concern about the socio emotional development of infants due to the separation from their parents. All this contextualized by parents own trauma and perceived trauma with their newborn in NICU. The IWK Health Centre in Nova Scotia is addressing these concerns. They have redeveloped their traditional open-bay style NICU to a single family room design that is unique in Canada. They have intentionally shifted their care paradigm to integrate families in to everyday care using a trauma informed and attachment-focused lens. Families are encouraged to stay with and care for their baby in the NICU.

Aims
In optimizing Infant Mental Health in the NICU we explore three essential areas: (1) Physical Environment (2) Philosophy of Care (Circle of Security®) and (3) Comprehensive Psychosocial Care, including peer support.

Description
Courage. Joy. Fear. Hope. Few understand this multifaceted journey more than NICU parents. Psychosocial Support in NICU is critical. Our Peer support program employs a framework that considers the therapeutic/healing benefit of volunteering.

The NICU uses Circle of Security® as a map for facilitating relationships and prioritizes parents as essential partners/leaders in the care of their infant.

This workshop brings together an interprofessional neonatal group involving the voice of administrators, clinicians and parents. Unique insights will be shared from our hybrid year spent with infants/families admitted to both single family rooms and open-bay units.

Conclusion
A relationship-based, parent-infant model is necessary to help both staff and parents keep “baby in mind”. Narratives from HCP and families include feeling rejuvenated, more satisfied in their roles and confident as
a result. Together as administrators, parents, physicians and staff we have established a blueprint for strong relational stewardship; the foundation of Infant Mental Health.
E-learning module for NICU staff on early parenting support

Dr Sari Ahlqvist-Björkroth, Martina Moorkamp, Anna Axelin, Janto McMullin, Liisa Lehtonen
1University of Turku, Turku, Finland, 2Mercy Hospital for Women, Heidelberg, Australia, 3Vlogical, Turku, Finland

Biography:
Sari Ahlqvist-Björkroth, Doctor of Psychology, is a researcher and university teacher within the department of psychology and language pathology at the University of Turku, Finland. Sari’s clinical and research interest is in the implementation of the interventions that are based on attachment and early parent-infant relationship theories. She is one of the developers of the Close Collaboration with Parents training program.
Martina Moorkamp is a clinical neonatologist who works as a consultant neonatologist at the Mercy Hospital for Women in Heidelberg Victoria, Australia. She has a special interest to the family centred neonatal intensive care.

INTRODUCTION: Still today, the neonatal intensive care of an infant leads to separation between parents and newborns. Parents’ separation from the infant and alteration from the parenting role increases their risk for later mental health and parenting problems.

DESCRIPTION: The aim of the workshop is to introduce the intervention and e-learning module and the results of the pilot study on the feasibility and acceptability of the module. The e-learning module was implemented in two neonatal units, one in Finland and one in Melbourne, Australia between June and September 2020. We recruit 20 staff members from the Finnish unit and 17 from the Australian unit. The acceptability was rated from moderate to good using Technology Acceptance Model questionnaire. Feasibility data showed that module was easy to access and its completion took about four hours. However, 30% of staff members in the Finnish unit and 17% in the Australian unit completed the whole module. Furthermore, the content of the module was evaluated understandable and the participants had high motivation to learn the skills that the module consisted of. In the workshop, we will discuss the further development of the module based on the pilot study results.

PURPOSE: We developed an educational intervention, Close Collaboration with Parents, for neonatal intensive care staff. The intervention has been implemented and studied in 10 NICUs in Finland. It has been shown to improve the family-centered care practices of the staff, to increase parent-infant closeness by 50%, and to decrease maternal depression symptoms. The implementation of the intervention in has consisted of: 1) theoretical education with a manual, 2) bedside practicing with a mentor and 3) reflection of the bedside practices. The duration of the implementation phase takes 18 months. Now, we have developed an e-learning module to increase the feasibility and fidelity of the implementation
A voice for the voiceless. The Infant Therapeutic Reunification Service: A service for maltreated and neglected infants and their families.

Dr Patricia O’Rourke1, Professor Jon Jureidini2
1Women’s and Children’s Health Network, North Adelaide, Australia

Biography:
Dr Patricia O’Rourke is a child psychotherapist specialising in preventative work with infants and their families, child protection, reflective supervision and group work. She coordinates the Infant Therapeutic Reunification Service, Women's and Children's Health Network, and is a consultant trainer/supervisor in the Paediatric Mental Health Training Unit, Adelaide University. Professor Jon Jureidini, child psychiatrist, heads Adelaide University’s Critical and Ethical Mental Health research group (CEMH), which promotes safer, more effective and more ethical research and practice in mental health; and the Paediatric Mental Health Training Unit (PMHTU), which provides training in non-pathologising approaches to primary care mental health.

Introduction
The Infant Therapeutic Reunification Service (ITRS), based on the Tulane Infant Team Model (Zeanah et al. 2001), was set up in the Women's and Children's Hospital, Adelaide, in 2011 to address the needs of maltreated and neglected infants and those at high risk of maltreatment. In South Australia in 2015-17, over 3000 Unborn Care Concerns and High Risk Infant notifications were made to child protection services. On average, infants under 12 months are renotified more than 5 times before age 5. Moreover there has been a year on year increase of notifications of infants less than one year old. The ITRS assesses parenting capacity, and where possible, provides reunification therapy and supports timely decision-making enabling long-term placement planning for these infants. The ITRS won the New Zealand / Australian TheMHS award for assessment and treatment in 2016. Our reunification rates have been consistently evaluated at higher than average.

Aims of workshop
This workshop aims to share our model of care and practice-based experience working with these complex families and systems. The workshop will enable those working in child protection and infant mental health to share and discuss experiences and learnings.

Description of workshop
We will present our program logic which includes parenting capacity assessment that addresses parental reflective function, evidence-based therapeutic interventions and systemic work at all levels. We will offer examples of therapeutic and systems interventions from our clinical practice to illustrate our methodology and the multiple dilemmas that arise. We will encourage participants to share their work experience and together reflect on what is required to both intervene meaningfully and sustain ourselves in this challenging context.

Conclusion
Participants at the workshop will learn from our experience, have the opportunity to share their work and together discuss the challenges that face us when working with infants in this space.

Reference:
Coparenting in Child Welfare: Leveraging Relationships to Improve Outcomes for Infants and Toddlers in Foster Care

Dr. Caroline Roben1, Sadie Funk2,
1University of Delaware, Newark, United States, 2FIRST3YEARS (IMHA of TX), Dallas, United States

Biography:
Stevie Schein, Ph.D. is an Assistant Professor of Psychological and Brain Sciences at the University of Delaware. Dr. Schein received her doctoral degree in Developmental Psychology from The University of Texas at Austin. Dr. Schein oversees community training in the Attachment and Biobehavioral Catch-up (ABC), and is involved with program evaluation of Fostering Relationships.

INTRODUCTION:
Young children in foster care are at risk for psychological and behavioral problems. The Attachment and Biobehavioral Catch-up (ABC) intervention was developed to address the risk of attachment and self-regulation problems for infants in foster care. Based on strong intervention results, ABC has since been adapted to improve visitation between parents and their children who have recently been removed from their care, and is called Fostering Relationships.

Translating clinical interventions to applied practice represents a unique opportunity to incorporate an attachment lens and focus on early mental health for very young children in child welfare.

AIMS/PURPOSE OF WORK:
Fostering Relationships aims to provide a non-traumatic, supportive experience for children, by engaging foster parents to support birth parents in following their children’s lead during visitation. This enhances the relationship between birth parents and children, as well as foster and birth parents.

This presentation will equip professionals with an approachable framework to parent-child visitation that supports the overall long-term caregiving experience for the child. Participants will learn about the benefits of coparenting between birth and foster parents, see example videos, and develop strategies to implement a more collaborative visitation approach within their communities.

DESCRIPTION:
An implementation in Texas is showing promising results from implementation of Fostering Relationships including, increased health and developmental outcomes for babies/toddlers who have experienced maltreatment compared to their peers, increased reunification, and 0% recidivism.

CONCLUSIONS:
In the US, the child welfare system is stressed for resources, leaving wide gaps necessary to help families move toward successful permanency and long-term outcomes for children and families. Fostering Relationships is being used to leverage caregiving relationships in improving services and outcomes for children in custody of the child welfare system. This represents a scalable, economic solution to enhancing support services for families in child welfare.
"Psychical effects of early childhood trauma on adolescent parenthood and their consequences for the infant. The need for early intervention"

Mrs Ana María Fabre, Sra Celia Delgado Teijeiro
1Amerpi AC, Ciudad De México, Mexico, 2Sociedad Freudiana de la Ciudad de México, Ciudad de México, México, 3IPA, Londres, Reino Unido, 4AIDEOBB, Paris, Francia, 5FEPAL, Montevideo, Uruguay

Biography:
Ana María Fabre del Rivero: Tutora del Posgrado de Psicología de Adolescentes en la UNAM. Práctica Privada
Celia Delgado Teijeiro: Coordinadora en Transmisión y Enseñanza en la Sociedad Freudiana de la Ciudad de México. Práctica Privada

Introduction

Adolescence pregnancy is health problema that requires an specific attention. In Mexico Adolescent pregnancy has been recognized as a public health problem and in the last years there has been a multiple efforts examined to analyze the multiple variables that are implicated in the increase of risk behaviors in adolescents. The early pregnancy has been associated to the substance abuse that has also increased because of the narcotrafic problem in Latin America.

Purpose

The objective of this presentation is to analyze the problems of the socio-economic and cultural environment, experienced in adolescent pregnancies associated with substance use and its terrible effects on the constitution of children’s subjectivities.

Description

By analyzing a clinical vignette about a 52 years old woman who wants to adopt to her 4 years niece, we will introduce the transgenerational transmission of violence and the mental and physical risk in which is involved a child with an adolescent – substance addicted mother.

M who was the consultant, refers a line of physical and psychological abuse that comes from her own father and that causes a several problems in her brother who in the same way exerts violence (the abandon is also a violence act) over his own son. This son is an substance addicted who procreate a little girl with an adolescent women who also is a drug addicted, and who has her own history of suffer and abandon.

As a result of her parents conditions, the little girl suffered physical negligence, that was reflected in many ways, but in special on nightmares and nocturnal enuresis.

Conclusion

When an early baby, a child that is still not an infant, absorbs more violence that which she can digest, cannot metabolize it. What is to be expected of these lives so permeated with violence? How can such amount of pain be palliated?
Cradle to Kinder - An innovative Australian community-based, multi-disciplinary, home-visiting program for vulnerable infants and families.

**Biography:**
Dr Robyn Miller, PhD, is a social worker and family therapist with over 30 years’ experience in the community sector and child protection. Robyn has practiced as a therapist, clinical supervisor, consultant and lecturer. For 9 years she provided professional leadership as the Chief Practitioner within the Department of Human Services in Victoria, and has also worked as a consultant with the Royal Commission into Institutional Responses to Child Sexual Abuse. Robyn is currently the CEO of MacKillop Family Services, one of the largest providers of specialist services to vulnerable and disadvantaged children, young people and their families across Australia.

**INTRODUCTION**
This workshop provides the practice outcomes and evaluation findings of the Cradle to Kinder program over the past 4 years at MacKillop Family Services (MacKillop). MacKillop has provided this innovative outreach program to vulnerable families with infants and pre-schoolers at risk of harm, and placement in out of home care, in three different locations in Victoria, Australia using an integrated model of family therapy and infant mental health approaches with flexible case work and coordination. Extremely positive outcomes have been achieved in a community-based, family-centred, home visiting context.

**AIMS/PURPOSE OF WORK**
Early and targeted maternal health interventions, such as home-visitation programs, show great potential in improving the outcomes of these young women. However, there is little Australian evidence that demonstrates the long-term impact of such programs. This workshop describes the Cradle to Kinder evaluation study undertaken by Monash University, a mixed-method evaluation examining the impact of the program on both maternal and infant outcomes, across a 4-year period.

**DESCRIPTION**
Since 2017, young parents with adverse childhood experience measures of over 6 (very high trauma load) who are at risk of poor maternal outcomes have been recruited into the program during pregnancy and are followed up until the child is four years of age. The primary outcomes of the evaluation included: (1) examine intervention impact on maternal health and wellbeing, infant development and parenting capabilities, and (2) evaluate the implementation strategy underpinning the delivery of the program.

**CONCLUSIONS**
This evaluation is the first of its kind to examine the long-term impact of a home visitation program for young Australian, vulnerable parents. The program outcomes are significant with a strong correlation between parental capability and child wellbeing and development scales. The outcomes of the Cradle to Kinder program have significant implications for the scale-up and dissemination of the program across Australia, with potential to address the inequity that disadvantaged young Australian parents currently face.
Pathways to addiction: what's attachment got to do with it?

