CONFERENCE PROCEEDINGS OF THE 2023 CONGRESS OF THE WORLD ASSOCIATION FOR INFANT MENTAL HEALTH - CLINICAL ABSTRACTS

Dublin, Ireland
15-19 July 2023
<table>
<thead>
<tr>
<th>Table of Contents</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief Oral Presentations</td>
<td>1 – 200</td>
</tr>
<tr>
<td>Clinical Workshop Presentations</td>
<td>201 – 208</td>
</tr>
<tr>
<td>Poster Presentations</td>
<td>209 – 319</td>
</tr>
<tr>
<td>Poster Workshop Presentations</td>
<td>320 – 340</td>
</tr>
<tr>
<td>Symposia Presentations</td>
<td>341 – 414</td>
</tr>
<tr>
<td>Video Presentations</td>
<td>415 – 419</td>
</tr>
<tr>
<td>Workshop Presentations</td>
<td>420 – 467</td>
</tr>
<tr>
<td>Invited Speakers’ Presentations</td>
<td>468 – 479</td>
</tr>
<tr>
<td>Invited Symposia Presentations</td>
<td>480 - 513</td>
</tr>
<tr>
<td>Author Index</td>
<td>514 – 532</td>
</tr>
</tbody>
</table>
FIRST CLINIC: how multidisciplinary teams are preventing the trauma of infant-mother separation at the hospital.

Mr Adam Ballout1, Mrs Gina Wassemiller1, Taila AyAy
1First Legal Clinic, Everett, United States, 2Swedish Hospital, Seattle, United States, 3FIRST Legal Clinic, Everett, United States

The FIRST (family intervention response to stop trauma) Legal Clinic is a multi-disciplinary team and a medical-legal partnership between our local child welfare agency, a law firm and our local hospital designed to prevent the trauma of unnecessary separation by child protective services immediately following birth.

Our clinic works with pregnant mothers to eliminate safety and risk issues months prior to child welfare intervention. By helping streamline access to drug and alcohol evaluations and treatment beds, our clinic aims to prevent the adverse childhood experience (ACE) of separating an infant from their mother. Using the eat, sleep, console method and with the support of a veteran mother who has successfully been through child welfare involvement herself, mothers who access our clinic are surrounded by legal, emotional and community supports that aim to prevent removal. Our data has shown that an overwhelming number of mothers we work with have no removal of their infant and no systemic involvement.

The medical-legal partnership also allows treating doctors to have a voice at the table when child welfare decisions are being made and to promote healthy infant-mental decisions centered around bonding and development with mothers.

Our clinic model has inspired culture change and similar prevention efforts in other states across our country. Our Clinic hopes to inspire the cross-pollination and cooperation of the various disciplines that engage with pregnant mothers who are struggling with substance use to promote the best possible health outcomes for the infants.
Supporting Early Care Professionals with Circle of Security Parenting-Classroom.

Mrs Samantha Bradley¹
¹Nebraska Children and Families Foundation, Lincoln, United States

Introduction
Circle of Security Parenting (COSP) is an evidence-supported program designed to support caregivers. The Circle of Security Classroom (COSC) approach was finalized in 2020 and built upon the traditional 8-week model. In Nebraska we have comprehensive system to support both COSP and COSC. In the past two years we have supported over 50 COSP-Classroom programs and have plans to complete another 50 by May 2023. This has had a tremendous impact on early care professionals.

Purpose of the project described
Early care professionals play a huge role in the development of young children. However they are also plagued with high burnout, low pay, and increased stress. COSP has had a positive impact for many years for families/caregivers and so we hoped to see a similar impact on early care professionals. Early care professionals benefit from guidance on how to promote secure attachment relationships with the children in their care.

Description of the work or project
100 COSP-Classroom Programs supported. A stipend was given to each participant/child care provider that completed the program. Facilitators were paid. Pre-Post data was completed with participants and the facilitator. Focus group highlighting more qualitative data as well. Support was given to facilitators throughout this process as well. We would like to share the results from our evaluation as well as some lessons learned as we scaled up COSC in Nebraska in a short period of time.

Conclusions
Official data for the first two years of COSP-Classroom in Nebraska will be available in early 2023 (in time for the conference), however preliminary results are very promising. Previous COSP evaluations have demonstrated both positive parent-child relationships and interactions are increased, and caregivers report less stress related to parenting. Data is analyzed by evaluators at Munroe-Meyer Institute and aggregate data is reported biennially.

www.circleofsecurityinternational.com
www.necosp.org
Reflective Supervision with Organizational Leaders: A Relationship for Systemic Change

Ms. Alison Peak¹, Dr Diana Morelen²
¹Allied Behavioral Health Solutions, Nashville, USA, ²East Tennessee State University, Johnson City, USA

Reflective Supervision/Consultation (RSC) has long been held as a gold standard for IECMH direct care work. The relationship between an IECMH professional and the Reflective Supervisor is often considered the vehicle for clinical guidance, professional development, and fidelity to evidence-based practices used in the field. The use of RSC with organizational leaders is more sparse and quantitative data of the impact of RSC on organizational well-being is limited. The aim of this presentation is to present one project that utilized RSC with organizational leaders to support organizational outcomes for IECMH service delivery implementation. The presentation also aims to inform future efforts striving to implement RSC into leadership contexts or seeking to use RSC to improve organizational culture. In 2019 the Tennessee (USA) First Five Training Institute (TFFTI) was launched to promote IECMH clinical workforce development statewide. The developers of TFFTI noted that other statewide learning collaboratives were limited in their ability to engage administrators and thus developed an organizational leaders’ track to increase organizational leaders’ involvement in the development of IECMH service delivery systems, to build leadership within the IECMH workforce, and to provide RSC to support leaders’ work. Data was collected on this work utilizing the IECMH-adapted Organizational Readiness for Change Assessment (IECMH-ORCA). The IECMH-ORCA utilizes the ORCA’s five domains to provide leaders with a reflective assessment and feedback tool that speaks to organizational readiness for adopting IECMH-based practices. This presentation will summarize the development of the IECMH-ORCA, its application with the Organizational Leaders Cohort, and preliminary findings. Discussion will focus on implications for reduction of vicarious trauma, increased efficacy among leaders, increased attention to issues related to diversity, equity, inclusion, and belonging, and improved organizational well-being. Special attention will be given to opportunities for replicability for leaders in other systems and the promotion/prevention sectors of IECMH work.
Residual effects of colorism and the impacts of implicit bias on our decision making

Miss Pamela Williams¹
1Start Early WA/ParentChild+, Silverdale, United States

This session is a cross section of Cross-Cultural Studies & ethical responses to cultural diversity, equity, and racism but the primary focus will be on the latter. IECMH practitioners support the health and well-being of caregivers and their young children. We now know in order to support the whole family/child we must include and value the family’s language and culture. An anti-biased book checklist was created as part of the ParentChild+ racial equity work to ensure that their network of organizations was selecting materials that represented and celebrated the families served and did not promote racial stereotypes. The checklist is a living document and is constantly being updated to be responsive to the field. So why were some of our BIPOC staff resistant to change? Our organization was encouraging them to purchase books that reflected the families they serve. A question often asked in race equity sessions is, “What age were you when you saw someone who looked like you on TV?” American born descendants of enslaved Africans, Latinx, Indigenous Americans, Asian Americans all ponder to answer. However, I found that many of my team who were born outside of the US will say, “All my life”. A Latinx staff once said in a meeting, “I’m not brown, that is a negative word in my country.” I began to realize that our race equity work needed to move from an American centered approach to address a very diverse staff with different life experiences if we wanted to actualize real change. The staff I work with comes from approximately 30 different countries and 71% speak two or more languages. This session will address the residual effects of colorism, the impact of implicit bias and internalized racism in our decision making.

Dr Nicola Canale¹, Dr Rebecca Stewart², Dr Sarah Fitzgibbon¹, Dr Rhiannon Slade³
¹Cardiff Parents Plus, Cardiff, United Kingdom, ²Cardiff Parents Plus, ³Cardiff Parents Plus,

Introduction:
Cardiff Parents Plus is a psychology-led service that provides personalised, psychology-informed interventions, to support parents and children, aged 0-4 years old, within the family home/community setting. The team consists of Educational Psychologists and Parenting Practitioners and is based within a Local Authority as part of the wider Cardiff Parenting Services.

The dyadic interventions provided by the team aim to improve parent-child interactions and relationships, child behaviour and parental satisfaction, in order to support early child development and wellbeing.

A recent statistical analysis of five hundred and ninety pre and post measures of parenting satisfaction, following completion of the intervention, showed that on average, parenting satisfaction scores are significantly higher after the intervention than before the intervention (journal paper describing the Cardiff Parents’ Plus model and these outcomes is currently being drafted).

Aim or Purpose of the project or work described
To further enhance the Cardiff Parents Plus intervention, over a year ago, we began the journey of incorporating video work into our interventions. A bid for Local Authority funding was successful and this enabled the team to receive the 2 day initial training in Video Interaction Guidance and, furthermore, for the whole team to receive supervision in order to become accredited Video Interaction Guidance practitioners.

Description of the work or project
During this video presentation we will:
• Describe the process of undertaking a whole team approach to applying Video Interaction Guidance within a personalised, psychology informed, home-based intervention.
• Illustrate the transformative effect that using video in this way has on parent-infant interactions and relationships, through a series of short case studies and video examples.
• Hear about the experience of both parents, and the practitioners themselves, as a result of taking part in this process.
• Reflect on the Strengths, Weaknesses, Opportunities, and Threats to taking on such a project.

Conclusions
The presentation will end with some reflections on how bringing VIG into the heart of people’s homes breaks down some of the barriers typically associated with accessing this type of intervention. Reflections, comments, and questions from the audience will be invited.
An Integrated Multidisciplinary Culturally-Responsive Pediatric Model for Children with History of Adverse Early Experiences

MD Judith Eckerle⁴, MD, MPH Kimara Gustafson², OTR/L Megan Bresnahan³, Dr Maria Kroupina¹
¹Pediatric Department, University Of Minnesota, Minneapolis, United States, ²Pediatric Department, University Of Minnesota, Minneapolis, United States, ³Pediatric Department, University Of Minnesota, Minneapolis, United States, ⁴Department of Pediatrics, Minneapolis, United States

Childhood maltreatment and trauma-exposure have long-term impacts on children’s brains, health, physical growth, and immune development. These children often present with complex medical needs, sensory, mental health and developmental concerns. The effects can be worse for those in out-of-home placements given it is also related to child and parent relationship. Consequently, foster children often require greater healthcare visits and evaluations across multiple specialty care clinics, which ultimately delays access to intervention services. Early identification and intervention are necessary to mitigate the long-term effects of trauma-exposure. Given the unique contextual challenges that accompany foster care, a culturally-informed integrated multidisciplinary care model has the potential to reduce the burdens placed on families by centralizing care with experts from varying expertise (medical, mental health, occupational therapy).

In this session, our team will present clinical cases on the implementation of a collaborative, multiculturally-centered model adapted specifically for 0 to 5 years children in foster care that integrates prenatal and postnatal risk factors. The integrated model includes a medical examination of infectious diseases, growth, nutritional deficiencies, gastrointestinal, and vision/hearing concerns. The model will also address children’s mental health, neurodevelopmental, and sensory needs. We will provide strategies to provide a comprehensive assessment for evaluating complex concerns within the DC 0-5 framework and including caregiver-report questionnaires, interviews, and clinician observations. Importantly, our team will emphasize the importance of embedding multicultural assessment in the model and practical strategies to facilitate discussions about identity development for trans-racially composed foster families.

Throughout the session, we will highlight how research can advance the development of an integrated care model to better evaluate and mitigate the effects of early adversity. Further, this presentation will highlight the translation of this integrated care model to practice through case examples with the ultimate goal to highlight areas of strength and challenges.
Integrating Infant Mental Health within Higher Education Coursework in Undergraduate and Graduate Programs

Ms Melissa Mendez¹
¹University of Connecticut, Storrs, USA, ²Southern Connecticut State University, New Haven, USA, ³CT Association for Infant Mental Health, New Haven, USA

Efforts to development infant mental health (IMH) courses at higher education institutions can be challenging. While there may be interest and acknowledgement of importance, many efforts are left without success due to university approval processes and even student interest and enrollment. This presentation will focus on how to integrate IMH core concepts and content into coursework across programs that educate those students most likely to move into the helping professions, specifically those that aim to focus on children and families. The presenter will discuss the development of IMH-infused courses, both theory and practice courses, and discuss timing and placement of topics that are central to IMH: neurodevelopment, the importance of caregivers, cultural humility and diversity informed tenets, and reflective practice. Participants will learn about how to be purposeful with building coursework, including class assignments and activities, that give students the opportunity to learn and experience IMH knowledge and work.
Disrupting a Standard: Reflections on Equity Change

Mrs Ashley McCormick¹, Andrea Penick², Ms. Faith Eidson³
¹Alliance For The Advancement Of Infant Mental Health, Southgate, United States of America

The Alliance is a global organization and Endorsement credential holder. The Alliance received feedback that the requirement around reflective supervision (RS) for one category of Endorsement excluded many qualified providers, creating a barrier to accessing and providing RS. When viewed from a DEI lens, the requirement perpetuated a system of power and privilege. In response, the Alliance assembled a Task Force (TF) to re-examine the requirements.

The TF examined the inequities regarding RS for the workforce. The TF found the requirements had excluded professionals with knowledge, skills and/or lived experiences to provide RS. The TF balanced equity with functionality creating a new pathway within an established credentialing system. By making a change within that system they set the expectation that the entire system would need to be re-examined and deconstructed overtime. They chose to move forward anyway.

The TF gathered data from written literature and the various sectors of the workforce impacted. The data gathered was used to create a new Endorsement category for providers of RS and an evaluation and implementation plans.

The work of the TF addressed the requirement inequity and created a framework to support systems level equity change. The TF grappled with themes of removing versus redefining “the bar” and the impact that this had on those who had benefited from an inequitable standard. Decisions were made to either choose equity or to maintain system functionality, values structures, people’s comfort/tolerance, lack of disruption/conflict/chaos... The implementation plan included strategies to set expectations for the community and to hear and address concerns while maintaining the integrity of the plan; implementing it as intended. We also learned important lessons around efforts, intentionality and impact of including diverse and previously unheard voices in systems work change.

Dr Shira Yuval Adler¹,², Miss Anat Miller Arad¹,²
¹Psychological-Developmental Treatment Clinic, District Health Office, Haifa, Israel, Haifa, , ²The School of Psychological Sciences, University of Haifa, Israel , Haifa,

The COVID-19 pandemic, which has severely disrupted almost every aspect of life, created new challenges for therapeutic work as well. New circumstances that challenged our "natural" therapeutic stance emerged, accompanied by complex therapeutic dilemmas, which intensified in the face of the unique population in our clinic of toddlers and preschoolers with emotional-developmental difficulties. The attempt to maintain the continuity and consistency of treatment, gave birth to a new hybrid therapeutic space in which we moved back and forth between face-to-face and screen-to-screen sessions and integrated old and new therapeutic elements.

As clinicians, we learned the "hybrid language", a language that entails flexibility, creativity, adaptation, and curiosity. Just like the amphibian, a hybrid animal, we were required to grow gills and breathe both on land and in water. We made great effort converting the virtual space into a ‘potential space’, adapted ourselves as much as possible to the variety of families and each unique situation and maintained the therapeutic attunement for the well-being of the child and the parent. In addition, we encouraged parents to become their children’s “therapeutic agents”, turning the home to a secure space, co-construct an emotional narrative and strengthen parent-child relationship, which is in the core of the dyadic psychotherapy.

In this presentation, we would like to (1) describe the complexity of parent-child psychotherapy during the pandemic from the perspective of the therapist, parent, child, and therapeutic relationship (2) share ways we developed to maintain the therapeutic framework, reduce the emotional-developmental risk for the children, and increase the protective factors in the children’s environment (3) discuss the new hybrid dyadic psychotherapy and its advantages in increasing the well-being and mental health of this unique population of preschoolers and their parents. The presentation will be accompanied by vignettes from treatments and insights to dyadic therapeutic work.
‘Made in Australia’: Infant consultation to address abuse, violence, and neglect.

Dr Wendy Bunston¹
¹WB Training & Consultancy, Moonee Ponds, Australia, ²La Trobe University, Bundoora, Australia

Dr Wendy Bunston has, for the past decade, been providing direct ‘infant led family therapy’ consultations to high-risk infants and their families. These consultations consist of attending either the family home or the office of each organisation she consults to and providing between one to half a dozen or so therapy sessions with the key worker present. This provides the family with the opportunity to work with an infant mental health and family therapy trained expert and well as ‘in-situ’ training for the key worker in how to work from an ‘infant led’ perspective. This approach works powerfully as the key worker has built an existing safe and positive relationship with these families. This paves the way for the consultant to quickly engage with the family and undertake therapeutic work which follows the thread of trauma across many generations, makes overt their resilience and actively engages with the infant and/or young children in the therapy space. Wendy has provided this service to professionals and services across Australia. This presentation aims to demonstrate how this particular approach works and to present the findings of an evaluation of the effectiveness of this approach for the workers involved and the families they support.
Tiny Hearts & Hands: Nature-based Sensory Play Interventions to Promote Parent-Infant Attachment & Bonding

Dr Janet Courtney¹
¹Developmental Play & Attachment Therapies, Inc., Boynton Beach, United States; ²Florida Association for Infant Mental Health, Florida; ³Barry University, Miami Shores, Florida

Interest in the relationship between young children’s mental well-being and the exposure to green spaces has garnered attention across the globe. This workshop will address the importance of early contact with nature to promote infant mental health through sensory infant play therapy approaches. In this, children need a wide range of sensory experiences to wire healthy brain development. Nature play gives infants and their parents (caregivers) the opportunity for direct contact with varied sights, touches, smells, and sounds. At the same time, they are developing their essential vestibular, proprioceptive, interoceptive senses. Nature-based case examples that support the parent-infant attachment relationship will be discussed to demonstrate nature sensory play in action. Attention to diversity and equitable access to nature for all will be highlighted.

REFERENCES


Traumatic birth: The parent and infant experience

Dr Rachel Bushing

Three Little Birds Perinatal Psychology, Brisbane, Australia

Introduction

A third of women describe their birth as traumatic, and 1 in 10 will go on to develop PTSD. There is emerging interest and research into the psychological repercussions for the mother, and the effect upon parent-infant bonding, but what do we know about the infant's experience of traumatic birth?

Aim or Purpose

This workshop will put a spotlight on the antenatal and parturition experiences of the infant, canvassing what is known about how birth may impact upon an infant's early physical and psychological development.

Description

From a practical and clinical standpoint, the workshop aims to equip infant mental health clinicians with the information and tools to consider birth, and birth experiences, as part of their every day care with infants and families. Practical ideas for how to work with families will be presented, including tools for assessment, case conceptualisation, treatment, and evaluation. The workshop will integrate information coming from midwifery and obstetrics, canvas what is know about the neurobiological impacts on early infant development, consider family dynamics and parental mental health, and explore how attachment experiences might interplay with early traumatic disruption stemming from antenatal and birth experiences. Because this is a new area of interest, the workshop will also highlight what remains unknown, instigating further topics for future exploration and research.

Conclusions

Participants will come away with increased knowledge and skills in working with families in infant mental health.
Advancing Equity in IECMHC Through Reflective Supervision

Dr Evandra Catherine
1Arizona State University, Tempe, United States

Introduction
Current evidence shows stark age, racial/ethnic, and gender disparities in early childhood education (ECE), with both teachers reporting more difficulty with younger children, Black children, and boys. What we know is that a sizeable minority of young children are served in a fragmented ECE system largely targeted to children and families from low-income backgrounds. Resources and supports vary across program types, subjecting many of these children and families to low-quality early learning experiences. Further, many of these children exhibit internalizing or externalizing behaviors that present challenges in ECE settings. Infant and Early Childhood Mental Health Consultation (IECMHC) is a promising approach for supporting ECE teachers who work with children in income-based ECE programs.

Purpose
The purpose of this project was to qualitatively explore one of the mechanisms driving positive teacher and child IECMHC outcomes, reflective supervision (RS). RS is a key component of IECMHC that provides IECMH consultants with opportunities to discuss the emotional responses to their work with the goal of encouraging reflection that leads to shifts in assumptions, attitudes, and beliefs.

Description
A mixed-method study was conducted to determine the ways that IECMH consultants engage in RS and the role that RS plays in consultants’ ability to build their capacity to advance equity in IECMHC.

Conclusion
Preliminary findings suggest that IECMH consultants have varying RS experiences based on supervisor-supervisee match across various demographic and program characteristics.


Innovative Means of Meaningful Relational Work in Perinatal through Five Mental Health

Dr Tracy Vozar¹,², Dr Kelly Elliott³, Professor Beth Troutman⁴, Dr Dhara Meghani⁵, Ms. Jacqueline Jacobs⁶, Ms. Lauren Gross⁶,³, Dr. Beth Jarvis⁷, Dr. Burgundy Johnson⁴

¹Children’s National Hospital, Washington, U.S.A., ²George Washington University School of Medicine and Health Sciences, Washington, U.S.A., ³University of Denver, Denver, U.S.A., ⁴University of Iowa Hospitals and Clinics, Iowa City, U.S.A., ⁵University of San Francisco, San Francisco, U.S.A., ⁶University of New Mexico Health Sciences Center, Albuquerque, U.S.A., ⁷University of Missouri Kansas City School of Medicine, Kansas City, U.S.A.

INTRODUCTION: Hanging up a shingle will not reach those most in need of services. Professionals need to be creative, innovative, and community-engaged to reach a breadth of clients. For perinatal through five (P-5) professionals, that means being present in locations where caregivers and infants frequent.

DESCRIPTION: Services in community museums, health centers, libraries, buses, pop culture conferences, and other family-friendly venues reduces stigma, enhances attendance, and sets a welcoming tone—all increasing access. Virtual services are also a valuable option for increasing accessibility to many services, even those we may have previously thought were too relational or play-based to be offered over a screen. In addition to strengthening protective factors, professionals need to broaden their scope of work to include screening and addressing social determinants of health and known risk factors. Providers also need to offer services in the preferred language of the client.

AIMS or PURPOSE: Our speakers have been creatively collaborating to address these needed changes. Across different work settings (e.g., hospitals, academic departments, museums), states in the USA (e.g., DC, Iowa, California, Colorado), and disciplines (e.g., clinical, developmental, and educational psychology, social work) the presenters will share a variety of innovative means employed to increase accessibility and scope of P-5 services. Each talk will introduce an innovative means of conducting P-5 practices including WePlay/Nosotros Jugamos caregiver-child groups, virtual support groups for caregivers, Parentline telehealth services, Integration of Working Models of Attachment in Parent Child Interaction Therapy (IoWA-PCIT) via telehealth, mobile treatment via buses, and virtual dance parties.

CONCLUSIONS: Each presenter will share the experienced barriers that prompted innovation, and discuss details of the approaches, strengths, and growing edges of each innovation. We will also invite the audience to discuss their ideas for implementation of innovative approaches and consider the innovations ahead of us as a field.
We Really Need to Talk About Substances: Including comorbid use in perinatal mental health services

Ms. Jacqueline Jacobs¹, Dr. Elizabeth Jarvis², Ms. Lauren Gross¹, Dr Kelly Elliott¹, Dr Tracy Vozar³
¹At The University Of Denver, Denver, United States, ²U Kansas Missouri Health Sciences, Kansas City, United States, ³Children's National, Washington, United States

INTRODUCTION: Substance use in the perinatal population is a public health priority with prevention in women of reproductive age an identified area of focus for certain regions in the United States. Notably, mental health, substance use and behavioral health concerns are the leading causes of maternal mortality in the United States. With nearly 80% of all maternal deaths categorized as preventable, we can and must intervene sooner and more effectively (Trost et al., 2022). Substance use during pregnancy not only impacts the developing fetus and the health of the mother, but also disturbs the developing attachment of mother and baby. Perinatal substance use can have a widespread impact on the caregiver’s physical and mental health as well as the baby’s development and well-being creating an environment ripe for early relational trauma and later repetition of substance abuse.

DESCRIPTION: We discuss 1) the risks of various types of substance use and misuse during the perinatal period, 2) the implications of substance use for prenatal care seeking, maternal morbidity, and mortality, 3) screening, assessment, and treatment possibilities and 4) ideas for training.

AIMS or PURPOSE: The speakers have created training programs and services with areas of focus in P-5 mental health and comorbid substance use. The intention is to provide resources, services, and education to expectant parents and their networks as well as in-depth training for professionals. Implications for treatment will be discussed, as well as current best practices based on a relational/attachment model.

CONCLUSIONS: Interdisciplinary providers need to provide effective screening, preventative care, early intervention, and attachment-informed treatments to the perinatal population and their families.

Revisioning an Inclusive and Liberating Stance in Reflective Supervision Practice

Dr Sherryl Scott Heller1, Dr Deborrah Bremond2, Dr Mary Claire Heffron2, Kadija Johnston2, Dr Alyssa Meuwissen3, Ms Carmen Rosa Norona2,4, Dr Salam Soliman2,5, Dr Christopher Watson2,3
1Tulane University, New Orleans, United States, 2Southwest Human Development, Phoenix, United States, 3Center for Early Education and Development – University of Minnesota, Minneapolis, United States, 4Boston Site Early Trauma Treatment Network at Boston Medical Center, Boston, United States, 5Child First, Director of the Center of Prevention and Early Trauma Treatment, Shelton, United States

Reflective Supervision (RS) has been adopted by many major early childhood providers and is recognized as a critical component of professional development because of its proven impact on quality of services as well as workforce support. RS aids in retention of staff by preventing burnout and decreasing turnover and staff reports of stress. Notwithstanding, much of the available training for reflective supervisors is brief and does not address the complexities of the practice and the skill levels needed to create and sustain quality RS. Additionally, there is little attention paid to issues of diversity, equity, and the brokering of power in the supervisory relationship. The Reflective Supervision Collaborative (RSC)’s RS framework, presented in this workshop, includes all these elements.

The RSC has developed and implemented an 8-month high-quality RS training program which integrates concepts of diversity, equity, social justice, inclusion, and trauma informed care into RS. The delivery is on an on-line platform that houses needed materials and resources and facilitates exchanges between participants and trainers. The training process has three parts: learning materials and reflections, monthly synchronous, in-depth interactive learning sessions, and monthly small group “mentoring circles” that support application of reflective supervision concepts using participants materials. The first training cohort consisted of 28 early childhood providers of which 89% were female, 100% had earned an associate degree or higher, 66% identified as white and 37% as black, indigenous or a person of color. Participants overwhelmingly reported a highly positive training experience that increased their level of skill and knowledge. Most of the participants also rated the training as embodying diversity, equity, inclusion, and social justice tenets throughout the training. The current data reflects the RSC’s first training cohort and, as several additional cohorts will finish before July 2023, their data will be included in the presentation.
Pop Culture Professionalism: Why presenting infant mental health constructs at entertainment conferences makes sense

Ms. Jacqueline Jacobs¹, Dr. Kelly Pelzel², Dr. Elizabeth Jarvis³, Dr. Burgundy Johnson², Dr Tracy Vozar⁴
¹ At The University Of Denver, Denver, United States, ²The University of Iowa, Iowa City, United States, ³U Kansas Missouri Health Sciences, Kansas City, United States, ⁴Children’s National, Washington, United States

INTRODUCTION: What do superheroes, princesses, and infant mental health have in common? They are all topics of interest to families and share several thematic underpinnings. The panel showcases prior topics presented at pop culture con/comic con conferences in the United States as well as the intended and unintended consequences.

DESCRIPTION: Looking to engage a lay audience around topics in infant and early childhood mental health, the presenters combined forces to create pop culture content relevant to psychoeducation around perinatal through five (P-5) mental health. Topics from our team thus far included Disney’s triggering of attachment systems using parental loss as a plot device, foster parent representation in Harry Potter and Star Wars, parent coaching in the Mandalorian, fairy godmothers as protective factors, neurobiology of attachment and substance use in Tiger King, and parental grief/loss in Wandavision.

AIMS or PURPOSE: Presentations on P-5 mental health concepts using engaging stimuli and pop culture examples provides an opportunity to engage a lay or novice audience in theory in “sticky” ways. Audience members have approached panel members during and following with questions, requests for referrals, and interests in the field.

CONCLUSIONS: Numerous popular culture media have relevance to P-5 mental health topics. Pop culture approaches to psychoeducation on P-5 mental health have additional exciting implications for teaching and practice that will be discussed with the audience.
Museums, Buses, and Zoom, oh my!: Engaging and accessible programming in infant mental health

Dr Kelly Elliott¹, Ms. Lauren Gross, Dr Tracy Vozar
¹University Of Denver, ,

INTRODUCTION: Few places are more fun or engaging for parent-child playgroups than a children’s museum! In partnership with staff at a local children’s museum, faculty and students from a Perinatal through Five (P-5) mental health program are offering parent-child play development, social support, and wellness groups in our community.

DESCRIPTION: Via a community-engaged learning process of curriculum development, we co-created flexible multilingual curricula that emphasizes the value of play and responsive interactions in early childhood, while offering parents support, resources, and a network of peers and professionals to rely on and learn with. Through the 4- to 6-session WePlay and Nosotros Jugamos programs, we are welcoming cohorts of caregivers and infants currently receiving services with our community partner organizations to the museum for play-based, parent-infant groups. An early childhood-dedicated space within the museum serves as the home base for WePlay, providing a safe, interactive and inspiring environment for infants and parents to learn and play in a developmentally tailored setting. During the pandemic, we pivoted to offer the groups virtually, and to our surprise, our Nosotros Jugamos groups maintained a preference for online meetups. We have also secured funding to bring WePlay mobile into communities with a renovated bus.

AIMS or PURPOSE: Through culturally responsive support and facilitation, based on best practices in child development and mental health, we are creating a community where parents can feel connected and find respite from the stress of parenting with limited resources.

CONCLUSIONS: In this presentation on the WePlay and Nosotros Jugamos programs, we will describe the program’s successes, challenges, and visions for the future, using qualitative data as well as photo voice methods.

The Doctor will Zoom You Now: Reaching clients via telehealth in a post-Pandemic world

Dr Kelly Elliott¹, Dr Dhara Meghani, Professor Beth Troutman, Dr Tracy Vozar, Dr. Burgundy Johnson²

University Of Denver,

INTRODUCTION: Virtual services, once viewed with skepticism by even the presenters, are now woven into our clinical fabric thanks to the Pandemic. The question is no longer will virtual services work, but who prefers virtual services, how to increase access, and how can we best provide relational approaches over telehealth.

DESCRIPTION: The presenters have created and adapted a variety of perinatal through five (P-5) mental health approaches to be offered over telehealth and social media platforms. One approach, Parentline, developed pre-Pandemic and became a staple post, through requests from participants at workshops provided in the community. With a shortage of trained P-5 providers and numerous barriers to accessing care, now including COVID-19, there is continued need for easily accessible services available to parents during this sensitive period to support their worries and psychological distress, provide information regarding developmental concerns, and support parent-child relationship development.

AIMS or PURPOSE: Numerous lessons learned over the last three years regarding how to modify practices including social support groups, parent-child observation tools including the Crowell Procedure and Dyadic Parent-Child Interaction Coding System (DPICS), Parent Child Interaction Therapy (PCIT), and other dyadic interventions will be shared. In addition, presenters will discuss modifications made to Parentline, a brief strategic telehealth service in P-5 mental health, have improved the accessibility and experience of the service for English and Spanish-speaking clients.

CONCLUSIONS: Our field has learned so much from the fast pivot to offering virtual services. Now that options to return to in-person as well as offering telehealth are opening, the presenters hope to reflect on what we have learned, where we are headed (perhaps back to community?) and hear ideas from the audience.

Who’s Helping Us? Exploring the Transition to Parenthood in Infant-Family Professionals During the Covid Era

**Assistant Professor Tanika Eaves**, Professor Joshua Neitlich, Ms. Maegan Emmert

1Fairfield University, Egan School of Nursing and Health Studies, Fairfield, United States

Introduction: Public discourse about policies and legislation supporting family life have intensified during the global Covid-19 pandemic. Families having and raising young children have been among the most severely impacted by the stressors of the pandemic (Alon et al., 2020). Over 3 decades of empirical evidence has consistently suggested an increased risk of work-related burnout and secondary traumatic stress in helping professionals due to the intense nature of the relational and emotional labor they must perform in their jobs (Hochschild, 2001; Maslach, 1981; Stamm, 2010). However, there has been little exploration in the area of transitioning into parenthood as a helping professional and how the strains of new parenthood may intersect with work-related strains.

Aim of the project: Professionals who support vulnerable infants, toddlers and families may be at an increased risk of experiencing heightened stress as they become parents themselves. This brief, oral presentation seeks to elevate scholarly and policy discourse about creating family-friendly workplace culture in the U.S. infant-family workforce that reflects the realities new parents and young families are facing as we recover from the Covid-19 pandemic.

Description: This brief, oral presentation is based on a commentary developed from an online survey administered during the pandemic, probing infant-family professionals expecting their first child about workplace and personal supports they accessed while transitioning into parenthood. Reflective supervision, paid parental leave, scheduling autonomy, remote work options and space to pump breast milk in the workplace were identified as facilitators of transitioning into parenthood among infant-family professionals who predominantly identified as social workers (about 70% of the sample N=15/21).

Conclusion: The theory that infant-family social workers may experience less stress transitioning into parenthood when they work for organizations well-resourced enough to implement parent-friendly policies and practices that reflect social work ethics and values, is one worthy of empirical inquiry.
Risk, poverty and diversity: Creating conditions for relating in parent-toddler groups within community settings

Ms Tracie Lane¹, Ms Cliona Twohig¹
¹Let’s Grow Together! Infant & Childhood Partnerships CLG, Knocknaheeny, Ireland, ²University College Cork, Cork, Ireland, ³The Peeple Centre, Littlemore, United Kingdom of Great Britain and Northern Ireland

Let’s grow Together! Infant & Childhood Partnerships works with parents and young children living in the North-West of Cork City since 2015 using a prevention and early intervention approach. A central aspect of our work involves the provision of free universal parent-toddler groups to families in our community. Since 2015 over 500 parents and children have engaged with these groups with an average of twenty new families registering monthly. This presentation will describe the delivery and impact of the Peep Learning Together Programme which involves the provision of a shared space for parents and young children to explore and relate together in a safe and respectful space. For those parents who engage with Let’s Grow Together! this is often the first time they experience a supportive group with their toddler, amongst their peers. Parents report a growth in confidence, an increase in interactions with their toddlers and a wish to attend more groups. The groups are regarded as a site that fosters attachment, where parents and toddlers develop a sense of belonging and can practice relating together. Consistency in facilitation, setting and time fosters containment; predictability, and provides a strong model for reliable, secure relationships that are the foundation of good-enough parenting (Winnicott, 1960). Group facilitators offer a reflective stance towards the inner worlds of parents and toddlers (Fonagy and Target, 1997). Following evaluation of this group with parents several findings emerge which reflect; the impact of this group on ongoing parent child relating; barriers to accessing and sustaining engagement in the group, and supportive conditions that support access and sustenance of the group. Using anonymised composite clinical material this presentation will contextualise the above findings.
One Dad at a time; uncovering the nurturer to foster father-infant relationships

*Suzanne Rigby\(^1\), Ms Suzanne Rigby\(^1\)

\(^1\)Lets Grow Together, Knocknaheeny Cork, Ireland

Let’s grow Together! Infant & Childhood Partnerships works with parents and infants living in the North-West of Cork City since 2015 using a prevention and early intervention approach. A central aspect of our work involves the provision of a free one-to-one home visiting service centred around the Michigan Infant Mental Health framework and delivered by a multidisciplinary team (Michigan AIMH, 2020). This programme is a universal service delivered within a disadvantaged and intergenerationally traumatised community. In Let’s Grow Together we believe that a father is an attachment figure, a love object, and has a central place in child development therefore in parent infant work. It is our clinical experience that fathers can play a critical role in families, especially in those families where there may be trauma in the mother-infant relationship. An emotionally available father who can hold the baby in mind, may offer the emotional and physical holding that we might ordinarily associate with maternal care. (Winnicott, 1960). Since 2015, 467 families have engaged in the home visiting service. In 2020 through a review, it was collectively noted that fathers weren’t engaging in the home visiting service as readily as mothers. Using a variety of practitioner methods, the team made a conscious effort to try to engage more fathers. This presentation will incorporate an anonymised composite case study reflecting live clinical material. Through this presentation we hope to show that, an infant’s social and emotional outcome can be improved through supporting and respecting the capacity of fathers. With reference to clinical material and our observations we will discuss the parental couple relationship and its potential determining influence on the emotional climate in which the infant grows and develops. Taking three key practitioner methods for enhancing our engagement with fathers in our community this presentation will consider how these methods for engagement with fathers has improved our retention and ongoing relationship with fathers in this community. We will explore some of the successes and barriers associated with engaging fathers in a community based Infant Mental Health home visiting programme.
Babbling Babies: Experiences of an early communication and literacy programme for infants.