**Dr Lane Strathearn**, Dr Sohye Kim

1University of Iowa, Iowa City, United States, 2University of Massachusetts Medical School, Worcester, United States

**Biography:**
Dr. Strathearn is a Professor of Pediatrics at the University of Iowa and Director of the Division of Developmental-Behavioral Pediatrics. His research focuses on the neurobiology of mother-infant attachment, examining maternal brain and oxytocin responses to infant face and cry cues, especially in substance-using mothers, using functional MRI and behavioral observation. Sohye Kim, PhD is an Assistant Professor of Psychiatry at University of Massachusetts Medical School. Her research aims to elucidate brain-neuroendocrine-behavior mechanisms that go awry as a result of suboptimal early caregiving experiences. As a clinical psychologist, she offers expertise in the treatment of psychiatric disorders in at-risk mothers.

**INTRODUCTION**
Substance addictions in women during pregnancy or in the postpartum period have adverse effects not only on the mother, but also on mother-infant attachment and the child’s subsequent development. Additionally, parental addiction may be transmitted intergenerationally, where the child of parents with addiction problems is more likely to experience addiction as an adult.

**PURPOSE**
The purpose of this workshop is to examine how compromised early experience, including insecure attachment, early abuse/neglect, and unresolved trauma, may increase susceptibility to addiction later in life, via specific neurobiological pathways.

**DESCRIPTION**
During the workshop we will summarize this potential pathway from three different levels: molecular, neuroendocrine and behavioral. We will examine the oxytocin affiliation system, dopamine reward system, and glucocorticoid stress response system with regard to addiction and attachment. We will point to the mother–infant relationship as an important element and context for intervention for mothers with addictions, who are often treated in isolation from their infants.

**CONCLUSION**
Current treatment strategies for substance-use disorders tend to focus on the individual and the cessation of substance use rather than the developmental and social processes that may perpetuate addiction. The developmental perspective underscored in the workshop proposes an intergenerational conceptual framework linking addiction susceptibility to early adversity, chronic stress, and changes in the function and regulation of neurobiological systems. Increased understanding of these underlying mechanisms may help facilitate earlier and more refined interventions to help support mothers with substance addictions and the infants in their care.
Once upon A pandemic: online therapeutic groupwork for infants and mother’s impacted by family violence

Dr Wendy Bunston¹,², Ms Diane Haufe³, Ms Jill Wallis⁴, Ms Robyn Fletcher⁵, Mr Adrian Mether⁵
¹Wb Training & Consultancy, Moonee Ponds, Australia, ²La Trobe University, Bundoora, Australia, ³Uniting Care Wesley, Bowden, Australia, ⁴Mind Australia, Mile End, Australia, ⁵Restoring Childhood/Berry Street, Mount Helen, Australia

Biography:
Dr Wendy Bunston, Senior Consultant// La Trobe University, Victoria
Ms Diane Haufe, Uniting Care Wesley, South Australia
Ms Jill Wallis, Mind Australia, South Australia
Ms Robyn Fletcher, Berry Street, Victoria
Mr Adrian Mether, Berry Street, Victoria
This collection of practitioners have been involved in running an infant/mother group work intervention to address the impacts of family violence through an online platform due to the COVID 19 pandemic.

Introduction:
The landscape for delivering therapeutic services to vulnerable families changed dramatically in March of 2020. As the COVID-19 pandemic haemorrhaged throughout the world, family services organisations were required to quickly adapt. This adaptation was not in relation to their commitment to delivering psychological and practical support but in how this could be safely and effectively done.

Aims:
This workshop outlines how two services in two different Australian states, South Australia, and Victoria, adapted an infant/mother group work intervention into an online platform delivery; how they shared their learnings with one another and how this then led to the coevolution of this very new delivery approach of an already well-established model of working even further.

Descriptions:
The workshop will begin by outlining the group work intervention developed for infants and their mothers impacted by family violence. This will then be followed by the process involved in adapting the intervention to an online format whilst honouring the relational imperatives and practice principles inherent in the model. This includes the collaborative relationship which evolved between two services from different states during Australia’s lockdown. Material will be shared from both the South Australian and Victorian groups.

Conclusions:
The paper will conclude with the learnings which emerged from this unique stage in our history and the inventiveness of adapting therapeutic opportunities in order to retain relational continuity and safety for highly vulnerable infants and their families. It will also speak to the accessibility on-line platforms offer vulnerable, isolated and remote based infants and their families in enhancing relational repair and forming important social connections with others.
Implementing an Evidence-Based Parenting Intervention with Fidelity Internationally: Attachment and Biobehavioral Catch-up in USA, Sweden, and Australia

Dr Stevie Schein1, Sally Watson2, Anna Amilon3, Dr Mary Dozier1, Dr Caroline Roben1, Dr Amanda Costello1

1University Of Delaware, Newark, United States, 2Infant Therapeutic Reunification Service, Women & Children’s Health Network, Adelaide, Australia, 3Private Practice, Malmo, Sweden

Biography:
Stevie Schein, Ph.D., is the Director of Training and Sustainability for Attachment and Biobehavioral Catch-up. Dr. Schein received her doctoral degree in Developmental Psychology from The University of Texas at Austin. Sally Watson is an Infant Mental Health Clinician at Infant Therapeutic Reunification Service, Women & Children’s Health Network, and in private practice in Adelaide, Australia.
Anna Amilon is a Clinical Social Worker in southern Sweden who works with infants and their parents in private practice. Both Sally and Anna have led efforts to create community networks and bring ABC to their countries, as well as practicing ABC.

INTRODUCTION: Monitoring fidelity to evidence-based interventions is a critical component of successful dissemination (Durlak & DuPre, 2008; Schoenwald, et al., 2011), and increasing service access in new contexts and cultures and collaborating with local providers can be complicated and complex. Moreover, ensuring fidelity monitoring when disseminating interventions cross-culturally results in unique challenges when considering how culture and context can shape factors that influence the uptake of the intervention (Cardemil, 2015; Spilka & Dobson, 2015). Attachment and Biobehavioral Catch-up (ABC) is a 10-session, home visiting evidence-based early intervention that promotes sensitive caregiving in parents of infants aged 6-24 months, and has demonstrated positive outcomes across parental behaviors and child development (e.g., attachment quality, biological, emotional, and behavioral regulation, executive functioning skills) in CPS-referred children and children in foster care. ABC is unique in identifying in the moment commenting to be the intervention’s core component and predictor of parent behavioral change (Caron et al., 2016; Meade et al., 2014). Commenting is defined as “real-time” feedback delivered by providers during sessions to support parents engaging in ABC-targeted behaviors (e.g., nurturance, following the lead, avoiding intrusive/frightening behavior).

AIMS: This workshop describes the process of disseminating ABC with fidelity, in community settings outside of the United States, including cultural and language considerations that affect this work, creating local supervision support, and bringing a new program to key stakeholders.

DESCRIPTION: The first panelist will introduce the ABC model and its active ingredient, and present information regarding ABC fidelity measurement and training. The second panelist will present about implementing ABC in Sweden, and the complexity of maintaining fidelity in a culture and language that the model has never before used. The third panelist will present on efforts to bring ABC to Australia, and describe community-specific challenges and successes.
CONCLUSIONS: The training process with panelists from both countries has yielded rich information about moving an evidence-based early intervention from the United States to international countries. Several considerations including language, culture, population, and policy have emerged. A discussion of these considerations will inform the process of international dissemination, by promoting sensitivity to culture and context, while still maintaining intervention fidelity (Cardemil, 2015).
Using a Place Based Approach and Generating Collective Impact to Change Outcomes and Practice in the Early Years

Ms Merle Davies, Mrs Clare Lowrie

Blackpool Centre For Early Child Development, Blackpool, United Kingdom

Biography:
Merle is leading the multi-agency Blackpool Better Start initiative, funded by the Big Lottery. Reframing and driving systemic change across all services for children 0-4 and their families by empowering communities to support and co-design this change. She has worked in National, Regional and Local Government both in the UK and overseas as well as the Voluntary Sector. She also provides consultancy to an international NGO and, in a voluntary capacity, Children’s Homes in Borneo. Merle’s background is in community education, she has worked in Scotland, England, Borneo and Germany in a variety of roles within the voluntary/statutory sector.

INTRODUCTION
As the most socioeconomically deprived area in the UK, in 2015, Blackpool was awarded £45 million from National Lottery as part of a ten-year strategic investment, to develop new approaches to improve early child health and development. Blackpool Better Start’s inclusive partnership approach (police, health services, local authority, voluntary sector) collectively lay foundations that enable babies and young children to thrive in the context of sensitive and responsive relationships with their caregivers. The case for investing in Early Childhood Development (ECD) is compelling. There is strong evidence from multiple disciplines that pregnancy and early years is a particularly sensitive period of life, when foundations are set for future learning, behaviour and health. The programme is inspired by and utilises collective impact and wider systems change models and a community development framework, reducing key stressors and building on strengths.

AIMS/PURPOSE OF WORK
Through using a place-based approach, the partnership is working collaboratively to reduce critical pressures for parents and build their capabilities. Ultimately, this collective impact approach will help to break the intergenerational cycle of poor physical and emotional health and improve child development outcomes across the town.

DESCRIPTION/METHODS
Taking a whole systems approach the CECD measure impact across outcomes through individual programme level quantitative measures as well as more creative qualitative measures utilising stories and listening to seldom heard voices through a community engagement strategy. Support measures are in place to mitigate risk, with robust structures for staff and families. Improving ECD outcomes is not the responsibility of any professional or service, Blackpool Better Start illustrate the potential of joined up, systems-wide approaches to improving ECD outcomes. The work will put the science and evidence of ECD into practice. The partnership is evaluating the impact and sharing learning within and beyond A Better Start nationally and internationally.
CONCLUSIONS
Early indications of success include a significant reduction in childhood dental caries and children being admitted to hospital due to unintentional and serious injury, and an increase in the number of children achieving a good level of development by the end of reception, an increase in breastfeeding in the most deprived wards.

Birdie’s Tree natural disaster resilience and recovery: Helping young children and their families ‘weather the weather’

Dr Andrea Baldwin¹, Dr Alexandra De Young³, Dr Anita Nepean-Hutchison¹, Dr Elisabeth Hoehn¹
¹Queensland Centre for Perinatal And Infant Mental Health, Nundah, Australia

Biography:
Dr Andrea Baldwin has been a psychologist, writer and arts health practitioner for nearly 30 years. Working at the nexus of arts, health and environment, Andrea’s career has focused mostly on child and youth mental health. As a Service Development Leader at the Queensland Centre for Perinatal Infant Mental Health, Andrea helps support the mental health and wellbeing of expectant and new parents, babies and young children. She currently co-ordinates the Birdie’s Tree natural disaster resilience and recovery initiative across Queensland.

Introduction:
Natural disasters are expected to increase in frequency and severity as a result of climate change. A natural disaster is a potentially traumatic event, which if experienced in the early years may have short-term and long-term negative impacts on a child’s mental health, learning and development.

Purpose:
This workshop will introduce an international audience to Birdie’s Tree, a stepped-care approach to infant mental health in the context of natural disasters.

Description:
The workshop will present data from three components of the Birdie’s Tree initiative. The Birdie’s Tree universal resources are a suite of storybooks, games and information available free of charge via the internet to help parents, carers, educators and other adults support young children in the preparedness, response and recovery phases of a natural disaster. Evaluation data will be presented from the roll-out of these resources across Queensland, Australia. Birdie’s Tree Early Childhood Curriculum is a program for early childhood care and education settings, which has been evaluated as both a resilience-building program and a program to support recovery of young children in areas affected by natural disasters. Finally, Birdie’s Tree Recovery is a mental health intervention to support the recovery of children experiencing symptoms of traumatic stress following a natural disaster. Data will be presented from the implementation of Birdie’s Tree Recovery in the wake of monsoonal flooding in Queensland.

Conclusion:
A stepped-care approach to infant mental health that incorporates universal mental health promotion and prevention, early intervention, treatment and recovery, has the potential to benefit significant numbers of children and families affected by severe weather events and natural disasters.
Sparking joy: Strengthening community engagement to promote early brain development

Ms Lindsey Lockman Dougherty¹, Denise Weiss-Salinas², Lis Stevens³
¹Save the Children, Nashville, United States of America, ²Save the Children, Berea, United States of America, ³Bezos Family Foundation, Seattle, United States of America

Biography:
Lindsey Lockman Dougherty has over fifteen years of experience in the field of early childhood development working towards the goal of improving the quality of children’s earliest life experiences through program management and evaluation, technical assistance, and research to strengthen the programs, services and state-wide systems that impact the lives of young children and their families. Lindsey holds a Masters of Education in International Education Policy from the Harvard Graduate School of Education and a Master of Arts in Child Development from Tufts University.

Introduction
Science demonstrates that rapid and critical brain development occurs in the first five years of life, influencing later outcomes including educational achievement, economic productivity, responsible citizenship, and lifelong health. Positive relationships and back and forth interactions between children and adults known as serve and return are key factors to establishing a strong developmental foundation. Communities play a critical role in the process of early brain development as children develop within an environment of relationships including family and community members. This workshop introduces Vroom®, an initiative of the Bezos Family Foundation that celebrates and empowers all adults to play a proactive role in early brain development.

Purpose of the Project
Save the Children US has leveraged Vroom as a vehicle for sharing cutting-edge scientific research about early brain development to increase awareness and locally driven engagement in rural communities to surround families with positive messaging and resources that “spark joy” in the everyday moments adults share with children.

Project Description
With a focus on serving geographically and economically isolated communities across the country, Save the Children utilizes Vroom as a community engagement initiative to increase awareness and promotion of early brain development across public and private sectors. Partners include education, health, social services, civic institutions, faith communities, government, business, and media. Save the Children hires and trains paraprofessional educators to empower individuals within a community to become early childhood leaders and in partnership with local community members to increase access to resources and experiences that promote healthy development.

Conclusion
Workshop participants will learn strategies and effective practices to empower adults across public and private settings to play a proactive role in early brain development, and to support locally-driven efforts to advance a culture shift towards the investment in early education for all children.

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Adverse and protective experiences: New assessment and intervention tools

Dr Jennifer Hays-Grudo1, Dr Amanda S. Morris1
1Oklahoma State University, Tulsa, United States

Biography:
Dr. Jennifer Hays-Grudo and Dr. Amanda S. Morris. They are Regents Professors and developmental scientists at Oklahoma State University (Psychiatry & Behavioral Science-JHG, Human Development & Family Science-ASM). Dr. Hays-Grudo studies interventions to reduce intergenerational adverse childhood experiences. Dr. Morris studies parenting, socio-emotional development, and neuroscience, and is endorsed as an Infant Mental Health Research Mentor, Level IV. They are the authors of Adverse and Protective Experiences: A Developmental Perspective (APA, 2020) and the Editor in Chief (JHG) & Associate Editor (ASM) of Adversity & Resilience Science: Journal of Research and Practice (Springer/Nature).

Introduction
Two decades of research following the publication of the original Adverse Childhood Experiences (ACE) Study substantiate that ACEs are common, co-occur, and have cumulative, persistent, and detrimental effects on development and health. Findings from many disciplines demonstrate the multiple processes by which ACEs and toxic stress induce physiological adaptations in developing endocrine, immunologic, neurologic systems, behavioral responses, and developmental deficits. More recent research is beginning to elucidate the biopsychosocial effects of positive and beneficial childhood experiences.

Aims/purpose
This workshop will describe and provide opportunities to discuss and practice using assessment and intervention tools resulting from recent research on adverse and protective childhood experiences.

Description
Drawing from extensive research on resilience, we identified a set of 10 Protective and Compensatory Experiences (PACEs) that buffer the negative effects of ACEs. Some focus on relationships and others on resources, routines, and activities. A Baby PACEs assessment tool assesses the availability of protective experiences appropriate for infants and toddlers. Scores on the adult PACEs questionnaire have been found to moderate the effects of ACEs on adult attitudes toward parenting, potentially diminishing the intergenerational transmission of early life trauma. From these assessment tools we developed PACEs Plans for adults, children, and infants and toddlers, a tool to help caregivers maintain existing positive relationships and resources and to set priorities and goals for increasing others. Another assessment and intervention tool is the ACEs/PACEs genogram, used to identify and address adverse and protective family histories. Finally, the Intergenerational and Comprehensive Adverse and Resilient Experience (ICARE) model
was developed to organize and integrate therapeutic programs and levels of care that target the various biological and behavioral effects of ACEs.

Conclusion
ACEs and PACEs research provides new tools for assessing and treating the multiple systems and processes affected by ACEs in parents of young children.
Listening to children and to each other: partnerships for sustainable change in child welfare

Mrs Jessica Richards¹, Ms Adriana Molina²

¹Jessica Richards, A Licensed Clinical Social Worker Professional Corporation, Pasadena, United States, ²Children’s Institute, Los Angeles, United States

Biography:
Jessica Richards, MS, MSW, LCSW completed a unique dual master’s degree program in Child Development (Erikson Institute) and Clinical Social Work (Loyola University Chicago). Jessica has provided dyadic therapy to children 0-5 in South Central Los Angeles and served as a clinical supervisor. She is the lead trainer for the "Young Children in Care" movement.

Adriana Molina, MS, LMFT has a breadth of experience with community programs across child welfare and mental health disciplines. She is the Director of Project ABC, an early childhood mental health change grant, and is a Chair for the Violence Prevention Coalition of Los Angeles.

Los Angeles County is home to the largest child welfare organization in the world, serving over 30,000 children on any given month (Alliance for Children’s Rights, 2019). Fifty-two percent of new child welfare cases in Los Angeles are opened for children under five years of age. Of those, children under the age of three are more likely to subsequently reenter child welfare, perpetuating the troubling cycle (Alliance for Children’s Rights, 2019). Given the overwhelming number of young children in this system and the unique developmental needs of this population, a groundbreaking effort to improve services started as a grassroots effort four years ago and is gaining traction with direct service workers and administrators. To date, the “Young Children in Care” movement has trained 1,100 social workers and community-based service providers in a four-hour, hands-on, trauma and neuro-developmentally informed training through an unusual partnership between the Los Angeles/California Department of Children and Family Services and Project ABC, an Early Childhood Mental Health change grant in Los Angeles County.

This workshop will share the quantitative and qualitative outcomes from this innovative effort and offer practical strategies to increase critical knowledge of early childhood mental health. It will highlight methods to improve community networking and collaboration to better serve young children and families in the child welfare system. The NeuroRelational Framework (Lillas & Turnbull, 2009) provides a common language and evidence-backed tools to help child welfare social workers, service providers and caregivers “listen” to babies and young children in the “language” they communicate with – through their physiology! System change, in a context this large, is a behemoth challenge; but this effort is truly the embodiment of Margaret Mead’s wise sentiment: “Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.”
Advancing infant mental health through enhanced relational continuity and practitioner reflective functioning

Ms Anat Weisenfreund¹, Alissa Marotto², Dr Jayne Singer³
¹Community Action Pioneer Valley, Greenfield, United States, ²Kids Included Together, San Diego, United States, ³Brazelton Touchpoints Center, and Boston, United States

Biography:
Anat Weisenfreund, MS, has worked with high risk infants, caregivers and practitioners in hospital, educational, government and community settings for the past 30 years. She is Chair of the Massachusetts Head Start Association, a national trainer of the Brazelton Touchpoints approach and is endorsed as a Policy IMH Mentor. Alissa Marotto, MS has over 15 years of experience providing training and consultation services to support children with disabilities and other identified needs in inclusive settings. In her current role, Alissa sets the research agenda for Kids Included Together, the field leader in disability inclusion and behavior support practices. Dr. Singer is a clinical psychologist at the Brazelton Touchpoints Center with over 35 years of experience working with a diverse array of children and families in hospital, school, and community-based settings. She is President of the MassAIMH and an Assistant Professor of Pediatrics and Psychiatry, Harvard Medical School.
INTRODUCTION
Given the critical importance of continuity of attuned, relational caregiving during earliest childhood, high practitioner turnover in early education classrooms significantly impacts infant mental health (Kwon et al., 2020). Community Action Pioneer Valley (CAPV) Head Start serves 520 children 0-5 years old and in 2014, had a 33% educator turnover rate caused by low wages and stress related to caring for children with high incidence of trauma and complex needs.

PURPOSE
Recognizing the need to better support staff and stabilize relational continuity in classrooms and thereby address the growing and urgent needs of young children and their families, CAPV Head Start responded to turnover rates with a multi-pronged approach to: 1) increase teacher salaries; 2) create a culture of partnership and reflective practice; and 3) develop robust professional development and systems to support the highest quality of care.

DESCRIPTION
Re-structuring in order to increase teacher salaries was a crucial first step. However, responding to the needs required additional interventions, resulting in partnership with two national organizations: the Brazelton Touchpoints Center and Kids Included Together (KIT). CAPV Head Start adopted the Brazelton Touchpoints approach, an evidenced-based, trauma- and culturally informed way of working with families that provides tools to support partnership between staff and families; enables staff and families to better observe children, and supports critical reflective functioning. Building on this foundation, in partnership with KIT, the program developed a process and set of tools to implement the Touchpoints approach within its system of case coordination and support.

CONCLUSIONS
The multi-pronged interventions have resulted in large and sustained wage increases; improved staff ability to build true partnerships with families, increased skill in responding to challenging child behavior and increased reflective functioning - all in support of infant mental health. In 2020, the program’s turnover rate has decreased to 19%.

Live Program
Babies Born into Stories

**Professor Helen Milroy**¹,²

¹University of Western Australia
²National Mental Health Commission, Australia

_Helen Milroy is a descendant of the Palyku people of the Pilbara region of Western Australia but was born and educated in Perth. Currently Helen is a Consultant Child and Adolescent Psychiatrist, Professor at the University of Western Australia and Commissioner with the National Mental Health Commission. Helen has been on state and national mental health advisory committees and boards with a particular focus on Indigenous mental health as well as the wellbeing of children. From 2013-2017 Helen was a Commissioner for the Royal Commission into Institutional Responses to Child Sexual Abuse._

Babies are born into a world shaped by the intergenerational stories of their caregivers. This in turn shapes their developmental trajectory. This presentation will consider the use of storytelling and the importance of indigenous storytelling as a vehicle to influence and strengthen the stories of babies' lives. The presentation will combine examples from a series of stories I have written with background evidence from child development to reflect on the power of storytelling to contribute to health and wellbeing, particularly in a cultural context.
The Relational Foundations of Reflection: Safety, Regulation, and Relationship

Arietta Slade

1Professor of Clinical Child Psychology, Yale Child Study Center

Over the past 10 years, the field of infant mental health has become increasingly focused on reflective practice. As critical as these developments have been, we need to more deeply understand the foundations from which reflective practice emerges, for clinicians as well as the families with whom they work. The first and essential foundation is safety, namely the relative absence of threat or fearful arousal, in the clinician, the parent, or the child. The perception of threat or danger triggers fear, and activates brain and body systems that protect the self, and precludes reflection and other higher cognitive and executive functions. The second, equally important foundation is regulation. For all humans, threat and fearful arousal are inevitable; what keeps them from disrupting development and relationships is the capacity to regulate...
these experiences. The achievement of safety and regulation (often at a bodily level) establishes the foundation for the development of a trusting relationship. Once the clinician, parent, or child feels safe and unthreatened, and is able to regulate physical and mental states, attuning to the other, and building a true relationship becomes possible. These relationships – described by Winnicott as the “birthplace of the symbol”, and by Werner and Kaplan as “the primordial sharing situation” – serve as the foundation for making sense of oneself, of others, and of the larger world. This Masterclass will elaborate on this model and discuss the processes whereby safety, regulation, and relationship are established, re- and re-established in work with vulnerable parents and their young children.

Recognizing the Effects of Trauma and Adverse Childhood Experiences during the Perinatal Period

Joy D Osofsky, Ph.D. 1

1 Louisiana State University Health Sciences Centre, New Orleans

Joy D. Osofsky, Ph.D. is a clinical and developmental psychologist, Paul J. Ramsay Endowed Chair of Psychiatry and Barbara Lemann Professor of Child Welfare at Louisiana State University Health Sciences Center (LSUHSC) in New Orleans. She is Director of the Harris Infant Mental Health Center at LSUHSC. Dr. Osofsky has published widely and authored or edited 10 books including: Trauma in the Lives of Children, Two Volumes (Praeger, 2018), Treating Infants and Young Children Impacted by Trauma: Interventions that Promote Healthy Development (American Psychological Association, 2017), Clinical Work with Traumatized Young Children (Guilford, 2011), Young Children and Trauma: Interventions and Treatment (Guilford, 2004), Children in a Violent Society (Guilford, 1997), and the publication, Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System (National Council of Juvenile and Family Court Judges, 2018). She is past president of both the World Association for Infant Mental Health and Zero to Three: National Center for Infants, Toddlers, and Families. She is Clinical Consultant and on the Leadership
team for Zero to Three for the Safe Babies Court Team Program. She played a leadership role in the Gulf Region following Hurricane Katrina and the Deepwater Horizon Oil Spill and was Clinical Director for Child and Adolescent Initiatives for Louisiana Spirit following Hurricane Katrina. She has received funding for National Center for Child Traumatic Stress Center grants since 2003 and currently serves as Co-Principal Investigator for the NCTSN Center, Terrorism and Disaster Coalition for Child and Family Resilience. In 2007, Dr. Osofsky received the Sarah Haley Award for Clinical Excellence for trauma work from the International Society for Traumatic Stress Studies and in 2010 and was honored with a Presidential Commendation from the American Psychiatric Association for her work in the aftermath of Hurricane Katrina. In 2014, she was recognized with the Reginald Lourie Award for leadership in infant mental health and outstanding contributions to the health and welfare of children and families.