Ms Grace Walsh¹, Dr Ciara O’Toole², Ms Jennifer Harte¹, Ms. Eibhlín Looney², Ms Sally O’ Sullivan¹, Ms Katherine Harford¹, Dr Margaret Curtin², Dr Shirley Martin²

¹Let’s Grow Together! Infant & Childhood Partnerships CLG, Knocknaheeny, Ireland, ²University College Cork, Cork, Ireland

Let’s Grow Together! Infant & Childhood Partnerships CLG (LGT) is an area-based prevention, promotion and early intervention programme that supports early childhood development to mitigate the intergenerational impact of child poverty. An innovative component of LGT is the ‘Babbling Babies’ initiative (BB) which offers parents an opportunity to meet a Speech and Language Therapist (SLT) after their routine 9-11 month developmental check-up with a Public Health Nurse (PHN), to discuss how they can interact with their baby to promote language and literacy development. BB supports high-quality parent-child interaction to improve communication and relationships.

A research study was co-designed with the project team (University College Cork and LGT) to evaluate BB as it resumed in a post-Covid environment. The aim was to document and standardise the protocol for BB for best practice; pilot and evaluate measures to collect outcome data on communication and parent-child interaction; and collect stakeholder views.

Using mixed-methods, the study was implemented over a twelve-month period. Baseline data was collected from 30 families, and this was compared to national data from the Growing Up in Ireland study. Parents were contacted three-months after BB to re-administer the instruments collected at baseline, and to gather their experiences of taking part in the programme and the research. Focus groups were held with PHNs and SLTs who facilitated the programme to document their experiences of delivering BB and taking part in the research.

Preliminary results indicate that parents enjoyed the session and became more informed about child communication development and bilingualism, although could not always recall the recommended strategies. Stakeholders viewed BB positively, however continuing restrictions due to Covid did impact on the planned implementation and uptake of BB.

Results will contribute to the development of an evidence-base on the efficacy of interventions to address the inequalities of growing up in poverty.
Infant Mental Health and FASD: Trauma-Informed Interventions for Children in Child Welfare Systems

Dr Mary Motz¹, Ms Margaret Leslie¹
¹Mothercraft/Breaking the Cycle, Toronto, Canada

Introduction:
Children with prenatal alcohol exposure (PAE) experience high rates of child welfare placement. These children are exposed to risk factors both prenatally (including exposure to alcohol and substances), and postnatally (including continued parental substance use and mental health problems, interpersonal violence, poverty and high rates of discontinuities of relationships with caregivers) (Bondi et al., 2020). These risk factors place children with PAE at risk for health and neurodevelopmental problems (including FASD), for disorders of regulation and attachment, and for child maltreatment, resulting in the intergenerational trauma transmission. This is where infant mental health intersects with FASD and the application of a trauma lens guides our responses to families who come to the attention of child welfare services.

Aim:
This workshop will: (1) describe an evidence-based prevention and early intervention model for infants and young children exposed to substances, which maximizes maternal motivation for change and neuroplasticity to mitigate the harms of substance exposure, as well as how this model can be adapted within a child welfare framework (Motz et al., 2020); and 2) describe the delivery of infant mental health services using a trauma-informed lens to a vulnerable family including a young child with FASD.

Description and Conclusions:
Based on over 25 years of evaluation findings and case examples from the Mothercraft Breaking the Cycle - a unique Canadian program, presenters and participants will: 1) recognize the intersecting factors related to infant mental health and FASD including attachment, regulation, neurodevelopment, parental substance misuse, and child maltreatment; 2) discuss the story of a family and identify the continuum of interventions used for a young child with FASD who experiences caregiving disruptions; and 3) examine specific service features and recommendations which integrate infant mental health and FASD perspectives using a trauma-informed lens that can be used within a child welfare framework.
A holding relationship: working with parents and infants in child protection settings in Ireland

Ms Lizzie Lyng¹, Ms Anne Marie Stafford²
¹Túsla Child And Family Agency, Wexford, Ireland, ²Túsla Child and Family Agency, Wexford, Ireland

Introduction
Many parents and babies in child protection social work environments experience chronic separation and loss. As a result, parents often develop deeply embedded ideas about relationships. When parents who are considered vulnerable and who have experienced trauma themselves have babies, the vulnerability of the babies in their care, their reliance on ‘good enough mothering’ (Winnicott, 1949), and the lifelong implications of the bonding process for parent and child, viscerally compels attention and can stir up intense feelings in and around social work systems.

Aim/Purpose
This presentation introduces baby Holly and her parents who engaged with two social workers in a child protection system in Ireland. Their journey of separation and reunification reflects the complexity and recurring guilt and trauma that is present in this work.

Description
This presentation discusses the impact of a ‘holding relationship’ (Winnicott, 2004) in child protection social work practice that supported the reunification of this baby with her parents. A holding relationship involved the reliability of the social work team, immersing themselves in the parents day to day existence independently of and then with their baby. The intense anxiety that came with the responsibility the workers had for baby Holly is shared alongside the tentative relationship established and maintained with her parents across a year long period of time.

Conclusions
The central ideas in this case pertained to the culture of assessment, decision making, care and control; negotiated in a system gripped with reducing risk and monitoring staff. The anxiety within the professional team cause them to at times become polarised, defensively adhering to views and ways of thinking, working and making decisions, which has as their object the alleviation of untenable emotions rather than in doing what was best for Holly and her parents.
Building Community Capacity for Reflective Supervision/Consultation: A Four Pronged Approach

Dr Kenya Malcolm\textsuperscript{1,4}, Sarah Fitzgibbons\textsuperscript{1,2,3}, Alana Russotti\textsuperscript{1}
\textsuperscript{1}Society for the Protection and Care of Children, Rochester, US, \textsuperscript{2}New York State Association for Infant Mental Health, Albany, US, \textsuperscript{3}University of Rochester, Warner School of Education, Rochester, US, \textsuperscript{4}University of Rochester Medical Center, Rochester, US

Introduction
Reflective capacity is widely regarded as a critical skill for those working with young children and their families; reflective supervision/consultation (RSC) is seen as a best practice for those doing Infant and Early Childhood Mental Health (IECMH) work. The proposed workshop will detail the four strategies used to build RSC capacity in a medium-sized, US city (Rochester, NY): strategic community collaboration, hosting a reflective supervision symposium (RSS), offering reflective supervision learning collaboratives (RSLC), and facilitating reflective consultation (RC) groups for community leaders.

Aim/Purpose
Participants will leave the workshop with descriptions of each standalone strategy and the integration of all four, as well as possible applicability in their own communities. The workshop will offer our timeline of these strategies with qualitative and quantitative metrics to demonstrate progress toward capacity building.

Description of the Work
Community RSC capacity building included: 1) Strategic community collaboration involving joining and creating multidisciplinary tables related to IECMH and workforce development to begin cross sector conversation and increase awareness of and goals toward IECMH and RSC alignment; 2) Hosting an RSS to provide community leaders an immersive introduction to RSC and set common language and goals; 3) Offering year-long RSLCs to provide community leaders and supervisors didactic learning, direct RSC, and relationship building opportunities across disciplines and agencies; and 4) facilitating RC groups to provide space to hone supervisory best practices, increase reflective capacity, support professional wellbeing, and provide RC that aligns with endorsement.

Conclusions
Efforts are ongoing and have yielded an increase in the community’s awareness of IECMH concepts and resources, the capacity to provide and advocate for RSC, and the ability to support best practices with or on behalf of infants, young children, and their families.
Babies at the centre: Developing and delivering infant mental health services and systems in Scotland

Dr Anne McFadyen¹, Ms Harriet Waugh¹
¹Scottish Government, Edinburgh, Scotland

In 2019, the Scottish Government’s Programme for Government made a commitment to rolling out infant mental health provision across Scotland to meet the needs of babies and families experiencing significant adversity.

In this paper, we present our learning from this implementation journey. This took place during the Covid-19 pandemic which impacted on the wellbeing of babies and their families. We will share our model, outline the wider policy context and describe the behind-the-scenes work to support this. Our systemic model has a collaborative focus, working across multiple agencies and disciplines to bring continuity to a family’s journey through services.

This work has been enhanced by a wider public health approach focused on embedding rights, increasing awareness and reducing stigma. This has included a national campaign on infant mental health, supplemented by advice and support for parents via the Wellbeing for Wee Ones Hub. This is located on Parent Club, Scotland’s core online resource for parents and families. There has also been a focus on workforce development with NHS Education for Scotland which has supported practitioners across a range of organisations to access perinatal and infant mental health training opportunities. In response to Covid-19, the relationship-focused Solihull Online programme was rolled out nationally and has been accessed by over 17,000 parents and practitioners.

As we transition into the next phase of infant mental health policy and service implementation, we have been considering the representation of the infant across mental health provision spanning the perinatal period and early years. We have developed a model which situates the infant and parent/caregiver within a life stage approach with a specific focus on preconception to five years. This model has relevance to both the immediate environment of perinatal and infant mental health services as well as implications for the wider service landscape across the lifespan.
The Voice of the Infant: Working together to support infants’ views and rights

**Dr Anne McFadyen**, **Ms Kathryn Masterson**

1Scottish Government, Edinburgh, Scotland, 2Parent & Infant Mental Health Scotland, Glasgow, Scotland

As part of our work developing Infant Mental Health services and systems in Scotland, the authors embarked on a project to facilitate the voices of babies and young children in our work, in the appraisal and evaluation of that work and in the design and development of our services.

Our intention was to provide guidance on how to take account of infants’ views and rights in all encounters they may have with professionals in statutory or third sector services, or in public spaces, such as shops, libraries or galleries.

Our Voice of the Infant working group had 4 aims:

- To produce Best Practice Guidelines collating information about how to take account of infant’s views and rights. We used the Lundy Model of Participation* to anchor this work which included practice examples from a range of settings.
- To produce an Infant Pledge detailing what babies and very young children should expect from adults.
- To produce an Infants’ Rights statement that reflected Scotland’s position on the rights of very young children, with a focus on enabling the breadth and depth of the rights held within the UNCRC to be accessed.
- To disseminate material developed to promote knowledge and understanding of the importance of Infant Mental Health and highlight that it is everyone’s responsibility to listen to infant’s views and ensure they reach decision makers.

In this paper, we will place this work in the context of relevant policies and legislation, including the UNCRC, describe our processes and share the content of the Best Practice Guidelines, Infant Pledge and Infants’ Rights statement.

Intervention Approaches with Fathers who have Caused Harm

Dr. Carla Stover\textsuperscript{1,2}, Dr James Mchale\textsuperscript{2}, Dr. Henning Mohaupt\textsuperscript{3,4}, Dr. Katherine McKay\textsuperscript{2}, Mr. Rashid Mizell\textsuperscript{2}, Florence Guillet\textsuperscript{2}

\textsuperscript{1}Yale University Child Study Center, New Haven, United States, \textsuperscript{2}University of South Florida, St. Petersburg, United States, \textsuperscript{3}Alternatives to Violence, Norway, \textsuperscript{4}Center for Child and Adolescent Mental Health, Eastern and Southern Norway

INTRODUCTION: Intimate partner violence (IPV) can start or escalate during pregnancy and postpartum. Infants’ and toddlers’ development can be seriously impacted by the consequences of IPV. Interventions for infants and young children affected by IPV have typically targeted dyads with violence-exposed mothers and children with little focus on treatment that may help a father who has used IPV change his behaviors to have healthy parenting and coparenting relationships. However, most men who come to treatment for IPV are fathers and have contact with their children. Often, they have poor representations of their children’s mental states, are poor models of affect regulation and have limited relationship skills.

AIMS and PURPOSE: Figuring it Out for the Child, Fathers for Change and Child Parent Psychotherapy are three approaches that can be safely provided to new fathers who have caused harm to their partners that can include direct work with their coparents and children. The purpose of these interventions is to provide fathers the opportunity to think about their parenting roles and learn skills to have healthier relationships for the benefit of their young children.

DESCRIPTION of the work: We will present key features of these interventions. Case vignettes illustrating how these therapeutic approaches can be safely applied to work with infants and young children when men have used IPV will be presented. We will present different families with different risk-profiles where IPV coincides with some or all the following: father’s trauma, a history of alcohol or substance use, mental health problems, immigration, or low socioeconomic status.

CONCLUSIONS: Adding intervention approaches that work directly with fathers who have used IPV around their roles as fathers and coparents to the services available for IPV is important and can help with family recovery.
Sharing IMH concepts with professionals ranging from leadership to university students, through The Solihull Approach.

Ms Helen Stevens
1
1Parent Infant Consultants, Eltham, Australia

Introduction
The Solihull Approach training programs have an overarching aim of supporting quality relationships. With the uptake of the training increasing across Australia, the reach to a variety of professionals is expanding. One notable outcome of the training has been the interest participants have shown in learning about IMH concepts presented within the training.

Aim/Purpose
To explore experiences of a range of professionals following The Solihull Approach training.

Context
The Solihull Approach is underpinned by theoretical frameworks derived from neuroscience, infant mental health, psychotherapy, and relational disciplines. It has been providing a platform for understanding behaviours and enabling emotional regulations and quality relationships for many years. The training content includes influences of early life experiences, caregiving environments, genetics and intergenerational factors that shape the infant through to adulthood. The scope of trainings is expansive. Targeted training is currently offered to managers, first responders, school teams and anyone working with another. An unanticipated outcome of the training has been the extend of participant interest in the IMH concepts within the training.

Method
This quality assurance study captures the experiences of 48 professionals up to three months following the Solihull Approach training.

Results
Data was clustered using thematic analysis, from which two strong themes emerged. The majority of participants commented on their surprise at the information that was available on IMH. A second theme related to how understanding early life experiences influenced adult behaviours was benficial to the participants in a number of ways in both their personal and professional lives.

Conclusion
The plethora of research on the Solihull Approach identifies a range of positive outcomes derived from the trainings. This study, however, revealed new data that supports the notion that IMH concepts can reach and are valued by a range of disciplines, not just early years and mental health professionals.
Cultural Adaptation of Mom-2-Mom to address perinatal mental health for Bedouin mothers in southern Israel

Dr. Samira Alfayumi-Zeadna¹ ², Prof. Julie Cwikel¹, Ms. Anna Schmitt³, Ms. Jane West⁴

¹Center for Women's Health Studies and Promotion, Ben-Gurion University of the Negev, Be’er-Sheva, ²Nursing Department, Ashkelon Academic College, Ashkelon, ³Yarrow, LLC; The Two Lilies Fund, Montana; ⁴The Two Lilies Fund, Heart of the West Counseling, Colorado,

Introduction: Perinatal mental illness (PMI) occurs during pregnancy or in the first year postpartum, with powerful short- and long-term effects on mothers’ emotional stability and infants’ development. The Bedouins are an ethno-national minority in Israel. Of those living in the Negev, 40% live in villages lacking appropriate infrastructure and access to health services. These disparities are associated with poor health, low socioeconomic status, and high postpartum depression (PPD) rates (31% to 43%). Bedouin women, compared to other Israeli mothers, are less likely to seek mental health services due to limited availability and other barriers.

Aims of project: To provide support and guidance for Bedouin mothers and their infants up to one year postpartum. A particular focus is detection, prevention, and treatment of PPD. When detected, the project ensures that the mother gets professional, culturally sensitive treatment.

Description of project: Through funding from The Two Lilies Fund, the Center for Women’s Health Studies and Promotion was able to develop and implement a culturally tailored Mom-2-Mom (M2M) - perinatal peer support program for Bedouin women of Southern Israel. 80 mothers were referred to M2M and 49% showed PPD symptoms (22% had possible PPD and 27% showed clinical PPD) as measured by Edinburgh Postnatal Depression Scale. Meetings were conducted with community professional partners to encourage referrals into M2M. Personal and group support and education were provided to Bedouin mothers on a variety of topics related to perinatal health. Moreover, for the first time, a lecture was given on PMI to male Bedouin religious leaders, and a M2M program was opened in a Bedouin village.

Conclusions: Increasing awareness, professional support, early identification, and treatment for mothers with PPD is crucial for the prevention of PMI. M2M can increase access to treatment, reduce PMI-stigma and negative effects of PPD for both mothers and their children.
Mastery Motivation Characteristics among Preterm vs. Full Term Infant vs. Full Term Infants, 12-24 month.

Mrs Orly Neiger
1 private, Or Yehuda, Israel, 2 Prof. Iris Morag, Director of neonatology Shamir Medical Center, Israel, 3 Prof. Esther Adi Japha, Bar Ilan University, Ramt Gan

Introduction:
'Mastery motivation' is a multi-faceted psychological force, which drives the individual to gain control over skills or complete challenging missions. It's contained two components: Instrumental component, which describe the amount of motivation present in facing or completing a task and Expressive component, which relates to the emotional affects that accompany the challenge. Both assessed by questionnaires. Studies have shown that 'Mastery Motivation' reflects the cognitive, emotional, social, motoric, and psycho-motoric capabilities of the child and is a touchstone of proper development. Evaluating 'Mastery Motivation' can be used as the basis of any developmental intervention plan.

Purpose:
Aim of this study to determine to what level intra – and interpersonal factors influence 'Mastery Motivation' and to which degree these factors are predictable and controllable.

Methods:
30 preterm and 20 full term toddlers between the ages of 12-24 month were tested using the Griffith test (performance assessment). In addition, of this evaluation an examiner and a parent questionnaire were conducted, for assessing 'Mastery motivation'. The questionnaire contains temperament and sensory regulation scales as well as demographic data.

Results:
This study shows that parents of pre-term toddlers' estimate their child's 'Mastery Motivation higher than parents of full-term toddlers. On the other hand the researcher assessed full term toddlers having a higher score than pre-term toddlers. A correlation between motivation to complete tasks and temperament was found only amongst full-term toddlers.

Conclusions:
'Mastery Motivation' is an assessment tool for diagnosis and treatment. In this study, there was a difference in scores between parental assessment of premature toddlers and the researcher's assessment. Full term toddlers showed more maturity in coping with tasks. Intra-personal components such as temperament have also been shown to have an impact on motivation, especially in full term toddlers.
INTRODUCTION

Throughout decades of early intervention experience, intersubjectivity is critical to our success. In 2002 we developed Rivendell School’s CORE Program to bridge attachment research with clinical and educational practice. Twenty-one years later we continue to co-construct relationships with children, teaching them to form and find meaning in their engagement with others as they develop social thinking skills.

- AIM or PURPOSE of the project and work described

In CORE, we work to create coherent narratives with our students. But, what of our own narratives? How does our experience with each child strengthen or alter us? Relationships, reciprocal in nature, influence the ability to share our collective experiences. Reflective supervision and collaboration with our colleagues help us to “understand other minds”. The aim of this project is to explore the impact of that understanding.

- DESCRIPTION of the project and work

Our dynamic workshop features videos of supervision sessions, interviews with CORE practitioners, and videos of dyadic work with CORE students as we face the challenge of making coherent stories out of fragmented narratives. Active participation will be encouraged throughout this workshop.

- CONCLUSIONS

Our workshop acknowledges the range of our work as global providers of services to young children and their families and the impact that WAIMH has on us by providing us with the opportunity to share our experiences.
Associations between maternal prenatal depression and neonatal behavior and brain function—Evidence from fNIRS

Dr Shan Wang¹, Ms. Chenxi Ding¹, Prof Zhongliang Zhu¹, Zeen Zhu¹, Ms. Dan Zhang¹, Qiqi Yi¹, Prof Zhongliang Zhu², Prof Hui Li¹, Md, Phd Dongli Song³
¹The First Affiliated Hospital of Xi’an Jiaotong University, Xi’an, 中国, ²Northwestern University, Xi’an, China, ³Division of Neonatology, Department of Pediatrics, Santa Clara Valley Medical Center, San Jose, California, United Kingdom

Introduction: Maternal prenatal depression is a significant public health issue associated with mental disorders of offspring.

Aim: This study aimed to determine if maternal prenatal depressive symptoms are associated with changes in neonatal behaviors and brain function at the resting state.

Description: A total of 204 pregnant women were recruited during the third trimester and were evaluated by Edinburgh Postpartum Depression Scale (EPDS). Cortisol levels in the cord blood and maternal blood collected on admission for delivery were measured. On day three of life, all study newborns were evaluated by the Neonatal Behavior Assessment Scale (NBAS) and 165 infants were evaluated by resting-state functional near-infrared spectroscopy (rs-fNIRS). Compared to the control group, the newborns in the depressed group had lower scores in the social-interaction and autonomic system dimensions of NBAS (P < 0.01). Umbilical cord plasma cortisol played a negative mediating role in the relationship between maternal EPDS and NBAS in the social-interaction and autonomic system (β med = -0.054 [-0.115, -0.018] and -0.052 [-0.105, -0.019]. Proportional mediation was 13.57% and 12.33 for social-interaction and autonomic systems, respectively. The newborns in the depressed group showed decreases in the strength of rs-fNIRS functional connections, primarily the connectivity of the left frontal-parietal and temporal-parietal regions. The social-interaction Z-scores and autonomic system Z-scores had positive correlations with functional connectivity strength of left prefrontal cortex-left parietal lobe, prefrontal cortex-left parietal lobe - left temporal lobe and left parietal lobe - left temporal lobe (p < 0.01).

Conclusion: Our findings highlight the importance of prenatal screening for maternal depression and early postnatal behavioral evaluation that provide the opportunity for early diagnosis and intervention to improve neurodevelopmental outcomes.
INTRODUCTION: Dance, movement, and music create the opportunity to strengthen the connection and foster security between parents and children. Rhythmic movement is connected to parents’ capacity for attunement, mirroring, and mindfulness; key attributes within securely attached dyads. Dance and music interventions have also been shown to have positive effects on mental and physical health. Given the stress on families during and since the Pandemic, people need multiple effective coping strategies.

DESCRIPTION: Each program emphasizes the importance of movement, caregiver-child relationships, and the benefits of music on well-being during stressful times. One presenter hosted Daily Dance Parties from her living room over Zoom, thereby engaging intergenerational family and friend relationships internationally. From a parallel perspective, another presenter modeled self-care practices for infant and early childhood mental health providers by offering BeMoved® virtual classes. Another presenter focused efforts on families of hospital first line staff. Utilizing the SING.PLAY.LOVE. approach, she partnered with its creator to offer daily Zoom “play parties” to families to 1) reduce pandemic distress; 2) engage children in self-regulating activities; and 3) provide calming and co-regulating experiences.

AIMS or PURPOSE: This presentation explores three dance, movement, and music programs intended to provide respite and support for families with young children. The presenters will explore old school ways of connecting and attuning (i.e., dance and music) via a novel mechanism (i.e., telehealth) and with the lens of perinatal through five mental health principles.

CONCLUSIONS: In this presentation on dance and movement for mental and physical health, we will describe each highlighted program’s successes, challenges, and visions for the future, using qualitative data as well as participatory methods. Get ready to dance!

200107

Misplaced attachment? Caring for an abandoned infant in hospital.

Mr Jack Southwell

The Royal Children's Hospital, Melbourne, Australia

INTRODUCTION
An infant may be perceived by clinicians as abandoned in hospital if left alone without a carer for an extended period of time. Whilst formal relinquishment of children in Australia is rare, infants are often left alone in hospital for a range of psychosocial reasons. Whether the parent has formally relinquished care of the infant or not, for staff, the experience of providing care may not change. What we see in hospital is an infant on their own without a carer present.

AIMS
The aim of this presentation is to consider the way hospital clinicians conceptualise the attachment of babies who have been abandoned in hospital. For staff caring for infants in hospitals whose parents aren't present for extended periods of time, the boundary between carer and clinician can become blurred and be accompanied by feelings of resentment, sadness and moral distress. Considering attachment and child development theories, the talk will reflect on the role of a clinician as an accidental primary attachment figure and the varied emotions associated with this.

DESCRIPTION
This presentation will utilise real case studies of babies who have been abandoned in hospital. We will reflect on the role of clinician as a subject for a baby's attachment in the absence of a parental figure and how this impacts a clinician’s approach to the work. We will also reflect on how clinicians in this context sustain their practice and manage the accompanied ethical and moral dilemmas regarding misplaced attachment.

CONCLUSION
Looking after sick children is challenging work. When an infant has been abandoned in hospital, the emotional impact on staff can be even more significant. This presentation will consider ethical and practical questions regarding feelings of misplaced infant attachment in hospital.
Supporting maternal and infant mental health and the attachment relationship in rural and remote areas.

Ms Debbie Tucker¹, Dr Sara Cibralic², Dr Tracey Fay-Stammbach¹, Dr Valsama Eapen², Dr Deborah Song²
¹NSW Health, Australia, Westmead, Australia, ²University of New South Wales, Sydney, Australia

Introduction:
The State wide Outreach Perinatal Service for mental health (SwOPS) is a unique perinatal psychiatry consultation-liaison telepsychiatry service based in New South Wales, Australia. It caters to 10 rural and remote local health districts across 800,000 kilometers and is staffed by one full-time clinical nurse consultant and one part-time perinatal psychiatrist. The strategic aims of the service are to support clinicians caring for women with moderate-severe or complex mental health conditions in areas with limited access to tertiary health care, and strengthen workforce capability in perinatal and infant mental health assessment, intervention, and supporting the mother-infant attachment relationship. This is achieved though telehealth direct client assessment and treatment recommendations, telephone advice and support for clinicians, state wide education, and clinical supervision. Particular emphasis is placed on educating clinicians about the importance of infant mental health and the attachment relationship.

Purpose:
The service was established in 2012 with an initial evaluation undertaken in 2014 which was limited in its scope to examining the service implementation, primarily service delivery and targeted reach. Since 2020 there has been a steady increase in the number of referrals to the service and it was considered timely to undertake a formal evaluation of the service to provide strategic direction.

Description:
The service impact evaluation sought to examine whether the service aims were being met, enablers and barriers to service delivery, what is being delivered and the impact on service users, service users’ experiences, and suggested service improvements. The method incorporated a widely distributed survey and qualitative interviews.

Conclusions:
The results identified that overall clinicians were satisfied with the service, describing it as "unique" and felt more confident in caring for the women with complex mental health difficulties, and assessing and supporting mother-infant attachment relationships. Clients were accepting of the service, and clinical outcomes were positive.
The use of video material to promote early attachment in perinatal mental health services

Dr Sabrina Coyle¹, Dr Catherine Hinds
¹The Coombe Hospital, Dublin, Ireland, ²The Coombe Hospital, Dublin, Ireland

Introduction: Video Interaction Guidance (VIG) is an intensive, short-term intervention which targets difficulties in early attachment between mothers and infants. The practitioner tailors the intervention to the parent’s individual goals and needs. Video recordings and shared reviews are utilised to embed better attunement in mother-infant relationships.

Aim: The aim of this presentation is to inform and educate professionals working with mothers and infants on the use of video material in supporting early attachment and bonding. Description: Currently the SPMHS in the Coombe Hospital are the only service in Ireland to offer video interaction guidance (VIG) as a specialist and targeted intervention for Mothers who are struggling in their attachment relationships with their babies. We will share the evidence base and theoretical underpinnings of VIG. Our early experience in utilising this approach will be shared including challenges and opportunities. We will outline the approach and share video extracts from Mothers we have worked with to better illustrate the approach. We will also discuss our research in this area and share early outcome findings. Conclusions: The hope is that by observing VIG in action, this will inspire other professionals to think about how they might integrate the approach in their own settings. VIG offers a pragmatic and cost-effective opportunity to intervene successfully in the early lives of mothers and babies.
Predictors and Protective Factors of Professional Quality of Life in the IECMH Workforce

Dr Diana Morelen1, Dr Diana Morelen1, Vinaya Alapatt1, Jessica Potter1, Robyn Dolson1
1East Tennessee State University, Johnson City, United States

INTRODUCTION: Infant and Early Childhood Mental Health (IECMH) providers work with high-risk families, exposing them to high levels of demand and stress, which can influence their professional quality of life. Research has focused on the negatives, such as burnout; however, little has focused on the positives, such as compassion satisfaction (CS). PURPOSE: The present study recruited 106 IECMH providers in Tennessee to examine both individual and organizational factors that predict burnout and CS. DESCRIPTION: A hierarchical regression for individual factors found that age, personal wellbeing, and self-care behaviors were predictors of burnout. Furthermore, a hierarchical regression for individual factors predictive of CS found age and personal wellbeing to be significant. Similar analyses for organizational factors found the feeling of support by one’s employer was a significant predictor of both burnout and CS. A final simultaneous regression for individual and organizational factors predictive of burnout and CS found wellbeing to be a significant predictor of both. Since wellbeing was a significant predictor of burnout and CS, the second part of the study examined the role of coping as either a risk or protective factor of the relationship between wellbeing and professional quality of life. The results demonstrated that the pathway from wellbeing to burnout was moderated by support-seeking and approach coping. Finally, seeing that wellbeing played a large role in predicting professional quality of life, this study examined how a brief self-care intervention influenced mood. The results demonstrated that after watching a self-care video, participants felt less anxious, frustrated, and stressed, calmer and more relaxed. CONCLUSION: These findings suggest that wellbeing is the strongest predictor of burnout and CS and that adaptive coping strategies can act as protective factors against burnout. Further, engaging in self-care appears to be a promising intervention to lower stress and promote a greater sense of calm.
Family Care Follow-Up Clinic: A developmental and relational service for opiate-exposed infants and their caregivers

Jean Twomey¹, Dr. Lynne Andreozzi Fontaine¹,²
¹Women and Infants Hospital, Providence, USA, ²Community College of Rhode Island, Warwick, USA

Introduction: The Family Care Follow-Up Clinic (FCFC) provides developmental assessment and anticipatory guidance to families affected by prenatal opiate exposure. Often substance exposed newborns have difficulty regulating states of wakefulness, sleep, and distress. Caregivers may struggle with reading the child’s communications making it difficult to understand the infant’s experiences and needs. Additionally, infants with child protective service involvement experience disruptions in placement which raises concerns about their ability to maintain secure attachments when there are changes in their primary caregiver. We present case studies representative of various caregiving experiences of infants in FCFC to illustrate the importance of a comprehensive approach to promote optimal developmental outcomes, secure attachment and healthy caregiver–infant relationships.

Purpose of the project:
- Describe the FCFC’s model of using developmental assessment and guidance to enhance the caregiver’s capacity for developing sensitive and responsive relationships.
- Identify strategies and stimulate discussion about how best to support nurturing parenting for substance using mothers, promote healthy caregiver–infant relationships and minimize disruptions in primary attachment figures.

Description of the project:
The clinical interventions provided in the FCFC are designed to support families of infants prenatally exposed to opiates. Developmental screenings and observations of the infant’s growth and progress provide avenues for understanding the emotional and relational needs of the infant. Recognition of the impact of early separations is a central theme coursing through the work. The psychological effects of not having a consistent, primary attachment figure will be examined.

Conclusion:
The FCFC is a model program for promoting optimal infant developmental outcomes for families impacted by opiate use during pregnancy. This workshop will stimulate thinking and discussion about the use of developmental assessment as a way to support and enhance parenting abilities of caregivers of substance-exposed infants.
The “8 S’s”: A Consultation Tool for Challenging Early Childhood Behavior

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

Introduction
Presently, 23% of U.S. children between 3 and 18 years and about 20% of the world’s children report problems of mental health, emotion, development, or behavior (MEDB). Access to subspecialists such as child and adolescent psychiatrists, developmental/behavioral pediatricians is limited by a worldwide workforce shortage in these specialties. Among the strategies to address this growing crisis, consultation models such as child psychiatry access programs (CPAPs) and Extension for Community Healthcare Outcomes (ECHO) programs are endorsed. Early childhood behavioral presentations such as dysregulation may be based in mental health disorders (anxiety) or emotional disorders (trauma, PTSD) or by developmental disorders (ADHD, autism, communication disorders or developmental delay) age. Consultations using the above models are de-identified, and often consultants are provided limited information. The 8Ss tool was developed by a multidisciplinary team of early childhood MEDB consultants to gather critical information in order to structure and facilitate the consultation process.

Aim
This workshop will briefly present lessons learned from 3 different early childhood consultation settings and introduce use of the 8S's tool with case examples.

Description
Dr. Leppert, a neurodevelopmental pediatrician and Dr. Harrison, an infant and preschool psychiatrist will briefly present case data and lessons learned from more than a decade of experience as early childhood consultants. They will then lead an active discussion with participants of 2-3 cases of very young children presenting with disruptive behavior in various settings (primary care, child care/education) which will provide hands-on practice with the 8S's tool.

Conclusion
The “8S’s” is a useful tool for a variety of consultation settings that allows for careful consideration of the differential diagnoses of MEDB disorders in young children, and the generation of useful recommendations. Participants will leave with a tool that provides a framework to gather relevant data from a child who presents with significant behavioral concerns.
Implementation and Dissemination of the Facilitating Attuned Interactions (FAN) approach in Tennessee’s Infant/Toddler Court Programs

Dr Diana Morelen¹,², Ms. Alison Peak², Professor Linda Gilkerson, Ph.D., Vinaya Alapatt¹
¹East Tennessee State University, Johnson City, United States of America, ²Association of Infant Mental Health in Tennessee (AIMHiTN), Nashville, United States of America

Introduction: Infant Toddler Court Programs are increasingly recognized for their ability to move children quickly to a place of permanency through either reunification or permanent placement. These I/T Court Programs are interdisciplinary in their design, bringing together professionals from attorneys to clinicians to child welfare staff. These programs are often in their own developmental process while also actively engaging professionals in various stages of their career development. The inherent systemic difficulties that are brought to these programs are further challenged by the stories and needs of the families who access these services. The Facilitated Attuned Interactions (FAN) approach is a conceptual model and practical tool that helps providers, across sectors and professional roles, hold a developmental, reflective, and relational lens in working with others (Gilkerson & Imberger, 2016). Implementing FAN within an Infant/Toddler Court program provides a guiding framework for reflective practice, a guide to team interactions through a shared framework, a shared theory of change, and a shared vocabulary on IECMH core concepts.

Aim: This presentation will describe the implementation and impact of FAN into Tennessee’s Infant/Toddler Court Program.

Description: Introducing FAN into Tennessee’s Infant/Toddler Court program, called Safe Babies Court Teams, offered court coordinators, child welfare staff, and other professionals who engage with these courts an opportunity for shared Infant and Early Childhood Mental Health framework and an introduction into reflective practice. FAN offered them a shared language to talk about their interactions with each other and with families, and an expanded skill set of conscious attunement and critical self-awareness. Metrics were taken at pre- and post-completion of core training and after six months of mentored, reflective practice.

Conclusion: This presentation will describe the implementation of this project, key themes that emerged during reflective practice, and the outcomes of the metrics collected.
Child Welfare Workforce Development to Support Infant Mental Health: Leveraging Relationships

Dr. Michelle Roy¹
¹WellPower, Denver, United States

Introduction: Infants and young children are the population most vulnerable to maltreatment, with more than one quarter (28.6%) of victims of maltreatment in the United States being birth to 2 years old (U.S. Department of Health and Human Services, 2022). As such, an important target area for infant mental health workforce development is the child welfare workforce.

Purpose: Right Start for Colorado, a workforce development initiative funded by SAMHSA and additional local funders, identified these child welfare workers as an important target for workforce development.

Description: Over the course of the Right Start for Colorado project (2018-present), a relationship was developed between infant mental health trainers and the local child welfare department’s Learning and Development team. Regular planning conversations were held to determine the best ways to deliver trainings, topics that may be of most interest, and how to include additional benefits for attending trainings (such as child welfare specific continuing education credits). Over the course of the past 4 years, 20 trainings have been provided to 337 individuals.

Conclusions: Overall, evaluation results from these trainings have been incredibly positive. Challenges arise at times, such as adjusting to a pandemic and encouraging interaction in virtual trainings. Lessons learned include the importance of relationships, utilizing multiple benefits for participants, and accessibility. Application for expanding more broadly statewide will be discussed.
'Made in Australia': Infant consultation to address abuse, violence, and neglect.