The Adverse Childhood Experiences (ACEs) measure, established by the pioneering work of Felitti and colleagues (1998), has led to understanding how exposure to abuse, neglect, and family dysfunction in childhood is related to subsequent physical and mental health problems. A Robert Wood Johnson report (2014) indicated that 40-60% of health outcomes can be attributed to social and behavioral factors. These issues are particularly important during the perinatal period, when women are already vulnerable to experiencing increases in mental health symptoms during the transition to parenthood which may activate both positive and painful memories associated with their own upbringing (Meltzer-Brody et al, 2018). Integrating trauma-informed mental health interventions into obstetrical care can be helpful to identify and support pregnant women at high risk for difficulties. Gathering information about ACEs as part of the maternal screening provides an opportunity to implement more sensitive and effective interventions that can be foster engagement in treatment, decrease risk for mental health problems including substance use, and improve outcomes for mothers who may be impacted by their own early childhood negative experiences. This approach also provides an opportunity to interrupt the cycle of intergenerational stress.

From Zero to Thrive! Promoting healing and relational health in families

Dr Kate Rosenblum 1
1 University of Michigan, United States of America

Dr. Rosenblum is a clinical and developmental psychologist and Professor of Psychiatry, Obstetrics & Gynecology at the University of Michigan, where she directs the Women and Infants Mental Health Program and Zero to Thrive, a multidisciplinary program focused on research, training, and service to promote the wellbeing of families with young children who have experienced adversity. Dr. Rosenblum directs the Infant and Early Childhood Clinic, a multidisciplinary training service that delivers trauma-informed treatment to children and their families. Her research focuses on the development and evaluation of relationship-focused interventions for vulnerable families who have
experienced significant disruptions, including separations, trauma, and/or loss (e.g., military families, children involved in the child welfare system). In these contexts her work focuses on strengthening protective factors to enhance resilience. Dr. Rosenblum currently serves as the Vice President of the Board of the Alliance for the Advancement of Infant Mental Health, and is a strong advocate for relationship-focused, trauma-informed practices across early childhood systems.

Very young children and their families are significantly impacted by experiences of trauma, stress and adversity. Research over the past 30 years confirms that strong early relationships provide a protective buffer that promotes resilience and allows children to thrive. Early relationships are the “strong roots” that provide children with the emotional nourishment and resilience they need to branch out, grow and thrive. This presentation will elaborate on the power of relational health promotion with caregivers and young children through universal promotion (including early relational health screening in pediatric primary care and home visiting), prevention (“Mom Power” and the Strong Roots Programs), and intervention (Infant Mental Health Home Visiting). The common focus across these approaches is strengthening parental reflective capacity. This, in turn, helps parents recognize and respond with empathy and sensitivity to their children’s needs, which enhances and supports mutual delight. Special attention will be paid to the integration of video feedback and review with families in these and other programs. Finally, Dr. Rosenblum will share evaluation data that illustrate how relationship-focused work can enhance parent mental health, alter the function of empathy circuits in the “parental brain”, and strengthen early relationships.

‘Infant led’ practice and its application to working with Family Violence

Dr Wendy Bunston

Dr Wendy Bunston is a senior clinical social worker, family therapist and infant mental health practitioner with over 30 year experience in the child and family welfare sector. Her PhD involved 8 Refuges (Shelters) within Australia, England
and Scotland exploring how Refuges provided refuge to the infant and their mother after leaving family violence.

Wendy’s research won the distinguished ‘Nancy Millis’ award in 2016 and she was a finalist in the Victorian Premier’s Health and Medical Research Awards in 2019. Wendy has written and presented extensively on her use of an ‘infant led’ approach in working to address the impact of family violence.

Infants are often nearby, present or direct victims of violence, when perpetrated by a caregiver or other family member within the infant’s home. Aside from fatalities or serious injuries resulting from direct physical harm to infants, research has demonstrated that family violence exposure in itself does, unequivocally, impact the infant’s mental health and wellbeing. The reality is, however, that the mental health sector in general has been slow to recognise the experience of the infant impacted by family violence, or to offer a service response. This masterclass will explore: the impact of family violence on infant mental health; the entitlement of infants to be an active part of any therapeutic intervention which directly impacts them; as well as illustrating how the smallest member of a family may also be the most potent and hopeful entry point for change and healing. This work is complex but when undertaken well, and with the safety of the infant paramount, it can unlock profound opportunities for addressing inter-generational violence and trauma. An overview of what an infant led approach entails and its safe application to family work, group work and supporting families residing in women’s refuges/shelters will be provided.
Boys at Risk: Early Organization of Childhood Adversity

Hiram E. Fitzgerald 1

1 University Distinguished Professor, Department of Psychology, Michigan State University, United States of America

Hiram E. Fitzgerald (Ph.D. University of Denver) is University Distinguished Professor in the Department of Psychology at Michigan State University. Fitzgerald is past president and executive director of both the Michigan Association for Infant Mental Health and the International Association for Infant Mental Health, and executive director of the World Association for Infant Mental Health. He was associated with the National Evaluation of Early Head Start, and Michigan Longitudinal Study of Family Risk for Alcoholism. Currently, he is a member of the Training Research Center for Tribal Early Childhood, the Native Children’s Research Exchange, the advisory boards for the University of Nebraska Buffett Early Childhood Institute, the Oklahoma State University Center for Integrative Research on Childhood Adversity, and the Rocky Mountain Prevention Center. He is past editor of the Infant Mental Health Journal, associate editor of Child Development, and Perspectives on Infant Mental Health. Currently he is associate editor of Adversity and Resilience Science. He is a Fellow of the Association of Psychological Science, and the American Psychological Association. He is a recipient of the Zero to Three Dolley Madison Award for Outstanding Lifetime Contribution to the Development and Well-Being of Very Young Children.

We will examine the Risk-Resilience framework within the context of relational developmental systems perspectives on the early origins of risk in boys. At least 8 components of emergent systems [genomics, epigenetics, neurobiology, neuroendocrinology, behavior (sensory-perceptual, emotional, social, cognitive), mental (theory of mind, mental representations), culture (of place, space, spirituality); natural and build environments) influence the organization of development from conception onward. We will explore evidence suggesting that boys are more vulnerable than are girls to early life-course stress. We will also examine resilience factors within each domain and discuss the risk-resilience continuum with respect to etiology of adverse childhood experiences and resilience.
Developmentally-focused early intervention for Autism

Professor Jonathan Green 1,2

1 University of Manchester

2 Royal Manchester Children’s Hospital, United Kingdom

Jonathan Green studied medicine at Cambridge, Paediatrics in London and Psychiatry in Oxford before establishing his team in Manchester, UK with a clinical and research focus on early relational and social development, particularly the developmental science and early intervention for autism. Jonathan led the first RCT of an infancy prodromal intervention for autism (iBASIS) and a post-diagnostic psychosocial intervention trial (PACT), which both showed reduction in autism symptom severity, sustained for 2 and 6 years respectively post-treatment. PACT has been widely implemented internationally and adapted and tested for the low-income context using task-shifting (PASS). Clinically, he runs a specialist Social Development Clinic undertaking assessment and treatment innovation with ASD and other impairments of social development in children. Jonathan has been associate editor for JCPP, part of the UK NICE guideline group for autism treatments and on an MRC methodology research group into process and causal analysis in clinical trials. He is an NIHR Senior Investigator.

Studies in developmental science from infancy, particularly using prospective sibling designs and within the individual differences psychology tradition, have transformed our conceptualisation and understanding of autistic development. In parallel, a new generation of intervention models has emerged, grounded in this developmental science and differing significantly from previous autism intervention paradigms. In my lecture I will describe the origin, practice and evidence for two of
these new interventions; a pre-emptive intervention strategy from infancy (iBASIS), and a post-diagnostic strategy from pre-school (PACT) – both of which have shown sustained developmental effects. I will discuss what this work tells us about developmental science, and also how such intervention can fit into a comprehensive care strategy for autism in early development.

Rohingya Culture & Healing: How cultural identities can support a Displaced Community

Dr Erum Marium

1 Institute of Educational Development, BRAC University, Bangladesh

Dr. Erum Mariam is the Executive Director of BRAC IED (Institute of Educational Development) BRAC University, in Bangladesh. She has completed her PhD in Education from Cambridge University in 2008 and has extensive experience
of scaling up education interventions both nationally and globally. Dr. Mariam was involved in the expansion of the unique BRAC run Non-Formal Primary (NFP) Schools in the 1990s and, since 2008, has promoted BRAC IED’s vision of contributing to the improvement of quality, equity, and efficiency in the education system in partnership with the public sector. The globally recognized Play Labs and Humanitarian Play Labs have been developed under her leadership, focusing on early stimulation, early developmental & learning outcomes, as well as mother-child wellbeing in diverse settings.

Children living in Rohingya camps relinquish their right to play and wellbeing as they age up and fend off the threat of uncertainty, cultural erasure, and trafficking. BRAC advocates for promoting cultural identities of displaced communities and have developed an early stimulation model based on traditional Kabbiya, physical play, arts, stories and decorations as primary healers for the Rohingya community. The model applies grassroots level engagement for identifying aspects of the Rohingya culture which fosters wellbeing. This model involves women and children where content from their culture is used to create spaces that promote resilience and a deep sense of pride among the Rohingya.
Reinforcements of linking: thoughts on combatting the effects of multiple trauma among refugee parents and their infants

Daniel Schechter 1, 2

1 Lausanne University, Switzerland
2 New York University, United States

Daniel Schechter is an American child, adolescent and adult psychiatrist, psychoanalyst and researcher in developmental neuroscience. He completed his pre- and postgraduate training at Columbia University in New York. He received additional mentorship in infant mental health from Charles Zeanah, Alicia Lieberman, and Karlen Lyons-Ruth through the American Academy of Child & Adolescent Psychiatry, a NIMH Research Career Award, and a Zero-to-Three National Center Fellowship. He was recruited in 2008 to the Geneva University Hospitals and Faculty of Medicine, where he completed his habilitation in 2010 and worked as Director of the Pediatric Consultation-Liaison Unit and of Parent-Child Research and Senior Lecturer in Psychiatry. In 2015, was appointed Deputy Chief of Service in Child and Adolescent Psychiatry in Geneva. In 2018, he was appointed as Barakett Associate Professor of Child and Adolescent Psychiatry at the New York University Grossman School of Medicine where he directed the Stress, Trauma, and Resilience Division. He returned to Switzerland in 2019 as Attending Child and Adolescent Psychiatrist and Medical Director of Perinatal and Early Childhood Research and Ambulatory Care to the Lausanne University Medical Center Child and Adolescent Psychiatry Service. He serves concurrently as Associate Professor of Psychiatry at the Lausanne University Faculty of Biology and Medicine and remains Adjunct Associate Professor of Child and Adolescent Psychiatry at New York University. His original research has focused on the psychobiological impact of maternal history of interpersonal violence exposure and related psychopathology on the caregiving environment during early childhood development, on parent-child psychopathology, intergenerational transmission of trauma, and focused intervention.

He has developed with Geneva psychologist Sandra Rusconi Serpa the Clinician Assisted Videofeedback Exposure-Approach Therapy (CAVEAT) and has authored numerous research and clinical publications as well as honors, including most recently an Exceptional Contribution to Research Award from the International Psychoanalytical Association in 2021.