Ms Kathy Eyre¹, Dr Lisa da Silva¹
¹Royal Children's Hospital, Melbourne, Australia

BUBS in MIND

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, many of whom have complex and traumatic histories. 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 and for very vulnerable and traumatized families maybe their only ‘go to’ person in their world.

Aims:
“The “Bubs in Mind” program was established in response to the increasing prevalence of infant mental health concerns within the broader community. It 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. Clinicians aim to keep the infant, their experiences and needs front and foremost in everyone’s mind.

Description:
The partnership initiative has a multifaceted focus; sharing knowledge and skills about infants and families, promoting greater understanding of infant mental health in the community, seeing infants and their families directly. Bubs in Mind clinicians work collaboratively to provide greater access to mental health supports for infants and families who, for a variety of reasons, may not access services including traditional infant mental health services. The program also allows for a smoother transition into these services, or other services, should they be required.

Conclusion:
This presentation will outline how “Bubs in Mind” clinicians work to achieve these aims through the presentation of case material and an evaluation of the program.
Improving Outcomes—A model of integrating Doula Services in a Community Mental Health System of Care.

Program Coordinator Maria Rossi1, Ms Kathryn Wolfe2, Dr. Kaylin Gregory-Davis3, Ms. Maria D'Haene1
1Washington County Mental Health Services, Barre, United States, 2State of Vermont Department of Mental Health, Waterbury, United States, 3University of Vermont Medical School, Burlington, United States

The United States has one of the highest maternal mortality rates among developed countries. Studies suggest that access to Doula services improves health outcomes for mothers and babies, reduces Cesarean deliveries, decreases maternal anxiety and depression, decreases instrument-assisted births, increases breastfeeding, reduces the need for healthcare specialists, improves communication between pregnant women and their health care providers, and lowers healthcare costs.

This workshop will address:

A rural Doula program embedded in a rural Community Mental Health System of Care. Provide participants in this workshop an overview of the Doula program supports (outlining prenatal, birth doula, and postpartum supports).
Will highlight who we serve, how we increased access with the help of a federal grant.
An overview of specialized training for staff development.

In addition, we will provide reflections on the work to date, including a research study conducted by Dr. Gregory Davis exploring the participant’s feelings about the care they received, birth outcomes, and a doula’s perspective of the work.
Training and Coaching Practitioners to Promote Young Children’s Social-Emotional Development in Early Childhood Settings

Dr. Lise Fox¹, Professor MaryLouise Hemmeter
¹University Of South Florida, Tampa, United States

Introduction
The Pyramid Model (Fox et al., 2003; Hemmeter, et al., 2006) is a framework of practices for early childhood educators to promote young children’s social-emotional competence and prevent and address challenging behavior. The approach has been tested in two randomized trials (Hemmeter, Snyder, Fox, & Algina, 2016; Hemmeter, Fox, et. al., 2021) and is being implemented in 32 states across the United States.

Purpose
This workshop will provide information on the Pyramid Model practices, how practitioners are trained to implement the approach with fidelity, and free resources for implementation.

Description
The Pyramid Model uses a promotion, prevention, and intervention framework to organize the practices that are taught to all early educators in a setting. The universal level of the Pyramid Model includes the practices related to nurturing and responsive relationships and high-quality supportive environments that are critical for promoting the social-emotional competence of all children (partnerships with families, creating a classroom community of caring, joining in children’s play, engaging in supportive conversations, providing encouragement and feedback to children, promoting child engagement, teaching rules and expectations, structuring transitions,). At the secondary level, teachers are guided to implement practices that promote the social and emotional skills of all children in the classroom with a focus on peer-related interactions, identifying and managing emotions, and social problem solving and providing instruction to children who need additional intervention. The final level of practices includes the use of intensive individualized interventions to address a child’s persistent challenging behavior. At this level, teachers develop, implement, and evaluate an individualized behavior support plan through collaborative teaming, functional assessment, and data-informed decision-making.

Conclusions
Participants attending will learn about the approach and outcomes, the practices associated with the framework, and how practitioners are trained and coached to implement the practices with fidelity.
Personal and professional Impacts of International Engagement and Its importance During the Global Pandemic

Mrs Hanna Lampi1, Mrs. Daniela Moreno Boudon, Mrs Colleen Ciccarello, Dr. Susanne Mudra, Dr Beril Bayrak, Ms Marianne Riggins
1Terapialampi, Espoo, Finland

Introduction:
The importance of a global holding environment during the pandemic became an essential resource to a group of Infant – Mental health professionals worldwide.

Purpose:
With this selection of Brief Oral presentations, we are high lightning the impact of international engagement between Infant-Parent Mental Health providers through our experience within the Infant-Parent Mental Health program at UMass Boston.

Description:
During the two-year program, we met regularly, heard the world's leading experts in Infant-Mental health, and had a platform to share our cultural differences and similarities and learn from each other in a way that had not been possible before. After the program, we wanted to keep in touch and invited all interested in continuing the dialogue we had started during our shared studies. This invitation as the following communication was informal and without set goals or exact purpose, more of a way to stay connected and build our shared understanding and passion for Infant-mental health.

Conclusion:
This connection had an especially powerful influence during the pandemic as we all navigated the unknown, personally and professionally. At the beginning of the pandemic, we began to meet online weekly, sharing our thoughts, views, and struggles. This proved to be a valuable resource in understanding the global impact of the pandemic and, maybe even more importantly, the peer support we gained from our weekly meetings at the beginning of the pandemic. This helped us to be present for our own families, families that we work with, and ourselves.
The Power of Observation - Pivoting from Home to Virtual Visits in Early Intervention

Mrs Colleen Ciccarello1
1Women and Infants Hospital/Brown Center for the Study of Children at Risk, Providence, United States

Introduction: In the United States, Early Intervention (EI) provides developmental services to children aged 0-3 who have developmental disabilities. In 2016, Massachusetts Early Intervention shifted to a relational-based, family-centered service delivery model. Many Early Interventionists struggled to relinquish a child-directed, medical model approach. When the pandemic hit, Early Intervention pivoted to virtual visits creating a crisis for those delivering child-directed developmental services.

Purpose: In 2020, my role in Early Intervention was to deliver mental health services to families in EI and to train the Massachusetts EI workforce in using the Parents Interacting with Infants (PIWI) philosophy during home visits.

Description: From March 2020 to March 2022, my greatest challenge became delivering mental health services using the PIWI model and training a workforce in how to use relational-based, family-centered service delivery during tele-health visits. My work shifted to focusing on creating and sustaining relational connections virtually. Meeting with the IPMH fellows regularly during this time allowed me to discover several strategies to help facilitate connecting virtually. I used these strategies in my work with families and with EI trainees by leaning into the parallel process. I will share these strategies through a brief case study and observations made during training sessions.

Conclusion: The Covid-19 pandemic shattered many constructs in early intervention service delivery. Relational connection was not one of them.
‘Birth Story: Reflections on the Creation of an Infant Mental Health Service’

Dr Lauren Delahunty\textsuperscript{1}, Ms Jennifer Mclauchlan\textsuperscript{1}, Dr Beatrice Anderson\textsuperscript{1}
\textsuperscript{1}NHS Greater Glasgow And Clyde, Glasgow, UK

Introduction
Wee Minds Matter is the Infant Mental Health Service for NHS Greater Glasgow and Clyde, established in 2021 with the Scottish Government’s financial investment to improve infant and perinatal mental health outcomes, and aspiration for Scotland to be the best place in the world to grow up. The multidisciplinary service accepts referrals from conception to age three, and offers outreach, care planning, direct support, consultation, and education. We aim to reach as many infants and families as possible across our large health board and wide geographical area. Wee Minds Matter recognises evidence that early relational experiences are fundamentally influential to an infant’s life trajectory, physical and mental health outcomes. Work is often focused on understanding infant need through the lens of experiences and key relationships, and on providing needs-matched support to infants in the context of their caregiving relationships.

Aim and Description
In this presentation, we will provide a reflective account of our experiences establishing Wee Minds Matter, using the metaphor of pregnancy and birth. We will present a timeline from ‘pre-conception’ or service planning, through to ‘the fourth trimester’: the early months of service delivery. This will include exploration of some of the challenges of bringing a new service to life (“will we fall pregnant?”, “who will our baby be?”), as well as factors that have supported its healthy growth and development (“what does our baby need?”, “who can support our baby?”). The presentation will offer insights into the experience of service development, and – using metaphor – emphasise the critical importance of relational context and experiences throughout systems, including for infants, caregivers, service providers and managers.

Conclusion
My name is Wee Minds Matter, and I was born in 2021. Let me tell you my story.
Developing a community-based Infant & Early Childhood Mental Health Framework within the National ABC Programme

Ms Bernie Laverty¹, Ms Katherine Harford², Ms Fiona Gallagher³

¹Tusla Area Based Childhood Programme, Dublin, Ireland, ²Let's Grow Together Infant & Childhood Partnerships CLG, Cork, Ireland, ³Youngballymun, Dublin, Ireland

Introduction - The Area Based Childhood (ABC) Programme is a national Prevention and Early Intervention (PEI) Programme which invests in effective services to improve outcomes for children and families living in areas impacted by poverty.

The ABC Infant Mental Health Framework aims to guide how ABCs embed IMH within the communities they serve. The Framework addresses,
- The breadth of IMH work happening across all 12 ABC sites
- ABC’s work across service and policy levels to affect the structural changes required to ensure IMH is an essential PEI response to child poverty, ensuring better outcomes for all children.
- The successes, challenges and opportunities experienced by ABCs concerning their IMH work
- The social justice, economic and policy arguments for the ABC Programme approach to IMH
•Exploring how ABCs can continue to grow this work in collaboration with national partners, thereby contributing to the national progression of IMH across Ireland.

Description of the work/project:
The Framework details the unique "ecosystem" approach of the ABCs, utilizing Bronfenbrenner’s ecosystem system theory, being cognizant of the many layers of environmental influences on the growing child. The ABC programme works across 3 levels,
- Frontline delivery, working at the nuclear level working directly with parents & children.
- Capacity building bringing together local interagency partners to explore new learning and best practice.
- System changes.

The Framework outlines considerations required to build an IMH Organisational culture to effectively support children, families and communities across the continuum of Promotion, Prevention, Intervention and Treatment.

The National ABC Programme is committed to grow and develop IMH supports for families through a planned and coordinated application of this Framework.
First Nations Concepts for Childhood Wellbeing and Healing

Dr Mishel McMahon

La Trobe Rural Health School, Bendigo, Australia, Indigenous Health Equity Unit University of Melbourne, Melbourne, Australia

INTRODUCTION
A presentation of Australian First Nations voices from our relational worldviews, relating to the lifehood stages of spirit self, social self and Ancestral self. With a focus on a child’s journey to social self, as the child transitions through pregnancy and infancy; becoming members of their communities. With both collective and individual identities, and continuing connections to land, waterways, plants, skies, animals and their Ancestors.

PURPOSE
This study raised the status of First Nations principles of childrearing, as different but equal to Western childhood theories. The potential of this study is to improve understanding of First Nations childrearing, so it is recognised as an expert field of knowledge, with possible benefits for all children. Considering Australian First Nations children’s over representation within the Child Protection system, improved mutual understandings within policy and practice could deliver beneficial outcomes for First Nations communities.

DESCRIPTION
A Relational Discourse Analysis (RDA) informed by relational ontological values was formulated for this study. Four key concepts of childhood are presented: lifespan relatedness, relational parenting, strong kids and relational attachments. These findings are now being translated to tertiary curriculum and clinical practice. Through this knowledge translation it has become evident; when programs are informed by First Nations ways of knowing there are higher levels of engagement and improved outcomes for First Nations communities.

CONCLUSIONS
This study proudly positions itself as sovereign First Nations Australian research. Australian First Nations people continue to participate through relationship with our Ancestors and our environments, in knowledge systems thousands of years old. Research exploring childhood wellbeing, informed by relational worldviews and is First Nations-led, revealed discourses and concepts which have been otherwise subjugated by western thought, however, hold potential healing for all children.
How can we increase the likelihood of infant mental health (IMH) services being commissioned?

Dr Karen Bateson

1Parent Infant Foundation, UK, UK

Introduction
How can practitioners better communicate to commissioners or funders the need for and impact of specialist infant mental health (IMH) work? This presentation will share findings from two recent studies which show that commissioners frequently do not understand the concepts of infant mental health or the need to commission IMH services but could be helped to do so through newly developed frameworks and tools.

Aim or purpose of the project or work described
The aim of this body of work was to increase the likelihood of infant mental health services being commissioned at a local level by providing practical frameworks and tools.

Description of the work or project
The first study was conducted by Newcastle University and the Parent-Infant Foundation. Commissioners were interviewed about their perceptions of infant mental health and the barriers and enablers they identify for developing IMH new services. We will share what commissioners want to know before considering commissioning a new infant mental health services and what resources might help them.
The second study, conducted by an Early Years Transformation Board in Wales and the Parent-Infant Foundation, proposed a framework for how to estimate the number of babies who might need, and access, a specialist infant mental health service in any local area. This framework offers the potential to simplify the process of population needs analysis and make the concepts more accessible, thereby supporting commissioning and/or funding.

Conclusions
Commissioners can be supported in their role using evidence-based tools. We will describe a newly developed and freely available commissioning support toolkit for IMH services which provides a “one-stop shop” for anyone embarking on service development or transformation. This presentation will be useful to anyone who works with commissioners or funders, or who wants to influence the commissioning process for IMH services.
Welcome (to your Health) Home: Addressing the well-being of young children in primary care

Dr Melissa Buchholz, Dr Abigail Angulo, Dr Bethany Ashby, Dr Verenea Serrano, Dr. Amy Ehmer, Dr. Kelly Glaze, Dr Jessica Kenny, Professor Ayelet Talmi
1University of Colorado School of Medicine and Children’s Hospital Colorado, Aurora, USA

Infant mental health (IMH) services are readily provided in community contexts leading to increased access to critical resources and reduction in barriers to care. In the US, families frequent primary care settings often in the first three years of life and IMH specialists integrated in these settings provide key prevention and health promotion strategies to children and families.

Purpose: The goal of this symposium is to highlight strategies for increasing access to infant prevention and health promotion in community settings, specifically in pediatric primary care. Brief presentations will highlight four enhancements to standard primary care practice that lead to higher-quality care for young children and families.

Description of the work: Infant mental health clinicians and a developmental pediatrician are integrated into three primary care clinics in a large hospital system (a residency training clinic, a clinic for serving children with medical complexity, and a clinic serving adolescent parents and their children). Key strategies include universal screening, brief consultation and short-term intervention, and evaluation. IMH specialists deliver the evidence-based HealthySteps model (www.healthysteps.org), which is adapted to meet the unique needs of the patient populations in the specialized clinics. The KICS (Kids in Care Settings) is a medical home for youth involved with child welfare and provides health promotion and prevention services to both foster and biological families with young children in the context of known trauma. The developmental pediatrician sees patients to determine if they meet criteria for autism spectrum disorder or other developmental delays and consults with medical providers when questions about development arise. Integration of the developmental pediatrician in the primary care clinic reduces significant wait times and all these interventions increase access to high quality care for young children.

Conclusions: Across these settings, hundreds of young children and families receive high-quality health promotion and prevention support yearly.
Reflective Supervision Learning Intensives: A multilayered approach to building reflective capacity in the IECMH Workforce

Dr. Amy Huffer¹, Dr. Shaylee Perez¹
¹ZERO TO THREE, Washington, United States

Reflective supervision/consultation (RS/C) is a hallmark of Infant and Early Childhood Mental Health (IECMH). Holding protected space in relationship with another professional to explore who we are as practitioners and what we do with families is vital to quality patient care and preventing burnout. All professionals in the field deserve to have protected space to increase their knowledge of family systems, increase their own understanding of their emotional responses and examine biases, and increase flexibility in how to respond to family needs; however, this space is not always readily available in systems, especially in fast-paced pediatric settings. We built this learning intensive to teach supervisors how to bring these techniques back to their own practices and piloted with HealthySteps supervisors. HealthySteps is a population health-based model where early childhood professionals are embedded in pediatric settings to better support the needs of families. Participants were assigned readings to enhance their understanding of reflective practice prior to sessions and encouraged to engage in conversation about the readings on a dedicated TEAMS channel. During live meeting sessions, leaders presented additional information on the concepts outlined in the readings and asked open ended questions to promote thoughtful dialogue. Deidentified case presentations were designed to help the group practice holding the caregiver/child dyad in mind, build capacity to observe the “space between the two” (Watson, et al., 2016, p. 15), and attend to our own feelings in the moment to better attend to families without judgement, and sit in a place of wonder and curiosity. This workshop will demonstrate techniques used during the learning intensive and how they could be replicated in other systems to build supervisor reflective capacity, use RS/C experiences to serve families more compassionately, guard against provider burnout, and potentially aid in employee retention.
Engaging the Field: Developing an Infant Mental Health Community of Practice

Lisa Terry¹, Dr. Elvia Cortes²,³, Dr. Christine Spence⁴
¹Virginia Commonwealth University/Partnership For People With Disabilities, Richmond, USA, ²FINE Infant Program, Rancho Cucamonga, USA, ³California Polytechnic University, Pomona, USA, ⁴Virginia Commonwealth University, Richmond, USA

Introduction:
Infant mental health (IMH) has continued to grow interest over the years, especially since the pandemic. Although IMH continues to be a hot topic, it is still a relatively new concept to many practitioners and administrators all over the world, with a low number of IMH endorsed professionals. After attending the Division of Early Childhood’s (DEC) International Conference in 2021, participants were interested in continuing the conversation about IMH work. A multidisciplinary DEC Community of Practice (CoP) focusing on IMH was formed. “CoPs refer to groups of people who genuinely care about the same real-life problems or hot topics, and who on that basis interact regularly to learn together and from each other” (Pyrko, Dörfler, & Eden, 2017, p. 390). This session will discuss the formation of the CoP and work over the past year.

Purpose of work:
Contribute to the birth-3 IMH field by building capacity for professionals around IMH topics, increasing knowledge of IMH topics within local communities (including parents), supporting higher education in providing accessible courses and/or certification related to IMH, increasing awareness of and advocating for IMH within local/state agencies, and exploring funding opportunities for IMH activities.
Participants receive a network of support across practitioners, higher education faculty, professional development providers, and families with a shared interest in supporting the emotional well-being of young children and their families.

Description of work:
Participants will reflect on ways to incorporate an IMH CoP in their community. There will be discussion about the benefits, including creating awareness and networking opportunities.

Conclusion:
This interactive session will support participants in facilitating a CoP to advance the IMH field in their community.

References
Introducing IMH Concepts and Self-Reflection to Students and New Practitioners in the Field

Dr. Elvia Cortes¹,², Lisa Terry³, Dr. Christine Spence⁴

¹California Polytechnic University, Pomona, USA, ²FINE Infant Program, Rancho Cucamonga, USA, ³Virginia Commonwealth University/Partnership for People with Disabilities, Richmond, USA, ⁴Virginia Commonwealth University, Richmond, USA

Introduction:
Entering the workforce of IMH requires professionals to be aware of their own feelings and emotions servicing vulnerable families. There is limited research examining the importance of social-emotional competence in new students/providers entering the workforce.

Purpose of work:
Higher education students’ and new practitioners' recognizing IMH competencies such as unique individual characteristics to support interventions, are imperative to their professional development. This presentation brings awareness to the needs and abilities to invest themselves in recognizing responsive interactions as essential skills to prepare for the workforce servicing infants, young children, and their families (Virmani et al., 2020).

Description of work:
Multiple life stressors and past difficult child life experiences could deteriorate new practitioners' ways of connecting with families in their caseloads (Virmani et al., 2020). This presentation will allow attendees to guide higher education students and new practitioners on becoming socially and emotionally competent in providing IMH practices. This interactive presentation will actively explore ways to build self-awareness and reflective thinking and share this process with their students.

Conclusion:
The importance of socially and emotionally competent students and new practitioners in the workforce is imperative. Having intentionally present practitioners to support families’ and children's social and emotional well-being in their early years is a critical factor in the child's success. Therefore, entering the workforce of IMH requires professionals to be attuned to their own feelings and emotions to enable them to work with vulnerable families.

References:
Developing an Infant and Early Childhood Mental Health Program: Lessons Learned

Dr Katherine Matheson¹, Dr. Anne-Lise Holahan¹, Dr. Melissa Vloet¹,², Ms Heather Bragg¹, Dr. Sarah Gray¹,², Dr. Jenny Carstens¹,², Dr Lara Postl¹,², Ms Dasa Farthing¹, Genevieve Brabant¹, David Murphy², Dr. Kathi Pajer¹,²
¹Children’s Hospital of Eastern Ontario, Ottawa, Canada, ²University of Ottawa, Ottawa, Canada

Intro:
Research demonstrates that the first six years of a child’s life are vital. Given the impact of early attachment and childhood experiences on lifelong mental health, focus on treating the specific mental health needs of infants and young children is essential. This presentation highlights the operationalization of a 0-6 mental health service model in a large Canadian city.

Aim:
Investigators conducted a multistage environmental scan of mental health services and needs assessment for this population in Ottawa, Canada. The goal was to identify current resources and service gaps to inform development and implementation of a hospital-based infant and early childhood mental health program for patients 0-6 years old with complex emotional and behavioural problems at CHEO.

Description:
An environmental scan of community and hospital-based services was completed and an estimation model based on population statistics was used to identify the need for tertiary care treatments. In addition a qualitative needs assessment was conducted using stakeholder interviews. A process map was developed in consultation with over 30 community partners to guide program development for a 1-year pilot project to implement a new infant and early childhood mental health service at CHEO. Mixed methods survey and qualitative focus group data was obtained.

Results:
Numerous gaps, especially the absence of tertiary care, were identified. Results of this project indicated value added to regional services in Ottawa. Lessons learned from the pilot period resulted in increasing access to the service by partnering with a regional mental health navigation service. The program’s inclusion criteria were adjusted based on the clinical characteristics of children and families presenting during the pilot year, and the process map was refined to reflect a more streamlined pathway to provide care.

Conclusion:
This pilot project resulted in the new service being permanently added as a tertiary care pathway.
Introduction:
The prenatal period provides a unique opportunity for providers to begin their support of the infant and family. Expectant parents are eager to prepare themselves to care for their baby and are often learning quite a bit about their developing unborn baby. Current medical advances can reveal possible abnormalities through blood tests, ultrasounds, etc. Some will emerge as serious defects. Some will not, and even resolve. Either way, considering possible defects in their baby can result in expectant parents imagining raising a challenging child. Fortunately, ultrasounds have also helped us understand emerging fetal capabilities, presenting us, as providers, with an opportunity to collaborate with parents to begin to know and bond with this baby. Providers have the opportunity to begin the relationship with parents, meeting them when they are looking for whoever can support them in their desire to become the best parent that they can be for this child.

Aim:
My aim for this workshop is to explore with participants the opportunities a prenatal visit has for relationship building between parents, parents and providers, and most importantly between parents and their baby. I want to consider with participants how we can use this encounter to help parents build confidence in themselves and help them feel more ready and equipped to care for this coming baby.

Description of workshop content:
Presenters will discuss what has been learned about fetal capabilities and their experience sharing this knowledge with parents. Presenters will share experiences using the Newborn Behavioral Observation (NBO) when talking with expectant parents about their unborn child's unique behaviors. Opportunities for relationship building and boosting parental confidence will be highlighted. Then presenters will facilitate a discussion with participants about their experiences with prenatal encounters and consider with them additional opportunities within their fields of practice.
The Practice of Communities of Practice

Dr Carla Peterson¹, Dr Kere Hughes-belding¹, Dr Gina Cook²
¹Iowa State University, Ames, United States of America, ²California State University, Stanislaus, Turlock, United States of America

A Community of Practice (CoP) is a group of people who share a concern or a passion for something they do and learn to do it better as they interact regularly. CoP are being used widely to provide training and support to home visitors and more recently for home visit supervisors. Development and implementation of CoP will be described in this workshop.

Presenters have developed CoP for home visitors, and separately for home visit supervisors. Activities undertaken to develop community partnerships, create and refine content, develop implementation and reporting procedures, and recruit participants will be described. CoP participants reported gaining knowledge and skills in a several areas. Home visitors identified concepts they learned or had reinforced (e.g., coaching strategies, mindfulness, and collaboration skills) and reported feeling reassurance in their practices. Additionally, home visitors reported using coaching strategies to support families during the COVID-19 pandemic, and being intentional about discussing with families what they notice about their children’s behaviors and developing skills.

Still, researchers have identified need to deepen understanding of the theory of change guiding home visiting programs and the importance of intervening to enhance parent-child interactions. This is key to facilitating effective home visits and influences all aspects of home visiting programs from communication with stakeholders, staff and family recruitment, supporting home visitors, and building community alliances. CoP content, developed through an iterative process, focuses on theory of change for home visiting programs, coaching (supervisors coaching HVs, HVs coaching caregivers, and caregivers coaching children), assessment, and use of data to support effective home visit practices.

Participants will engage in activities designed to help them learn about developing and implementing a CoP. Activities will expand participants’ awareness of ongoing training and support needed to strengthen home visiting services and motivate them to facilitate continued growth and learning among their colleagues.
Restoring Dignity: An Approach to Culturally Responsive Infant and Early Childhood Mental Health Intervention

Dr Rebecca Parilla, Shannon Quiroga, Dr. Darcy Lowell, Dr Salam Soliman, Professor Joanne Williams
1NSO For Nurse Family Partnership And Child First, Denver, USA

Restoring personal dignity has been offered as an essential component of true belonging that transcends programs and initiatives (Davis, 2021). This notion of restoring dignity can extend to the work of home visiting as we consider working with families from a place of non-judgement, acceptance, and respect. By acknowledging and valuing the humanity of each family, we can co-create intervention that aligns with culture and honors the family experience. What does this mean for evidence-based practice? How can our strategies and interventions be considered through the lens of the family while also adhering to model expectations? In this conversation, we will share stories of family-centered home-visiting practice that supports the family’s experience, acknowledges race and culture, and explores the dilemma of maintaining model fidelity within complex and ever-changing landscapes. We will share lessons learned from implementation of home visiting across multiple states, what we wish we knew sooner, and how disparities highlighted during the pandemic have helped to deepen an appreciation for family voice. We will further consider our work in the context of the global community, highlighting home visiting efforts in South America and the United Kingdom as we apply lessons learned within the larger context of international infant mental health efforts.

Through a visually engaging, multimodal experience relying on video, didactic presentation, and small group discussion, we will engage participants in an exploration of infant mental health practice that offers a specific culturally and racially responsive framework with which to hold the family experience.
Introduction;
Baslangic Dernegi (New Beginnings NGO) is an international nonprofit organization dedicated to trauma prevention and improving the mental health of traumatized populations. Welcome Baby project was started in 2017 aiming to support the reunion of traumatized teen moms and their babies in Turkish Group Homes. The project consisted of several educational activities on trauma, parent infant mental health, clinical and reflective supervision of the staff in governmental facilities. Multidisciplinary collaboration was established with many health care and mental health professionals, to provide direct care for these dyads and support staff engagement and education.

Purpose:
Purpose of this talk is to present on the remote video intervention groups and staff supervision program developed during the pandemic as an innovative way to support the teen-mother baby dyads and staff in Turkish group homes. The continued International IPMH peer support process scaffolded the creation and implementation of this project.

Description:
Video Intervention Groups were designed and implemented by using Video Intervention Therapy Principles, under direct supervision of Dr. George Downing. Interactional videos taken by the staff were analyzed and viewed together with the teens during the biweekly visits. There were also monthly visits scheduled with the staff caring for the teens. There were several crises in the group home with depletion of internal and external resources and high staff turnover. I was going through a similar resource depletion in a rural hospital setting in Maine USA. The IPMH support helped me navigate the complexities of this heavy work without vicarious trauma. Monthly reflective zoom meetings with the international IPMH peers was a very important part of this support.

Conclusions: Working with teen dyads exposed severe trauma posed added layers of challenges during the pandemic with the depletion of resources. The international group of IPMH Colleagues provided a multicultural and multidisciplinary holding environment.
Gentle Connections Clinic, Use of NBO in a Community Pediatric Clinic in Lowell MA

Dr Beril Bayrak
1
1Beril Bayrak Bulucu Consultations, Brazelton Institute Boston, Boston, USA

Introduction:
Lowell Community Health Center was a part of Team up Pediatric Behavioral Health Initiative that aimed to deliver integrated behavioral health care in federally qualified health centers in the Greater Boston area starting from 2015. As a part of Team Up Initiative, a perinatal high risk work group was formed to serve families at higher risk for adverse health and mental health outcomes. The rates of substance use, depression, complex medical problems, and adverse events were one of the highest in the Greater Boston Area. Community health workers were focused on supporting these high risk families with housing and financial aid. There was a clinical social worker available in the OB department to see the mothers in need but engagement and compliance was very low. There was direct relational work provided within the Pediatric Behavioral Integration Initiative.

Purpose
The purpose of this talk is to present on the development and implementation of an NBO based dyadic clinic in a community health center setting and the impact of this intervention on family engagement in a variety of services through the Team up Initiative.

Description
In 2018 all clinical staff working in Lowell Community Health pediatric clinic, were trained in the NBO.
Gentle Connections clinic was started in 2018. The clinic consisted of previsit conference, joint visits by a pediatrician and a clinical social worker and after visit conference. NBO was conducted by the pediatrician and the clinical social worker jointly, alternating focus on Baby AMOR and Parent AMOR. The clinical focus varied, depending on the reasons for presentation. 25 dyads were involved.

Conclusion
Using NBO in the pediatric behavioral health integration setting in a busy community health clinic increased family engagement in therapy and other community services. There was also considerable relational impact evidenced by case studies.
Implementation of a collaborative group reflective supervision consultation model for an infant-early childhood education system

Dr Sarah Shea¹, Mrs Ashley McCormick², Brandy Fox³
²Eastern Michigan University, Ypsilanti, United States, ²Alliance for the Advancement of Infant Mental Health, Southgate, United States, ³The Pennsylvania Key, Harrisburg, United States

Introduction: This workshop describes the implementation of a collaborative group reflective supervision consultation (RSC) model in an in-direct services system that supports early childhood education (ECE) professional development. The workshop includes the reflections of the implementation partners and RSC group members on the RSC experience, parallel process, and developmental growth of reflection in an in-direct services system. In addition, a summary of qualitative data collected during the pilot and post-pilot implementation phases regarding the perspectives of RSC consultants illustrates the ECE professionals’ use of RSC to reflect upon their work.

Aims or purpose: The partners collaborated to implement a group RSC model in a US statewide professional development and technical assistance system that supports policies and priorities for the state’s early childhood education system. The model implemented RSC at all levels of an organizational system rather than limiting RSC to the ECE direct service sector.

Description: The RSC model pilot included 11 RSC groups and the post-pilot phase included 8 RSC groups participating in monthly RSC. Groups were composed of infant-early childhood mental health (IECMH) consultants, grant managers, program managers, and supervisors. All groups were facilitated by RSC consultants holding Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant and Early Childhood Mental Health® (MI-AIMH, 2017). During the pilot, groups included mixed representation of IECMH consultants and grant managers; however, in the post-pilot phase, groups based on professional roles were created. RSC consultants responded to qualitative surveys at the conclusion of both the pilot and post-pilot phases. RSC participants shared anecdotal videos reflecting on their RSC experiences.

Conclusions: This RSC model illustrates the benefits of providing RSC to those who do not work directly with infants/young children and families as well as the challenges for group RSC implementation across indirect and direct service roles within a large system.
Relationships and Resilience: Creating a Health Home for Young Children in Out of Home Placement

Dr Jessica Kenny¹,², Dr. Amanda Bird Gilmartin¹,², Dr. Maya Bunik¹,², Professor Ayelet Talmi¹,²
¹University Of Colorado School Of Medicine, Aurora, United States, ²Children’s Hospital Colorado, Aurora, United States

Introduction
Almost a third of abuse victims are under the age of 3, with those under a year having the highest rates of victimization (Children’s Bureau, 2018). Up to 68% of preschoolers involved with child welfare have developmental delays and behavioral concerns (Johnson-Motoyama et al., 2016). Youth of color are disproportionately over-represented and more likely to experience negative outcomes when compared to white youth involved in child welfare (NCSL, 2021). Positive early life experiences with caregivers and health professionals can offset the negative effects of abuse or neglect (Chen et al., 2011). Integrating behavioral health in a medical home can reduce health disparities and increase access to mental health, behavioral, and developmental services (Talmi et al., 2016).

Purpose
The Kids in Care Settings (KICS) Clinic, housed within the University of Colorado School of Medicine, Kempe Center, and Children’s Hospital Colorado, will serve as a medical home for youth in out-of-home placements, including substance exposed newborns.

Description
Families involved with child welfare are often required to navigate multiple systems of care to get their needs met. The multidisciplinary KICS clinic will provide trauma-informed, culturally responsive, and evidence-based psychological consultation and brief intervention to biological, foster care, and kinship families in collaboration with community partners. The clinic will also facilitate referrals and ensure connection to community services to address contextual and psychosocial factors including family substance use and mental health needs, housing, financial, and food insecurity, help with benefits, and support navigating the educational system.

Conclusions
A medical home focused exclusively on children involved in child welfare allows for targeted medical and psychological intervention to support foster, kinship and biological families caring for young children and allows for unique health promotion and prevention opportunities in the context of known trauma and relationship disruption.
Ag Fas Anios. The Psychological Society of Ireland's Perinatal and Infant Mental Health Group

Dr Eithne Ni Longphuirt¹
¹Psychological Society Of Ireland Special Interest Group in Perinatal and Infant Mental Health, Dublin, Ireland

Introduction
The Special Interest Group in Perinatal and Infant Mental Health (SIGPIMH) of the Psychological Society of Ireland promotes clinical practice, education and research regarding the health and development of parents and infants from conception and pregnancy through to five years postpartum. The SIGPIMH primarily supports the discipline of Psychology, in addition to interdisciplinary cooperation with other medical and allied health professions. Since its inception the SIGPIMH has engaged in ongoing advocacy regarding perinatal and infant mental health. It is hoped this talk will provide participants with an insight into the work of the SIGPIMH.

Aims
This presentation aims to outline the activities of the SIGPIMH over the last number of years. In particular it’s work advocating in the areas of legislation, policy and increased awareness of research relating to perinatal and infant mental health.

Description
Since the early stages of the SIGPIMH, developments in research, legislation, culture and best practice have broadened the focus of activities. Shifts in Irish society, and a growing research base has placed an onus on the SIGPIMH to develop a stronger voice in disseminating evidence-based practice within the public sphere. This talk will provide participants with information regarding the work of the SIGPIMH in providing evidence-based information on matters relating to perinatal and infant mental health in Ireland. Including a widely publicized press release for the referendum on the 8th Amendment, outlining the evidence base regarding the mental health outcomes following termination of pregnancy.

Conclusion
SIGPIMH promotes the values of inclusion and diversity, alongside evidence-based practice. This presentation aims to communicate to participants the activities of a professional body in its work advocating for families and infants in an Irish context.
The Gentle Method of Self Soothing: reducing sleep disruption without leaving babies to cry.

Professor Sarah Blunden

Central Queensland University, Adelaide, Australia

INTRODUCTION
Sleep the first year of life is difficult for mothers and babies. With such short sleep cycles, infants wake often overnight and cry for parental assistance for re-settling. This crying and constant waking is the most common problem cited by new families to their health professionals.

Behavioural sleep interventions (BSI) can be successful in improving this. The most commonly utilised BSI requires parents to leave their infant to cry alone at various intensities while they “learn” to self settle. Many parents are unwilling to do this, because they feel the solution is worse than the problem.

AIMS and DESCRIPTION
Health professionals need to be informed on responsive methods to assist parents with improving sleep for families. This paper will present how the manualised GeMSS method can improve sleep in infants without leaving them to cry or ignoring them. The method teaches health professionals how to lead parents through a gentle method of improving sleep in infants and preschoolers.

CONCLUSIONS
Peer reviewed data will be presented to show the efficacy of the GeMSS method in both infants and preschoolers and how health professionals can improve their knowledge and skills around helping parents through this sometimes very difficult period.
The Holding Tight® -nationwide treatment system for substance abusing pregnant women and families with infants

Mrs Miia Pikulinsky¹, Mrs Niina Kokko¹
¹The Federation Of Mother And Child Homes And Shelters, Helsinki, Finland

Introduction
‘The Holding Tight’ model is a nationwide system in Finland for substance abusing (SU) pregnant women, and whole-family units. It comprises 7 residential (Mother and Child Homes) and 8 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
The aim of the holistic, multimodal treatment system includes both psychosocial as well as therapeutic elements. The overall goal is to prevent and minimize fetal exposure to substances by supporting mothers’ efforts to stay abstinent during pregnancy, as well as to support the healthy development of early parenting (bonding, reflective functionin (RF), and mental health issues know to be at risk among SU parents.