Nearly 20 years after my work with Susan Coates and colleagues in New York City on the interaction of trauma and human bonds (Coates, Rosenthal, & Schechter, 2003; 2013) following the terrorist attacks of September 11, 2001, I find myself anew working with families on the other side of the Atlantic, in Switzerland, who have survived the consequences of that fateful day as refugee families from Afghanistan and Iraq. The complex trauma observed in these families and the needed intervention to reinforce linking fragments of life narrative and meaning blown apart by multiple layers of experiences of violence, loss, immigration, alienation in a very foreign, ambivalent European home, has made me as a clinician and researcher face my own biases and limitations and opened doors to new questions and growth as a psychotherapist. This master class presentation will share some of this work with you in the hope that we...
can be curious together about what permits these infants, young children and families not only to survive but to thrive despite enormous odds, as well as to contemplate together how to soothe the scars that may remain. I will present a bit of background to the research that informs my clinical work and the clinical work that has informed my research on the interaction of the early caregiving environment affected by violent trauma and related psychopathology and formative development of the infant-- who can trigger the best and worst memories in the mind of the traumatized parent.

Epistemic trust and mentalization challenges in working with parents

Daphna Ginio Dollberg, Ph.D. ¹

¹ Clinical and Development Psychologist

Daphna Ginio Dollberg, Ph.D. is a Clinical and Developmental psychologist and the former president of the Israeli WAIMH affiliate. Dr. Dollberg serves as a senior lecturer at the graduate programs in Clinical and in Developmental Psychology at the Academic College of Tel Aviv Yaffo, Israel. She studies parental mentalizing in high and low risk contexts and among parents of children of different ages. Dr. Dollberg teaches and supervises therapists who work with parents as well as in parent-child psychotherapy. She is also a certified trainer in CPP (Lieberman & Van Horn, 2008).

Epistemic trust refers to our trust in the authenticity and personal relevance of interpersonally transmitted information (Wilson & Sperber, 2012). However, epistemic vigilance is also prevalent and occurs when information is perceived as irrelevant and incorrect and/or when the informant is perceived as not understanding one’s needs. Epistemic trust is suggested a key common factor in effective psychotherapy (Fonagy & Allison, 2014) as it helps patients take in new information about the self, the other and the social world. Epistemic trust is especially crucial in working with parents who come with pressing child-centered issues and ask for concrete advise. Mentalization, and particularly parental mentalization, is a key factor in parent child relationship and is thought of as promoting healthy child socioemotional development (Fonagy, Gergely, Jurist, & Target, 2004; Meins, 2013; Oppenheim, & Koren-Karie, 2002; Slade, 2005). It also paves the way to establishing epistemic trust (Fonagy & Allison, 2014). Yet, inviting parents who are stressed and worried about their children’s behavior and development to focus on their own and child’s mental states is often challenging. Parents are often vigilant and skeptical as to whether and how can this process help in easing parenting and child-centered pressures? In this masterclass we will discuss the challenges to forming epistemic trust when working with parents on behalf of their children and the parent-
child relationship. Using Attachment theory and Mentalization frameworks, some suggested ways to address these challenges will be presented and discussed.

From intersubjective difficulties in the infant to difficulties in early parent-infant interaction: the 6-to-12 month of life as a window for very early identification of autism

Filippo Muratori, MD

1Associate Professor of Child and Adolescent Neuropsychiatry, University of Pisa, Italy

Filippo Muratori, MD, Associate Professor of Child and Adolescent Neuropsychiatry at the University of Pisa (Italy), Director of the Clinical Unit for children with autism at the IRCCS Stella Maris. He has conducted multicenter researches for the Italian Ministry of Health and for European Community. He leads the laboratory for studying early signs of autism through Home Videos. He has created collaborations with Bioengineers to develop new synergies between clinical expertise and technologies such as neurophysiology, Brain imaging, eye-tracking. Italian partner in the European Project: IMI-2 AIMS-2-TRIALS.
Retrospective studies on family home movies and more recent prospective studies on children at risk because siblings of children already diagnosed as autistic, have created an amount of knowledge about autism before the first year of life. The Master Class, using sequences extracted from video material derived from these studies, will be focused on two aspects of autism as it is developing during the 6-to-12 month of life. The first is related to intersubjective development in the infant and the second to the peculiarities of parent-infant interaction. Both aspects will be illustrated through research data and individual video example. As for the infant, atypicalities in motor development, social and non-social attentional skills, vocalization and babbling, and repetitive movement will be described focusing on differences between typical and atypical development. As for interaction between parents and children an early interactive style, capable of differentiating dyads with infants who will develop autism from those with infants with typical development or cognitive delay, will be described. This style is characterized by a reduction of intersubjective skills in the infant (such as a lowering of syntony, of acceptance of other's invitations, of maintenance of social engagement, of orienting to name) and by a parallel increase in parents' behaviors aimed at engaging their infant in interaction (through a rise of touch, voice and movement). We have named this parental style 'up regulation' to differentiate it from those parental behaviors characterized by acts designed to calm the child and to reduce the amount of tactile, auditory and motor stimulation. This up-regulating interactive style is already present when the parents still have no conscious awareness of the disorder that affects their child. Thus, we could think that using this interactive style, parents are able to recognize, in an implicit way, their infant's deficiency in inter-subjective initiative, and quickly try to compensate for this defect in their child, increasing the quantity of solicitations towards their child. Finally we'll discuss on the notable role that is nowadays attributed to parent mediated treatments aimed at enhancing in everyday life those interactions that are more useful for contrasting the social deficit in the child. Include and work on early parent/infant interaction may be of great importance for the epigenetic role that social interaction has in the construction of children's social brain.

AMOR – Giving babies and their parents their own voice through the NBO

J. Kevin Nugent 1, 2
Kevin Nugent was born and raised in Mullingar, Ireland. He studied Philosophy and Theology at St. Columban’s College and worked for six years on the island of Mindanao in the southern Philippines. He then returned to Ireland and worked at the Educational Research Centre in Dublin before leaving for Boston, where he graduated with a degree in Philosophy from Boston College. He received his doctorate in Developmental Psychology and in 1978 was invited by Berry Brazelton to join the Child Development Unit at Boston Children’s Hospital. Since then, he has been conducting research on newborn behavior and early parent-infant relations and is responsible for training professionals in neurobehavioral assessment and intervention techniques, specifically the NBAS and the NBO. Dr. Nugent is Founder and Director of the Brazelton Institute in the Division of Developmental Medicine at Boston Children’s Hospital and has been on the faculty at Harvard Medical School since 1981. He is also Emeritus Professor of Child and Family Studies at the University of Massachusetts at Amherst.

Over the first few months of life, infants face a series of hierarchically organized tasks in self-regulation that develop in a stage-like progression. This four-stage sequence of systemic change begins with their capacity to regulate their autonomic system, their motor behavior, followed by the capacity for state regulation, and finally their capacity for affective interactive behavior. These developmental tasks are summarized by the AMOR acronym — Autonomic stability, Motor regulation, Organization of State, and Responsiveness. Self-regulation is the successful integration of these four sub-systems. Parents, too, are in a state of potential disequilibrium and reorganization and face a loose hierarchy of psychic regulatory tasks, which may also be summarized using an AMOR acronym: Affect regulation, Mentalising or the capacity to see the baby as a person, Openness to the real baby as opposed to the fantasy baby, and then Responsiveness to the baby’s behavioral cues. The Parent AMOR summarises the key psychic regulatory processes in parents that can promote reciprocity in the parent-infant relationship through increasingly visible moments of affective attunement, synchrony, and mutually rewarding interaction between infant and parent. This class will be used to explain how the Newborn Behavioral Observations (NBO) system uses the AMOR framework to enable babies and parents to “tell their own stories” in order to support the emergence of reciprocity in the infant-parent relationship, in a way that is collaborative, non-didactic and strength-based and especially respectful of the generational and cultural context of both the baby’s and the parent’s own personal narratives.
Adults’ Mind-Related Behaviors During Interactions with Infants and Toddlers

Professor Holly Brophy-Herb

1Michigan State University, East Lansing, United States

Holly Brophy-Herb is a Professor of Child Development at Michigan State University. She holds an infant mental health endorsement and is Editor of the Infant Mental Health Journal. Dr. Brophy-Herb’s research program focuses on parents’/caregivers’ emotion socialization practices and toddlers’ early social and emotional development in the context of parent/caregiver child relationships. She is particularly interested in how emotion socialization practices are related to adult psychosocial characteristics, reflective capacities, and contextual characteristics including family and early care and education environments. Her recent work has also included a focus on parental/caregiver mind-mindedness in parent-infant/toddler interactions.

Parental mind-mindedness (interpreting children’s mental states and recognizing internal states as motivations for behaviors) is linked with outcomes in children including secure attachment, theory of mind, and language/cognitive skills. This session will discuss concepts and present data regarding mind-mindedness and mind-related beliefs and behaviors in parents and teachers in interactions with infants and toddlers. Data will be presented on parental mind-mindedness in parent-infant interactions in the context of a home visiting program. We will also examine characteristics associated with parental mind-mindedness and with teachers’ mind-related behaviors with infants and toddlers. Finally, we will discuss ways in which Infant Mental Health informed programming may support adult’s mentalization about infants and toddlers.
The Superior Doctor: Advocating for Child centred Mental Health Policy

Dr Daniel Fung 1,2
1 Chairman, Medical Board, Institute of Mental Health, Singapore
2 President, International Association for Child and Adolescent Psychiatry and Allied Professions

Dr Daniel Fung is married to Joyce and the father of 5 grown up children. He is currently the Chairman Medical Board of Singapore’s Institute of Mental Health since 2011. Dr Fung is an Adjunct Associate Professor at all 3 medical schools in Singapore. Dr Fung is currently the President of the International Association for Child and Adolescent Psychiatry and Allied Professions. He was awarded the National Day (Public Service Administration (Bronze)) Award in 2017 and the National Medical Excellence Award (Team) in 2018 for his work on community and school based mental health. Dr Fung is interested in the treatment of emotional and behavioural disorders in children and he has advocated for the development of child mental health services and strategies through his research. Dr Fung’s research is supported by the National Medical Research Council and other agencies. He has co-authored over 160 peer reviewed research papers (118), books (32) and book chapters (18).

There is a Chinese saying that “while the inferior doctor treats disease, the superior doctor prevents illness. The purpose of good public policy, meaning “prudence or wisdom in the management of affairs”, can be seen as developing equality, mitigating disparities and translating knowledge into action. Do doctors make good advocates for policy development or are they hampered by their reductionist approach in desiring medical classification in undifferentiated issues of early childhood? A good policy must be rooted in the evidence base, supplemented by a strategic actionable plan, and must generate clear measurable outcomes. Well devised mental health policy takes into consideration the need for services to be flexibly organised, to adapt and respond to foreseen and unforeseen changing demand. However, it must achieve this structure and responsiveness in a cost-effective manner not only in the short term, but also in the long term. In this way it considers not only an immediate need, but also the needs of subsequent generations. This talk will apply the traditional principles of mental health policy development but take a child oriented perspective. Instead of planning services as one would in creating a mental healthcare system, Dr Fung would propose transforming existing mental healthcare services towards a child-focused, family strengths-based integrated ecosystem.
Mind the gap! Knowledge translation – theory and approaches for embedding infant mental health research and clinical skills in other fields of practice

**Brigid Jordan**

Associate Professor, Royal Children’s Hospital Melbourne, Australia

Associate Professor Brigid Jordan AM, BSW PhD is a social worker and infant mental health clinician, academic and researcher with appointments at the Royal Children’s Hospital Melbourne, Australia, the University of Melbourne departments of Paediatrics and Psychiatry and the Murdoch Children’s Research Institute. Her research focus is the impact of early life stress - as a result of serious illness and hospital experience or significant family stress and social disadvantage – on the health and mental health of infants. She has experience in knowledge translation in child protection and early year’s education as well as child health. Together with colleagues, Brigid established postgraduate Infant Mental Health courses in Victoria. She is a past President of the Australian Association for Infant Mental Health and has served on the Executive Committee of the World Association for Infant Mental Health.

Infant Mental Health clinicians and researchers often advocate for universal services for infants and their families to include a focus on the subjective experience of infants, their emotional development, the dynamics of the infant – parent relationship and infant mental health problems, with varying success. This presentation will review knowledge translation frameworks and evidence and discuss an example of using a knowledge translation approach to improve the mental health of all infants and young children in a paediatric hospital. The knowledge translation framework, the core infant mental health concepts identified as salient and the process of implementation including the refinements required as the project was implemented will be discussed.
Beyond the dyad - where have we been and where are we going in assessing and treating co-parenting and whole family interactions?