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 units are therapeutic communities. The core ideas in both residential rehabilitation and open care units are 1. good and supporting relationship and holding environment, 2. inspecting the substance abuse from the baby’s perspective and seeing the parenthood as a resource, 3. supporting the early parent-baby interaction and working in the reflective way. In the open care units intensive group-based counselling as well as attachment- and RF based structured interventions are used.

Results and Conclusions
The treatment has been found to be an especially beneficial setting as it allows for intensive work in daily situations to enhance positive interaction and maternal reflective capacity. 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. New effectiveness study involving all treatment units, with a broad focus on both family relationships, substance-use, mental health and child development started 2020 to gain important information on an intensive, integrative nationwide treatment model.

The description of the treatment model and preliminary baseline results are presented at the conference.
HOLDING THE BABY IN MIND THROUGHOUT FAMILY SUPPORT PROVIDED BY A VOLUNTARY SECTOR NETWORK

Mrs alex Corgier¹, Dr Hannah Guzinska¹, Ms Kasia Zych²
¹Home-start UK, Leicester, UK, ²Wee Minds Matter, NHS Greater Glasgow & Clyde, Glasgow, UK

INTRODUCTION:
Home-Start is a UK charity offering relational compassionate support to parents and carers in communities across the UK, with trained home-visiting volunteers and staff providing emotional and practical help to ensure no family feels alone in the critical task of raising children. Wee Minds Matter is a new NHS multi-disciplinary service in Glasgow supporting the infant-caregiver relationship. As well as direct clinical work the team support the networks around infants and their families in a variety of ways to understand the infant’s perspective and the impact of this work.

AIMS/PURPOSE:
In an environment of increasing thresholds for statutory support, and the significant impact of current societal stressors on the supported Home-Start families, volunteers and staff, the need for interventions which support understanding of parent-infant relationships and the experience of the baby, as well as volunteer and staff confidence and wellbeing, has arguably never been greater.

DESCRIPTION:
Home-Start UK have been developing Infant Mental Health (IMH) training for staff and volunteers across our network to better support the parent-infant relationship within their role supporting families in the first 1001 days. Alongside this, we have been trialling reflective practice sessions for staff in collaboration with the local IMH team.

CONCLUSION:
In this workshop, Home-Start UK, Glasgow Wee Minds Matter service, and local Home-Starts in Glasgow North and North Lanarkshire, Glasgow South and Renfrewshire & Inverclyde will share learning from our journey so far, exploring:

• How we have adapted clinical tools and concepts for a voluntary sector peer support service
• The benefits of training and reflective practice for staff and volunteer confidence and resilience
• Challenges and insights around holding the baby in mind within our work
• The benefits of joint working between voluntary and specialist services for sharing knowledge and understanding
Women using substances in the perinatal period and their babies face a multitude of health and social adversities. Neonatal and obstetric outcomes are poorer amongst pregnant women with problematic substance use and the effects during pregnancy are well documented, e.g. placental insufficiency; reduced foetal growth; preterm delivery; Foetal Alcohol Syndrome; and Neonatal Abstinence Syndrome.

The child’s experience in utero and during the early years can have a life-long impact, including learning difficulties, behavioural and mental health problems. These impacts can lead to the need for intensive resources at a later stage. Children taken into care typically experience poorer outcomes than children in the general population.

Through delivering relational, strengths based, whole family support, centred around the needs of the baby during pregnancy and the first year, Aberlours’ Intensive Perinatal Service, established in April 2020, supports mothers affected by alcohol and/or substance use to keep babies safely in their care where possible.

Providing early and intensive personalised supports which facilitate recovery from problematic substance, develop enhanced parenting capabilities, and model child-centred care skills, reflecting what babies need from their primary carer, creates the optimum context for women to be the mother they wish to be for their baby.

Women supported by the Intensive Perinatal service often have multiple children who were removed from their care in infancy. In providing high quality therapeutic and social support in parallel with health and social care partners, 75% of babies born to women receiving IP support remain with their mothers and also reconnect with siblings through facilitated contact.

Tailoring support for mothers affected by substance use, history of trauma and other contextual adversities best supports the mental health and development of babies, reducing risk and preventing harm.
Welcome (to your Health) Home: Addressing the well-being of young children in primary care

Amelia Ehmer¹,², Dr Bethany Ashby¹,²
¹University of Colorado School of Medicine, Aurora, USA, ²Children's Hospital Colorado, Aurora, USA

Introduction: Adolescent mothers and their children are at increased risk for adverse medical, educational, socioeconomic, and developmental and behavioral outcomes. Infant mental health (IMH) specialists offer protective factors to this population through health prevention and promotion strategies implemented during routine primary care visits.

Purpose: This symposium will describe enhancements made to a primary care practice to improve quality of care for adolescent mothers and their children.

Description of the work: The Young Mother's Clinic (YMC) is a medical home for adolescent mothers and their children. The clinic serves a diverse population with 54.5% of patients identifying as Hispanic, 18% identifying as Black, 14.4% identifying as White, and 13% identifying as Other. About 30% of the mothers had less than a high school diploma or GED at the time of enrollment. YMC has made adaptations to increase access and reduce barriers to care for this vulnerable patient population, including utilizing a trauma-informed model of care, universal screening, and integrating IMH specialists who provide brief consultation and co-located psychotherapy. Co-located psychiatry services are also offered. IMH specialists implement the HealthySteps program with specific modifications for adolescent parents, including strategies such as universally enrolling all families in Tier 3 services rather than offering the program as an optional supplement to clinical care. Between July 1, 2021 – June 30, 2022, 436 children in YMC were seen by an IMH specialist for common or complex concerns. Sleep and feeding were the most commonly discussed topics at well-child visits. Contraception and healthy birth spacing are also regularly discussed.

Conclusions: Adaptations to care as usual for adolescent mothers and their children provide opportunities for health promotion and prevention for both teen mothers and their infants. Future program development in this clinic aims to create teen-friendly health promotion materials to enhance benefits to this population.
Representing the subjectivity of infants in the Children’s Court and Child Protection system

Dr Nicole Milburn

Private Practice, Melbourne, Australia

INTRODUCTION

While each of the 6 states and 2 territories of Australia has different Child Protection legislation, they are all based on the adversarial court system. Parents or caregivers in the state of Victoria are not charged with harms perpetrated towards children except in severe cases. Instead, the court system adjudicates substantiation of harm and then uses the ‘best interests’ principle to make decisions. Children under the age of 10 rarely have their own legal representation except under extreme or complex circumstances and rely upon the representation of their needs and wishes by others.

AIMS: This presentation aims to share examples of representing the subjectivity of infants to non infant mental professionals, with a particular focus on the legal system, to inspire practitioners to use their own voices on behalf of infants’ best interest.

DESCRIPTION: Through years of practice, the presenter has generated some guiding principles to assist in representing infants’ needs in the court system, both from the position of an expert witness and from that of a professional involved in a complex system. Guiding principles with examples will be presented to assist practitioners to find their own voice on behalf of the voice of the infant. Examples will include the practice of expert testimony, different responses to cross examination and how to use reports to communicate. Examples will also include mistakes that have been made and traps to avoid. Finally, an example of intervening on a broader level to work towards system change will be shared. All instances come from individual private practice and demonstrate the role of the individual practitioner in a complex system.

Conclusion

As infant mental health practitioners we need to take whatever opportunities available to represent the needs of babies and toddlers and broaden our view of intervention well beyond the consulting room.
“This has nothing to do with me” – a traumatised infant in the foster care system

Mrs Catherine McQueen

1Take Two, Noble Park, Australia

Introduction
Take Two is a therapeutic service for children 0-17 years who have suffered trauma and neglect and works specifically with Child Protection clients. Treatment approaches focus on the repair of harmful outcomes and improvements in emotional health, relationships and development.

Aim
This presentation discusses the challenge of supporting Baby’s mental health needs in the context of a complex service system involving family, culture, child protection, foster care, police, and the Children’s Court.

Description
Baby, aged 6 months, witnessed the frightening and unexpected death of her mother. Police and child protection services had recently become involved due to concerns about family violence and Baby was immediately placed into foster care.

Following assessment by a child psychiatrist it was recommended an infant mental health specialist was needed to support Baby to reduce her distress, assist her recovery from trauma, and support her grief and loss needs. Baby’s age meant all treatment occurred in context of relationships. However, a most significant and unexpected challenge arose when the foster carer stated that helping Baby understand and recover from her mother’s death had ‘nothing to do with her’. Eighteen months later Baby has been returned to family care, has a healthy attachment relationship with a family member and is developmentally on track.

Conclusion
Interventions required creative and careful approaches that were mindful of safety concerns, system constraints and relational capacities of key adult figures. ‘Good enough’ case management and care team functioning were critical elements that contributed to helping Baby’s return to healthy functioning. A final crucial element was the provision of formal and ‘live’ supervision to consider case complexities and provide containment to help the clinician to keep ‘thinking’ in the face of maternal death, system anxieties and barriers to support Baby.

Dr Nick Kowalenko¹,², Mr Robert Mills¹, Adjunct Associate Professor Jenny Smit¹, Dr Alice Dwyer¹,⁴, Ms Tanya Crawford¹, Ms Ann DeBelin¹
¹Tresillian Family Care Centres, Belmore, Australia, ²Emerging Minds, Adelaide, Australia, ³NSW Health, Sutherland, Australia, ⁴NSW Health, Randwick, Orange, Camperdown, Australia

Introduction

Tresillian is Australia’s largest not-for-profit Early Parenting Service offering professional advice, education and guidance to families with a baby, toddler or pre-schooler. Its vision is that ‘Every child has the best possible start in life.’

Recently, expert review, clinician feedback and the policy environment highlighted the considerable need for enhanced PIEC-MH support for Tresillian families, and the wider community.

The Tresillian Board prioritised this in the Organisation’s 2021 to 2024 strategy. This presentation will outline the context and learnings that have emerged in the process of developing PIEC-MH, and explore the potential next steps in realising its potential.

Aim or Purpose of the project or work described

The PIEC-MH model of care for Tresillian aims to respond effectively and efficiently to the considerable mental health vulnerabilities of Tresillian families and the wider community. The model focusses on the presence of parental distress but equally prioritises the parent-infant relationship in order to ensure Tresillian’s vision is realised.

Description of the work or project

The stages that have informed the project will be outlined, with potential next steps being considered also outlined.

The stages include:

1. Identifying the need: clinicians, policy setting, families’ experiences
2. Piloting a model: reflection and learning
3. Workforce development and recruitment: embedding a multidisciplinary team approach
4. Reflection and consultation: ‘Bottom up’ engagement, clinicians and families
5. Work plan

Conclusions

There is increasing awareness of the significant need for integrated, comprehensive and effective models of care to attend to vulnerable families. Establishing organisational commitment and identifying core processes to realise this imperative are crucial to succeed.

Ms Jessica Richards

Jessica Richards, An LCSW Professional Corporation, Pasadena, USA, NRF Institute Research to Resilience, Pasadena, USA

INTRODUCTION:
Though practices and protocols vary globally when placing children in out of home care, there is a universal goal to support permanency and safety. This goal is often elusive and children remain in unstable placements or bounce around between settings despite good efforts.

PURPOSE OF WORK:
Jessica Richards, MS, MSW, LCSW applied her extensive knowledge of the Neurorelational Framework (Lillas & Turnbull, 2009) and created a training for the Judicial Council of California to use neurodevelopmental indicators to support legal decision making.

DESCRIPTION:
The “Thriving Three” neurodevelopmental markers guide attorneys, case managers and social workers in determining if a placement is providing the child with what the developing brain needs and what supports to put in place if there are gaps. Practical tools to gather information and assess each of the “Thriving Three” markers are aimed at anyone interfacing with a child in government care. This workshop will include both the training offered to attorneys across the state of California in 2020-2022 as well as reflections from this cross-disciplinary endeavor.

CONCLUSION:
The neurodevelopmental indicators outlined in this workshop operationalize stable, permanent placements. Children in out of home placements further suffer when placements are disrupted or abruptly change. Using what we know about neurobiology we can supplement decision making to help ensure the most vulnerable children receive the care so desperately needed. Feedback from the child welfare attorneys and legal professionals in attendance was overwhelming positive despite most individuals having little prior knowledge of early brain development and trauma. This training bridged the disciplines of infant mental health and child welfare. Building bridge bolsters outcomes.
The effect of Early Vocal Contact on preterm infants’ pain: the role of oxytocin

Professor Manuela Fillippa¹, Prof. Maria Grazia Monaci, Mrs Carmen Spagnuolo, Dr Roberta Daniele, Dr Paolo Serravalle, Professor Manuela Fillippa
¹University of Geneva, Geneva, Switzerland, ²University of Valle d'Aosta, Aosta, Italy, ³Parini Hospital, Aosta, Italy

Introduction and Aim. Preterm infants experience long periods of separation from their parents and are exposed to frequent painful clinical procedures, with short- and long-term effects on their neurological development and on the parental mental health. In the present study we aimed to evaluate the effects of Early Vocal Contact on pain expression in preterms and on maternal stress. Oxytocin (OXT) in newborns and mothers was investigated as a potential modulator of neonatal pain and parental stress. Methods. Twenty preterm infants were exposed to three conditions in a randomized order - the mother’s direct voice (speaking or singing) and standard care - during a painful heel prick procedure. Salivary OXT was quantified in both infants and mothers. In infants, the Premature Infant Pain Profile was blindly coded by a trained psychologist and a nurse. Results. During live maternal speech, pain scores decreased in the neonate, with an increase in OXT levels. The effect was marginally significant for singing. Mothers showed an increase in OXT and a decrease in stress levels. Conclusions. Endogenous OXT released during Early Vocal Contact in both mother and infant is a promising protective mechanism for preterms’ pain, and the active involvement of parents during hospitalization may have positive effects on both, parents and newborns.
The multidisciplinary mental health evaluation of preschool-aged children: Understanding the role of the parent-child relationship

Dr. Alexis Clyde, Professor Catherine Karni, MD
1University of Texas Southwestern (UTSW), Dallas, United States of America, 2Children’s Health/Children's Medical Center, Dallas, United States of America

- Introduction

Genetics, family, and society influence the development of infants. Those who are unable to form secure attachment are at risk for emotional and behavioral problems, developmental differences, and inattention. Research reveals delays in language, self-care, sensory processing, and coordination among preschool-aged children with behavioral problems, highlighting the importance of multidisciplinary assessment.

- Aim or Purpose

Despite dramatic increases in the use of psychotropic medication for preschool-aged children in the United States, many young children are not consistently receiving comprehensive assessment or treatment. The Early Childhood Mental Health Clinic (ECMHC) was developed within an academic medical setting in response to a gap in services provided for preschoolers with significant behavioral problems. The ECMHC provides comprehensive mental health evaluation for children 0-5 with behavioral, social, emotional, developmental, and attachment difficulties. Clinicians from psychiatry, psychology, speech and language, and occupational therapy work alongside trainees to better understand the whole child.

- Description of the workshop

The psychiatrist and psychologist who co-developed the ECMHC will discuss program development, including the importance of evaluating the parent-child relationship. A de-identified evaluation case will be used to discuss evaluation practices, including the role of each discipline. Clips from the Crowell Procedure, a semi-structured parent-child relationship assessment tool, will be shown to inspire discussion about assessing attachment. Participants will hear how clinicians gather information from multiple sources, including directly from the child, rather than overly relying on parent-reported information.

- Conclusion

At the conclusion of this workshop, participants will be able to describe the principal elements of the multidisciplinary evaluation of preschool-aged children, including why and how to use relationship-based measures. Participants will also be able to discuss research findings, including ECMHC evaluation results from a sample of 279 children.
Cooperative Parent Mediated Therapy for toddler younger than 24 months. An Italian randomized control trial.

PhD Maria Grazia Mada Logrieco\textsuperscript{1}, Dr Laura Casula\textsuperscript{2}, PhD Francesca Lionetti\textsuperscript{1}, Dr Ilaria Nicoli\textsuperscript{1}, Professor Maria Spinelli\textsuperscript{1}, Prof Stefano Vicari\textsuperscript{2}, Dr Giovanni Valeri\textsuperscript{2}, ordinary professor Mirco Fasolo\textsuperscript{1}

\textsuperscript{1}Gabriele D’annunzio University, Chieti, Italy, \textsuperscript{2}Ospedale Pediatrico Bambino Gesù, Rome, Italy

Introduction:
Parent-mediated intervention is widely used for pre-schoolers with Autism Spectrum Disorder (ASD). Previous studies indicate small-to-moderate effects on social communication skills, but with a wide heterogeneity that requires further research.

Aims
In this randomized controlled trial (RCT) pilot study, cooperative parent-mediated therapy (CPMT) an individual parent coaching program for young children with ASD was administered to toddler with ASD. CPMT is based on the most significant models of parent training for ASD, in the perspective of Naturalistic Developmental Behavioral Interventions-NDBI with specific attention to the promotion of cooperative interactions.

The aim of CPMT was to improve parental skills, to enable parents to promote in their child the following seven target skills: Socio-emotional Engagement, Emotional Regulation, Imitation, Communication, Joint Attention, Play and Cognitive Flexibility, and Cooperative Interaction. Parents and their child followed the therapy for six months, for a total amount of 15 sessions of 60 minutes each.

Description:
Twenty infants younger that 24 months with ASD and their parents were assigned at the CPMT group or therapies as usual (speech therapy and neuropsychomotricity) group. The primary blinded outcome was social communication skills, assessed using the ADOS-2 social communication algorithm score (ADOS-2 SC). Secondary outcomes included ASD symptom severity, parent-rated language abilities and emotional/behavioral problems, and self-reported caregiver stress. Evaluations were made at baseline and post-treatment (at 6 months) by an independent multidisciplinary team.

Conclusion:
Results documented that CPMT significant improvements of the primary blinded outcome, socio-communication skills, and of some secondary outcomes such as ASD symptom severity, emotional problems and parental stress related to parent–child dysfunctional interaction. Additional benefit was found for language abilities. Findings of our pilot RCT show that CPMT provide an additional significant short-term treatment benefit on ASD core symptoms.
Supporting infants in their transitions to new carers: a case example

Ms Emily Baxter\(^1\)
\(^1\)NSPCC, London, United Kingdom

Introduction:
The NSPCC London Infant and Family Team (LIFT) is a multi-disciplinary team, which supports children under 5 years old who have been removed from their parent’s care due to maltreatment. LIFT work with infants and parents to assess whether an infant can safely return home, or whether their needs are best met in an alternative placement. Alongside assessment, LIFT offers direct intervention to infants and their carers, to help support an infant's recovery where he/she has experienced maltreatment. For the children, for whom it’s not safe to return to their parents, the plan for their care usually requires a move to a new home and new carer/s. Transitions of care are challenging for all children, but even more so for young children with experiences of trauma, separations and loss.

Aims:
Through reference to a case example, this presentation aims to support attendees to consider therapeutic and practical methods of preparing young children for transitions in order to promote their emotional wellbeing and relationships with their new caregivers.

Description:
The presentation outlines the case of a 2-year-old child with history of maltreatment and describes the therapeutic interventions and practical methods used to support her transition from foster care to her adoptive placement. The presentation will describe current research underpinning the work, the multi-agency decision making and case planning, and the therapeutic and practical tools used by LIFT to help the infant to develop an understanding of the changes ahead.

Conclusion:
As part of therapeutic intervention work with the infant, LIFT worked alongside the child’s current and new carers and network of professionals, to develop a collaborative, responsive and detailed child centred transition plan, which kept the child’s trauma history, narrative and developmental needs central throughout the transition. The intervention supported the successful transition of the infant to her new family.
An illustration of how Child-Parent Psychotherapy (CPP) works with under-5s in proceedings, using case examples

Dr Nicola Cosgrave, Dr Alanna Gallagher, Ms Emily Baxter
1NSPCC, London, United Kingdom, 2South London and Maudsley NHS Trust, London, United Kingdom

Introduction:
The London Infant and Family Team (LIFT) is an innovative service, based on the New Orleans Intervention Model, that targets the mental health needs of children aged 0-5 in care proceedings, and provides evidence-based assessments and interventions for infants, their parents and foster carer’s within the framework of the Family Court in England.

The children we see have typically experienced significant trauma and neglect, and show symptoms such as hypervigilance, emotional dysregulation, developmental delay, attentional difficulties, and miscueing of emotional needs.

Aim:
The presentation will describe the progress and Child-Parent Psychotherapy (CPP) treatment of some of the children we have seen in LIFT who have been unable to return to their parent’s care and have been placed with alternative carers.

Description:
Key themes will be explored in the presentations such as; supporting transitions (within and outside of sessions), developing a shared narrative, speaking the unspeakable, building trust in the carer-child relationship to enable the child to cue rather than miscue their needs, emotional expression and regulation.

The dyadic relationship is key to the CPP intervention - helping to establish safety for the child, and strengthen the caregiver-child relationship, enabling the child to make sense of past experiences and learn new ways to express feelings. Exploration of trauma takes place through a combination of play and interpretations made by the clinician, who supports and holds in mind the experiences and history of both child and carer, with an understanding of the child’s age and stage of development.

Conclusion:
Children of this age rarely have access to mental health treatment. CPP offers the child a space to play and talk through what has happened, helps to name and contain emotions, and helps the dyad to understand each other.
Intervention for a Mother Anxious about Raising a Boy
Using the Infant-Parent Psychotherapy Model (IPP)

Dr Natsuko Tokita¹, Elizabeth Tuters², Sally Douliś², M.D. Naho Katori¹, Shunichiro Nakamura¹, Tetsuto Baba¹, Noriko Dalrymple³

¹Keio University Hospital, Shinjuku, Japan, ²Canadian Association of Psychoanalytic Child Therapists, Toronto, Canada, ³Ohkagakuen University, Toyoake, Japan

Keio University Hospital is one of Japan’s university hospitals with advanced medical care. The Pediatrics Department, where we work, have 600 to 700 newborn babies each year. Our Pediatric Mental Health Team, working with the Obstetrics and Neonatal Team, has been providing intensive mental health care for newborns and their families.
I have been participating in an Infant-Parent Psychotherapy training course (IPP) in Toronto since 2018 and have learned about the importance of focusing on (1) how parents feel about their infants, their partners, (2) how infants feel about their parents and their parents' relationship, (3) how the parents' past effects their parenting, and (4) how the parents' present effects their past. I have experienced through my own cases the importance of the therapist intersubjectively feeling the emotions that arise in the infant, the parents, and the therapist self, and intervening in the family relationship.

I experienced a case of a mother who became anxious about giving birth after knowing that the baby’s sex was a boy. The mother had been emotionally abused by her father who despised her by differentiating her from her younger brother through male chauvinism. Mother projected the image of her father onto her baby boy and her husband and feared that her future family would suffer the same fate as the family she grew up with. Before she gave birth, I carefully listened to her past painful family history, and after the birth, I have been providing her family with Infant-Parent Psychotherapy (IPP). In the sessions, as mother reflected her painful childhood, with the support of her gentle husband and the presence of her adorable baby boy, she could recognize her past and present experiences as different experiences and begin to have hope for her future life with her family.
Improving IMH Home Visiting Training Curriculum to Strengthen Cultural Responsiveness and Equitable Service Delivery

Dr. Chioma Torres\(^1\), Dr Vivian Tamkin\(^2\), Helenia Quince\(^3\), Professor Tova Walsh\(^3\), Professor Julie Ribaudo\(^5\), Dr Jessica Riggs\(^6\), Poshale Russell, Tenae Rankin, Emily Alfafara\(^4\), Dr. Maria Muzik\(^4\), Dr. Katherine Rosenblum\(^4\)

\(^1\)Department of Pediatrics, Michigan State University College of Human Medicine, East Lansing, USA, \(^2\)Santa Clara University, Department of Counseling Psychology, Santa Clara, USA, \(^3\)University of Wisconsin-Madison, Sandra Rosenbaum School of Social Work, Madison, USA, \(^4\)Department of Psychiatry, University of Michigan Medical School, Ann Arbor, USA, \(^5\)Department of Obstetrics & Gynecology, University of Michigan Medical School, Ann Arbor, USA, \(^6\)University of Michigan School of Social Work, Ann Arbor, USA

Introduction: Infant Mental Health Home Visiting (IMH-HV) is a needs-driven, relationship-based intervention with demonstrated positive outcomes for parents and children. Prior research found that higher therapeutic alliance (TA) was associated with improved program retention. Additionally, research found that White providers reported weaker TA with Black clients, yet Black providers’ TA ratings were not associated with client race, suggesting White provider racial bias may be important to consider.

Aims: The current project aimed to inform quality improvements to IMH-HV provider training to better prepare providers to effectively engage and support diverse families.

Description: Focus groups, or individual interviews, were completed with 18 providers and 7 clients (parents/caregivers). Participants completed an anonymous demographic survey and self-selected into one of three groups offered separately to providers and clients: White identifying, Black identifying and Non-Specified racial/ethnic identity groups. A racially diverse, interdisciplinary team conducted thematic analysis of the data. In an iterative process, multiple coders reviewed transcripts to discern themes, with disagreements resolved by discussion. Analysis identified barriers and opportunities for effective engagement of clients: when provider and client are of different racial/ethnic backgrounds, provider attempts to forge a connection may make families feel ‘othered’; providers may not see their racial identity as salient, yet it influences their practice and the establishment of rapport with families; patience, tolerating discomfort, and allowing the family to determine whether the provider can be trusted are key to establishing TA; the unique experience of marginalized providers in the field; and relationships are central in IMH-HV.

Conclusions: Effective IMH-HV practice with clients of diverse backgrounds requires a high level of self-understanding on the part of providers. Enhancing training to more deeply consider both the perspectives of diverse clients and the salience of one’s own identity has potential to reduce barriers to TA, improve program retention, and address health disparities.
Addressing Systemic Impacts of Racism in Early Childhood through an Interactive Training Model

Dr. Anjali Ferguson¹, Mrs Jackie Robinson Brock
¹Parenting Culture, Richmond, United States

United States statistics estimate children under the age of five experience greatest rates of child maltreatment (UDHHS, 2020). Racially minoritized children disproportionately represent child welfare populations with Black and Indigenous children overrepresented. Minoritized children often experience greater rates of complex trauma (Horowitz, Weine, & Jekel, 1995) and this exposure significantly impacts their mental health (Flannery, Wester, & Singer, 2004). Often overlooked when considering toxic stressors for young children are impacts of racial trauma and social determinants of health. Experiences with racism have been associated with mental health disparities from birth (Pachter & Coll, 2009). Yet, Black children are more likely to be misdiagnosed compared to their White peers (Mandell, Ittenbach, Levy, & Pinto-Martin, 2007; Szymanski, Sapanski, & Conway, 2011). Inequalities remain for minoritized families with regard to access to health care, education, childcare, and employment, all of which have direct and indirect impacts on development (Manuel, 2018). Bias in providers and systemic barriers perpetuate inequitable structures. To effectively address systemic needs, practitioners must adopt a preventative approach early in developmental and target universal settings by providing psychoeducation. Interactive trauma-informed training serves as an avenue to educate healthcare providers, child development specialists, child care facilities, paraprofessionals, and policymakers about disparities in care (Beach et al., 2005). Research suggests the usefulness of pre-service training to include impacts on knowledge, attitudes, and skills of health professionals (Shepherd, 2019). Furthermore, pre-service training targeting cultural responsiveness and humility improves patient-provider communication, increases patient satisfaction, and compliance over time (Shepherd, 2019). To address this concern, a 3-part training series was designed. Results demonstrate participants’ racial attributional impacts and a renewed commitment to incorporating culturally responsive efforts in their communities and workplaces. This culturally responsive training model for early childhood practitioners’ increased understanding of diversity, equity, and inclusion, and aided in developing a system that supports diversity.
Broadening the Scope of Perinatal Psychology in a Pediatric Setting by Integrating Research and Practice

Dr. Ellen Bartolini\textsuperscript{1}, Dr. Erin Sadler\textsuperscript{1,2}, Dr. Tracy Vozar\textsuperscript{1,2}, Dr. Catherine Limperopoulos\textsuperscript{1,2}
\textsuperscript{1}Children’s National Hospital, Washington DC, USA, \textsuperscript{2}George Washington University, Washington DC, USA

\textbf{INTRODUCTION:} The Developing Brain Institute’s (DBI) interdisciplinary team at Children’s National collaborates across prenatal and neonatal departments and includes three psychologists who work with perinatal adults while supporting infant development, bonding, attachment, and health. Developing and implementing psychology programming serving adults in a pediatric hospital setting comes with unique opportunities and issues.

\textbf{AIMS or PURPOSE:} Our objective is to provide an overview of the experiences of psychologists on a multidisciplinary team developing a perinatal mental health (PMH) program within a pediatric tertiary care setting. Furthermore, we reflect on our experience balancing clinical research, program development, and patient care in an interdisciplinary academic medical center setting.

\textbf{DESCRIPTION:} The team’s psychologists work in three hospital-based clinics/services: the Neonatal Intensive Care Unit, the Prenatal Pediatrics Institute, and the DC Mother-Baby Wellness program. There are numerous considerations in building novel PMH programming in a pediatric setting, including financial (billing, CPT code limitations), institutional (credentialing, EMR access), physical (ethics of treating grieving mothers in pediatric spaces), clinical (documentation, medical records, managing suicidality without adult emergency services), and legal/regulatory aspects. Our presentation will describe how our team surmounted these challenges, lessons learned, implications for best practices, and resulting innovative research. The 670+ referrals we received from 10 DC-area partners enable us to highlight a citywide study of PMH prevalence across sites, social drivers of health as well as clinically applied research with PMH populations examining patient symptomatology, screening practices, treatment effectiveness, and accessibility.

\textbf{CONCLUSIONS:} Psychologists embody multifaceted and collaborative roles on successful interdisciplinary teams. By demonstrating the clinically applied research and practices of psychologists on this PMH-focused, hospital-based team, we will reflect on the broadening scope of psychology in hospital and community settings as well as emerging best practices.
Connecting Perinatal Mental Health and Pediatrics: Initial Reflections of DC Mother-Baby Wellness Program at THEARC

Mrs. U’nek Clarke¹, Ms. Shannon Pope¹, Dr Tracy Vozar¹, Ms. Brittni King¹, Ms. Zavi Brees-Saunders¹, Dr. Catherine Limperopoulos¹,², Dr. Theiline Gborkorquellie¹,², Dr Hope Rhodes¹,²
¹Children's National Hospital, Washington, USA, ²George Washington University, Washington, USA

INTRODUCTION: The DC Mother-Baby Wellness (DCMBW) program provides no cost PMAD screening, prevention, and treatment with a primary focus on under-resourced women of color. Washington, D.C., is divided into eight wards. Historically, Ward 8, the far southeast section of the city, has been home to mostly lower-income and Black residents. For generations, systemic racism has erected barriers to residents accessing city resources. DCMBW’s physical presence in Ward 8 is particularly vital for this community because resources are withheld in this area, with no birthing facility and limited access to other essential elements of wellness (e.g., full-service grocery stores, safe and reliable public transportation).

AIMS or PURPOSE: The DCMBW’s program at THEARC embeds evidenced-based therapy, care coordination, psychoeducation, and screenings in an under-resourced pediatric clinic. Initial referral sources included obstetric providers from local hospitals and OB/GYN practitioners.

DESCRIPTION: In May 2022, DC Mother-Baby Wellness co-located and began accepting referrals from providers at Children’s National at THEARC, a clinic located in Ward 8. To date, 24 patients from THEARC have engaged with DCMBW, all are Black and postpartum. The prevalence of PMADs is higher (80%) compared with women referred from hospitals or OB/GYNs (68%). Associated social drivers of health include interpersonal violence (29%), housing instability (33%) and food insecurity (67%). Some 77% had taken medications for mood, anxiety, or sleep problems prior to enrollment in DCMBW. Challenges encountered included treatment barriers and the need to make services more accessible by embedding them in community sites to meet patients where they are, both geographically and emotionally.

CONCLUSIONS: Our initial data and experiences suggest that embedding perinatal mental health services opens a unique opportunity to monitor postpartum maternal mental health during pediatric well-baby visits. We will discuss opportunities and issues we experienced and will share strategies to increase collaboration, partnership, and patient engagement.
Don’t Throw the Baby with the Bathwater: Exploring PMAD Treatment and the Mother-Baby Dyad

Mrs. U’nek Clarke¹, Ms. Brittni King¹, Dr Tracy Vozar¹, Ms. Zavi Brees-Saunders¹, Dr. Catherine Limperopoulos¹,²
¹Children’s National Hospital, Washington, USA, ²The George Washington University, Washington, USA

INTRODUCTION: The DC Mother-Baby Wellness (DCMBW) program within the Developing Brain Institute provides comprehensive screening, prevention, and treatment for mother-baby dyads in the district, primarily focused on under-resourced women of color. One-year after implementation, nearly 700 patients have enrolled in services. Research shows perinatal depression and anxiety disorders (PMADs) adversely impact infant development, attachment styles, and other infant/toddler outcomes. Literature on whether treating mothers individually fosters well-being in infant development and mother-infant attachment in our population is unclear.

AIMS or PURPOSE: We overview the DCMBW program’s infant observation phase using the Survey of Well-being of the Young Child (SWYC; Sheldrick & Perrin, 2013) and report initial findings regarding infant development, relationship to maternal mental health and contextual concerns. We examine the association between improvement of maternal mental health with infant development within the DCMBW program. We discuss considerations for treatment of individual caregivers versus caregiver-infant dyads.

DESCRIPTION: We began integrating developmental screenings to enhance caregiver understanding and to facilitate referrals for early intervention referrals, as needed. Care coordinators conduct quarterly wellness visits with enrolled patients to provide health education and resources as well as administer PMADs screening and the SWYC. Of nearly 700 referred patients, 60% were pregnant and 40% postpartum; with approximately 400 living children. Seventy-four percent identified as Black. The prevalence of clinical depression and/or anxiety was significant (68%). Moreover, important social drivers of health included high rates of interpersonal violence (35%), housing (34%) and food (25%) insecurity.

CONCLUSIONS: We will explore if the current plan of treating mom supports infant development. We will provide an update on dyadic services, examine how we are fine-tuning individual treatment, and explore the need for additional approaches.

FAN (Facilitating Attuned Interactions) Infusing Nurturing Touch (International Association of Infant Massage): Attachment, Regulation, Reflection

Ms. Tori Graham¹, Ms Beth Heavilin¹, Mrs Carole Norris-Shortle¹
¹Erikson Institute, Chicago, United States

Introduction
Imagine a world where every family is supported to engage in an attuned, regulated and reflective relationship with their infant.

Purpose
In this session we will share a powerful story that blends Erikson Institute’s framework Facilitating Attuned Interactions (FAN) and a parent-baby course from the International Association of Infant Massage (IAIM) to fulfill the vision of supported, attuned parent-baby relationships from the start.

Description
The FAN strengthens engagement in many relational approaches including IAIM. The FAN framework supports IAIM educators to attune, regulate, and reflect. At the center of the FAN are the parent’s concerns. The FAN supports attunement by preparing the IAIM educator to enter interactions with balance and remain regulated and present in difficult moments. The FAN helps IAIM educators read parent’s cues, match interactions to what the parent is showing, and move flexibly between the five processes (Calming, Feeling, Thinking, Doing, and Reflecting). The FAN also includes a structural component called the ARC of Engagement that promotes predictability and collaboration with parents, which opens the space for change.

By infusing FAN into Infant Massage work, certified educators are better equipped to promote nurturing touch and communication so families are loved, valued, and respected throughout the world community. IAIM’s educators teach a five-week course intended to promote parental competence and confidence by recognizing the parent as the expert on their baby, stimulating the infant-parent communication relationship and providing opportunity to explore the infant’s unique sensory needs through nurturing touch.