Diane A. Philipp, MD FRCP(C)  
1 Assistant Professor, University of Toronto, Canada

Dr. Philipp received her MD from McMaster University and did her adult residency training in psychiatry in the Harvard-Longwood Program as well as her child and adolescent psychiatry training at the Cambridge Hospital, Harvard Medical School. She completed a fellowship in Infant and Perinatal Psychiatry at the University of Toronto Medical School. She is an Assistant Professor, on faculty at the University of Toronto and heads an infant and preschool assessment and treatment team at the SickKids Centre for Community Mental Health. Dr. Philipp has authored and co-authored several articles on young families and the transition to parenthood. She has also co-authored the book, “The baby and the couple: Understanding and Treating Young families” (2014; Routledge press), which has now been translated into Italian and French. Dr. Philipp has also developed a model of brief family therapy for the infant and preschool population known as Reflective Family Play (RFP; Philipp, 2012). RFP has been manualized (Philipp & Hayos, 2015), with a recent case series demonstrating its feasibility for this young age group (Philipp, Hayos, & Cordeiro, 2018). Dr. Philipp has been an invited speaker on this model in Canada, Europe, Israel, and Australia.

During the 1990s, a team in Lausanne developed several brief tasks to assess family interactions with infants and preschools (Fivaz-Depeursinge & Warnery-Corboz, 1999). The focus was on understanding the family alliance, coparenting, as well as the infant’s experience of, and contribution to, family interactions. The approach was and remains unique. Most research and clinical work then and now focuses on the primary caregiver-baby dyad. Nonetheless, a small and growing body of researchers and clinicians have followed these pioneers, elaborating on research as well as clinical applications first developed in Lausanne. The best known task, Lausanne Trilogue Play (LTP), is a semi-structured play task for two parents and their infant or young child. The task was then adapted to include siblings, Lausanne Family Play (LFP), and a less structured task, the Lausanne Picnic (LNP) that can be done with any number of caregivers and children. Other tasks have since been developed for expectant couples, older children, and teens. The goal of this master class is to provide an overview of work with coparents and young families using this systemic approach. The focus will be particularly on the clinical applications of Lausanne Play tasks to provide videofeedback to coparents (Fivaz-Depeursinge & Philipp; 2014), as well as how it has been adapted to a brief family therapy known as Reflective Family Play (Philipp & Hayos, 2015).
The body comes first. Epigenetic variations and embodied interactions in early adverse experiences

Dr Rosario Montirosso

Rosario Montirosso is chief of the 0-3 Centre for the at-Risk Infant at the Scientific Institute, IRCCS Eugenio Medea in Bosisio Parini, (Italy) (www.emedea.it). Since 2000 his research has been addressed to study of at-risk mother–infant dyads (e.g., prematurity, neurodevelopmental disability). In recent years he has expanded his research to include neuroendocrine and epigenetic changes associated with early adverse experiences. In the context of his research work he has managed extensive data sets, as well as multiple national and international collaborations. Clinically, he has been working on parent-infant relationship difficulties in at-risk infants for twenty-five years. Recently, he is studying the effects of early parental intervention and affective touch on epigenetics variations in infants at-risk.

Recent advances in epigenetics provide new perspectives for the bio-behavioral sciences and for understanding how early experience can affect infant’s developmental plasticity. Specifically, it has been established that early variations in parental care – especially through tactile experiences – can have a long-lasting impact on the infant’s stress regulation. Importantly, although caregiver’s sensitivity implies higher-order social cognitive skills such as mentalization, recent studies highlight that most of parenting relies on nonverbal, bodily based, interactive behavior which is a critical factor for dyadic socio-emotional attunement. Recently it has been identified a system of affective touch sensitive nerves – called C-tactile afferents (CT) - in the skin that provide the neurobiological substrate for a touch system that encodes the emotional qualities of skin touch. In my talk, I will provide an integrated perspective on embodied parenting in which early adverse experiences, interpersonal tactile exchanges and epigenetic mechanisms may jointly contribute to developmental trajectories in infants at-risk.
Pregnancy: the starting place in understanding lifelong mental health

Megan Galbally 1, Philip Boyce 2, Barbara Figueiredo 3, Marie-Paule Austin 4, Jeanette Milgrom 5, Lyndall White 6

1 Murdoch University
2 Westmead Clinical School, University of Sydney
3 School of Psychology, University of Minho
Pregnancy is a time of importance for maternal and foetal health including the opportunity to influence offspring life mental health outcomes. As such pregnancy represents one of the earliest opportunities for the prevention and early intervention of infant and early childhood mental health. This symposium will present leading and diverse research from members of the Marce Society examining the importance of pregnancy on infant and child mental health.

The Antenatal Risk Questionnaire-Revised: validation and use in integrated psychosocial care models in Australia

Background: Australian national clinical practice guidelines recommend that all women be offered a psychosocial assessment as a routine component of their pregnancy and postnatal care. Australia’s Medicare Benefits Schedule (MBS) items for obstetric services now also include a requirement that a ‘mental health assessment’, inclusive of screening for substance use and domestic violence, be undertaken as part of antenatal and postnatal care and management. A brief, validated tool that fulfils the new MBS requirements and evidence-based criteria for clinical best practice recommendations will be critical for the successful implementation of new or refined models of integrated maternal mental health care.

Aim: To evaluate the psychometric properties of the Antenatal Risk Questionnaire-Revised (ANRQ-R). The ANRQ-R asks about key psychosocial domains of health including mental health history, adverse childhood experiences and availability of practical and emotional support, as well as drug and alcohol use and domestic violence.

Methods: The ANRQ-R has been embedded in the PIPA Project - a large-scale comparative effectiveness trial being undertaken at the Royal Hospital for Women, Sydney. Women enrolled in the PIPA Project and its postnatal follow-up completed a range of measures, including the ANRQ-R and SAGE-SR (gold standard) in the second trimester, third trimester and at 3-month postpartum. In this presentation, the psychometric properties of the ANRQ-R (including its sensitivity, specificity, positive predictive value, negative predictive value and test-retest reliability) will be summarised and clinically relevant cut-off scores identified.

Outcomes: The ANRQ-R will allow health care professionals to routinely use a single tool to identify women at increased risk of poor mental health outcomes, or needing further mental health assessment, so that appropriate referral and management options can be offered. Real world examples of how the ANRQ-R has been integrated into maternity data platforms and service delivery models will also be discussed.
Pregnancy: the starting place in understanding lifelong mental health

Introduction: Public health approaches in perinatal psychiatry emphasise screening in pregnancy as maternal anxiety and depression may increase the risk for offspring subsequently developing behavioural problems and the common mental disorders. There has been less emphasis on intrauterine factors that may increase the risk of offspring developing schizophrenia and bipolar disorder (the serious mental illnesses), especially as these disorders are considered to be, in part, neurodevelopmental in origin.

Methods: We conducted a literature review of studies that examined potentially reversible intrauterine factors that increase the risk of the offspring developing schizophrenia or bipolar disorder.

Results: Potentially reversible factors that may contribute to an increased risk of subsequent serious mental illness include micronutrient deficiency, maternal viral infections and exogenous toxins (alcohol and nicotine). Such nutrients include folate, vitamin D, iron and choline. An increased risk of schizophrenia was found among the offspring of women who had experienced famine (starvation) during pregnancy. There is an increased risk of schizophrenia among those infants born in winter or spring, suggesting that vitamin D deficiency is implicated. There is an increased risk of schizophrenia and bipolar disorder among the offspring of women who had influenza during pregnancy. Infection during pregnancy also has an impact on the neurodevelopment of the developing foetus.

Conclusions: These findings suggest that micronutrient deficiency and vitamin D deficiency can be linked to perturbations in neurodevelopment which manifest as subsequent serious mental illness.

Public health strategies should include ensuring that pregnant women have adequate nutrition and are vaccinated against influenza.

The implications of these findings in developing nations and, in particular, women who have been displaced and are maybe going through pregnancy in sub-Saharan Africa and in refugee camps means that their offspring have an increased risk of developing serious mental illness in addition to the other psychosocial disadvantages they experience.

References

Breastfeeding effects on postpartum depression symptoms: a study with a Brazilian and a Portuguese cohort

Background: Breastfeeding is associated with a decrease in women’s depression symptoms in the postpartum period. This study aimed to analyze the effect of exclusive breastfeeding on women’s depression symptoms during the first 3 months postpartum, in a Brazilian and a Portuguese cohort.

Method: The sample comprised 415 postpartum women derived from two longitudinal cohorts, 153 from a Brazilian cohort and 262 from a Portuguese cohort. This study had a longitudinal design with 2 assessment waves, and women filling in measures of breastfeeding status and of depression symptoms (EPDS) at 1 and 3 months postpartum. Models of repeated measures MANOVAS were conducted including the effects of the cohort, breastfeeding, and the interaction between the cohort and breastfeeding.

Results: Women from the Brazilian cohort were more likely to be unemployed than women from the Portuguese cohort. Significant effects of the cohort were found on women’s depression symptoms (EPDS anxiety-related items and total score) from 1 to 3 months postpartum. Although presenting more depression symptoms, women from the Brazilian cohort presented a higher decrease on depression symptoms from 1 to 3 months postpartum than women from the Portuguese cohort. Marginal effects of exclusive breastfeeding were found on women’s depression symptoms (EPDS anxiety-related items) from 1 to 3 months postpartum. Women who were exclusively breastfeeding at 1 month postpartum presented a decrease on depression symptoms from 1 to 3 months postpartum, while no changes were noted in women who were non-exclusively breastfeeding. No significant effects of the interaction between the cohort and breastfeeding were found.

Conclusion: The effect of exclusive breastfeeding on postpartum depression symptoms was repeated in the two cohorts. These results reinforce previous empirical evidences on the positive effect of breastfeeding in the women’ mental health. Exclusive breastfeeding may contribute to reduce postpartum depression symptoms, namely anxiety-related symptoms, in different social-cultural contexts.

Treating perinatal depression and mother-infant difficulties - impact on child development

Introduction: Around 20% of mothers experience depression in the first postnatal year. Serious sequelae can include disturbances in the mother-infant relationship and poorer long-term cognitive and behavioural outcomes for the child. Surprisingly, treatment of maternal symptoms of postnatal depression only partially improves the mother-infant relationship for the majority of women. Targeted interventions to improve mother-infant relationships following postnatal depression (PND) are necessary but scarce and, of those that exist, the majority are not evaluated in randomised controlled trials (RCTs). This study evaluated a brief targeted mother-infant intervention (HUGS: Happiness Understanding Giving and Sharing), to follow cognitive-behavioural treatment of PND.
Methods: A parallel two-arm RCT (N=77) with follow-up to 6-months post-treatment compared the 4-session HUGS program to a 4-session control playgroup following a 12-session postnatal depression group treatment program.

Results: On a blinded, observer-rated assessment (the PCERA), it was found that nine out of ten subscales showed a trend of more positive mother-infant interactions in the HUGS program (binomial probability p<.05). At 6-month follow-up women in the HUGS program continue to do better in the functionality of their relationship with their baby. In addition, the control playgroup scored significantly higher on the Impaired Bonding subscale of the Postpartum Bonding Questionnaire than the HUGS group (F1,45 = 4.55, p = .04, partial eta squared = .09).

Conclusion/Discussion: Results suggest that the HUGS program is an effective intervention for women recovering from PND who experience suboptimal interactions with their infants. This is one of the first RCTs of a brief mother-infant intervention for women diagnosed with PND. The HUGS program has the potential to be widely disseminated as it is brief, manualised and highly acceptable.

Reimagining Ghosts in the Nursery in 2020

Introduction: In 1974 Fraiberg et al published a paper nominating and exploring the intergenerational transmission of distress and dysfunction in the perinatal period from a psychodynamic perspective. This distress and repetitive disruption have been the focus of much perinatal clinical work and research since. Fraiberg describes “ghosts” that are transient as well as those that are hauntingly enduring. The transient disruptions are frequently remedied in perinatal clinics where parents readily present for assistance. The tragedy of intergenerational distress often goes unnoticed with enduring consequences for the infant. Today we welcome the rapidly expanding science of attachment at a hormonal, epigenetic and molecular level.

Aims: This paper is a perinatal clinician’s brief reflection on some of both the transient and “enduring” ghosts frequently seen in clinical practice in light of recent research. In particular, brief consideration will be given to those “ghostbusters” we have readily available both dynamically and related to lifestyle.

Methods: This paper will present a critical review, integration and discussion of current research methods and findings in perinatal mental health and the relationship to themes within the original paper of Fraiberg on the concept of Ghosts in the Nursery.
Conclusions: While Fraiberg's paper on Ghosts in the Nursery is now more than three decades old, the themes and conceptual understanding of the clinical challenges in perinatal mental health is as relevant today as ever. Furthermore, the perspective of this paper is a useful lens and reference point to understanding the clinical relevance and translation of much of the new knowledge emerging in perinatal mental health.
The upside down child – for a psychology of human development

Giampaolo Nicolais, Ph.D. ¹
¹ Associate Professor of Child Psychology, Director of School of Specialization in Clinical Psychology, Sapienza, University, Rome, Italy

Clinical child psychologist, is Associate Professor of Child Psychology and Director of the School of Specialization in Clinical Psychology at Sapienza University of Rome. He’s been practicing for more than two decades as psychologist and psychotherapist in the areas of developmental psychopathology and childhood trauma. Main research interests are in the field of developmental psychopathology, attachment, childhood trauma and its intergenerational transmission, early moral development. He authored and co-authored several publications on these topics. Ordinary member of WAIMH and President of the Italian WAIMH affiliate AISMI – Italian Association for Infant Mental Health.