Conclusion
Participants of this workshop will learn the fluid and structural components of the FAN through this didactic and experiential presentation. This will include an introduction to the ARC of Engagement, a video of IAIM educators facilitating parental sensory attunement with their baby, and engagement questions that can be used in their own work with families.
Nurture and Play intervention pre- and postnatally, a workshop

Mrs Hanna Lampi¹, Mrs Anna-Elina Leskelä-Ranta¹
¹Terapialampi, Espoo, Finland

Early parent-child interaction has long been associated with a child’s later cognitive and socio-emotional development and well-being. Attachment theory and related empirical evidence have demonstrated the importance of continuity and sensitive responses to parental care, especially in stressful situations in forming the internalised models of secure (or insecure) relationships by the end of the first year of life (Ainsworth, Blehar, Waters, & Wal, 1978). Emotional connection with the baby forms during pregnancy and creates a ground for a later relationship. Mood disorders and stress during pregnancy expose the child to developmental disturbances, psychiatric disorders and somatic illnesses in childhood and adulthood. There is a need for interventions that start prenatally and are targeted to impact the known risk factors of emotional parenting; the capability to bond and be in emotional contact with the tummy baby, the ability to regulate own negative experiences, and the capacity to imagine future parenting (reflective ability).

Nurture and Play – intervention focuses on building a template for a positive way of relating with the child by utilising Theraplay-based activities and enhancing the mother’s mentalisation capability during pregnancy and after the baby has been born. We are presenting prenatal and postnatal Nurture and Play group and Family Nurture and Play, and the presentation will include video material of the actual group sessions.
Psychosocial interventions for the prevention and reduction of perinatal depression in humanitarian contexts

Elisabetta Dozio 1
1Action contre la Faim, Paris, France

Background
In humanitarian contexts, people live in conditions of adversity. In particular, women during the perinatal period may be particularly vulnerable, at increased risk of depression and therefore not in optimal conditions to care for themselves and their infant and young children.

Aims
The goal of the proposed interventions was to strengthen childcare practices and parenting skills by reducing the risk of perinatal depression. The aim was to ensure that mothers are optimally disposed towards their babies, despite the distress caused by the hostile environment.

Description
In Action Against Hunger's psychosocial support projects, we have adapted different protocols for emotional support and parenting reinforcement, taking into account the cultural dimension and the specificities of the intervention areas.
We have proposed an adaptation of the WHO Thinking Healthy approach as well as an approach focused on emotional stabilization developed specifically for ongoing crises in different country of Central African Region.

Conclusion
The use of these culturally appropriate protocols has allowed pregnant women and mothers of very young children to reduce their psychological distress particularly depressive symptoms, as well as improve mother-baby interactions. Details of the quantitative and qualitative results will be presented, as well as the content of the cultural adaptations of the tools used.
Supporting Early Relational Health: The Canadian Paediatric Society's approach

Dr Jean Clinton

1Mcmaster University Canadian Paediatric Society, Hamilton, Canada

The Canadian Paediatric Society (CPS), a national Canadian organization, has recently developed a new practise/policy statement focussing on Early Relational Health (ERH). It is intended to raise awareness and capacity in practitioners to focus on relational health, as they do for physical health.

"A relatively new term for a not-so-new-concept, “early relational health” describes the emotional connections between children and trusted adults that promote health and development, lead to positive experiences, and can buffer the negative effects of trauma and adversity. These safe, stable, and nurturing relationships (SSNRs) are foundational for building resilience, which is the ability to recover from stressors and negative experiences.

Promoting early relational health in clinical practice involves directed history-taking, relational observation, and active listening, practices already widely used by primary care providers"

This statement describes how primary care providers can bring a relational health approach to any medical encounter by understanding:

• What toxic stress is, how it can affect the developing brain, family relations, and child and development, and how positive relationships, experiences, and behaviours can help buffer such effects.
• Observable signs of relational health—and risk—in parent-child interactions.
• The attributes of trustful, therapeutic relationships with families, and how to optimize these benefits through conversation and practice.

Our intention in presenting this paper is to encourage and learn from other countries how this essential construct can be implemented.


Developing an area based IMH Community of Practice: a focus on Circle of Security® Parenting™

Ms Hazel Murphy1,2,3
1Youngballymun Abc Programme, Dublin, Ireland, 2Irish Forum For Child and Adolescent Psychoanalytic Psychotherapy, Dublin, Ireland, 3Irish Association for Infant Mental Health, Ireland

Introduction
Youngballymun, a prevention and early intervention strategy, is part of a national Area-based Childhood (ABC) programme in Ireland. The Youngballymun strategy is focused on developing capacity of parents and practitioners across children’s services in the health, early years, primary education and other sectors to improve learning and wellbeing outcomes for children.

Purpose
Youngballymun has supported the development of an infant mental health community of practice which has allowed practitioners to develop their knowledge and skills in infant mental health, learning from each other in order to support parents in their parenting role.

Description
In 2016 Circle of Security® Parenting™ was added to the suite of IMH services available to families through Youngballymun. This was soon developed into a wider strategy which included a focus on embedding the skills and tools to implement COS-P within existing staff in voluntary and statutory services. Youngballymun have funded practitioners from a wide range of these services to attend the training, followed by post-training support in programme implementation.

Conclusion
The workshop will outline how an Implementation Science Framework supports the growing community of practice of COS-P™, placing it within the wider context of a community-wide IMH strategy. It will be followed by 2 presentations by our partners from Primary Care Psychology and Speech and Language Therapy.
Psychotherapeutic supervision in infant placement settings

Mrs Maria Mögel Wessely

Psychotherapeutic Practice Group Babyundkleinkind, Zurich, Switzerland

Adoptions and foster care of babies are often seen by authorities and caseworkers as rather uncomplicated, since the children are often considered to be still under little stress and ready to adapt quickly to new caregivers. At the same time, statements such as that the foster mother should not become too attached to the child show that the psychodynamics of the relationship in the first year of life seem to be underestimated in early placements.

In addition to some impressive foster child research studies on early placements, psychotherapeutic teaching and supervision still too rarely address the special situation of the parent-baby relationship in the adoption or placement process. This can lead to misunderstandings in the assessment of the child's condition and the relationship dynamics in the foster family, although attention to trauma and attachment disorders in early childhood has increased. In particular, the ways in which intersubjectivity, attachment, and belonging develop in early placements needed further research and conceptualization.

Case studies will be presented from supervision settings with foster parent groups and professionals on typical effects of separation and stress in the relationship between babies and their foster families.

The importance of the social parents' identification with both the child's perspective and the importance of the child and his or her background in their own lives will be discussed.


The Elephant in the Playroom, Early-Life Screen Time and Autism

Developmental Pediatrician Anna Baumgaertel, Dr. Karen Heffler, Ms Lori Frome
¹Developmental Behavioral Pediatrics of Lower Merion, Narberth, USA, ²Drexel University College of Medicine, Philadelphia, USA, ³Florida Institute of Technology, United Kingdom

Introduction:
Higher screen time is associated with developmental delays. Recent studies have shown a relationship between early-life screen time and autism.

Aim:
To review research on screen time and autism, covering both association and intervention studies, while also discussing the importance of parent-child interaction and how screen time impacts these critical interactions.

Description:
Parent child interactions such as responsiveness to the child and using language directed to the child are associated with positive developmental outcomes. Screens interfere with these critical interactions, and they offer little learning to young children compared to in-person interaction. Research finds that early-life screen time is associated with subsequent autism symptoms and diagnosis (1). Interventional studies suggest that young children with autism symptoms or diagnosis and high screen viewing can make unusually rapid progress when intervention includes screen reduction. We present details of a prospective pilot study including parent training on screen time and child development, and 1-hour weekly support to reduce screen time and utilize strategies for child engagement (2). Significant reductions in autism symptoms and parent stress were found after the 6-month study compared to baseline.

Conclusions:
While further research is needed, we urge greater awareness of current findings on screen time and autism. Interventionists and parents may wish to consider a trial of screen reduction along with socially oriented intervention in young children with autism and high screen viewing.

Family Culture in Foster Care: Discussing Routines and Values to Promote Understanding

Dr Brandi Hawk, Dr Susan G Timmer
1UC Davis CAARE Center, Sacramento, USA

Introduction- Family routines and values create cultures that facilitate child well-being, stability, and a sense of belonging. Foster children lose these routines when entering a new home. Because their own routines and unspoken rules are “normal,” many foster parents are unaware of how foreign their homes can feel to newly placed children. When failing to consider a mismatch in family culture, foster parents can misunderstand and become frustrated with children’s behaviors.

Aim- To encourage discussing family routines and values, we created a Family Culture Worksheet (FCW) to use as an interview with foster parents. In this workshop, we present the FCW, how to use it, and outcomes in a sample of foster parents.

Description- The FCW is a structured interview asking whether caregivers have routines in 8 areas of family life (e.g., morning, mealtime, bedtime, recreational activities) and whether they are aware of their foster child’s former routines. This interview was included at intake to better understand the family and to help caregivers consider the impact of routine mismatch on current behaviors. Among 224 foster parents of 1 – 3-year-old children, 78% identified family routines in 6 to 8 areas. However, 71% of foster parents were unaware of their foster children’s regular routines and more than half had no awareness of TV, music, or game preferences. When asked whether their foster child behaved appropriately at these specified times, approximately 40% reported that the child sometimes to never acted the way they liked. Correlational analyses showed that the more caregivers were aware of children’s routines and preferences, the more positive they were in their own interactions with children, and the less difficulty they reported having with their behaviors.

Conclusions- Using the FCW may be one way to increase foster parents’ awareness of children’s typical routines to support better understanding and relationships.
Capturing the outcomes of Child Parent Psychotherapy model for children exposed to family violence

Dr Allison Cox1, Dr Sonia Sharmin1
1Berry Street Take Two, Eaglemont, Australia

Introduction
Berry Street Take Two is a statewide therapeutic program for children impacted by abuse, neglect, family violence and disrupted attachment in Victoria, Australia, with research and training capacity. In 2017 Take Two introduced the evidenced based practice of Child Parent Psychotherapy (CPP).

Project Purpose
This case study series examines the outcome of the CPP model for young children who have experienced significant adversity. This paper will present 4 brief case studies of children aged 13 months to 5 years, 5 months of age who received 4 months to 12 months of intervention. The outcomes for these infants of this intervention will be shared utilising pre-post design using the Ages and Stages Questionnaire, Adaptive Behaviour Assessment Scale and the Trauma Symptom Checklist for Young Children.

Project Description
CPP is an evidence-based dyadic therapy for young children and their caregiver/s who have experienced family violence. CPP is built on a psychodynamic model that considers how trauma and the caregivers’ relational history affect the caregiver-child relationship and the child’s development. It aims to support and strengthen the relationship to help restore and protect the child’s mental health. Existing evidence shows the therapeutic benefit of working with caregiver/s and children together in the aftermath of family violence. Take Two have invested significantly in our staff to enable many young children and their carers to benefit from the CPP therapeutic approach. From Take Two clinicians, 56 families received Child Parent Psychotherapy in 2022, with 32 of these families receiving Therapeutic Family Services via the Restoring Childhood program.

Conclusions
These single case studies are informing our development of a suite of measures for a larger study examining the efficacy of the Child-Parent Psychotherapy model of intervention with children impacted by maltreatment and/or family violence receiving Take Two services.
Integrating Behavioral and Mental Health Approaches to Promote Secondary Attachment Relationships in Infant/Toddler Care Programs

Dr. Kaitlin Mulcahy¹, Mrs. Lindsay Pearson¹, Ms. Lana Nenide², Ms. Kate Sweeney³, Dr. Margo Candelaria³

¹Center For Autism And Early Childhood Mental Health At Montclair State University, Montclair, United States, ²Wisconsin Alliance for Infant Mental Health, Middleton, United States, ³University of Maryland, School of Social Work, Baltimore, United States

INTRODUCTION: This workshop will share lessons learned from integrating infant and early childhood mental health consultation (IECMHC) with evidence-informed classroom coaching for adults who work in infant/toddler care programs and early care and education settings in Maryland, New Jersey, and Wisconsin, USA.

PURPOSE: Infant/toddler and early education caregivers have often been formed by content and coaching rooted in behavioral approaches to human development that identify consequence as the driver of behavioral change. Infant and early childhood mental health consultation proceeds from a developmental and relational tradition that centers relationships as the catalyst for change. Despite the benefits demonstrated in the literature for both the implementation of coaching and the inclusion of IECMHC in early care and education settings, systems and programs that attempt to integrate the two can experience confusion, frustration, and ineffective implementation due to the differing agents of change between the models.

DESCRIPTION: Presenters will propose six factors that are critical to successful integration of behavioral approaches with infant mental health informed approaches: centralizing relationships, being actively anti-racist, establishing clear roles, integrating professional development, focusing on sustainability, and employing continuous reflection. Presenters will describe the use of six critical success factors to support systems development and program implementation for entities responsible for integrating programs, models, or practices that have roots in both behavioral and developmental/relational paradigms of human development. Participants will be engaged in reflection and discussion about successful implementation of behavioral and mental health approaches so as to support the adult caregivers and promote attachment relationships and relational wellness for our youngest children.

CONCLUSION: During a time when it has been globally acknowledged that young children and adults that care for them are under significant stress, the integration of IECMHC and classroom coaching supports the workforce to feel effective, stay engaged, and better serve children and families.
The Efficacy of Multi-element Behavior Support (MEBS) Plans with Families in Infant Development Programs

Dr. Lori Ann Dotson¹, Dr. Allison Liu¹
¹Institute For Applied Behavior Analysis, San Diego, USA

Introduction: Applied Behavior Analysis (ABA) is an evidenced based practice used in the treatment of young children with autism. ABA in conjunction with infant mental health assessment and treatment strategies can provide optimal support to children recently diagnosed with Autism, and their often-grieving parents.

Purpose: The aim of this presentation is to introduce infant mental health and child development professionals to the efficacy of non-linear, non-aversive ABA strategies to support skill development, behavior management and improve child and parent quality of life.

Description: Using a Multi-element Behavior Support (MEBS) Plan methodology focused on creating supportive environments, skills teaching, and behavior reduction strategies, this presentation provides an evidence-based, person-centered, non-aversive model and methods to prevent and respond to behaviors of concern while teaching necessary skills to young children and their parents who participate in a community based infant development program.

Conclusion: After attending this brief presentation, participants will be familiarized with the basic tenants of ABA, the elements of a MEBS Plan, and the ways in which ABA and infant mental health professionals can collaborate to strengthen families in the earliest stages of early intervention.
Infant Mental Health Consultation with Early Childhood Educators working intensively with infants and toddlers at-risk.

Ms Nichola Coombs\textsuperscript{1,2}
\textsuperscript{1}Parkville Institute, Melbourne, Australia, \textsuperscript{2}University of Melbourne, Melbourne, Australia

Introduction: Early childhood education and care is often an untapped resource for children living with high levels of family stress and social vulnerability. Over the past decade an enhanced infant mental health-informed model of early childhood education and care has been trialled in Melbourne, Australia with the aims of helping children living with significant adversity to enter school as confident and successful learners who are developmentally and educationally equal to their peers. A randomised control trial found that children who participated in this model of ECEC had significant positive impacts on their learning and development (Tseng et al. 2019). A core component of the model is the employment of a highly qualified infant mental health consultant on-site as part of the team, providing mental health assessment and recommendations for every child, and ongoing consultation to early childhood educators and families.

Description: The goal of Infant Mental Health Consultation within this model is to promote healthy growth in infants and young children’s social and emotional development by guiding and supporting educators, caregivers and parents. Working with children and families who have experienced, or are experiencing, high levels of stress and social vulnerability can be emotionally taxing and expose non-clinical staff to distressing stories, family histories, and to highly unprocessed traumas. The Infant Mental Health Consultant provides a reflective and emotionally holding space for the Early Childhood Educators.

Conclusion: This presentation will outline the ways in which IMH consultation adds clinical processes to a nonclinical setting, capacity building early educators who are working with infants, toddlers and parents living with significant family stress and social vulnerability.

Inpatient Perinatal Mental Health Toolkit: caring for perinatal women in general mental health inpatient units

Ms Lee Meredith¹, Dr Tracey Fay-Stammbach²
¹Northern Sydney Local Health District, Sydney, Australia, ²Perinatal, Child and Youth, Mental Health Branch, NSW Ministry of Health, Sydney, Australia

Introduction:
Perinatal mental illness is common and may at times require a parent or expectant parent to be hospitalised. NSW linkage data shows the rate of admission is raised significantly for women in the first postpartum year and is increasing over time. Best practice guidelines recommend the use of mother baby admission units, however in NSW, there are a very small number of these beds available and many pregnant women and parents of infants require admission to a general mental health inpatient unit (IPU) resulting in separation of parent and infant. Women admitted to inpatient units in the perinatal period have unique medical and physical care needs which generalist mental health staff may be unfamiliar with as well as issues around maintaining care for, and contact with their infant. While generally encouraging of parent-infant contact for admitted consumers, IPU's and staff are not always adequately skilled or resourced to provide this. Assessing, monitoring and managing risk and recovery is complex and requires an understanding of issues specific to caring for families in the perinatal period.

Purpose of project:
This presentation describes the development and trial of an innovative digital toolkit to assist in equipping inpatient mental health staff to understand the needs of and support pregnant consumers and parents of infants admitted to IPU’s.

Description:
This toolkit contains videos utilising a consumer story to highlight particular aspects of providing care in IPU’s the perinatal period alongside evidence, check lists, protocols and tip sheets. The toolkit was co-designed by consumers, perinatal and infant mental health clinicians, perinatal psychiatrists and acute mental health staff. The videos and protocols pertaining to the parent-infant contact visits will be highlighted in the presentation.

Conclusion:
The digital toolkit was successfully introduced to all major general inpatient units in NSW through a NSW Health online learning platform and an evaluation of its uptake and effectiveness in improving care is underway in 2023.
Ensemble: Creating Moving Connections
An early childhood dance therapy project

Mrs Yael Beth-Halachmi¹
¹National Center For Dance Therapy, Montreal, Canada

Introduction:

Presenting an early childhood (ages 2-5) dance therapy project taking place at the ‘Rising Sun’ daycare, an Indigenous daycare in Montreal. This project was created with the support of the National Center for Dance Therapy in Montreal and responds to the request of the directors to improve the children’s regulation and communication skills. Using movement, play and dance the program is designed to engage with the educators and provide them with creative, playful and reflective tools to connect with the children.

Objectives:

As a result of the profound challenges encountered during the period of the pandemic the aim of the program is to restore a sense of security and stability for the children and the educators. Using the movement of the breath and the transitions of weight to regulate oneself and one another. Coordinating in space and time as a way to relate. Observing non-verbal forms of communication to ‘read’ the child’s intentions and discover the meanings of his/her actions.

Description:

A 15 weeks dance-therapy program for small groups of 2-5 year old children from the Indigenous community and their educators. The project provides weekly sessions with the children and is completed by monthly encounters with the educators to offer support and partnership. The parents are invited to join one session with their child at the beginning of the program and towards the end.
Each session includes moments of ‘getting together’ as a group and other moments where each child is expressing his/her own individuality.

Conclusions:

A community based project aimed for prevention and early intervention. Hoping to become a part of the everyday life of the daycare environment, this project proposes playful interactions to promote the development of a sense of self for the children as well as the caregivers. Moving together to create joyful relationships.
The importance of “meaning making” and narratives for reunification to birth parents after infancy removal

Miss Adrienne Buhagiar¹, Dr Lyn Radford, Ms Simone Rutherfurd¹
¹Berry Street - Take Two, Noble Park, Australia

Berry Street Take Two is an intensive therapeutic service for infants, children and young people who have suffered trauma, neglect, disrupted attachment and family violence with many referred through Child Protection (DFH).

Take Two has invested in training in Child-Parent Psychotherapy (CPP). CPP is a relationship-based trauma informed treatment aimed at supporting and strengthening the relationship between an infant and their caregiver as the primary mechanism for improving the infant’s functioning across all domains.

This presentation will explore a CPP intervention-based case study. Infant X and Toddler X were removed from their parents’ care after concerns relating to significant substance addiction, mental health and criminal histories. Both children were placed with maternal family and prior to the Take Two referral a failed attempt to reunify and parental relapse into substance misuse had occurred. The system around the children presented as anxious to attempt reunification again despite the family’s progress and recovery.

At the time of the Take Two assessment, Infant X presented with a disrupted attachment and Toddler X was exhibiting externalising behaviour including anger, hypervigilance as well as confusion around his removal. Both parents had showed significant progress in their personal recovery and engagement in both alcohol and drug programs and mental health services. Despite this, the family held on to lasting trauma memories surrounding the traumatic nature of the removal of their children which included several police officers and the father being restrained. In addition, the parents had felt as if their families’ stories and parent role had been taken from them.

Reunification occurred successfully and Take Two provided weekly family sessions as well as collateral sessions during and after reunification. The CPP intervention focused on helping the family to differentiate between the here and now, strengthen parent-infant relationships and develop a shared family narrative around their experiences.
“But what about the toddler?” - Holding the infant in mind within a complex system

Miss Adrienne Buhagiar¹, Ms Brenda Fenton¹, Ms Simone Rutherfurd¹
¹Berry Street - Take Two, Noble Park, Australia

Berry Street’s Take Two Program is an intensive therapeutic service for children who have suffered trauma, neglect, family violence and disrupted attachment and may be linked to the Child Protection system in Victoria, Australia.

Take Two is informed by Cicchetti & Lynch (1993) who noted that when exploring risk factors within the first five years of life, consideration be given to the context in which the child’s presentation exists. The experience at Take Two is that therapeutic intervention is most effective when intervening both with the individual and with the wider system or therapeutic web that surrounds an infant.

From this ecological perspective this case-based presentation will explore the challenges of keeping an infant front of mind within three levels of intervention: individual, family, and the broader system.

At referral Infant M was presenting with a fear and distrust of males, regressed behaviour, emotional dysregulation and severe tantrums which included screaming, aggression, and fighting. She also presented with obsessions related to technology and food. The Infant and her three older siblings had just been returned to her parents’ care after spending almost two years in a residential home set up for the children where the sibling group were looked after by a 24-hour rotating roster of care staff.

The Take Two intervention incorporated therapeutic intervention on several levels that included both individual and family work as well as targeted intervention with the therapeutic web which surrounded the family. The systemic work included bringing together the various professionals that contributed to Infant M’s wellbeing including Child Protection, day care staff, the other siblings’ professionals and therapists, and residential care workers who came across to the family home to support reunification. The focus will be on how the needs of Infant were kept front of mind within this very complex work.
How do we conceptualise an infant’s mental health when undergoing painful cancer treatment?

Miss Deirbhile Tuite
Royal Children’s Hospital Melbourne, Parkville, Australia

Introduction

Diagnosis of a brain tumour in early life involves frequent and prolonged hospital admissions, the possibility of multiple surgical and medical procedures, separation from parents, handling by multiple health care professionals and the pain and discomforts brought on by the treatment itself. This presentation will consider the importance of an infant’s mental health and attachment in the context of their oncology treatment.

Aims

To explore how clinicians can recognise and manage the balance between what is a side effect of treatment and what is medical trauma following chemotherapy and neurosurgery. Specifically, is this infant “unsettled” due to a disruption in normal development and attachments, or due to medical trauma?

Description

This is a case of a 4-month-old baby undergoing treatment for a rare brain tumour.

Following invasive neurosurgery, the infant presented as very unsettled with excessive crying. The Infant Mental Health and Social Work teams worked together to explore this change in presentation out of concern that a disruption was occurring in the baby-parent dyad.

Through infant observation and discussions with the parents, we explored the indistinct line between an infant communicating its trauma and the accepted notion that oncology treatment is painful.

Conclusion

When working with infants undergoing painful oncology treatment, clinicians can be blinded by the intensity of the treatment and the accepted side effects of medical intervention. We can forget to prioritise the infant’s experience of their body and the impacts of hospitalisation on the infant’s inner world.

Given the additional complexities of cancer treatment and associated side effects in infants we need to keep the infant’s experience at the centre of our interventions to support attachment between infants and their parents and to reduce psychological distress.
Child-Parent Psychotherapy (CPP) implementation within a community-based organisation in Australia

Dr Allison Cox¹, Ms Emma Toone¹, Dr Lyn Radford¹, Mr Tom Bowerman¹, A/Professor Leesa Hooker²,³
¹Berry Street, Melbourne, Australia, ²La Trobe University Rural Health School, Bendigo, Australia, ³Judith Lumley Centre, School of Nursing and Midwifery, La Trobe University, Bundoora, Melbourne, Australia

Introduction
In Australia, recent public health reforms have been focussed on prevention and responses for children and families experiencing family violence, child maltreatment and mental ill-health. Child Parent Psychotherapy (CPP) is an evidence-based treatment for young children and their parents, to restore and promote children’s mental health through enhancing parent-child relationships. Our community-based organisation, Berry Street has implemented CPP in the Take Two program, in response to the reform context.

Take Two is a therapeutic program for children impacted by abuse, neglect, and family violence in Berry Street, one of Australia’s largest independent child and family services organisations.

Aim
This presentation will share the experience of implementing CPP for at risk infants and families within an Australian context with twenty of the sixty Australian trained CPP clinicians employed by Take Two with a further cohort currently in training.

Description
The presentation will share implementation experiences of mothers, fathers, caregivers, clinicians and managers drawing on two sources of data collected during the two tranches of the CPP implementation: qualitative data collected from the RECOVER Australian CPP pilot (Hooker et al. 2022); and routine qualitative and outcomes data collected as part of quality assurance. Themes considered include acceptability of the intervention, the contribution of young children themselves as drivers of change, the centrality of clinical supervision for professional learning, and the pacing of implementation.

Conclusion
CPP is an is an evidence-based practice that Take Two has found is acceptable to children, caregivers, clinicians and managers. The model integrates well within an Australian community-based service delivery context for very young children affected by trauma – when varied workforce learning needs are understood in the context of supervisory relationships, and implementation is undertaken at a sustainable pace.
Addressing infant mental health during intrusive medical procedures for an anorectal malformation

Dr Kim-michelle Gilson¹, Professor Sebastian King, Ms Olivia Larkins, Ms Jessica Tarranto
¹Royal Children’s Hospital, Parkville, Australia

INTRODUCTION
Infants with an ARM often require immediate surgery and spend time in the neonatal intensive care unit (NICU). During the first year of life, they may need ongoing surgery and experience discomfort from intrusive medical procedures, such as anal dilatations.

At age 3-4 years of age, behavioural and emotional challenges are often seen, with a refusal to defecate in the toilet resulting in prolonged nappy dependence at 4 and 5 years of age. A universal model of wellbeing support was established with clinical nurse consultants, clinical psychology and child life therapy (CLT) to reduce the impact of traumatic medical stress during infancy.

AIMS or PURPOSE
The aim of the project was to develop a multidisciplinary model of care that reduces medical traumatic stress in infants with an anorectal malformation.

DESCRIPTION
A psychological care pathway was developed for parents of infants to access psychological support during their NICU stay, with a focus on facilitating an understanding of their infant’s experience and regulation needs. This may include performing the newborn behavioural observation (NBO).

To reduce medical traumatic stress during anal dilatations a booklet was developed to support the wellbeing of infant’s during dilatations. This was based on a mentalisation-based therapeutic (MBT) approach that included support around marked mirroring and parental reflective functioning.

A social story was developed by psychology and CLT for older infants (12 months plus) accompanied by an instructional handout for parents.

CONCLUSIONS
Families reported to feel empowered from the provision of support and education materials. However, some infants still experience anxiety around their bottoms with ongoing pain issues. Further work may be needed with alternative treatment approaches e.g. EMDR for preverbal infants.
Expectant Fathers, Infant Co-Regulation, and the Importance of Relationship in a Father’s Prenatal Class

Mr. Nicholas Kasovac¹,²
¹Kids At Play Therapy, Puyallup, USA, ²The DAD Projects (Dads & Development), Puyallup, USA

Fathers as caregivers are important in the lives of their infants. Many first time fathers have little to no experience to care for an infant, thereby leaving them with feelings of incompetence, lack of confidence, anxiety, and fear (Kasovac, 2021). Minimal opportunities exist for fathers to learn about infant care and how to foster a relationship with their baby. “Few [perinatal] parent education programs include fathers. Among those that do, there is little effort to report program effects on father outcomes” (Lee et al, 2018). When considering social risk factors, including non-residential fathers, many have even fewer options or choices to prepare for a new baby due to racism, poverty, health disparities, and other systemic challenges outside their control (Pearson & Wildfeuer, 2022).

This leaves inexperienced, first time fathers anxious, stressed, and fearful of their impending new role. Not only are there limited programs for new fathers, the ones that exist focus on basic care tasks with little to no focus on the relationship that needs to occur and its importance for the child, the father, the family, and the community as a whole.

This workshop will present an outline of an existing class for fathers during the prenatal period that takes a relationship-based approach to infant care. Concepts are strategically chosen to engage fathers in ways that pique interest, sustain attention, facilitate learning, and aid retention of material. Co-regulation is highlighted as it’s a component of reflective functioning, mentalizing, and fostering empathy with and for the infant and can be infused within basic infant care, thereby nurturing the integration of relationship and caregiving. This dynamic process encourages and facilitates the reciprocal nature of a bidirectional relationship that is being newly established between a “new” father and a “new” baby. Anecdotes and examples will also be shared.
Family intervention for reducing anxiety among siblings accompanying a premature baby hospitalized at the NICU

Mrs Liat Shaish - Markowitz ¹
¹The Edmond and Lily Safra Children’s Hospital, Ramat Gan, Israel

My Little Brother/Sister at the NICU

Introduction:
The NICU is an arena of prolonged trauma. Whilst the mother is still recovering from birth and bound to bed, the newborn baby is in the incubator and the couple tries to adapt to the new situation, the other children are left at home. Without information or understanding, they are left to imagine all sorts of things about their mother and the baby.

Objectives:
My little brother/sister is a controlled intervention exposing the older brothers or sisters to the environment where their parents and the newborn baby are for long days. It was designed to create continuity between before and after birth, thus reducing the uncertainty and anxiety accompanying the baby’s hospitalization.

Description:
As the children arrive at the hospital, they meet the psychologist outside the NICU and enter through a "secret door" into the NICU. Passing through the long hospital corridors, they encounter doctors coming out of their office greeting them, arriving at a room prepared for the occasion. They then watch a short introductory movie followed by an explanation by a doctor or a nurse about caring for the newborn using a real incubator and a baby doll. Once familiar with the new environment they are encouraged to talk about their feelings. Finally, they make greeting cards which will be posted on the incubator.
The highlight of the visit is meeting their brother or sister. This happens after a 'ceremony' of hand disinfection, wearing robes and masks.

The whole activity is tailored made according to the baby's medical condition, children’s age and emotional condition.

Conclusions:
The responses to the intervention among families, especially during the pandemic, were enthusiastic. It allowed the parents and their children to unite for a while, to be a whole family and bring back hope and normality.
How do early attachment experiences shape the nurse and woman-infant caregiving relationship?

Dr Fran Chavasse

1University Of Technology, Sydney Australia, Sydney, Australia, 2University of Sydney, Sydney, Australia

Introduction
We understand the importance of relationships in general human development and clinical care. Early attachment is foundational in shaping relational capacities for parents and clinicians alike. An overview of a project of four case studies that investigated how 12 child and family nurses and 13 mother-infant dyads early attachment experiences affected their caregiving and care-receiving relationships in an Australian residential parenting centre will be presented.

Aims
To raise awareness of nurses (and other health professionals) as “wounded healers” and explain the connection between the nurse’s unresolved early attachment trauma experiences and their therapeutic ability to provide optimal caregiving to the mother-infant dyad.

Description
The Adult Attachment Interview (AAI) was used to score and classify the nurses’ and women's attachment state of mind as well as determine loss and trauma; the adverse childhood experiences questionnaire was administered to determine adverse childhood events, and a semi-structured interview to understand caregiving and care receiving and the impact this had on the outcomes to the mother-infant residential stay. Short excerpts from case AAI study transcripts allow the women's voices to tell their own stories.

Conclusion
The implications for supportive organisational and clinical work will be discussed, such as the importance of instituting organisational trauma-informed models of care, the need for personal reflection and perhaps psychotherapy for clinicians who are wounded healers, as well as the need for attachment and trauma-informed nursing supervision.
Circle of Security Parenting Programme in CAMHS/AMHS Cork and Kerry Community Healthcare - preliminary outcomes

Ms Ella Lovett¹, Dr Rebecca Ryan¹, Dr Maria Leahy¹, Dr Jean O'Brien¹
¹HSE, Cork and Kerry Community Healthcare, Ireland

The Circle of Security Parenting (COSP) programme is an 8 week attachment and relationship based intervention for caregivers. The programme has been facilitated across CAMHS and AMHS since 2017 and we have been collecting outcome data since 2017 on parental mental health, reflective capacity, stress and emotion regulation.

This is a mixed methods study exploring the impact and experience of the intervention for service users in Cork and Kerry Community Healthcare attending COSP groups in CAMHS and AMHS.

The aim is to evaluate the impact and explore the experience of the COSP programme for secondary mental health service users.

To date, across both services we have facilitated 14 COSP groups, both in-person (4) and online (10). Groups are facilitated by trained COSP clinicians over 8-10 weeks for 2 hours a week with 6-8 caregivers per group.

Preliminary quantitative data show a trend towards a reduction in depression and anxiety scores. Qualitative data from the participant evaluation survey indicates that caregivers appear more attuned and sensitive to their relationships with their children and they want COSP to be integrated as part of regular service provision.

We are experiencing COSP as a flexible, novel, and easily accessible, evidenced based intervention which provides a supportive relational space for participants. The continued rolling out and evaluation of COSP in AMHS and CAMHS allows us to demonstrate its effectiveness and utility across settings over time.

This on-going evaluation of service users experiences of the programme complements the recommendations of “Sharing the Vision” to continually explore and consider service users experiences of services in order to make informed, positive changes to service delivery (Government of Ireland, 2020).

It is also consistent with our aim to promote relationship based interventions in the mental health services as a way to improve the lives and outcomes of children and caregivers.
Promoting reflection and sense of belonging: Parent and practitioner experiences of Solihull Approach parent groups

Ms Helen Stevens
1
1Parent Infant Consultants, Eltham, Australia

Introduction
Solihull Approach parent groups have provided opportunities for ongoing advancement and have generated of a strong body of evidence. The Solihull Approach is relatively new to Australia, yet data reveals that both parents and practitioners experienced several positive outcomes that align with international findings. The data also prompted additional unexpected positive findings.

Aim/Purpose
To capture the experiences of both parents and professionals undertaking the Solihull Approach parent groups in Australia.

Context
The Solihull Approach parent groups are supported by theoretical underpinnings originating from neuroscience, infant mental health, psychotherapy, and relational disciplines. The six to ten week courses are fundamentally structured to support quality relationships. International findings, derived over many years, identifies increased parental insight and understanding of their child as a result of these courses. The efficacy of these recently available courses in Australia is currently being explored.

Method
This quality assurance study captures the experiences of a sample of both parents and group facilitators throughout and following the Solihull Approach parent courses. Qualitative data generated from parent evaluations was statistically analysed and quantitative data was clustered using thematic analysis.

Results
The findings align with international data, however additional encouraging data emerged. Unexpectedly high group retention rates and parental contribution were noted. Furthermore, parents noted experiencing a sense of belonging. Group facilitators too, reported witnessing cohesive group processes and progressively increasing parent reflective capacity, as the weeks passed.

Conclusion
The Solihull Approach parent groups have been generating data for many years. This first Australian quality assurance study found similar outcomes to that of international literature. However, the unexpected, encouraging parent and professional experiences provide additional data to further support the continuation of Solihull Approach parent groups in Australia.
“It was punching hard”
combining Child Parent Psychotherapy and EMDR to help a young child

**Ms Simone Rutherfurd**

Berry Street Take Two, Melbourne, Australia

Very young children are disproportionately affected by traumatic events and there are a range of evidence-based treatments that may be employed to support their recovery. Berry Street’s Take Two Program is an intensive therapeutic service for children who have suffered trauma, neglect, disrupted attachment or family violence and may be linked to the Child Protection system in Victoria, Australia. The program uses a suite of evidence-based and evidence-informed interventions.

Although there is a growing literature on evidence-based treatments, there is less literature available on the intersection of these modalities in practice with children and families. The purpose of this presentation is to use a single case study as an example of combining the practice of Child Parent Psychotherapy (CPP) and Eye Movement Desensitisation Reprocessing (EMDR) techniques with a very young child leading to positive outcomes for the child within their new family.