After the 20th century’s “discovery of the child”, 21st century can be regarded as the era of the “idealization of the child”. In other words, in our gerontocratic society we currently celebrate infancy but tend to forget about the real child. Infancy is the new and powerful paradigm, while we convince ourselves that aging (and ultimately death?) can be defeated predating the vitality of infancy. “It is better to murder an infant in the cradle than to nurse unacted desires”, William Blake wrote: through this narcissistic short-circuit, the child actually disappears from view as we become the child.

Is this general attitude in favour of a real knowledge of human development?

I doubt it. Drawing from the wealth of scientific knowledge on child development, I will argument that to really advocate for the child is to state the scientific truths we have.

To do so, I will focus on three main processes – intercorporeality; resilience; morality - that shape our development as human beings since from the earliest stages. I will then contrast them with three current phenomena occurring both in the public opinion and the community of professionals – the widespread acceptance of maternal surrogacy; the charm of the “fragile” baby and the omnipresence of the trauma discourse; the decline of moral education - showing contradictions that sciences of child development need to resolve.
Can we avert the intergenerational transmission of trauma and deprivation through reflective practice?

Astrid Berg

Astrid Berg is a Psychiatrist, Child & Adolescent Psychiatrist as well as a Jungian Analyst. She is an Emerita A/Professor at the University of Cape Town and A/Professor Extraordinary at the Stellenbosch University. She consults and teaches at the Parent-Infant Mental Health Services and is co-convenor of the newly established M Phil degree in Infant Mental Health at Stellenbosch University. She is on the Executive Committee of the World Association for Infant Mental Health.

Psychological trauma and deprivation reverberates through the generations within families and communities. While trauma overwhelms the psyche leading to splitting, deprivation leaves gaps that need to be filled. Through reflection links could be made to the origins of the psychic splits and gaps which in turn would prevent their unconscious transmission to the next generation. How to find a way to do this in multicultural spaces is a challenge – examples from work in communities in South Africa will be presented.
The Effects of Trauma on Young Children: Promoting Resilience

Joy D Osofsky, Ph.D. ¹

¹ Louisiana State University Health Sciences Centre, New Orleans

Joy D. Osofsky, Ph.D. is a clinical and developmental psychologist, Paul J. Ramsay Endowed Chair of Psychiatry and Barbara Lemann Professor of Child Welfare at Louisiana State University Health Sciences Center (LSUHSC) in New
Orleans. She is Director of the Harris Infant Mental Health Center at LSUHSC. Dr. Osofsky has published widely and authored or edited 10 books including: Trauma in the Lives of Children, Two Volumes (Praeger, 2018), Treating Infants and Young Children Impacted by Trauma: Interventions that Promote Healthy Development (American Psychological Association, 2017), Clinical Work with Traumatized Young Children (Guilford, 2011), Young Children and Trauma: Interventions and Treatment (Guilford, 2004), Children in a Violent Society (Guilford, 1997), and the publication, Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System (National Council of Juvenile and Family Court Judges, 2018). She is past president of both the World Association for Infant Mental Health and Zero to Three: National Center for Infants, Toddlers, and Families. She is Clinical Consultant and on the Leadership team for Zero to Three for the Safe Babies Court Team Program. She played a leadership role in the Gulf Region following Hurricane Katrina and the Deepwater Horizon Oil Spill and was Clinical Director for Child and Adolescent Initiatives for Louisiana Spirit following Hurricane Katrina. She has received funding for National Center for Child Traumatic Stress Center grants since 2003 and currently serves as Co-Principal Investigator for the NCTSN Center, Terrorism and Disaster Coalition for Child and Family Resilience. In 2007, Dr. Osofsky received the Sarah Haley Award for Clinical Excellence for trauma work from the International Society for Traumatic Stress Studies and in 2010 and was honored with a Presidential Commendation from the American Psychiatric Association for her work in the aftermath of Hurricane Katrina. In 2014, she was recognized with the Reginald Lourie Award for leadership in infant mental health and outstanding contributions to the health and welfare of children and families.

Young children can be traumatized in many different ways including exposure to community and domestic violence, abuse and neglect, disasters, accidents, and death of a significant person. The impact of trauma on young children has behavioral, emotional, social, and cognitive effects. Children are also extremely sensitive to the traumatization of their parents or caregivers and their resultant stress, especially since they depend on these adults to protect and nurture them. The State of the Art Keynote will describe how trauma exposure can affect young children and ways to evaluate the impact, provide support, interventions, and treatment. The presentation will describe different ways to promote and support resilience in children exposed to traumatic events.
The Process of Becoming: Identity Formation through Infancy and Early Childhood and the Development of Gender Identity

**Associate Professor Campbell Paul**

1 Consultant Infant and Child Psychiatrist, The Royal Children’s Hospital Melbourne

Assoc. Prof. Campbell Paul is a Consultant Infant and Child Psychiatrist at the Royal Children’s Hospital and the Royal Women’s Hospital, Melbourne and Honorary Principal Fellow in the Department of Psychiatry at the University of Melbourne. With colleagues at the University of Melbourne he has established and delivered postgraduate courses in Infant and Parent Mental Health since 1992. These courses developed out of a longstanding experience in paediatric consultation-liaison psychiatry and infant-parent psychotherapy. He has a special interest in understanding the inner world of the baby, particularly as it informs therapeutic work with infants and their parents. With colleagues, he has developed models of working in therapeutic groups with troubled parents and infants. Campbell is a member of the Australian Association of Psychoanalytic Group Psychotherapists. He is President-Elect of the World Association for Infant Mental Health and is Director of the Australian training centre for the Newborn Behavioural Observation at the Royal Women’s Hospital Melbourne. He has been involved for many years in the development of the Royal Children’s Hospital Gender Service, striving to understand the process by which a child develops their intrinsic sense of a gendered self, from infancy through adolescence.

One of life’s paradoxes is that from the very beginning of life the infant is totally dependent yet at the same time is quickly developing an awareness of self, distinct from the other (Winnicott). The formation of identity, who we are and how we see ourselves, involves an increasingly sophisticated awareness of body, and our reflective and decision-making mind and how these relate to other people. Becoming who we are depends on our genetic endowment, our physical and emotional environment and the nature of caregiving relationships with parents, family and friends. Each of these influence the development of our core experienced gender identity but it seems that neuro-genetic factors must play the major part. Infant mental health clinicians will encounter toddlers and pre-schoolers whose expressed gender identity is not the same as their ascribed biological sex. In working with such children, we need to listen carefully and thoughtfully to what they say about who they are; listen through their words, play, drawings and behaviour in order to provide a safe space for them to be comfortable in becoming themselves. This psychotherapeutic work with very young children and their parents is like “working on the edge” (Di Ceglie 2008) where, like much of our work in mental health, there are unknowns and respectful listening with informed judicious guidance is required of the clinician.
The Dancing Dialogue: How our bodies tell the story!

Suzi Tortora

1 Licensed Creative Arts Therapist (LCAT), Licensed Mental Health Counselor (LCAT) and Board Certified Dance/Movement Therapist (BC-DMT)

Dr. Tortora is a New York State Licensed Creative Arts Therapist (LCAT), Licensed Mental Health Counselor (LCAT) and Board Certified Dance/Movement Therapist (BC-DMT) with her doctorate from Teacher’s College, Columbia University. She serves as consultant to the “Mothers, Infants and Young Children of September 11, 2001: A Primary Prevention Project” in the Department of Psychiatry, Columbia University under Dr. Beatrice Beebe. She has a full-time private practice in Cold Spring, NY and NYC for over 30 years, specializing in parent-infant/child and family therapy; trauma; pediatric medical illness; and adult chronic pain. Dr Tortora is a pioneer in the field of dance/movement therapy bridging the fields of infant mental health, dance/movement therapy and nonverbal movement analysis. Dr. Tortora is the International Medical Creative Arts Spokesperson for the Andréa Rizzo Foundation, having created and continuing to be the senior dance/movement therapist at Integrative Medicine Service at Memorial Sloan-Kettering Cancer Center, NYC, dance/movement therapy program for pediatric patients, since its inception in 2003. She received the 2010 Marian Chace Distinguished Dance Therapist award from the American Dance Therapy Association. She teaches in Europe, South America, New Zealand, the Middle East and Asia and holds faculty positions in the USA, The Netherlands, Chech Republic, Argentina and China. She also offers international webinar-based Ways of Seeing training programs for dance/movement therapists and allied professionals. She has published numerous papers about her work and her book, The Dancing Dialogue: Using the communicative power of movement with young children is used extensively in dance/movement therapy training programs around the world.

Babies speaking to us right from the beginning! They communicate with us through their body actions, cries and the way they look at us, demonstrating important nonverbal skills that tell us how they feel and what they need. Significant caregivers’ ability to accurately read these cues and provide a secure base is communicated through their own nonverbal actions and gestures. This master class introduces two nonverbal analysis systems developed by this author that provide ways to use nonverbal behaviors to support the attachment relationship. Dyadic, Attachment-based, Nonverbal, Communicative Expressions (D.A.N.C.E.), offers a systematic way to organize observed interactions between parents and infants providing a way to understanding the underlying dynamics of the relationship revealed through nonverbal dialogue. The 10 qualitative nonverbal elements in D.A.N.C.E. involve embodied, sensorial, and action-
oriented pre-verbal communications that influence the quality of the developing relationship including: specific actions and shapes made with the body; interactional spatial dynamics; and the rhythm, timing, and phrasing of the movements created individually and in relationship to each other. Information attained from D.A.N.C.E. provides insight into each mover’s implicit and intersubjective experience revealing how each dyadic member affectively attunes on a nonverbal and multisensory level. This tool will be demonstrated in its application in a research project in Geneva and New York with “at-risk” mothers suffering from interpersonal violence-related posttraumatic stress disorder (IPV-PTSD) and their toddlers. The second tool, Lullaby Circles will provide insights into how playful activities that support nonverbal interaction and the attachment relationship using dance, movement and rhythm are used for intervention.

The Infant, the Parents, and the Psychoanalyst

Professor Kai von Klitzing, MD ¹,²

² Professor of Child and Adolescent Psychiatry, University of Leipzig, Germany

² Director of the Department of Child Psychiatry, Psychotherapy and Psychosomatics at the Leipzig University Medical Center

Kai von Klitzing, MD, Professor of Child and Adolescent Psychiatry, University of Leipzig, Germany, Director of the Department of Child Psychiatry, Psychotherapy and Psychosomatics at the Leipzig University Medical Center; visiting professor at the Sapienza University in Rome, psychoanalyst for children, adolescents, and adults, Past-President of the World Association for Infant Mental Health (WAIMH), Editor of the Journal Kinderanalyse/Child Analysis, Associate-editor of the Infant Mental Health Journal. Scientific interests: Developmental psychopathology, infant psychiatry, children’s narratives, psychotherapy research, childhood maltreatment, and biological stress regulation. Books on attachment disorder, children of immigrant families, child psychotherapy.

How does my psychoanalytic thinking shape my work with infants and parents?

Our therapeutic work with infants and their families is shaped by our theoretical beliefs, our psychotherapeutic training, and our concepts of how we understand the essentials of human life. For
example: when we treat young children with “disturbing” symptoms it makes a difference whether we primarily aim at extinguishing these symptoms or whether we understand the symptoms as an expression of unsolved conflicts and/or unsatisfied needs (“indicating hope” as Winnicott wrote). Three theoretical concepts are essential in the developmental approach of psychoanalysis: the notion of infantile sexuality, the theories of the maturating relationship between self and object, and the developmental significance of triangulation. I will use case examples, findings of clinical studies, and elements of reflective supervision in order to elaborate on my psychoanalytic understanding of early development and to draw conclusions for psychotherapeutic strategies.