Jay now aged 5, experienced neglect and family violence as an infant and had a frightening start to life where numerous strangers visited his mother at their home. When Jay was nearly 3 years of age he was placed in foster care following a frightening standoff involving police. When he arrived in care, Jay was presenting with a withdrawn presentation and watchfulness, as well as symptoms of anxiety and dissociation. A referral was made to Take Two with the aims of assisting Jay to recover from his past adverse experiences, develop adaptive ways to cope, and make sense of his life experiences.

Following assessment, CPP and EMDR were integrated in a dyadic intervention. Sessions included therapeutic storytelling with bilateral stimulation and memory reprocessing techniques within CPP play. This resulted in improvements in Jay's functioning and achieved the referral goals.

This presentation will outline the therapeutic process in this intervention and showcase the storybook that was created for Jay.
ProChild Collaborative Laboratory: Addressing poverty and social exclusion and promoting children’s rights and well-being

Dr Marlene Sousa1, Dr. Ana Justino1, Dr. Mariana Amorim1, Professor Isabel Soares1,2
1ProChild CoLAB, Guimarães, Portugal, 2University of Minho, Braga, Portugal

The ultimate goal of successful societies is to assure children the best start in life. Childhood adversity can impact health and well-being later in life. Thus, it is crucial to intervene in childhood to offset the negative outcomes of being exposed to early adverse experiences, and to discontinue the cycle of intergenerational poverty, violence and inequality.

To address these issues, the ProChild Collaborative Laboratory (ProChild CoLAB) aims to develop a strategy against child poverty and social exclusion in Portugal, by bringing together academic researchers and professionals in the field. By placing children at the center of research, and through an articulated intersectoral collaboration, the ProChild CoLAB aims to: design and develop transdisciplinary scientific research projects and technological innovation; develop, implement and validate intervention programs to break the cycle of poverty and to promote children’s rights and well-being; create customized, scientifically validated innovative products and services; offer scientific training and supervision to professionals and promote corporate social responsibility in the childhood field; and contribute with scientific-based guidelines and recommendations for local and public policies.

In order to do so, the ProChild CoLAB is organized around two strategic areas: (1) the Social Intervention Area grounded in four units: Health and Wellbeing; Development and Education; Social Participation and Citizenship; Protection and Welfare; and (2) the Social Technology Development Area anchored on two units: Digital Technologies and Nanotechnology.

Within those areas, and based on a collaborative and multisectoral work with researchers and stakeholders, our presentation will address four main current projects: a community program integrating screening, psychological assessment and intervention in children’s mental health problems; an articulated model for evaluation, intervention, and professional training in childhood daycare services; a participatory project on building healthy neighborhoods; an integrated model for family foster care.
The implementation of a prenatal relationship-oriented mental health outpatient clinic for families at high risk

Dr. Susanne Mudra¹, Mrs Hanna Lampi²
¹Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Center, Hamburg, Germany, ²Terapialampi, Finland

Introduction

Due to the close interplay between parents and their infant, psychosocial distress or peripartum psychiatric disorders can have a fundamental impact on early infant development and the parent-child relationship. However, joining this unique journey from pregnancy on, might be a powerful port of entry enabling clinicians building up a sustainable therapeutic relationship and addressing dyadic problems at an early stage, particularly in high risk families. Nevertheless, psychotherapeutic-psychiatric care from pregnancy on requires specific expertise on parental as well as child needs, which is often not available, or at least challenging between different disciplines.

Purpose

The aim of this talk is to present the development and implementation of a prenatal interdisciplinary relationship-oriented mental health outpatient clinic for expectant parents and their infants at high risk in Hamburg, Germany. This project has been initiated as part of the IPMH Fellowship Program graduation in Boston, while the implementation process in Germany during the Covid pandemic was accompanied by the virtual peer support of the international IPMH fellows.

Description

After a pilot study as part of the IPMH graduation, the implementation of an outpatient mental health clinic for expectant parents started in 2020, in close cooperation between the departments of Psychiatry, Child and Adolescent Psychiatry & Psychotherapy and Obstetrics at the University Medical Center, Hamburg. Besides several challenges to implement this unique interdisciplinary service during a pandemic, also chances in the work with and the understanding of affected families, as well as advantages in the use of virtual sessions during pregnancy or the puerperium will be discussed.

Conclusion

The great value of an interdisciplinary collaboration and the experience of peer support as a holding environment have been transferred from the international IPMH Fellowship Program into a regional peripartum clinical collaboration to serve relationship-oriented, psychiatric-psychotherapeutic support for families at high risk from pregnancy on.
Keeping infants in mind through the development of an Early Years Strategy

Dr Allison Cox, Ms Annette Jackson, Dr Lynda McRae, Ms Renaye Kelleher, Ms Kamil Moolchand, Ms Catherine Gillon

1Berry Street, Melbourne, Australia

Introduction

In Australia, recent public health reforms have been focussed on prevention and responses for children and families experiencing family violence, child maltreatment and mental ill-health, for example through the Victorian Government’s Early Intervention Investment Framework (EIIF) which is now embedded in Victoria’s annual state budget process.

Berry Street is one of Australia’s largest independent child and family services organisations and in 2021 worked with over 8000 at-risk children under nine years of age with over 1600 children being under four years of age and 11% identifying as Aboriginal and/or Torres Strait Islander.

Despite this large amount of service delivery to vulnerable infants and young children, it was occurring in the absence of a coordinated strategy to ensure optimal outcomes with our youngest service users and their families and carers.

Aim

Berry Street has undertaken an Early Years Strategy project to develop a coherent, evidence-informed strategy comprising effective prevention and early intervention initiatives and interventions aimed at delivering more favourable outcomes across the prenatal-8 years lifespan of children, their parents/carers and families.

Description

The project consisted of a literature review, a data collection and mapping exercise to capture all data available across Berry Street programs working with children aged 0-8.9 years, either as primary or secondary clients, a consultation inquiry with 37 subject matter experts from Berry Street and its sector partners within a series of individual and group meetings.

The research and the project consultation results are unequivocal that the early years for children is the most crucial time in development for early intervention, due to (i) the opportunity for greatest impact for growth and change and (ii) the higher cost to the child and community of not acting.

Conclusion

This paper will present the Early Years Strategy project methodology, findings and the endorsed Berry Street Early Years Strategy.
BRIEF ONLINE GROUP INTERVENTION FOR PARENTS OF INFANTS AND TODDLERS WITH FEEDING DIFFICULTIES

Dr Dana Erhard Weiss¹, Dr Shay Ehrlich¹
¹Schneider Children’s Medical Center, Petach Tikvah, Israel

Introduction: Feeding difficulties and feeding disorders are common among infants and toddlers. And yet, parents of these children experience high levels of caregiving-related stress which place them in increased risk for parental distress, maladaptive parent-child relationship and negative child behaviors. These risk, in turn, may negatively impact child growth and development. Our Failure to Thrive (FTT) and Feeding Problems in Early Childhood Clinic at Schneider children’s Medical center of Israel provides diagnosis and multidisciplinary treatment of infants and toddlers with feeding difficulties. However, waiting list for an appointment is extremely long. Aim: The goal of the brief online group intervention for parents on the clinic’s waiting list is to provide parents with “first aid” coping strategies and to attempt to modulate level of parental stress. Group session is an efficient way to reach more families. Description: The intervention consists of two online 60-minutes weekly group sessions for parents on the clinic’s waiting list via TEAMS, facilitated by a pediatrician and additional professional from the clinic: a psychologist, occupational therapist or a clinical dietician. Parents are presented with medical and developmental information as well as given a chance to share their experiences and reflect on their reactions during feeding interactions. Parents from two pilot group interventions have reported high satisfaction from participation, a moderation of parental stress and even a minor decrease of behavioral and emotional symptoms in their children. Conclusions: These preliminary reports provide evidence of the potential for positive impact of a brief online group intervention for parents of infants and toddlers showing symptoms of feeding difficulties. A decrease in parental stress level and child symptomatology may prevent further negative impact on development and relationships while waiting for treatment.
Holding the hands of those who hold the hand of the child

Mrs Rachel Tainsh

Mellow Parenting, Glasgow, Scotland

Introduction
Mellow Parenting recognizes that the workforce supporting children and families need investment and opportunities to reflect on their practice. Mellow practitioners are able to access reflective consultation support when they run groups. Practitioners have told us that the skills they learn in Mellow training cross over to their wider work enabling them to be relationship focused and scaffold family relationships.

Aim
Mellow Parenting has created a series of Conversations trainings which aim to support the frontline workforce to build better working relationships with families and to identify what gets in the way of bringing their best self to work.

Description of the work
The half day conversations trainings focus on identifying barriers that get in the way of building trust and relationships and enable participants reflect and gain some simple tools to try with families.

Conclusions
Following the trainings participants identified some key take away messages such as 'we aren't there to fix things just emphasize and support' and 'vulnerability is key'. This work shows that enabling the workforce to tune in and be emotionally present, contributes to their own wellbeing and work satisfaction. This ultimately means that families are better supported to care for their children.
Infant Mental Health Curriculum Development in Graduate Education

Dr. Margo Candelaria1, Ms. Kate Sweeney2, Dr Ruth Paris2
1University Of Maryland, School Of Social Work, Baltimore, United States, 2Boston University, Boston, United States

Introduction
There is a shortage of workforce with specific knowledge of Infant Mental Health (IMH). Although IMH has roots in social work (Walsh et al., 2021), social work education typically does not include IMH. In recognition of greater curricular needs related to children’s behavioral health in social work programs, in 2016 SAMHSA funded the Behavioral Health Curriculum Development Initiative which funded teams to create social work evidence-based curriculum content to expand coverage of children’s behavioral health. This resulted in several curriculum additions including an IMH curriculum (Hussey & Coen Flynn, 2019) that is free and shareable. The IMH health curriculum has been implemented at both Boston University and University of Maryland Schools of Social Work (SSWs).

Purpose
The purpose of this workshop is to discuss the development and implementation of an IMH course within SSWs, as well as opportunities for adaptation and expansion to other universities. Course content to be reviewed include attachment, dyadic assessment, DC: 0-5 diagnostic practices, evidenced-based practices, and IMH serving systems and programs.

Description
This workshop will offer an in-depth review of two different IMH classes, including content, assignments, and competencies addressed. We will also review an informal community of practice that operated for three years with those teaching the class to support and learn from one another. Furthermore, as each year classes are revised, discussion will include suggestions for additions, changes and opportunities for syllabi to be altered and implemented at additional universities.

Conclusion
At the end of the workshop, participants will have increased knowledge about an IMH class that can be offered at the MSW or other graduate degree level. Furthermore, participants will be able to take with them two syllabi that have been implemented for the past five years and understand successes and challenges with implementation as well as opportunities for local adaptation.
Creating Mellow Ability – a new programme for families and their young children with disabilities

Mrs Rachel Tainsh\textsuperscript{1}, Dr Lindsey MacLeod, Mr Ruaridh Malcolm

\textsuperscript{1}Mellow Parenting, Glasgow, Scotland

Introduction
Mellow Ability is a 14-week programme that supports parents and their children with additional needs, aged between four and seven years old. It aims to reduce social isolation, stress and pressure in family relationships alongside improving the child’s social and emotional development.

Purpose
The presentation will identify gaps in provision and outline the background to the creation of Mellow Ability, the theory of change and how the programme has been feasibility tested as well as the findings of the pilot groups.

Description
There are gaps in interventions that support families who have young children with additional needs and disabilities. Mellow Ability seeks to address some of these gaps through the creation of a structured 14-week programme which has successfully been rolled out in a number of settings across Scotland.
Mellow Ability aims to create safe, supportive spaces for “hard pressed” parents who experience stress and challenge, loving and caring for their child with an additional support need. The programme supports parents to be themselves, accept, understand and be with their children as they are. Parents are encouraged to have hopes and dreams for themselves, as well as supporting them to be proactive in shaping their children’s future.
Factors which have a negative effect on family relationships are identified as well as buffers that support and strengthen relationships. These include a rights based focus, a whole family approach (Mums, Dads and siblings), support with emotion regulation and activities that strengthen relationships, improve communication, boost self-esteem, self-compassion and enable social support.

Conclusions
We report on the feasibility and acceptability of the novel Mellow Ability intervention in schools and community settings in Scotland.
Promoting Infant Mental Health through systematic training and coaching of Infant/Early Childhood Mental Health Consultants

Ms. Kate Sweeney¹, Dr. Margo Candelaria¹, Mrs. Laura Latta¹
¹University Of Maryland, School Of Social Work, Baltimore, United States

Introduction
IECMHC consultants work with early childhood educators (ECEs) and families to promote early social relational skills and address Infant Mental Health (IMH) concerns in infants, toddlers and preschoolers. The emphasis is on promoting strong attachment and relational health between providers and young children and build attachment fostering skills in ECEs. Consultants help providers to understand IMH principles, including how to best support early healthy emotional growth in young children through focusing on supporting adult caregivers.

Purpose
The purpose of this workshop is to demonstrate a statewide systematic approach to onboarding IECMHC consultants to ensure they have a full range of knowledge and skills in IMH and consultation practices.

Description
This workshop will offer an in-depth review of one state’s IECMHC onboarding processes to ensure consistent consultant training in evidence-based practices as well as ongoing support services, coaching, and communities of practice. Training and coaching contents include social emotional and developmental screening practices, foundational IMH content and skills, classroom observation practices and fidelity tools, Facilitated Attuned Interactions (FAN), understanding equity in early childhood education, and Pyramid Model practices. Content also includes navigating relationships between ECEs and children, particularly when they describe children or families as challenging. The steps taken to both conduct trainings and offer ongoing implementation support will be reviewed. Discussion will include local adaptations and ways this approach could match needs in other programs and locations.

Conclusion
At the end of the workshop, participants will have increased knowledge about one state’s approach to offering IMH training, coaching and ongoing support to IECMHC consultants. They also will have generated ideas about how to make local adaptations.
Promoting IMH through Pediatric Primary Care: the TREE and TREEHOUSE Projects

Dr. Margo Candelaria1, Dr. Ken Tellerman3, Dr. Annameik Wilms Floet2, Ms. Heather Whitty1, Ms. Elizabeth Celona1
1University Of Maryland, School Of Social Work, Baltimore, United States, 2Johns Hopkins University, Baltimore, United States, 3Maryland Chapter American Academy of Pediatrics, Baltimore, United States

Introduction
The Grow Your Kids: TREE (Teach Read Engage Encourage) and TREEHOUSE developmental coaching programs are promising practices that train and coach primary care pediatric providers to promote parent-child interactions for children ages 0-2. By focusing on teaching, reading, engaging, and encouraging, TREE and TREEHOUSE use the pediatric provider relationship to promote early attachment and relational health between caregivers and their young children. This aligns with infant mental health foundational principles and the American Academy of Pediatrics 2021 Policy Statement on the critical importance of supporting relational health within pediatric care. TREE has been piloted in several urban primary care clinics. During the COVID-19 global pandemic TREEHOUSE was developed as telehealth adaptation, reaching families in their homes. TREEHOUSE is currently being implemented in one state, funded by the Health Services Research Administration.

Purpose
This workshop will educate participants about the components of TREE and TREEHOUSE and how they can be implemented during well-child pediatrics visits and individual telehealth developmental coaching visits.

Description
TREE components will be reviewed including training content and processes. The TREEHOUSE model will be reviewed, which includes six virtual didactic teaching sessions with video analysis and discussion. Outcomes of initial pilot studies will be shared focusing on changes made through continuous quality improvement cycles, use of a statewide advisory board, and inclusion of parent feedback. Data from both projects reveal high provider satisfaction with the program. TREE caregiver results indicate a positive impact on self-reported parenting behaviors with significant increases noted in parental verbal responsivity and play. Access will be given to free, online materials.

Conclusions
TREE and TREEHOUSE are promising practices that operationalize the promotion of infant mental health and relational health in young children within the pediatric primary care setting. This workshop will share program content, training processes, lessons learned, and free implementation materials.
Mind in Labour Mind in Life-A mindfulness based antenatal education program

Dr Ros Powrie

Women’s and Children’s Health Network, Adelaide, Australia

Introduction:
Early intervention of maternal depression, stress and anxiety in pregnancy also has the potential to reduce the risk to the developing foetus (including the epigenetic effects of maternal stress), improve parent-infant attachment and infant development and mental health. There is a growing body of evidence showing the effectiveness of mindfulness programs in reducing stress, anxiety and depressive symptoms in pregnant women with some studies also showing positive impacts on infants stress regulation. Mind in Labour Mind in Life is an adaptation of one such program - Mindfulness Based Childbirth and Parenting (1)

Aim:
Mind in Labour Mind in Life aims to reduce perinatal stress, anxiety and depressive symptoms in birthing women, reduce fear of childbirth and increase confidence, in managing the pain of childbirth, breastfeeding and parenting the newborn and improve communication between partners.

Description:
A pilot was conducted to demonstrate the feasibility of running Mind in Labour Mind in Life in a major public maternity hospital. The program was initially taught in 8 weekly sessions of 2.5 hours face to face, the third program being conducted online due to pandemic restrictions. All topics are taught through the lens of mindfulness with the expectation of daily practice for 30 minutes or more per day. Pre and post measures showed reduction in stress and depression scores in both face to face and online groups. The program was shortened to 5 weeks online with a weekend intensive when restrictions started to lift and remains in this format. Qualitative data reflects significant positive impacts on women, their partners and their childbirth and parenting experience.

Conclusions:
Further research using a comparison group or RCT with longer follow up and measuring impacts on infant wellbeing, parental sensitivity and genomic effects beckons.

References:
1. Mindfulness Based Childbirth and Parenting https://www.mindfulbirthing.org/about
Early Preventive Model to Support Women Who Experience Mental Illness During Pregnancy, Birth & beyond

Ms. Orit Zivan¹, Dr. Tamar Kosef¹, Ms. Monique Attias¹, Ms. Yehudit Shushan², Dr. Dikla Zigdon³
¹Soroka Hospital, Beer Sheva, Israel, ²Israel Ministry of Health, ימיתר, Israel

Pregnant women with mental illness are at highest risk for experiencing a mental-health crisis during pregnancy and after giving birth. Previous research indicates that preventive treatments that allow mothers to feel a maximal sense of control can significantly reduce the risk of a postpartum mental-health crisis.

We propose a model to support them from pregnancy through the first year postpartum, which includes a collaboration between four professional units: the adult and preschool psychiatry units and the midwifery division at Soroka Hospital and the family health unit in the community.

The intervention includes two phases:

1. The birth phase: This phase is an early intervention during pregnancy that will focus on preparation for birth; it will involve the adult and preschool psychiatric teams as well as the midwifery team. A personal birth plan will be tailored for each mother, including suitable medication and consideration of both the mother’s and father’s characteristics and needs.

2. The bonding phase: It is known that the risk of insecure attachment increases significantly if the parents themselves are diagnosed with a mental-health disorder. Therefore, after birth, parents will visit the preschool psychiatry unit with their newborn, where the psychiatric team will work with them on everyday parenting functions, with an emphasis on reading the child’s cues and enhancing a positive parent-child relationship. Additionally, they will regularly meet with the community nurse, where they will learn about the physical care of their baby.

To sum, having a group of professionals create a support envelope for women with mental illness during and after birth enhances the physical and mental health of parents and their baby. This is vital to ensure secure attachment and to reduce the chance of intergenerational transmission of mental-health disorders.
Developing Emotional Competence through Reflective Mentorship and Supervision

Ms Anat Weisenfreund¹,², Dr Jayne Singer³,⁴,⁵

¹Massachusetts Association for Infant Mental Health, , USA, ²Community Action Pioneer Valley Head Start and Early Learning Programs, Northampton, USA, ³Brazelton Touchpoints Center, Boston, USA, ⁴Boston Children’s Hospital, Boston, USA, ⁵Harvard Medical School, Boston, USA

INTRODUCTION

Emotional Competence is foundational to child, family, and workforce well-being. Child-serving systems function as a holding environment for all who work within it and can intentionally support practitioners’ ability to provide emotionally responsive, trauma- and diversity-informed care by scaffolding their reflective capacity through mentorship, supervisory and peer relationships.

AIM

Participants will gain a deeper understanding of the critical role of organizational culture and processes in supporting the healthy emotional development of young children and their families. We will explore how to create opportunities to develop emotional competence in children, families and staff. Participants will further understand how parallel process operates on a systems level and how reflective mentorship and supervision of staff can be successfully embedded as key strategies for creating relational, trauma and diversity-informed systems of care.

DESCRIPTION

Facilitators will provide a contextual frame for supporting reflective functioning in practitioners through training and supervision, outlining the building blocks of emotional competence. They will describe their close work together, as partners in supporting a large Head Start Program through training and reflective consultation, and also through the discoveries made in their ongoing work as reflective mentor and mentee. Facilitators will illustrate the strategies discussed through a live fishbowl demonstration, followed by interactive pair-share. A large group debrief and reflective discussion will focus on identification of emotional content and strategic methods in reflective consultation and supervision.

CONCLUSION

In summary, this interactive workshop will provide a framework and guide for achieving systemic, structural change in child and family serving systems by promoting emotional competence through developmentally-informed reflective strategies, all in service of supporting the mental health of the youngest children and families.
The Strong Starts Court Initiative:
Developing Infant Toddler Courts in New York City and State

Dr. Susan Chinitz¹, Ms Kiran Malpe¹
¹Center For Court Innovation, New York City, USA

Introduction: Infants and toddlers are vastly overrepresented in the child welfare system. Yet most practitioners within it have little knowledge of early development. This lack of expertise often contributes to additional harm imposed on the child.

Purpose of the Work: The Strong Starts Court Initiative brings expertise in infant mental health into the Family Courts by pairing an experienced clinician with a dedicated Strong Starts Judge. The Family Court becomes a port of entry to high quality clinical and family support services, and engages children’s court teams to consider all plans and decisions through the developmental needs of the child.

Description: Strong Starts is a community engagement, systems reform, and multidisciplinary approach to child protection cases for children birth to three years of age. It elevates the importance of children’s caregiving relationships and ensures that there are interventions that repair disrupted attachments and the trauma that often accompanies child welfare system involvement. It changes the adversarial nature of Family Court to one that is highly collaborative, and brings all members of children’s court teams (family, attorneys, case workers and clinical service providers) together for monthly clinical conferences that promote a strength-based and problem-solving approach to the complexities in children’s families and psychosocial contexts. Regularly scheduled trainings promote the knowledge of judges and attorneys in early development, relational and developmental health.

Conclusion: Participation in Strong Starts has reduced re-entry into the child welfare system. Judges and attorneys report they have better knowledge of early development, and of evidence-backed interventions for infants, toddlers and their caregivers. Families report perceived support during a stressful time and better understanding of children’s needs. Strong Starts is currently operating in the Family Courts in all boroughs of NYC and in Westchester County. A recent federal grant will promote statewide expansion of these specialized infant toddler courts.
Attachment models in the transition to motherhood

Dr Hava Guez¹, Dr Hava Guez¹, Professor George M Tarabulsy²
¹Laboratoire Paragraphe, Paris, France, ²University of Laval, Quebec, Montreal

Mental health in the perinatal period is a major societal concern. Suicide has become the second cause of maternal mortality after cardiovascular diseases, representing 13.4% of maternal deaths during the perinatal period.

Following recent research findings suggesting that trait anxiety mediates the link between attachment to one's own mother and maternal burnout during the postpartum period, we present qualitative data illustrating these results. These case studies enable us to highlight the different possible pathways in the transition to motherhood. We will present three mothers in the postpartum period through narrative excerpts (during the Attachment Multiple Model Interview), and their responses to the State-Trait Anxiety Inventory, and the Parental Burnout Assessment.

For the first participant, cumulative risk factors seem to precipitate parental burn-out, while for the second, the absence of such facts seems to lead to better adaptation in the postpartum period. The third case illustrates resilience in that despite the presence of risk factors (disorganized attachment with the mother, trait anxiety), the burn-out score is low. As identified in the empirical quantitative study, this is attributable to secure attachment to the partner.

These clinical vignettes illustrate the processes by which attachment models of early relationships might influence mothers in the way they experience motherhood. Such an influence seems most likely in circumstances that echo critical moments of childhood. The built-in patterns of early relationships are patterns for the future that are believed to continue to exist well beyond childhood.

When women become mothers, attachment representations of the relationship with their own mother are believed to guide their perception of the relationship with their baby. Attachment with the partner is also significant during this period, especially when negative representations of past relationships are present and may compromise mothers’ capacity to cope with the challenges of adapting to the birth of a child.
Antenatal Journeys with Congenital Heart Disease in Ireland

Dr Orla Franklin¹,²,³,⁴, Ms Caroline Geary¹, Dr Anne-Marie Casey¹,⁵
¹Children’s Heart Centre, Children’s Health Ireland at Crumlin, , Ireland, ²Department of Paediatric Cardiology, Children’s Health Ireland at Temple Street, , Ireland, ³Associate Clinical Professor, School of Medicine, Trinity College Dublin, Ireland, ⁴Associate Clinical Professor, Faculty of Health Sciences, University College Dublin, Ireland, ⁵Adjunct Lectuer, Doctorate in Clinical Psychology Programme, Ireland

Introduction: Congenital Heart Disease (CHD) is an umbrella term used to describe problems with structures of the heart and how the heart works at birth. CHD diagnoses, interventional and surgical treatment to repair or palliate heart conditions in babies can be prolonged, stressful and psychologically impact on both infants and parents. Five hundred newborns with a diagnosis of CHD are seen by this tertiary service each year. 60% of these newborns have a prenatal diagnosis of CHD through the fetal medicine programme in maternity hospitals in Ireland.

Purpose of the project: The aim of this presentation is to give an overview of infant mental health and perinatal mental health considerations in antenatal diagnoses of CHD and its impact on babies and their families.

Description of the project: A Consultant Paediatric Cardiologist and Clinical Nurse Specialist in cardiac fetal medicine meet with parents at maternity hospitals, and once diagnosed meet and support them at the paediatric tertiary centre prior and after the baby is born. A fetal handbook for parents was designed as a joint venture by the fetal cardiac team, the department of psychology and a parent advocate as an educational support and resource for parents. Psychology has now joined the Consultant Paediatric Cardiologist and CNS in Fetal Medicine to pilot a programme to support parents with complex decision making with diagnoses of single ventricle CHD during pregnancy. There is growing interest through the use of the NBO (Newborn behavioural Observation) in antenatal journeys of babies which has been incorporated into the Psychology approach with these families.

Conclusion: Perinatal and Infant Mental Health are important considerations in diagnoses of CHD. Developments, challenges and obstacles in providing this service discussed.

Keywords: antenatal, infant mental health, congenital heart disease, fetal medicine
Treating infant eating disorders, traditional and contemporary concepts and tools

Prof Dr Delphine Jacobs

INTRODUCTION
A young child’s feeding experience profoundly impacts the parent–child relationship, and the child’s sense of basic trust and inner sense of self. Intense transferences and countertransferences in the treatment setting can be worked-through by a psychodynamic interactive multidisciplinary work making the link between body and mind, child and adult, the individual and the relationship.

AIMS or PURPOSE of the project or work described
Presentation of traditional and contemporary concepts and tools guiding our therapeutic work, illustrated by means of video recordings of a case history throughout the treatment trajectory.

DESCRIPTION of the work or project
After reviewing the current state of art concerning infant eating disorders, we present the concepts and tools used in our child psychiatric day hospital. The port of entry is mostly pediatric with an infant refusing to eat. Stressed family relationships and parental feelings are only addressed later in the trajectory. We invite parents to hand over meals, also at night if the relationship is particularly tense and parents are exhausted. Video-recorded meals will show participants which co-regulation tools help the child in regulating overwhelming anxieties concerning control and separation-individuation issues. Psychomotor therapy guides the dyad/triad in regaining vitality and pleasure. Sensory discovery sessions help the child to overcome her fears and pick up interest in manually and orally exploring food. Other activities accompany the child in enhancing self-trust. An interactive multifunctional context allows the diffraction and working-through of transferences of both parents and child. In a separate parental guidance space parents’ own relational history, projections and attributions are received. Finally, family meals take place with gradually less professional involvement, first at the unit and at last at home.

CONCLUSIONS
The profound and lasting impact of infant eating disorders can be successfully hampered by a contemporary psychodynamic intervention.
Welcome (to your Health) Home: Addressing the well-being of young children in primary care

**Dr Abigail Angulo**¹, Professor Ayelet Talmi¹
¹University Of Colorado, Aurora, USA

**Introduction:**
With the relative paucity of developmental specialists and growing wait times for evaluation of autism spectrum disorder (ASD) and developmental delay (DD) in young children, new models of care are needed.

**Purpose:**
Autism spectrum disorder and developmental delay diagnoses are more prevalent and have become a growing concern for parents of young children and contribute to health disparities. The relative paucity of experts in diagnosis of neurodevelopmental disabilities and time-consuming nature of a full developmental evaluation lead to a significant delay in diagnoses of ASD or DD. The time-sensitive nature of the diagnosis in this age group and subsequent access to supports require a new model of care to ensure that these children are accessing intervention and supports in a timely manner. Lengthy specialist waitlists ranging from 6 months to 2 years can delay diagnoses and subsequent intervention for children, which can have an impact on the child’s future developmental potential.

**Description of the work:**
A new clinic model was developed in a large, urban, pediatric primary care residency training clinic associated with a large children’s hospital. To address the potential delays in diagnoses, a Developmental Behavioral Pediatrician (DBP) is imbedded within the medical home, promoting team-based care. Strategies include primary care providers (PCP) directly referring patients to the DBP. Specialty consultation is provided to the PCP and patients are then evaluated within their medical home. Developmental diagnoses and recommendations are provided after history is completed and behavior is observed to support each child’s specific needs. A portion of children seen require further developmental evaluation in a specialty clinic.

**Conclusions:**
From July 2021-June 2022, 178 new patient appointments were seen within the medical home. This model of care has improved the attendance rate of the families who were referred and shortened delays in diagnoses as well as intervention recommendations.
More than words: Working with the “felt sense” in IECMH through a Polyvagal lens

Vickie Novell¹
¹Vickie Novell, PLLC, Royal Oak, United States

This workshop will explore how Polyvagal theory provides a roadmap for a deeper understanding and use of the therapeutic “felt sense” of being with another. Participants will explore non-verbal communication, mismatched affect, and how to understand and build upon the clinicians “trained gut” as both an assessment and intervention tool more concretely. Through a ‘bottom up’, body-based approach, Polyvagal theory and practice offers the IECMH community a neurophysiological framework for decoding non-verbal, oftentimes unconscious, emotional reactions to therapeutic material as present in the therapy session. Participants will learn the vagal system’s physiological response to perception of safety or unsafety and learn to identify the three states of arousal through biobehavioral markers.

Learning Objectives:
1. Identify 3 states of arousal, the 'window of tolerance', and how Polyvagal theory constructs promote co-regulation and the brain-body connection.
2. Identify 3-4 interventions to build "Therapeutic presence" as an assessment and intervention tool.
3. Explore barriers to therapeutic relationship safety as it relates to cultural identity, unconscious bias, and non-verbal communication. Identify strategies to increase the ‘felt sense’ of safety, attunement and grounding.

Through the use of self-as-therapist, we will explore how Polyvagal theory encourages self-reflection as self-care and intervention, by concretely deepening their ‘Therapeutic presence’ through specific interventions such as grounding, orientating, and interoception – internal attunement and acceptance. Participants will learn how to develop specific interventions to promote connection and safety.
(Re)considering the "Table" while Adding More "Seats" - Diversifying the Infant Mental Health Workforce

Dr Nucha Isarowong¹, Ms. Haruko Watanabe²

¹Advanced Clinical Training Program, Barnard Center for Infant and Early Childhood Mental Health, University of Washington School of Nursing, Seattle, United States, ²Navos Infant and Early Childhood Mental Health Program, Burien, United States

Introduction
It is well documented that disparities in health and wellbeing outcomes, exacerbated by COVID-19 the pandemic, persist alongside demographic mismatches in the helping professions, including the infant and early childhood mental health (IECMH) workforce, between those who provide and those who receive services especially as the professional education and credentialing requirements increase. Extant evidence supports that demographic matching of trained professionals and client families influence positive service outcomes. In addition, evidence drawn from sociological and anthropological studies suggest that western centric knowledge and understanding and the associated standards and norms of child and family development and interactions used as the bases for prevention and intervention services may have iatrogenic effects on the health and wellbeing of children and families from historically marginalized communities – the same communities that underrepresented in the workforce. Despite decades of effort to bring people from underrepresented communities “to the table,” underrepresentation persists. We present for discussion a state-wide, IECMH professional development program.

Aim of program
One goal of the professional development program and the focus of this workshop is on diversifying the IECMH clinical workforce.

Description of Program
We drew on the diversity-informed practice principles to guide our understanding of how systemic inequities perpetuate barriers to workforce diversification and utilized anti-racist, anti-oppressive frameworks to guide the design and implementation of the professional development program. As we continue to make room at the IECMH table, we (re)considered the table’s role in perpetuating barriers and worked to see the table differently, holding in mind the experiences of prospective IECMH professionals from underrepresented communities, their training and educational opportunities, and the context in which they will practice.

Conclusion
This workshop includes a brief presentation about our program before opening up the space for a dialectic to consider the need, approach, and benefits to diversify the IECMH workforce.
Using simulation to improve practitioner responses to mothers experiencing intimate partner violence and their infants

Dr. Angelique Jenney¹
1University Of Calgary, Calgary, Canada

Introduction
Infants and young children are developmentally impacted directly by their environments. Nowhere is this more pronounced than in families where violence and trauma are regular occurrences, specifically when caregivers are harming others or being harmed. Nearly 1 million Canadian children are exposed to intimate partner violence (IPV) annually with the majority of reports to child protection services being for children under the age of 3 years. Experiencing IPV was exacerbated globally by the COVID-19 pandemic while at the same time, real-life practice opportunities to learn how to appropriately respond to infants experiencing this violence against their mothers was reduced.

Purpose
The use of simulation-based learning (SBL) has been demonstrated to be effective in training students and practitioners in client-centered professions such as social work, nursing and medicine, all professions that are likely to encounter mothers experiencing violence. The presentation illustrates the use of simulation-based learning (SBL) within a community-based setting to improve access to training and the development of clinical practice competencies in practitioners to improve intervention outcomes for infants with mothers experiencing intimate partner violence.

Description
This presentation will discuss an innovative training approach that provides access to experiential learning using Virtual Gaming Simulations (VGS) to increase access to training and upskilling opportunities for both student and professional practitioners.

Conclusions:
Presenters will illustrate the use of SBL as a unique pedagogical approach to training practitioners in this field and provide opportunities for participants to engage in the mother-infant VGS learning experience.
It's different with dad: a father-child intervention from the standpoint of activation theory

Dr Guadalupe Puentes-Neuman1, Dr Stephanie Breton, Dr Daniel Paquette
1Université De Sherbrooke - Psychology, Longueuil, Canada

Introduction
Parenting interventions have demonstrated their effectiveness in promoting children’s positive social and cognitive development and preventing maltreatment and abuse. Parenting programs are designed to promote parenting competencies related to “mothering” and rely on attachment theory for the design of the intervention components, the delivery and expected outcomes. However, recent research and theoretical formulations propose that fathering, or the paternal function, influence children’s development in a unique way through the activation relationship: opening the child to the world, encouraging exploration and risk-taking, while setting limits in a warm and sensitive manner. The importance of fathers’ role in children’s lives is well documented and their active participation has positive effects on the child’s academic, socio-emotional, and cognitive level. However, most parenting intervention programs are not designed to promote and develop the specific characteristics of the father-child relationship. These recent concepts have been integrated into a clinically pertinent, theoretically-driven intervention program for fathers and their young children called It’s different with dad!

Purpose
This presentation will describe a father-child intervention program delivered to fathers and their preschool-aged child through community-based organization serving disadvantaged fathers in the province of Québec, Canada. The program consists of 10 biweekly group workshops where fathers and their child are invited to participate in a series of activities promoting exploration, tolerance of novelty, risk-taking, and socio-emotional regulation while strengthening the father-child relationship. Using a strengths-based approach, trained psychoeducators intervene to support the paternal function of openness to the world, deepen the father’s knowledge of his child, strengthen paternal engagement by attending to fathers’ needs in their fathering role, increase paternal sensitivity, and provide fathers with stimulating tools and activities that can be repeated at home.