The practitioner’s contributions to ‘therapeutic’ processes in parent-infant work

Tessa Baradon ¹

¹ Consultant in Infant Mental Health, Anna Freud National Centre for Children and Families
Tessa Baradon came from the field of Public Health to child psychoanalysis and psychotherapy. As Consultant in Infant Mental Health at the Anna Freud National Centre for Children and Families she was initiated the development of a psychoanalytically informed model of parent infant psychotherapy (PPIP). She works in collaborative, cross-cultural development, implementation and evaluation of parent-infant psychotherapy services, with particular interest in infants and their families in traumatized societies. Her current research focuses on microanalysis of clinical process in parent-infant work.

Psychoanalysis, attachment and infant research have all made significant contributions to understanding the nature of primary relationships with significant others. We understand much more about the conscious and unconscious, embodied and verbal, attuned and ruptured elements in interactions, and how certain interactions may be traumatising and other transformative. Drawing on microanalytic approaches in the tradition of Stern, Beebe, Tronick and Trevarthen, a method of ‘layered analysis’ has been developed (Baradon 2018, Avdi et al 2019) that examines the co-constructed interactive processes infant, parent and therapist in parent-infant psychotherapy. Latterly, the focus of attention in our research has been on the practitioner’s contributions. In this paper I will present the learning gained to date. I suggest that this learning is relevant to all practitioners working with babies and their families.
Attachment in Autism

David Oppenheim ¹

¹ Professor, Department of Psychology, University of Haifa, Israel

David Oppenheim, Ph.D. is Professor and former Chair of the Department of Psychology at the University of Haifa, Israel and Head of the Center for the Study of Child Development in that University. Dr. Oppenheim’s studies the role of parental Insightfulness and parent-child open communication in the organization of attachment relationships throughout childhood. Dr. Oppenheim’s studies these questions in longitudinal studies including typically developing children, children with atypical development such as Autism and Intellectual Disability, and children at high risk such as those in foster care and those whose parents experienced trauma.

Children with Autism have often been perceived as unable or unmotivated to form attachment relationships with their caregivers. Research beginning in the 1990s began to challenge this point of view and documented that not only do children with Autism form attachments to their mothers, approximately 50% of these attachments are secure. Less research has been conducted on the antecedents of attachment security in children with Autism, however. In this master class I will review research on how maternal insightfulness – the capacity to see and feel things from the child’s point of view – contributes to the establishment of a secure child-mother attachment in the case of Autism. I will also discuss the importance of parents coming to terms with having a child with Autism. Finally, I will present data on the attachment of children with Autism to their fathers, a topic that has not been studied heretofore. The implications of this research for working with parents of children on the Autism spectrum will be discussed.
Brief Infant Mental Health Screen

Kaija Puura 1, Astrid Berg 2, Elmarie Malek3, Edna Arend 4

1 Department of Child Psychiatry, Tampere University and Tampere University Hospital, Tampere, Finland

2 University of Cape Town, Department of Psychiatry and Mental Health, Cape Town, and Red Cross War Memorial Children's Hospital, Cape Town, South Africa

3 Department of Paediatrics at University of Stellenbosch, Cape Town, South Africa

4 Western Cape Department of Health, Cape Town, South Africa

Astrid Berg is a Psychiatrist, Child & Adolescent Psychiatrist as well as a Jungian Analyst. She is an Emerita A/Professor at the University of Cape Town and A/Professor Extraordinary at the Stellenbosch University. She consults and teaches at the Parent-Infant Mental Health Services and is co-convenor of the newly established M Phil degree in Infant Mental Health at Stellenbosch University. She is on the Executive Committee of the World Association for Infant Mental Health.
Elmarie Malek is a South African paediatrician with a keen interest in Maternal and Child Health. She is Head of General Paediatric and Newborn Specialist Services /Senior Lecturer, Department of Paediatrics and Child Health, University of Stellenbosch, previously holding a similar position with the University of Pretoria in Mpumalanga Province. She chairs the Western Cape Provincial Clinical Governance Committee for Newborn and Child Health and the Provincial Parent, Infant and Child Wellness Working Group for intersectoral and external partnership engagement. She is the clinical lead for and a founding member of the Western Cape’s 1st 1000 Days Initiative Executive Committee.

Kaija Puura, M.D., Ph.D is Professor of Child Psychiatry in the University of Tampere, Finland, and Chief of Child Psychiatry in Tampere University Hospital. She has authored or co-authored over 80 peer reviewed articles, chapters in both national and international books on assessment and treatment of young children, and is currently an Associate Editor of the Infant Mental Health Journal. Her professional activities as a clinical child psychiatrist have involved combining research activities with clinical work in various projects both in primary care and mental health services. Her interests cut across the following areas: gene-environment interplay in social and emotional development of young children; preventive and mental health interventions for young children; development of family therapeutic methods for families with young children and comprehensive interventions for children with trauma. Her current research project is focused on emotion regulation and shared pleasure and joy in mother-child interaction. She is a member of the Finnish Child Psychiatric Association, and of the World Association for Infant Mental Health. She received the WAIMH New Investigator Award (2002), was appointed Associate Executive Director of the WAIMH 2009, and Executive Director of WAIMH 2018. In July 2018 Professor Puura became Vice President of the International Association for Child and Adolescent Psychiatry and Allied Professions.

Screening infants for signs of somatic illnesses has been established as a part of primary health care in many countries, and is an effective way for improving health of infants and young children. However, awareness of the importance of mental health early in life has also been steadily increasing. Finland is one of the Nordic countries with a well-baby clinic network that has long been developing strategies and tools for screening for both physical and mental health for infant and young children, and also studied the feasibility of screening in primary health care. In this Master class Kaija Puura will describe the development of The Brief Infant Mental Health Screen (BIMHS), a simple and short tool designed for screening for the basic markers of infant mental health globally. Astrid Berg and Elmarie Malek will then describe the use of the BIMHS and clinical experiences of its use in South Africa.

Triadic (two parents and infant) psychotherapy
Miri Keren, M.D

1 Geha Mental Health Center, Director of Infant Mental Health Unit and of the Child and Adolescent Division. Assistant Clinical Professor Tel Aviv University Medical School.

Born in Paris, France, immigrated to Israel in 1970, graduated in medicine at the Ben Gourion Medical school (1975-1981). After my residency in Child and Adolescent Psychiatry and certification of the School of Psychotherapy at the Tel Aviv University Sackler Medical School, I spent two years at Brown University (USA) for a fellowship in Infant Psychiatry (1993-1995). Since 1996, I am the director of the community-based infant mental health unit, affiliated to Geha Mental Health Center in Petah-Tiqwa, which was the first Community Infant Psychiatry Unit. From 1996 to 2006, I supervised the Israeli national project of preschool mental health units implementation, under joint sponsorship of the Ministry of Health and Sacta-Rashi Foundation. I served as the President of the World Association of Infant Mental Health (2012-2016) and I am currently on the Board as Past President and Honorary President of the Israel WAIMH Affiliate. My academic position is Assistant Clinical Professor at the Child and Adolescent Psychiatry department, Tel-Aviv Sackler Medical School, Head of the Infant Psychiatry Post Graduate course, Tel-Aviv Sackler Medical School, International Advisor on the Editorial board of the Infant Mental Health Journal and Member of the Diagnostic Classification for Early Childhood Revision International Task Force. I teach as a Visiting Professor at Valencia (Spain) University, International early childhood psychology program, sponsored by AEPEA. I am also involved in joint Israeli-Palestinian professional projects.

The concept of motherhood constellation has become the theoretical framework of mother-infant psychotherapies. Many clinics tend to treat mostly mothers and infants, in spite of the fact that the role of the father in the psychic life of the child has been an important focus of research in the last two decades. Indeed, it turned out that new fathers develop a primary paternal preoccupation as well as new mothers do. Consequently, in a two-parent family, the intrapsychic changes that the new mother goes through with intrapsychic changes the new father goes through as well. The nature of this "encounter" will determine the characteristics of the co-parenting, that is the extent of solidarity and mutual support that the parents convey to the infant in the triadic interaction. In his/her interactions with each parent, the infant thus experiences the motherhood constellation and the fatherhood constellation. Triadic psychotherapy is aimed at improving the co-parenting alliance, and the observed interactions often reflect the internalized mental representation of each parent's own co-parenting experiences he/she has lived in their childhood, or what I would call the Co-Parenthood Constellation. We will review the commonalities and differences between dyadic and triadic psychotherapies, and we will end with a clinical vignette.
The Safe Babies Court Team™ Model: A Multidisciplinary Approach to Support Abused and Neglected Infants, Toddlers, and Families

Matthew Melmed, J.D. 1, Brenda Jones Harden, Ph.D. 2, Joy D. Osofsky, Ph.D. 3

1 Executive Director, ZERO TO THREE, Washington, DC
2 MSW, Alison Richman Professor for Children and Families, University of Maryland
3 Paul Ramsay Chair of Psychiatry, Barbara Lemann Professor of Child Welfare, Louisiana State University Health Sciences Center, New Orleans

Every 6 minutes in the United States an infant or toddler is removed from their parents’ home due to abuse or neglect, making up the largest group of children entering foster care. Over the past decade, ZERO TO THREE has developed the Safe Babies Court Team™ approach to address the significant needs of maltreated babies and toddlers entering the child welfare system. This collaborative multidisciplinary program with judicial leadership is designed to support the health, mental health, and developmental needs of babies and toddlers who have been removed from their parents due to abuse and neglect and to expedite their returning to safe, nurturing homes as quickly as possible. The young child and parents are provided a continuum of mental health services including an evaluation of Adverse Childhood Experiences (ACEs), individual and relationship-based therapy. During this symposium, the impact of abuse and neglect on young children and the response of the child welfare system in the United States will be described, the SBCT approach elaborated including ways to engage biological and foster families, and the role of developmentally and trauma-informed clinicians as part of the multidisciplinary court team. Outcome data related to the effectiveness of the model will be presented.
Fathering with mental health problems: Stories of recovery and resilience from research and practice

Dr Nick Kowalenko 1, 2

1 Vice President, International Association of Child and Adolescent Psychiatrists and Allied Professionals (IACAPAP)
2 University of Sydney, Australia

Dr. Nick Kowalenko provides policy advice to state and national governments and organisations about parent and infant mental health, family centred practice and early intervention. He is Vice President, International Association of Child and Adolescent Psychiatrists and Allied Professionals (IACAPAP). He coordinated the Masters of Perinatal and Infant Mental Health at NSW Institute of Psychiatry (2011-2016) and teaches in the Asia/Pacific as an international faculty member of Zero to Three. His research interests and publications are in family based early intervention, developing infant outcome measures, and workforce development. He lectures at University of Sydney.

Paternal mental health problems can adversely impact father-infant relationship quality, infant development, couple and family functioning and longitudinal outcomes.

This masterclass will outline the prevalence of fathers’ mental health problems, the features of fathering with a variety of mental illnesses, their significance to infants and the mechanisms for their impact on infant
development.

Reviewing the evidence provides the basis for identifying interventions that may ameliorate adverse childhood experiences and promote fathers’ and infants ‘well-being. The implications arising for public health policy, the routine identification of paternal mental health difficulties in fathers with infants and young children and evidence-based interventions will be discussed.

Working with Trauma – intervention for infants and parents with complex trauma disorder

Professor Louise Newman AM 1,2
1 Director, Centre for Women’s Mental Health, Royal Women’s Hospital, Melbourne
2 Professor of Psychiatry, University of Melbourne
Louise Newman is the Director of the Centre for Women’s Mental Health at the Royal Women’s Hospital and Professor of Psychiatry, University of Melbourne. She was the founding Chair of Perinatal and Infant Psychiatry at the University of Newcastle and the previous Director of the New South Wales Institute of Psychiatry. She is a practising infant psychiatrist with expertise in the area of disorders of early parenting and attachment difficulties in infants. She has undertaken research into the issues confronting parents with histories of early trauma and neglect. Her current research focusses on the evaluation of infant-parent interventions in high-risk population. She has published in the areas of infant mental health, attachment disorders, trauma in infancy, and prevention of child abuse. She is the Convenor of the human rights organisation Doctors for Justice. She has been a Government advisor on asylum seeker and refugee mental health and contributed to the development of policy for mental health screening and response to torture survivors. She has been involved in research into the impact of immigration detention on child asylum seekers.

This masterclass aims to summarise the issues confronting parents with a history of attachment related trauma and Borderline Personality Disorder (BPD) in early parenting and contemporary approaches to intervention. It will discuss the concepts of parental reflective capacity and approaches to improving parental understanding of and responsivity to the infant in dyad therapy.

Therapy focuses on improving parental RF, supporting parents in trauma resolution and promoting attachment organisation.

Conclusion: BPD raises significant challenges for parents with potential adverse impact on infant attachment and development. Approaches to early intervention are needed and should focus on improving the parent’s sense of themselves as an attachment figure and on increasing the capacity to read and respond to infant emotional and social communication.