Conclusions
By considering the specificities of the paternal function in developing father-child interventions we’re able to promote and strengthen the father-child activation relationship.
Made in Australia: Infant consultation to address abuse, violence, and neglect

Ms Emma Van Daal¹, Dr Kerry Slabak¹, Ms Lauren Vanderzeil¹, Ms Rebecca Bennett¹
¹Berry Street, Eaglemont, Australia

Introduction: Berry Street Take Two is a therapeutic service for infants, children and young people who have experienced developmental and relational trauma in Victoria, Australia. The Take Two Infant Mental Health (IMH) consultancy program is unique in that it supports clinicians who already have training and experience assessing and providing therapeutic interventions to vulnerable children and young people. Knowledge of IMH and experience working with infants, however, varies among clinicians. Additionally, clinicians work within adult-centric systems where the infant’s experience is often overlooked. It is the unassailable right of all infants to have their voices heard and be held in mind, but especially important for at-risk infants. IMH consultants therefore play a crucial role in providing theoretical and practical expertise to enhance Take Two clinician’s confidence and knowledge in their work with infants and their caregivers.

Aims:
1. To describe the key aspects of IMH consultancy that benefit clinicians, infants, families and systems.
2. To highlight the impact of IMH consultancy in a service such as Take Two.
2. To present a model of IMH consultancy, with the hope of inspiring other organisations to advocate for and implement similar programs.

Description: Through case examples, we will describe the central components of IMH consultancy in Take Two. We will outline how consultants provide a level of holding that can bear the emotional-relational complexity inherent to working with vulnerable infants. We will also discuss the challenges of keeping the baby alive in the minds of clinicians working within complex and reactive systems.

Conclusion: IMH consultants support clinicians to adopt an infant-centric lens to consider their experiences, attend to developmental risk and advocate for their right to be heard and have agency in decisions that impact their life and relationships.
Infant Mental Health Workforce Development: Using Internships, Externships and Systemic Approaches

Dr CATHERINE WRIGHT¹, Ms Rochelle Matacz²
¹State of Minnesota, St. Paul, United States of America, ²Pregnancy to Parenthood, Perth, Australia

• INTRODUCTION
This presentation will provide information on the way a hospital in Western Australia and a State in the United States of America used national and international research to develop a sustainable infant and early childhood mental health system of care. The presentation will focus on both local workforce development and large scale workforce development.

Hospital: High quality training and preparation of graduate trainees ensures those entering the workforce are equipped with necessary skills and expertise to work in perinatal and infant mental health (PIMH). Pregnancy to Parenthood (P2P) builds workforce capacity through providing graduate students an intensive 10 month placement in a community based perinatal and infant mental health service in Perth, Western Australia.

State: While the outcome of the State’s efforts are to improve the clinical competency of clinicians serving children birth through five and their families, the presentation will focus on sharing the systemic approach to growing State-wide competence in the workforce and modifying policies to sustain the use of evidenced based practices to fidelity.

• AIMS or PURPOSE of the project or work described (Objectives)
  o Participants will learn how to develop a state-wide (large scale), evidenced based early childhood mental health system of care.
  o Participants will learn how to develop a PIMH placement designed for graduate students that builds PIMH skills and is aligned with an internationally recognised endorsement and competency framework.
  o Participants will learn how to grow graduate workforce capacity by providing a specialised PIMH placement opportunities in a community based integrated PIMH clinical service.
  o Participants will learn about the graduate training experience towards building skills that enables them to enter the workforce with clinical capacities to work with infants, young children and their families beginning in pregnancy.
  o Participants will learn how to grow the workforce by providing training, consultation, and supports around certification.
  o Participants will learn about standardized clinical outcome measures that can be used to measure clinical progress in young children.
  o Participants will learn how one US State changed its public funding policies to support the sustainability of the evidenced based early childhood clinical work.

• DESCRIPTION of the work or project
The presenters will describe an overview of the therapeutic interventions provided to families at P2P and throughout the State of Minnesota.
Hospital/P2P: The presentation includes a detailed description of the specialised training program offered to graduate students completing their Master of Clinical Psychology. The P2P training model, aligned with the Australian Association For Infant Mental Health Competency and Endorsement framework builds competencies through three core components; (i) knowledge, (ii) direct service skills and (iii) clinical and reflective supervision. The presenter will provide reflections from the staff and graduate trainees that explore the trainees experience of completing a placement and learning within a model that is multifaceted and relationship based. Outcome data will also be presented to demonstrate the effectiveness of the P2P intervention model with highly vulnerable families which is predominantly delivered by graduate trainees.

State: The presentation will also describe the State of Minnesota’s use of developmental research to develop and sustain the use of evidenced based clinical assessments and treatments for young children. Specifically the presenter will discuss the use of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5), the State-wide certification of clinicians in Attachment Bio-Behavioral Catch-Up (ABC), Child Parent Psychotherapy (CPP) and Parent Child Interaction Therapy (PCIT), the presenter will share the outcome measures used to assess the effectiveness of the interventions, and finally, the presenter will discuss how the public medical insurance rules were changed to support the sustainability of clinicians’ uses of the evidenced based assessments and treatments.

CONCLUSION
It is hoped that participants will be able to use the information to promote both local and large-scale workforce development that is evidence based, research informed and sustainable.

REFERENCES:


Early relationships matter - even more when they are in danger due to parents’ separation

MD Barbara Kalckreuth, Christisane Wiesler, Irmgard Goettler-Rosset, Tina Wienecke

Separation is a severe threat for the early relationships with life long and transgenerational implications. Separation in the first years of life is frequent due to the complexity of transition to parenthood. Family attorneys and the family court are addressed. Babies and toddlers cannot yet verbalise their feelings and wishes but show their dilemma with body and behavior. Fight, flight and freeze are the innate possibilities to show their helplessness in the loss of their secure base. The emotional needs are to a far extend neglected in the legal decisions.

In a special setting, the cooperative practice, each parent has her or his family attorney who are obliged to cooperate. We would claim to add a parent-infant-psychotherapist to give the child a voice. The parents’ different points of view could also find words for the so far unsolvable conflict. Thus they have the chance of creating a story of their situation which could allow a clarifying therapeutic intervention. At least child and parents could refer to biographic facts without secrets, myths and projections.

We report from an interdisciplinary working-group with family attorneys practising the cooperative practice. the president of the family court, a process attendant, a conflict consultant und parent-infant- psychotherapists.
Implementing the Parent Infant Interaction Observation Scale within Teesside Perinatal Mental Health Services

Professor Dawn Cannon¹, Dr Laura Pocklington
¹Warwick Medical School, Coventry, United Kingdom, ²Teesside Specialist Perinatal Service, Stockton, United Kingdom

Introduction

Parental sensitive responsiveness is a significant factor in determining if an infant becomes securely attached. Research shows infants who are securely attached have optimal functioning across all childhood domains. Insecure and disorganised attachment are associated with a range of later psychopathologies and prevalence is more common in disadvantaged populations.

Teesside, in the Northeast of England in the United Kingdom, has some significantly deprived areas where practitioners working with infants and their families being able to identify dyads where the interaction is less than optimal would be prudent.

The Parent Infant Interaction Observation Scale (PIIOS) is a standardised scale used to assess the quality of the parent infant (P-I) interaction from 2-7 months. Of all births within Teesside 7% of women need to access specialist perinatal mental health services due to mental illness such as postpartum psychosis, severe depression or bipolar disorder. The Teesside Perinatal Mental Health Team have now been trained to use PIIOS to minimize the impact of this upon the mother’s relationship with her baby.

Aims of the Work

The aim of this work was for the team to become trained and reliable in using PIIOS to enable them to implement PIIOS clinically.

Description of the work

From 2019 Warwick Infant and Family Wellbeing Unit have trained the team in using PIIOS. The team have had to navigate several processes and procedures including consent, creating a leaflet to explain PIIOS to parents, obtaining videos, feedback to the multi-disciplinary team for care formulation, working in partnership with parents and recording PIIOS in patient notes.

Conclusion

The team have found PIIOS realistic to implement and it is now integral to their work and supports promoting relation-based practice.
A Community-Centered Approach to Home Visiting in Chicago

Rebecca Harles¹, Mr Niall Sexton², Vice President of Children’s Services Mary Reynolds³
¹Center for the Economics of Human Development, Chicago, USA, ²Preparing For Life, Dublin, Ireland, ³Casa Central, Chicago, USA

Introduction
Preparing for Life (PFL) is an innovative, evidence-based early childhood home visiting program, developed in Dublin, Ireland with strong proven outcomes that have attracted international attention. One essential question is how well the PFL curriculum and approaches developed specifically with and for communities in Dublin will translate to other settings and populations.

Aims and Purpose
This presentation will share the process by which PFL has been adapted for use in a social service agency in Chicago, serving a largely Spanish-speaking and Latinx community.

Description of the Work
The presentation will describe the partnership between PFL, researchers at the University of Chicago and a local social service organization. This partnership has been central to the process of adapting the Irish model to Chicago, understanding of the local context, translation and adaptation of the curriculum, staff training, and implementation.

The model involves monthly home visits from pregnancy until school entry, along with regular group support. Community-centered program design is a key feature, with community stakeholders and families intrinsically involved in the creation and adaptation of the program to maximize its local relevance.

This program is embedded within a rigorous, longitudinal, respectful and person-focused research design with a focus on how the program supports early interactions with caregivers and other adults and how those interactions lead to enhanced child development and what implementation levers influence the quality of service delivery.

Conclusion
Early childhood home visiting is neither new, nor necessarily rare, although there is still much to learn about how to translate existing evidence-based programs into new settings. Once fully implemented, this program will provide Chicago families with high-quality home visiting services and provide evidence for how and why these programs lead to more positive, long-term outcomes for children and families.
This presentation briefly refers to some parent-infant psychotherapy treatments. Having written about this work in a book (1), I had met the families once to show them my write-up and have their permission to publish. The second time I met them, it was to give them a copy of the book. This second meeting, which occurred after the Covid-19 lockdown, had been particularly moving and it took place either at the family’s home or in public venues such as parks, train stations, coffee-places etc. My role had shifted into that of an interested grandmother or benevolent, great-auntie figure. The families were in awe and showed disbelief, interest and appreciation at having been written about. They had maintained some basic, familiar characteristics of the past, such as being caring, interested, hard-to-reach, or anxious about their children. One mother, who had suffered from severe postnatal depression and had benefitted greatly from parent-infant work, had come with her baby-at-the-time, to Parliament for the 1001 Critical Days: the Importance of conception to Age Two Period and had occasionally kept in touch with me. The baby’s father had also been involved in the work. By the time we reunited for the delivery of a copy of the book, when her child was 6 years old, we snacked on a canal bank, spoke and played joyfully hopping in and out of a water fountain as if we were on a three-generation family outing. Mother was looking forward to train to become a hospital child-nurse. Most of these families had moved on developmentally with thriving children.

This presentation aims at highlighting the great value of both the continuity of contact and the therapeutic aspect of these informal, but still thoughtful and fruitful, later reunions.

Innovation and collaboration: Bringing the baby into Primary Care Psychology Services. Two Approaches

Fionnuala O Shea\textsuperscript{1,2}, Dr Jeananne Garavan\textsuperscript{1,2,3}

\textsuperscript{1}Psychological Society of Ireland, , Ireland, \textsuperscript{2}Health Service Executive, , Ireland, \textsuperscript{3}Irish Association of Infant Mental Health, , Ireland

Psychologists in Primary care are uniquely placed to intervene early, to promote Infant Mental Health (IMH) within communities, and prevent disruptions in relationships that can negatively impact on a child’s development. As well as direct intervention, Psychologists at Primary care can also contribute to IMH by capacity building across health sectors and disciplines.

The workshop facilitators will describe their experience of developing two different but complimentary models of IMH practise within Primary Care Psychology. It is hoped their learning in collaboration with audience participation may serve to inspire and enable further IMH service development.

Having moved to a green field site to develop an Adult Psychology Service at Primary Care level, Dr Garavan will share her rationale, both professionally and personally, for prioritizing IMH. She will describe her journey to date in terms of service initiatives and strategic developments whilst reflecting on critical junctures along that journey: the importance of relationships & collaboration; finding your secure base and the challenge of holding uncertainty in face of an evolving process.

Ms Fionnuala OShea will outline how the promotion, prevention and treatment of infants’ mental health was incorporated into a Primary Care Child and Family Psychology Department. Vignettes will illustrate infant parent psychotherapy in action and the role of reflective consultation in supporting these efforts.

This workshop will offer insights into Psychology’s role as a resource for others, in effecting organisational change, and direct clinical work. It is hoped this will provide other Practitioners with a roadmap for IMH practice.
Transdisciplinary approach to address sensory developmental challenges for infant and early childhood professionals.

Dr Kate Crowley\(^3\), Dr Paula Ray\(^1,2\)

\(^1\)Paula Ray, Psyd., LLC, Lincoln, United States, \(^2\)Nebraska Resource Project for Vulnerable Young Children, Lincoln, United States, \(^3\)University of California, Chan Division of the USC Department of Occupational Therapy, Los Angeles, United States

This workshop will present concepts of sensory development, challenges, and interventions within a transdisciplinary framework of mental health and occupational therapy. The goal of this workshop is to assist Infant and Early Childhood professionals increase skills in building multi-disciplinary teams and to facilitate parental understanding of children’s challenges.

Our theoretical basis stems from research describing how chronic stress and traumatic experiences negatively impact sensitive periods of early child development, producing negative results for children and their families. Research demonstrates that sensory neural development begins in utero, influenced by the quality of pre- and post-natal environments. Children and families within the child welfare system often suffer from the effects of historic systemic oppression with limited opportunities to access resources for a secure and safe living environment. Many pregnancies are considered high-risk and children are growing up in highly strained home environments with parental mental illness, parental negligence, substance abuse, and domestic violence. Sensory processing problems impair a child’s ability to form attachment bonds with caregivers and others, to perform adaptive tasks of daily living, and can lead to delays across developmental domains and academic learning. Research has shown that effective interventions can serve to increase the odds of adaptive outcomes. A child and family involved in the child welfare system often traverse multiple systems of care- mental health, medical, education, and the court system. The demands for effective transdisciplinary communication between professionals from diverse disciplines is critical for building teams that work effectively in the best interest of the child and family. Using didactic material and case examples presenters will assist participants develop a shared understanding and terminology to discuss symptoms of sensory challenges. This skill can increase communication within a multidisciplinary team resulting in a stronger foundation of support and advocacy for vulnerable children and families.
Adverse Childhood Experiences: Promoting Awareness, Advancing Practice and Prevention

Dr Margaret O Rourke¹,²,³, Dr Maeve Hurley²

¹School of Medicine,, University College Cork, Ireland , ²Relationships In Practice , Social and Health Education (SHEP) , Ballintemple, Ireland , ³Irish Centre for Foetal and Translational Research(INFANT) , University College Cork and Cork University Maternity Hospital , Ireland

Several studies have elucidated the wide range of biological, neurological, psychological and social correlates of various traumatic and adverse childhood experiences. This knowledge base can serve as a foundation to promote awareness and develop policies and practices that support infants, children and families. This paper presents work undertaken 2018 - 2021 to raise awareness of infant and childhood adversity and highlight the importance of responsive relationships and their potential for buffering, prevention and protection.

The aim of the project was to promote frontline practitioner awareness of Adverse Childhood Experiences’ and explore with practitioners how this awareness could translate into action, advocacy and support.

The Project involved facilitated screenings of the award-winning documentary Resilience: The Biology of Stress and the Science of Hope* to frontline practitioners. 23 separate events were offered, hosting 625 practitioners from health, education, youth, community development and social care across Ireland. Each session began with information to introduce and contextualise the topic and the documentary, followed by the screening, small group discussion, reflection and debriefing and concluding with formal and informal practitioner evaluation.

Audit and thematic analysis revealed five core themes, these and other key findings are summarised to include practice and action points. 74% of participants reported that the session had significantly increased their awareness; 71% reported that it helped them reflect how they could advance practice and enhance buffering and protective influences. An output from this work, a resource handbook is described. * *

The conclusion highlights frontline practitioners’ roles in building hope and resilience in communities and their considerable potential to make a difference in children’s lives.

*James Redford , (2016 ) , Resilience Documentary

* *O’Rourke, M, Hurley, M, O’Sullivan, N and Hennessy, D (2021) Adverse Childhood Experiences: 50 Reasons to Support Relationships in Practice, Relationships in Practice Publication ,
Digital media and early childhood - the position paper of GAIMH and beyond

MD Barbara Kalckreuth¹, Ms Elisabeth Denzl, Prof. Paula Bleckmann
¹GAIMH, Freiburg, Germany

Foreground and background screen media exposition of infants and toddlers together with technoference have continuously increased in the last decades. Covid-19 pandemic and introduction of Home Office have caused another steep rise. The effects on the development in early childhood are subject to research. Studies of high quality are rare. Foreground exposition is showing predominantly negative effects by displacing exploration with all senses. Technoference (Technology & Interference), e.g. parental smartphone use in the presence of the child is disrupting parent-infant-interaction, play or meals. Parents are mostly not aware of the fact that these “normal” situations are stressful for their child and cannot be balanced without their emotional presence. This can be a risk for the development. Parents are furthermore confronted with rather aggressive marketing of digital applications for young children promising educational and safety benefits without scientific proof.

The GAIMH established an interdisciplinary working group on “Digital Media and Early Childhood”. A position paper was published in 2022 which contains

• a review of the current state of research regarding several developmental outcomes
• an appraisal thereof in the light of the developmental needs
• suggestions for the training of early childhood professionals
• recommendations for counselling of parents, with examples of non-judgemental and resource-oriented ways of providing information and guidance
• recommendations on the political and legislative level

We want to present and discuss key findings and suggestions from this paper, put it into the WAIMH context and open the perspective on early child-care settings where screen media are used. The gap in research with the focus on foreground exposition and technoference should be closed soon.

References
German speaking Association for Infant Mental Health (2022) Position Paper "Digital Media and Early Childhood: State of Research, Effects and Recommendations".
Using Choice Theory/Reality Therapy in Reflective Supervision and Consultation

Dr. Gloria Smith Cissé1, Mrs Tracy Schreifels
1The Southern Center For Choice Theory, Llc, Macon, USA, 2Ellison Center, St. Cloud, USA

Reflective supervision and consultation in the realm of infant and early childhood mental health has long existed as the gold standard of care. Choice theory/reality therapy (CTRT) as a tool in supervision/consultation emphasizes the importance of the relationship and self-evaluation of the supervisor and supervise. This presentation will expose participants to CTRT theories and allow the appraisal of aspects of CTRT that lend themselves to supporting reflective practice. This will create a fusion of the theories and lead to understanding of how other theories can be used in reflective supervision and consultation practices.

Objectives:
1. Describe and define choice theory/reality therapy concepts
2. Discuss choice theory/reality therapy in supervision, consultation
3. Compare and contrast choice theory/reality therapy with current reflective consultation
4. Synthesize choice theory/reality therapy concepts with reflective supervision and consultation
5. Support attendees in reflecting on how CTRT might support their reflective practices
Key Adaptations to Integrated Behavioral Health Services for Young Children with Special Health Care Needs

Dr Verenea Serrano¹, Dr. Jonna von Schulz²
¹University Of Colorado And Children’s Hospital Colorado, Aurora, USA, ²UNC Department of Psychiatry and Asheville TEACCH Center, Asheville, USA

Introduction
Primary care is a viable place to deliver mental health services to young children and their families, and the provision of integrated behavioral health (IBH) services in this setting requires consideration of various system- and individual-level factors. However, compared to medically typical children, there is less research on IBH services for young children with special health care needs (SHCN) in primary care. Thus, more information is needed regarding how IBH services should be adapted to best meet the unique needs of children with SHCN in primary care.

Purpose
The goal of the symposium presentation is to describe clinical and programmatic adaptations to IBH service provision within a large, multi-disciplinary complex primary care clinic that specifically serves children with SHCN and medical complexity.

Description
Within the complex primary care clinic, the IBH team has provided services to over 2,000 unique patients, with patients aged 0-5 years old representing the largest proportion of patients served. Through early childhood health prevention/promotion to intervention services, five specific IBH service adaptations have emerged as important to providing high-quality, responsive, and individualized IBH services to young children with SHCN and their families. The adaptations are: (1) flexible format and timing for the universal offering of and the ongoing provision of IBH services, (2) screening for caregiver medical-related trauma and specific inquiry into the quality of psychosocial supports, (3) increased time inquiring into patient’s developmental level and functioning, health status, and current services, (4) development of a medically- and behaviorally-integrated treatment plan in collaboration with the family and other care team members, and (5) recognition of the ongoing interaction between adjustment, stress, and resilience.

Conclusions
From the initial introduction of IBH services through the ongoing behavioral health content discussed and recommendations provided, there are important IBH service adaptations for young children with SHCN and their families.
Promoting infant mental health through innovative partnerships: adding lawyers to the perinatal care team

Dr. Deborah Perry1, Director, Perinatal LAW Project Roxana (Roxy) Richardson2, Associate Chair, OB/GYN Loral Patchen4, Research Specialist Caitlin Schille Jensen1, Director of Operations Lisa Kessler2, Vice President, Health Care Delivery Research Angela Thomas3

INTRODUCTION

Social, economic, political, climactic, and cultural contexts affect the caregiving environment for pregnant and postpartum birthing people and their newborns. Stress negatively affects health across the lifespan, and environmental factors may have multi-generational impacts. Some of the stressors that impact perinatal populations can be mitigated by integrating a lawyer into the health care team.

AIMS OR PURPOSE of the project or work described

Legal interventions positively impact the caregiving environment by addressing parents’ unmet legal needs related to their social conditions and physical environment. Legal intervention in the caregiving environment can reduce health disparities that are often rooted in social and economic disadvantages. The Perinatal LAW Project (P-LAW) is an innovative medical-legal partnership (MLP) between the Georgetown University Health Justice Alliance and MedStar Washington Hospital Center Women’s & Infants’ Services. P-LAW provides a continuum of legal services—from brief advice to full representation—in the areas of housing, income supports, employment, and family law.

DESCRIPTION of the work or project

In this clinical presentation, members of the P-LAW team will share vignettes from cases that demonstrate the power of the MLP model for perinatal populations in an urban U.S. hospital-based care setting. Selected cases will include multifaceted housing problems (substandard conditions, violence, safety, and relocation) that affect perinatal patients and the resolutions medical and legal partners were able to obtain through collaboration in the MLP model.

CONCLUSIONS

While lawyers are not traditional partners in infant mental health care, the P-LAW project demonstrates the power of an innovative model of care to impact maternal and newborn outcomes in the perinatal period.
Delivering targeted phone-based support to parents at risk of suicide in the perinatal period

Ms Julie Borninkhof

1PANDA - Perinatal Anxiety & Depression Australia, Melbourne, Australia

Introduction:
Suicide is the leading cause of maternal death in Australia and other high-income countries, and has significant and long-lasting impacts on the individual, their babies and families, and their communities. However, there is very limited research offering insights into experiences of perinatal suicidality, and services for parents experiencing suicidal ideation in the perinatal period are scarce.

Aim or Purpose of the project or work described:
PANDA delivers the only free National Perinatal Mental Health Helpline in Australia. They currently deliver approximately 50,000 calls per year with approx. 10,000 of these (20%) to callers who disclose that they are experiencing suicidal risk or ideation. The early intervention and integrated support that PANDA provides is critical to callers from across the country.

Description of the work or project:
Through person centred, evidence-based interventions and almost 40 years of delivery, PANDA’s peer and clinical team understand the fear and stigma that significantly impacts peoples help-seeking during this period. Recognising parents fear removal of their babies if they disclose risk, it is imperative that every opportunity is taken to assess risk, listen to the experience of the person and ensure they are connected to a community of care.

Delivered via a secure digital phone system and web-based tools and resources, the accessible and translated services provided by PANDA meet people’s needs across all levels of mental vulnerability and conditions. They ensure that people from Australia's most vulnerable communities receive equitable access to care.

Conclusions:
This presentation will explore the experience of perinatal suicidal ideation and risk in Australian parents.

It will present the work that the team at PANDA undertake to address caller risk, break down stigma and provide person centred care. Here the power of services underpinned by lived experience will be evidenced, including Peer support staff (employed and volunteer) and Community Champions to create and deliver care.
Hand in Hand: Empowering Families and Making the Most of Wait Times

**Ms Nicole Tuzi¹, Dr Chaya Kulkarni¹**

¹The Hospital For Sick Children - Infant and Early Mental Health Promotion, Toronto, Canada

Hand in Hand is a resource practitioners can use to provide families with an immediate response to developmental concerns. Despite the robust evidence showing the profound role early experiences have on short and long term developmental outcomes, many children languish on waiting lists for several months. These wait times further derail development and leave caregivers feeling helpless. Through this workshop participants will be introduced to Hand in Hand and learn how to provide families with a Developmental Support Plan (DSP) that is responsive to a child’s developmental needs. While we may not be able to address waiting lists (often the result of funding shortages), many practitioners, when trained on this tool, are able to provide parents with developmentally responsive and relationship-based strategies they can integrate into daily routines and interactions to support their child’s developmental needs. Hand in Hand is evidence informed and was part of an evaluation study with children involved with child welfare. In this study it was found that developmental risk was reduced when families were provided with a Hand in Hand plan. Children receiving DSPs made significant gains and many were removed from waitlists or required less intensive interventions. Plans are customized and can be culturally adapted to reflect the child’s context including culture, daily routines, and family resources.
“I like nonsense, it wakes up my brain”: Making neuroscience accessible to parents and caregivers

Mrs Helen Ryan

1Abc Start Right Paul Partnership, Dominic Street, Ireland, 2Irish Association For Infant Mental Health, Ireland, Ireland

Introduction:
This presentation departs from the premise that important research on brain development should be communicated to parents in a clear and accessible way. Using Zero To Three, The Growing Brain Curriculum, we will explore ways of sharing key messages with parents and caregivers.

Purpose:
The purpose of this presentation is to contribute to effective dissemination of evidence-based information on brain development. The early years are a period of unrivalled child development. Parents and caregivers play a key role in achieving optimal long-term outcomes for children. It is therefore crucial to ensure that parents can access the information they need to support positive early relationships and security for infants and children up to 3 years old.

Description:
Using The Zero To Three, The Growing Brain Curriculum, we will discuss a variety of ways to share key messages with parents: at antenatal workshops, stay-and-play sessions at early years services, online baby and toddler groups, and parenting events. We will also look at using print media, short videos, and social media.

Conclusion:
Practitioners working with children and families have a key role in transmitting evidence-based information to parents and caregivers. Disseminating messages in a clear and accessible way supports parents to understand the building architecture of an infant’s brain, as well as the importance of sensitive caregiving to early child development and infant mental health.
Making Infant Mental Health everybody’s business: The birth of an Infant Mental Health Network.

Mrs Helen Ryan

1Abc Start Right Paul Partnership, Dominic Street Limerick, Ireland, 2Irish Association For Infant Mental Health, Ireland,

Introduction:
Infant Mental Health Networks support workforce capacity and competencies in Infant Mental Health in line with national and international best practice models. This presentation traces the establishment and development of the Limerick Infant Mental Health Network (LIMHN).

Purpose:
In recent years, an emphasis on Infant Mental Health in national policy has cased increased interest in setting up Infant Mental Health Networks across the country. This presentation highlights some experiences from Limerick city. Using the LIMHN as a case study, the presentation offers valuable insight into the process of setting up and steering such multi-agency networks.

Description:
The LIMHN is an interdisciplinary network aiming to integrate Infant Mental Health principles into service delivery across a wide range of statutory, community and voluntary agencies. Network members have an opportunity to share experiences, learn from one another, and deepen their knowledge of IMH theory and competencies. Through a reflective practice approach, the meetings offer members a space to explore how theoretical concepts can be translated into everyday practice and service delivery.

This presentation touches on key positive outcomes and challenges in running the LIMHN. We will discuss the national policy context within which the network developed. We will talk about the role of inter-agency collaboration, and the importance of multi-sectoral partnership. We will also look at expanding the network membership, developing the network, and adapting in the face of a global pandemic.

Conclusion:
Infant Mental Health networks can support practitioners to understand the principles of IMH and their application across sectors, thereby deepening knowledge, skills and continuous professional development on theoretical frameworks and evidence-based reflective practice underpinning IMH. Additionally, IMH networks can provide a forum for developing and strengthening interagency/collaborative working, developing a shared language of IMH, sharing resources, expertise, skills, and conducting IMH collaborations across agencies within the community.
Genetic- and metabolic testing in infants with ASD and GDD in clinical academic practice

Jessie Rozemuller¹, Md Tamar Rozendaal¹

¹Levvel Amsterdam, Amsterdam, the Netherlands

Introduction
Both Autism Spectrum Disorder (ASD) and Intellectual Disability (ID/GDD) are heterogenous conditions that can be detected in early childhood (0-5 years). The co-occurrence, early presence of symptoms and clinical overlap raise the question whether common genetic- or metabolic causes can be found. Although different tests with promising diagnostic yields (12-70%) are available, and benefits for healthcare providers and parents seem clear; recommendations for testing vary across disciplines and research showed implementation of testing in clinical practice is strained.

Purpose of the project described
We aimed to inform and encourage healthcare providers, especially those working in the professional field of child- and adolescent psychiatry, to start implementing (referral for) genetic- and metabolic testing in young children with ASD and ID/GGD on a structural basis by creating recommendations for day-to-day practice.

Description of the project
At our academic center for child- and adolescent psychiatry we performed both a literature study and an in-clinic assessment. We stressed the scientific and social importance of testing and illustrated the process of referring to the geneticist and paediatrician. Between 2019-2022 we saw 129 children of whom we diagnosed 62 with ASS and ID/GDD. After referral a diagnostic yield of 16.67% was found, more results will follow in the months up to the congress.

Conclusions
To diagnose a clinical genetic disorder is of great importance in very young children with ASD and ID/GDD, because knowledge about the clinical genetic disorder may have important implications for further treatment. This may result in a better understanding of the problems presented and leads to an early adaptation of the environment. Ultimately, it is expected to contribute to an overall improvement of development.
Parallel Process: How training in an attachment-based intervention impacts those trained and service delivery

Dr Neil Boris¹, Mrs Claude Bisaillon², Dr. Francesca Manaresi³
¹Circle Of Security International, Orlando, United States, ²Universite' de Sherbrooke, Longueuil, Canada, ³Associazione Terepia e Ricerca eta Evolutiva e Adulti, Rome, Italy

The Circle of Security Parenting (COSP) program was designed to help caregivers be a secure base and safe haven for children. Training in COSP is designed to activate participant’s attachment systems in hopes of boosting empathy and enhancing reflective function.

This workshop reviews pre-, post- data on how professionals from various countries (phase 1- n =172; phase 2 – n = 115) were impacted by COSP training. Participants submitted a short analysis of a brief clinical situation describing a mother-child interaction (BCS) and filled out Empathy (EQ) and Reflective functioning (RFQ) questionnaires before and after COSP training. There was a significant increase in the use of attachment concepts and language in the BCS, and a corresponding decrease in the use of judgmental terms towards the mother. Those participants who used more attachment terminology post-training were independently scored as being less judgmental towards the mother post-training. Further, phase 2 participants who scored low on the pre-training EQ and RFQ demonstrated significant increases in both scores after training. Overall, COSP training promoted professional’s empathy and RF towards parents, which could promote more responsive service provision in the community.

Data from Italy suggests that training in COSP has promoted a change in how community services are provided. Qualitative analysis derived from interviews of providers in multiple agencies in and around Bologna, Italy showed these impacts:

- Improvement in the ability of professionals from different theoretical backgrounds to work together in intervention;
- Improvement in recruiting groups of parents from services that hadn’t previously worked together;
- Better integration of activities from different areas of the health system that had previously struggled to work together.

Overall, these field interviews suggested that the COSP training’s non-judgmental approach may have enhanced “sharing” and “cooperation” among trained groups of professionals and supported effective communication that enhanced service delivery.
The FAN in Maryland: Perspectives from embedding a Reflective Practice Model Within Multi-Disciplinary Settings

Dr. Margo Candelaria¹, Professor Linda Gilkerson, Ph.D.², Ms Kimberly Cosgrove³, Mrs Carole Norris-Shortle⁴, Ms. Kate Sweeney¹

¹University Of Maryland, School Of Social Work, Baltimore, United States, ²Erikson Institute, Chicago, United States, ³Kennedy Krieger Institute, Baltimore, United States, ⁴University of Maryland School of Medicine, Baltimore, United States

Introduction: FAN (Facilitating Attuned Interactions) increases early childhood workforce capacity for relationship-building and reflective practice, improving interactions with caregivers and in turn, dyadic attunement and attachment. FAN has been applied widely in the United States with differing levels of implementation. In Maryland FAN has benefited from wide dissemination through several university and state agency partnerships.

Purpose: This symposium will review the FAN expansion in Maryland from the national, state, and local perspective.

Descriptions: This symposium will consist of four presentations. First, Linda Gilkerson, the FAN developer, will discuss how FAN developed in Maryland and how Maryland has leveraged collective partnership and creative use of grant and state funds to support expansion and sustainability. Secondly, the team from University of Maryland (UMB) School of Medicine will describe how they apply FAN within the medical setting and their partnership with the state behavioral health administration to create a statewide community of practice. Next, the UMB School of Social Work team will review their work, funded from state department of education, applying FAN to Infant and Early Childhood Mental Health (IECMH) consultants and IECMH family navigators, expanding reflective practice to workforces that may not have traditional mental health or clinical training. Lastly, the team from Kennedy Krieger Institute will present how they used a state department of education 3-year grant to bring together all partners to expand FAN into a wide array of early childhood servicing settings including childcare, medical setting, family support centers, and community resource centers. Throughout these interactive presentations, clinical examples, and evaluation outcomes will be shared.

Conclusion: Overall, this symposium will demonstrate how utilizing a collective approach and harnessing funds from multiple state agencies has effectively disseminated FAN throughout Maryland. This work has deepened the capacity of infant and early childhood providers to promote healthy attachments in young families.
Be Well. Care Well: Parallel benefits of caregiver well-being and the social-emotional health of children.

Ceo Kerrie Schnake¹, Jamie Ward²
¹South Carolina Infant Mental Health Association, , United States, ²Be Well Care Well, , United States, ³Medical University of South Carolina, Charleston, United States

INTRODUCTION
The impact of caregivers’ emotional and mental health on the development of their children has long been studied in mother-child dyads. More recent research has drawn attention to concerns regarding the well-being of professional caregivers working in early care and education settings in the U.S and the implications it has for the children in their care. (Gilliam & Shahan, 2006, Jeon et al. 2014, Whitebook & Howe, 2014). Evidence shows childcare teachers who report elevated levels of job stress and/or depressive symptoms are more likely to expel preschool children than those who reported no symptoms (Gilliam & Shahan, 2006). Children cared for by more-depressed teachers are more likely to exhibit behavior problems (Jeon et al. 2014).

PURPOSE & DESCRIPTION of the project
Despite the growing body of research illuminating the implications that poor childcare teacher well-being has on the social and emotional health of children, there have been few coordinated responses. Be Well Care Well, a 12-month well-being intervention, focuses on supporting caregivers so that they can be emotionally healthy and provide emotionally supportive caregiving. A multi-year program evaluation led by researchers at the Medical University of South Carolina shows program participation leads to significant improvements in caregiver stress, job satisfaction, and resilience. Additionally, participating early childhood teachers had improved scores on the CHILD: Climate of Healthy Interactions for Learning & Development (Gilliam & Reyes, 2017), an observation tool that assess the quality of the social and emotional climate in early childhood care and education settings.

CONCLUSIONS
The presenters will describe how the program works, highlight evaluation results, and discuss the benefits of providing well-being services to early care and education providers. The presenters will also discuss program applicability and potential impact in other early childhood caregiving professions such as child welfare, early intervention, home visiting, and pediatric nursing.
Due to the current parental leave situation, in France a 2 and a half month old infant can be separated from his main attachment and entrusted to a crèche or a "nanny" (for a period of up to 10 hours a day, 50 hours per week). The purpose of this brief presentation is to warn about this situation and to give arguments to manage it.

This heritage of French history is profoundly out of step with current data on infant psychology, and with the practices of many other European countries. From the point of view of development, psychoanalysis or neuroscience, all currents in psychology recommend a stability of his relational situation when the baby is so young. This has a very significant psychological, social and economic cost, but there is a lot of resistances to considering a change in this situation. The resistances are to be related to the violence of norms deeply rooted in French society: the deny of very early suffering of baby, the definition of the roles between mother and father inside the family, and the institutional gap between antenatal and postnatal services. The evolution of this institutional violence will thus pass by a new regard of the whole of the perinatal field. For that, four very different dimensions would have to be taken into account simultaneously: better knowledge of baby suffering and infant development, better work/family balance, improvement the perinatal institutional network and evolution of social representations of the roles of each parent.

This problem concerns also other countries, so this reflection should help professionals and public authorities.
The First Early Intervention Home Visits: An Odyssey Aided by A Trojan Horse©

Mrs Kena Chambers1,2, Ms Kirsten Sippel3,4
1Georgetown University - Infant & Early Child Mental Health Certificate Program, , Germany, 2Military Spouse, , Germany, 3US Early Intervention, , Germany, 4Georgetown University - Infant and Early Childhood Mental Health Certificate Program, , Germany

INTRODUCTION
In the United States, early intervention services for children with developmental delays or disabilities are provided primarily in the home. The field of early intervention has also embraced a consultative coaching model. This model places the relationship between provider and caregiver at its core. Success is dependent upon the dyad being able to engage in reflection and joint problem solving, both of which require mutual trust and respect. According to the US Office of Special Education, 85% of special education providers (children ages 3-21) identify as white while up to 49% of children in early intervention are identified as BIPOC. This identity mismatch can hinder attunement between provider and caregiver.

PURPOSE
Illustrate and reflect upon the ambivalence that one dyad, a caregiver and parent, faced as they attempted to establish their partnership.

DESCRIPTION
This presentation illustrates the evolution of a parent-provider partnership that had to cross the divide created by structural racism. When the partners reflected upon the process together, they gained insight into how their individual stances and actions were impacted by the weight of historical racism. This presentation will name some of the IPMH concepts that were at work to include:

Power Differentials (pre-conceived and real)
Keeping the Child in Mind
Bridging and Building
Self-Regulation
Openness to raw emotions during rupture and repair
Cultural Humility

CONCLUSION
There are no short cuts and no scripts that can be used by white people to identify themselves as “safe”. Instead, an authentic connection was created over the course of 18 months, through respectful interactions, a tolerance for the discomfort caused by structural racism and by an ability for the partners to engage in rupture and repair.
Something is better than nothing- building ethical infant practice in health, Child Protection and courts.

Dr Nicole Milburn¹, Ms Catheirne McQueen¹, Dr Izaak Lim¹
¹Private Practice, Melbourne, Australia

Introduction

There are many professions who work with or on behalf of infants who have poor infant mental health literacy and are unlikely to receive sufficient training, but nonetheless have responsibility for making decisions that can change the trajectory of the lives of both infants and their families.

AIM

This symposium will hear from three clinicians who have been proactive in making opportunities to educate and inform practitioners in Victoria, Australia to share learnings with participants. The Symposium aims to inspire participants to identify and take advantage of opportunities to speak up on behalf of the infant.

Description

One presentation will focus upon capacity building in a regional Child Protection workforce in the context of severe staff shortages, and an influx of new practitioners and exodus of experienced staff. A second presentation will share efforts to bring the infant into perinatal services, where the needs of the infant are varying attended to. A third presentation will share examples of opportunistic infant mental health teaching from the position of expert witness in the Children’s Court and tips and strategies for clinicians to consider for their own practice.

Conclusion

For infants and their families, something is almost always better than nothing, and in every day work there are ample opportunities for the advocacy and develop of infant centred ethical practice.
Is family disruption, parent stress, and a child with sensory needs correlated? A preliminary investigation

Mr. Nicholas Kasovac¹,², Dr. Tanya O'Callahan¹
¹Kids At Play Therapy - OT, PT, SLP Clinic, Puyallup, USA, ²The DAD Projects (Dads & Development), Puyallup, USA

Parental stress has been described as the distinct distress experienced when a parent is unable to cope with increased demands specific to parenting and they do not have the resources to meet the demands. Stressors are internal and external factors within and outside of one’s control. A child with medical, special needs, or behavioral problems, increases the parenting burden and stressors already in play and impacts the quality of the parent-child relationship. Navigating a healthcare system that is complicated and confusing leaves many parents of children with medical, special needs, or behavioral problems feeling incompetent, uncertain of resources, and frustrated with the healthcare system.

If parent stressors and the impact on the family as a result of a child’s medical, special needs, or behavioral problems can be identified and better understood, providers can be equipped to support families and improve the outcomes of intervention and parent education.

This pilot study will evaluate the relationship between family disruption, parent stress, and a child with medical, special needs, or behavioral problems. Preliminary data will be collected at a community pediatric occupational therapy clinic using a parenting survey (Family Life Impact Questionnaire), a child’s sensory profile, (Sensory Profile-2), and a parenting stress survey (Parental Stress Scale) to capture the parent’s perspective on a) the impact on quality of life while parenting their child, b) their child’s sensory profile, c) the parent’s level of stress in the context of parenting their child(ren), and d) the correlation between family disruption, parent stress and parenting a child with medical, special needs, or behavioral problems. Qualitative data will be collected to identify themes related to the parent experiences and stressors.
Parent education change the perceived stress for families of children with medical/ special needs?

Mr. Nicholas Kasovac¹,², Dr. Tanya O’Callahan¹

¹Kids At Play Therapy - OT, PT, SLP Clinic, Puyallup, United States, ²The DAD Projects (Dads & Development), Puyallup, United States

Parents of a child with special needs contend with many additional stressors not experienced by typical families. A contributing factor can be the parents’ lack of knowledge or understanding of their child’s diagnoses and ways to mitigate related stress, including strategies to help their child. Additionally, providers’ knowledge and understanding of medical, sensory or behavioral challenges and its impact on families can help provide targeted parent education that will contribute to increased understanding of their child’s needs and thereby reduce parent stress. The demands of daily living with a child who has specific medical/special, sensory or behavioral needs pose many challenges that parents need to navigate.

If parent stressors and family impact related to a child’s needs can be identified and better understood, providers can target education to better support families and improve the outcomes of medical based interventions.

A pre- and post-test pilot study using the Parenting Stress Scale and the Family Life Impact Questionnaire will examine the impact of parent education in conjunction with the provision of developmental therapy services for parent perceived stress.

This pilot investigation proposes that parent education about the child’s needs can contribute to a reduction in parental stress and improve quality of life for the family. The investigation seeks to establish whether parent education that improves their ability to support their child and navigate their community with increased confidence and competence will decrease perceived stress and decrease the overall impact on the family unit. Qualitative data will be collected to identify themes related to parent education the parent experiences and stressors.
Midlothian Sure Start: FAN Engagement Enhancing Scotland’s Early Childhood Work with Families, Staff and Communities.

Mrs Cheryl Brown¹, Mrs Jackie Davidson, Mrs Cheryl Brown, Mrs Carole Norris-Shortle
¹Midlothian Sure Start, Midlothian, Scotland, ²Erikson Institute, Chicago, USA

Introduction
How can a practitioner possibly engage families, team members and community partners in the trickiest of situations?

Aim/Purpose
Midlothian Sure Start used the five key concepts of FAN and the Arc of Engagement for this purpose. Presenters will explain and demonstrate how they made cultural adaptations necessary to transplant the FAN programme from the USA to the UK.

Description
The FAN framework strengthens the collaboration, synergistic thinking, problem-solving and intentional reflection at all levels of this system. At the centre of the FAN are the parent’s, team members, and/or community partner’s concerns. The FAN starts with the practitioner coming to interactions with emotional balance to be regulated in difficult moments (calming). The FAN includes a structural component called the ARC of Engagement which connects to the remaining stages of Feeling, Thinking, Doing and Reflection, these provide the conditions which promote predictability and collaboration with people, opening the space for change and enabling the practitioner to meet the parent (group) where they are at.

Midlothian Sure Start is a regionally based non-profit agency (staff of 80) serving families of the regions most disadvantaged young children through their six family learning centres. The staff already highly trained in many useful interventions have adopted FAN to support change in behaviour through strong interpersonal relationships. People are empowered to reflectively think about their concern and decide what is the most productive change for them, rather than being “fixed”. In this presentation the impact of the FAN will be demonstrated.

Conclusion
Participants will leave this workshop with engagement questions they can use in their own work and understand the 5 FAN’s five key concepts, how these might apply to their work, and watch the FAN inaction, through video presentation.
Developing continuing bonds: Music Therapy with parents of life-limited infants on the neonatal unit.

Kirsty Ormston¹,²
¹Noah’s Ark Children’s Hospice, London, England, ²University College London Hospital, London, England

Introduction:

By 2030 14,648 infants under 1 in the UK are predicted to have a life-limiting diagnosis(1). Currently infant mortality (<1 year of age) equates to 45% of child deaths making this population a priority to support with accessing palliative care and support services. Having an infant admitted to the neonatal intensive care unit can be a profoundly traumatic experience for parents, impacting their potential to engage with their infant. The potential for parent-infant interaction is further impacted when an infant has a life-limiting diagnosis due to the infant’s requirement on medical support and parents’ heightened awareness of the proximity of loss. Music Therapy (MT) can be an accessible intervention for parents experiencing symptoms of trauma, providing time where parent and infant can experience moments of connectedness.

Aim:

To increase parents’ sense of parental identity and expressive capabilities to provide moments of connectedness that support the parent-infant bond.

Description of work:

MT sessions provided on the neonatal unit for parents and their infants draw upon parents’ experiences and connections with music to empower parent’s cultural identity. Parents are supported with ways of using this music and their voice to meet the needs of their infant, creating a sedative or stimulative effect as appropriate. This music can also be created during compassionate extubation and post-death.

Conclusion:

MT has the potential to support parent-infant bonding through increasing parental engagement. When culturally sensitive, it empowers parents’ identities, connecting the infant to the wider family and community. These moments develop the parent-infant bond which is then internalised and continues in bereavement.

Bootstrapping Sustainability: Building Statewide Capacity for Early Childhood Trauma Intervention

Dr Cathleen Yackley 1
1Center for Trauma-Responsive Practice, Bradford, USA

INTRODUCTION
Early-childhood trauma poses major risks to children’s healthy development, yet access to evidence-based mental health (MH) interventions for children 0-6 is often sparse. Widely held erroneous beliefs—e.g., young children do not need or cannot benefit from MH treatment—lead to benign neglect within the MH service array. This presentation describes the development of a robust, sustainable network of Child-Parent Psychotherapy (CPP) providers across an entire state.

PURPOSE
Prior to CPP implementation in the state, the capacity for MH intervention for young children was negligible. The CPP Provider Network was created to recruit, train, and sustain an interdependent network of CPP-trained MH clinicians. The Network’s purpose is to increase access to CPP, an evidence-based MH treatment effective with the youngest, most traumatized children. Over the past seven years, the Network has upscaled workforce capacity to address the thousands of young children involved with the child welfare and foster care systems due to impacts associated with the opioid crisis.

DESCRIPTION
The presentation will explain how a Network of over 150 CPP providers across over 40 agencies was built and sustained by leveraging contextual factors such as: strong leadership and quality staffing processes, utilization of CPP "champions," cross-system partnering, community awareness building, and legislative advocacy for funding supports. The Network surveys providers annually in order to better understand barriers and facilitators to CPP implementation and this data was leveraged to successfully advocate for legislation that funds CPP sustainability, including conducting a time cost study to address the barrier of reimbursement shortfalls identified by Network clinicians.

CONCLUSIONS
To date, the Network has expanded CPP capacity tenfold and has demonstrated strong clinician retention within the Network. With the national crisis in access to MH treatment for young children, the Network offers an innovative approach to addressing this need.
Research to Practice: A Public Health Framework in Early Childhood Mental Health

Amber Payne¹, Renee Layman¹, Amber Payne¹
¹Center For Child Counseling, Inc., Palm Beach Gardens, USA

INTRODUCTION
Economic insecurity, racism and discrimination, political unrest, and a pandemic threaten our sense of safety and well-being. Bringing two decades of ACEs research into practice within early childhood settings, this workshop outlines the public health approach. Using the socioecological model, the ‘grassroots to grasstops’ framework works within systems to change systems, providing services while shifting policy and practice that keep adversity and inequity in place. Leveraging a research-based framework, a continuum of community strategies addressing paired ACEs (Adverse Community Environments and Adverse Childhood Experiences) and social determinants of health guide implementation.

PURPOSE/AIMS
The overarching goal is to build a resilient, equitable community that supports child well-being. The public health approach moves beyond individual, caregiver, and community awareness efforts. Universal, selected, and indicated services are delivered based on assessed need and risk of the infants, toddlers, and preschoolers served. It reduces healthcare costs and burdens, improves classroom functioning, increases learning and academic performance, and improves attachment.

DESCRIPTION
Services are integrated throughout the community, with clinicians embedded within childcare centers, schools, and pediatric offices, offering onsite services and support that eliminate racial and ethnic barriers to accessing quality behavioral health prevention, early intervention, and treatment. Efforts focus on building awareness and the capacity of caregivers and the community to effectively address ACEs and promote positive relationships in a trauma-informed approach. Some of the interventions of the model include individual and small group play therapy, psychoeducation, teacher and caregiver training, classroom assistance, mental health observation, crisis intervention and formal child/class observations.

CONCLUSIONS
Utilizing a public health framework allows us to have wider-ranging impact than the traditional disease-centric model which addresses health as the absence of illness. This model brings the research into practical implementation, changing the way of being with children at the caregiver, preschool, and community levels.
'Together We Are Strong' to avoid an increase of antisocial behavioural tendencies in deprived children

Dr. rer. nat. M. Leticia Castrechini Fernandes Franieck¹, Niko Bittner
¹Caritasverband für Stuttgart e.V., Stuttgart, Germany

According to Winnicott et al (2012) deprived children with antisocial tendencies suffer from environment failures that have caused problems in their maturational progress. Ruf et al. (2010) report that one in five children of asylum seekers in Germany is deprived. Castrechini-Franieck & Bittner (2022) highlight the struggle of the refugee children to find the stability they need for emotional growth in an alien society.

‘Together We Are Strong’ or T-WAS is a preventive group work with deprived children against the increase of antisocial behavioural tendencies and focused on strengthening resilience. Its means are primarily based on the development of object relations (ego-relatedness) by providing the children with new experiences of self in relation to others during the ongoing creative games – hence the roles of the group leaders are crucial. Creative games are mostly understood as well-known children’s games, generally used in educational fields and focused on team orientation. In T-WAS case, the games were supplemented with therapeutic approaches taken from Gestalt therapy and ontological psychoanalysis with the aim of addressing issues of ego-strengthening and anger management.

T-WAS was sponsored by an international religious organisation and settled in three different refugee shelters, based on weekly group interventions of 90 Minutes each. More than 70 children have been involved and have achieved a stable state of emotional well-being while improving their school and social skills.

References:
PSYCHOLOGICAL EARLY INTERVENTION FOR COMPLEX PREMATURE INFANTS AND THEIR PARENTS

Mrs Sivan Kotler¹, Dr Alla Kuzminsky¹, Mrs. Odette Boukai¹
¹Schneider Children’s Medical Center, Petach Tikva, Israel

Introduction: Preterm birth places a considerable emotional, psychological, and financial burden on parents, families and infants. Literature suggests that the birth of a preterm child can lead to short-term consequences like clinical levels of posttraumatic stress symptoms or even Posttraumatic Stress Disorder. From infant point of view, the newborn intensive care unit (NICU) and medical procedure can be a traumatic or a ‘toxic stress’ environment which can lead to developmental problems and mental health difficulties. Studies shows that Women who experience a premature birth, have a prior history of depression, poor infant attachment and poor emotional social support have a higher level of depressive symptoms. An early intervention address maternal emotional well-being and enhance the developing mother-preterm infant relationship is highly recommend

Aim: The early intervention for complex premature infants and parents’ clinic has the aim to monitor and to reach out families who have experienced premature birth, preventing and reducing in that way possible developmental and emotional outcomes.

Description : The Psychological unit in the Neonatal Follow up program, provides emotional support to the Infant Parent relationship which was challenged by the fact of premature birth and neonatal hospitalization. Our model of intervention relays on principles of :
1. Early intervention and reaching out
2. The importance of parent infant relationship to infants mental health.
3. Trauma centered Dyadic intervention to reduce parent and infant Psychological stress.

Conclusions : Recent studies show that supportive early interventions alleviate parents and infants psychological stress caused by premature birth and hospitalization. Since stress has both proximate immediate and long lasting psychological and neurological effects, It is highly important to evaluate and to provide early interventions for premature new born and families
Three Ways Parents Can Practice Social Justice Action And Promote Their Child's Development Simultaneously

Ms Nat Vikitsreth ¹
¹Come Back To Care, CHICAGO, United States

The 2020 racial awakening prompted many parents to take active roles in social justice advocacy. How can clinicians support parents' advocacy efforts when they are fatigued and burnt out?

The purpose of this talk is to highlight how mundane parenting tasks can be done through the lens of social justice action so that parents can both practice social justice in their homes and promote their young children's development simultaneously. What if attuned play that promotes brain development and attachment is an opportunity for parents to practice de-centering their power? By de-centering their power, parents can address white supremacist and colonial conditioning of power-over in order to practice power-with instead. Or, what if co-regulation that is the foundation of development is an opportunity for parents to practice solidarity? By practicing solidarity, parents can unlearn white supremacist and colonial conditioning of saviorism. Lastly, what if "rupture and repair" is an opportunity for parents to practice accountability instead of self-cancellation?

The tiniest actions that are already embedded in families' daily routines can strengthen parents' social justice action muscles. These radically small actions in our homes are something parents can practice while we're advocating for changes at the systems and policy level.

References:

The Developmental Science of Early Childhood by Claudia M. Gold

My Grandmother’s Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies by Resmaa Menakem

Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing by Joy DeGruy
Developing the Skills of Mindfulness Facilitators: Encouraging self-reflection and increasing effectiveness, competence and program fidelity

Ms. Jaci Foged¹, Ms. Lynn DeVries¹, Dr. Holly Hatton-Bowers¹
¹University of Nebraska-Lincoln, Lincoln, United States

Introduction: Developing facilitation skills for reflective practice and teaching mindfulness is new in the early childhood education (ECE) field. Although there is promise of ECE professionals learning mindfulness and practicing reflection to support their emotional well-being (Hatton-Bowers et al., 2022), less is known about how to effectively develop the skills of the professionals to deliver mindfulness and reflective practice training to early childhood professionals in ECE settings.

Purpose: To address this gap, we present strategies for developing the facilitation skills of various professionals (e.g., Extension Educators, ECE coaches, mental health specialists) in a mindfulness compassion-based program, Cultivating Healthy Intentional Mindful Educators (CHIME). We will share how we adapted a facilitation tool commonly used to develop the skills of facilitators of mindfulness-based interventions (Crane et al., 2012) and how we infuse mentoring and observation into the facilitator training.

Description of the Project: In 2022 we developed standardized procedures for developing the skills of professionals trained to deliver the 8-week CHIME program to ECE teachers. After attending a 2.5 day in-person training learning how to deliver CHIME, 16 participants were invited to receive mentoring with observation and feedback while delivering CHIME to a small group of educators. Drawing upon survey and interview feedback from the mentors and the facilitators, we will share lessons learned and successes in developing these processes.

Conclusion: This work has implications for promoting and documenting effective strategies for developing the skills of those who deliver mindfulness and reflective practice programs to ECE professionals.

References
Learning to build responsive partnerships with families through an online toolkit

Dr Jon Korfmacher¹, Allison West², Mariel Sparr³, Kay O'Neill², Mary Frese⁴
¹Chapin Hall, Chicago, USA, ²Johns Hopkins University, Baltimore, USA, ³James Bell Associates, Arlington, USA, ⁴Northwestern University, Chicago, USA

INTRODUCTION
The helping relationship is recognized as an active ingredient across many different forms of early childhood treatment and support services, including parent support home visiting. Despite recognition of the centrality of the alliance between home visitors and families, existing professional development and training for home visitors often provides only generalities for how partnerships are developed (e.g., encouraging home visitors to be “warm” or “reflective”), without guidance for specific partnership-fostering techniques.

AIMS & PURPOSE
This presentation will describe the development by a national applied research network in the US of a self-guided, free, online toolkit with interactive modules to help home visitors (1) learn, (2) identify, (3) practice, and (4) apply specific communication techniques to promote responsive partnerships with families.

DESCRIPTION OF WORK
The toolkit focuses on the use of eleven primary communication techniques to be incorporated into everyday interactions between the home visitor and caregiver and that have been shown to increase caregiver engagement in visits. Emerging initially from extensive literature review and examination of home visit recordings, the toolkit was developed using participatory methods in a collaboration with home visitors through ongoing working groups and piloted in a community of learning. Home visitors recorded visits while focusing on use of the techniques and then shared these recordings with their supervisor and home visiting peers. This work with front-line staff helped ensure the techniques, supporting materials, and examples (vignettes, role plays and video clip examples from real home visits) were grounded in practice. Additional toolkit refinement focused on reviewing its appropriateness across work with diverse families and enhancing the online design to maximize utility for home visitors and supervisors.

CONCLUSION
Service engagement depends upon families feeling heard and understood. The toolkit promotes this through acknowledgement and honoring of family beliefs and priorities as part of typical conversations.
Increasing Access to FAN in Maryland: Widely reaching early childhood providers through state education funds

Dr. Margo Candelaria¹, Ms Kimberly Cosgrove², Ms. Heather Whitty¹, Ms. D’Lisa Worthy³, Ms. Brijan Fellows⁴, Mrs Carole Norris-Shortle²

¹University Of Maryland, School Of Social Work, Baltimore, United States, ²Kennedy Krieger Institute, Baltimore, United States, ³Behavioral Health Administration, Baltimore, United States, ⁴University of Maryland School of Medicine, Baltimore, United States

Introduction

The Sharing the FAN grant was a collaboration between several universities and state agencies. The Facilitated Attuned iNteractions (FAN) model promotes reflective practice skills when working with caregivers through building skills such empathic listening, joint capacity building, and mindful self-regulation. Through an initiative to fund infant and early childhood mental health (IECMH) programs statewide from the Maryland State Department of Education, FAN training and coaching was provided to providers across the state over three years, free of charge.

Purpose

The purpose of this symposium workshop is to share the process and outcomes of a statewide FAN dissemination effort to a diverse array of the early childhood workforce in Maryland.

Description

This workshop will detail how FAN training and mentored coaching was infused into various regions of the state and various workforces including childcare providers, home visitors, early childhood family support centers, an Autism clinic, childcare resource centers, and pediatric hospital staff. Through a staggered, cohort approach, and creative marketing, the Sharing the FAN project was able to train X in FAN and engaged X in mentored FAN coaching. This presentation will share how the use of early childhood networks, newsletters, and outreach enabled wide and diverse engagement. We will review qualitative and quantitative data, including statewide maps, to demonstrate positive outcomes such as deeper understanding of the needs of caregivers and specific strategies for caregiver engagement. Discussion will include case reviews of how FAN is applied in various settings.

Conclusion

The Sharing the FAN grant was a three-year, multi-agency, collaborative project funded through the Maryland State Department of Education that allowed FAN to expand into new spheres of workforce in Maryland. It also demonstrated that with proper funding, FAN can be actively embedded in early childhood spaces to promote stronger and deeper relationships with caregivers, thereby promoting caregiver-infant attachment.
The Impact of Parents Coping Strategies on Early Detection of Autism in NICU graduates.

Dr Kenia Loiret Gomez

1Brigham and Women’s Hospital, Boston, United States

Introduction: Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that causes social communication difficulties and restricted repetitive behaviors. The Center for Disease Control and Prevention (CDC) estimates the prevalence of ASD in the U.S is 1 in 44 children. While the etiology of ASD is unknown, infants admitted to the Neonatal Intensive Care Unit (NICU) have a higher risk of ASD. With children showing signs very early in childhood, the early detection and intervention of ASD is paramount to improving behavioral and social outcomes. Parents readiness is an important component to ensure the child is evaluated and engaged in treatment.

Aim: The purpose of the project is to understand the impact of parents' readiness to support a diagnostic evaluation and understand parents perception of an early diagnosis of Autism.

Description of the work: Our population consist of a total of parents of 18 children evaluated at the our Child Development Clinic as part of the NICU follow-up program and meet the criteria for Autism Spectrum Diagnosis prior to three years. Clinician explored parents experiences and perceptions from the first visit they were informed of their child's symptoms, to the evaluation, and intervention phase.

Conclusion: Parents varied in their ability to cope with their child early signs of autism from denial, anger, bargaining to feeling hopeful. In addition, cultural factors, having another child with diagnosis of Autism, and family perceptions impacted the decision to obtain an evaluation and treatment for their child. Clinician will discuss strategies to talk to families throughout this difficult process.
Advocacy for Implementation and Early Childhood Expansion of a Mental Health Access Program in Virginia

Dr. Bergen Nelson\textsuperscript{1}, Dr. Bethany Geldmaker\textsuperscript{2}, Virginia State Iecmh Coordinator Tracy Walters\textsuperscript{3}, Matthew McKinney\textsuperscript{4}, Rachel Reynolds\textsuperscript{4}, Ally Singer Wright\textsuperscript{4}, Dr. Sandy Chung\textsuperscript{5}

\textsuperscript{1}Children's Hospital of Richmond At VCU, Richmond, United States, \textsuperscript{2}Virginia Department of Health, Richmond, United States, \textsuperscript{3}Virginia Department of Behavioral Health and Developmental Services, Richmond, United States, \textsuperscript{4}Medical Society of Virginia Foundation, Richmond, United States, \textsuperscript{5}Trusted Doctors, Fairfax, United States

Introduction: While nearly all infants and families with young children encounter healthcare services, many primary care providers (PCPs) lack training in infant and early childhood mental health (IECMH), have limited knowledge of available community services, and limited time to make effective connections.

Purpose of work described: A unique collaboration in Virginia has successfully implemented a telephone-based mental health access program (VMAP) and advocated to expand this access line to include infants and young children, with stable statewide funds. This abstract describes the advocacy efforts to build, expand, and sustain VMAP, in partnership with key stakeholders.

Description of the work: In 2018, the VA Department of Health received funds from the US Health Resources and Services Administration, used in partnership with the Virginia Chapter of the American Academy of Pediatrics and the Medical Society of Virginia Foundation, to implement VMAP in a statewide pilot. VMAP includes mental health training for PCPs, telephone consultation with mental health professionals, and care navigation for families. During 2019-2022, the VMAP team successfully advocated annually for expanded funding in the state budget, now with a total of $6.8 million, including $1.4 million for expansion to provide dedicated expertise in IECMH. Since its inception VMAP has provided over 20,000 hours of training to PCPs and responded to over 3,200 calls. Calls regarding children 0-5 years have disproportionately been related to concerns about Autism, disruptive behaviors, and child maltreatment. Ongoing expansion efforts will aim to increase IECMH-specific training and link families with a growing network of IECMH-endorsed professionals.

Conclusions: Key advocacy efforts in VA have led to successful implementation and early childhood expansion of a mental health access line, providing PCPs with important education and support, and linking families to services. This is a model that other states or governmental agencies could consider for building sustainable IECMH infrastructure.
Intimate Partner Violence Exposed Children Birth to Five: Expanding access to trauma-informed mental health care

Dr Erica Willheim¹, Dr Obianuju Berry¹,², Dr. Mary Acri¹, Dr Bethany Watson¹
¹Department Of Child And Adolescent Psychiatry, NYU Grossman School Of Medicine, New York City, USA, ²New York City Health + Hospitals, New York City, USA

Introduction: The adverse impacts of early childhood exposure to Intimate Partner Violence (IPV) are unequivocal, with damaging effects across domains of cognition, affect regulation, developmental growth, brain architecture, and attachment. Very young children who are exposed to IPV, and have a survivor caregiver with an identified mental health disorder, are at even greater risk for adverse outcomes due to disruptions in caregiver attunement and sensitivity. Barriers to identifying and addressing the mental health needs of at-risk IPV exposed young children include structural health care disparities, lack of early childhood screening within adult IPV systems of care, siloed points of care for adult and child trauma treatment, and lack of available quality evidence-based dyadic intervention. Purpose: This workshop presents an innovative direct-service model for urban cross-system collaboration that increases access to mental health screening, referral, and provision of evidence-based, trauma-informed, multi-generational, mental health care for IPV exposed children ages birth to five and their IPV-survivor caregivers with an identified mental health disorder.

Description: This model leverages existing, but previously siloed, systems: IPV service centers, multi-disciplinary clinicians from the largest public hospital system in the United States, and an academic child psychiatry department. The collaborative model (a) creates universal early childhood trauma screening inside adult IPV systems by training adult IPV clinicians in early childhood trauma screening, and referral criteria, (b) trains and supervises child behavioral health providers in evidence-based Child-Parent Psychotherapy (CPP), (c) provides Circle of Security-Parenting (COS-P) groups, and (d) creates a facilitated referral pathway to both interventions, while honoring the caregiver’s intervention preference. Conclusion: The clinical and systemic lessons learned from this model have implications across underserved urban communities impacted by IPV, providing a possible road map for serving trauma exposed young children who so often do not receive the mental health care they both need and deserve.
Advancing the FAN Reflective Practice Model in Maryland: the National Perspective

Mrs Kathleen Connors\textsuperscript{2}, Professor Linda Gilkerson, Ph.D.\textsuperscript{1}, Ms. D'Lisa Worthy, Ms Kimberly Cosgrove, Mrs Carole Norris-Shortle\textsuperscript{2}, Ms. Kate Sweeney\textsuperscript{2}, Dr. Margo Candelaria\textsuperscript{2}
\textsuperscript{1}Erikson Institute, Chicago , United States, \textsuperscript{2}University of Maryland, , United States

Introduction: FAN (Facilitating Attuned Interactions) is a framework for relationship-building and reflective practice that is generalizable to the helping relationship. The FAN is used widely across disciplines and service systems in over 39 states and the District of Columbia. The theory of change is attunement; that is, when people feel connected and understood they are open to change. The standard FAN training includes a two-day core training and a six-month period of mentored practice.

Purpose: The Maryland FAN Training collaborate at the University of Maryland Schools of Medicine and Social Work and the Kennedy Krieger Institute have developed an innovative approach to sustain FAN post-training. This presentation will highlight the unique strengths of their collaborative approach.

Descriptions: This presentation will give an overview of the FAN Model and challenges of creating a sustained training and mentoring model. The FAN operationalizes attunement using four core processes to match interactions with the parents’ cues and needs: 1) Empathic Inquiry, when parents are expressing feelings; 2) Collaborative Exploration, when feelings are more contained and parents want to think together about a concern; 3) Capacity Building, when parents are ready to take in information or try something new; 4) Integration, when parents have insights about their child, themselves, or their parenting; and 5) Mindful Self-Regulation, an internal pause when the provider engages in self-attunement. Maryland has successfully implemented and sustained FAN training and mentored practice through creative financing, embedding the FAN systematically into various workforce systems, and working collaboratively across university partnerships.

Conclusion: The FAN model adoption is dependent on collaborative and innovative ways to incorporate training and mentored practice into workforce models. Maryland, through a multi-university collective effort, has been able to expand the FAN into many workforce sectors. This is an excellent model for other states, jurisdictions, and countries to emulate.
Promoting Reflective Practice Skills in the Early Childhood Mental Health Workforce

Dr. Margo Candelaria¹, Ms. Kate Sweeney¹
¹University Of Maryland, School Of Social Work, Baltimore, United States

Introduction

The Facilitated Attuned iNteractions (FAN) model offers a framework and a structure to support service providers to engage in reflective practice with parents and other caregivers. Through intentional coaching activities in the FAN model, providers learn to facilitate a process that guides interactions with families rooted in mindful self-regulation, empathic inquiry, collaborative exploration, capacity building, and integration of content. In Maryland the FAN, which is rooted in Infant Mental Health work, has been utilized in the Infant and Early Childhood Mental Health (IECMH) Consultation programs and family peer support navigators (navigators). Both consultants and navigators work to promote early relational social-emotional skills and attachment in young children with their caregivers.

Purpose

The purpose of this symposium workshop is to demonstrate how the FAN has been implemented in Maryland’s Consultation and navigator workforce populations to increase reflective capacity.

Description

This workshop will offer an in-depth review of the FAN integration with consultants and navigators. The consultation workforce supports childcare and early education settings to promote social-emotional development and address concerns, but predominantly are not licensed mental health providers. Navigators are parents and caregivers with lived experience trained to support caregivers with young children with behavioral and developmental concerns. Both engage in in-the-moment scenarios where IECMH skills are needed to support the dyad despite lacking formal training. We will demonstrate how FAN can be used to increase and sustain reflective practice skills in these workforces. The workshop will include case examples and review qualitative and quantitative data indicating deeper family engagement.

Conclusion

The expansion in reflective capacity that the FAN model offers for these two important groups within the family-serving workforce allows for their interactions with families to be more family-led, as their comfort and competence in navigating conversations about caregiver stress, and tension within dyadic relationships.
Aboriginal service providers report the Solihull Approach is appropriate for Indigenous Australian communities.

Ms Helen Stevens

1Parent Infant Consultants, Eltham, Australia

Introduction
Internationally, multiple studies have shown the Solihull Approach as beneficial to both families and professionals, however findings cannot be generalised to all communities. Indigenous Australian families face many challenges. Indigenous Australian children are 8.2 times as likely to receive child protection services than non-indigenous children. Data generated by Indigenous Australian service providers identified the Solihull Approach as appropriate, complementary to their work, respectful and immediately applicable. An Aboriginal mother’s powerful experiences also supports the findings.

Aim
To explore whether the Solihull Approach is appropriate for Indigenous Australian communities.

Context
Recent data identified 17 in 100 Indigenous Australian children received child protection services. Only 2 in 100 non-indigenous children received those same services. Numerous studies identify shifts experienced by parents and professionals engaging with the Solihull Approach. This approach may have the potential to support vulnerable Indigenous families. However, consultation with Aboriginal service providers and families is essential.

Method
This Quality Assurance study captured the experiences of 11 Indigenous service providers and 1 Indigenous parent engaging with the Solihull Approach. Quantitative data from verbal and written comments was thematically analysed.

Results
This study identified that the experiences of both service providers and an Indigenous parent align with international data. The Solihull Approach is appropriate for Indigenous communities. It is consistent with current practices, has inbuilt respect and facilitates self-reflection. Additional valued attributes included the accessibility of the adaptable, non-judgmental, language. The approach resonated with service providers, as did the ease of immediate application. Parts of the language need to be adapted, but were not considered as problematic. The small cohort posed a limitation to the study.

Conclusion
This small Quality Assurance study identified the Solihull Approach is appropriate for Aboriginal service providers and Indigenous Australian parents. Further studies are required to explore this across larger cohorts.
The Significance of adding Circle of Security Parenting program to existing autism interventions

Dr Nobuyo Kubo

Kansai University of Welfare Sciences, Japan

Introduction
Caregivers of children with autism spectrum disorder (ASD) often experience difficulties in responding appropriately to the needs of their children. Kubo et al. (2021) reported the effectiveness of the Circle of Security Parenting (COSP) in Japanese mothers of children with ASD. However, the mechanisms of change in mothers have not been examined.

Aim
To qualitatively examine the mechanisms of change in mothers, and explore the integration of COSP in existing ASD interventions.

Description of the work
Participants were 20 mothers of children with ASD. Children were 4-12 years in age and 85% were receiving ASD interventions. A modified grounded theory approach was adopted with the data consisting of verbatim records during COSP sessions.

Data analysis revealed that fully discussing “raised emotions that inhibit appropriate responses,” and “resistance about adopting new parenting methods” were important mediators in process of change toward providing “appropriate responses to children’s needs.” The “raised emotions that inhibit appropriate responses” was associated with “mixed feelings about having a child with ASD” and “mothers' own experiences of childhood trauma.”

Conclusions
COSP targets caregivers’ empathy and emotional regulation to help become able to serve as a secure base and safe haven for their children. For these improvements in mothers of children with ASD, it is particularly important for them to introspect on the defensive processes that influence parenting and put their own feelings into words including those specific to the caregivers of ASD children. Supporting caregivers in gradually exploring themselves and verbalizing their feelings is not a component of existing ASD interventions and here is the significance of adding COSP to existing ASD interventions.

Insomnia and sleep quality among women during the perinatal period

Dr Omneya Ibrahim1,2, Dr. Nagla El-Sherbeeny1, Professor Ashraf El-Tantawy1, Dr Mona Elsayed1, Dr Noha El-Okda3, Dr Haydy Hassan1

1Department of Psychiatry & Neurology, Faculty of Medicine, Suez Canal University, Ismailia, Egypt, 2Tampere University, Tampere, Finland, 3Department of Obstetrics & Gynecology, Faculty of Medicine, Suez Canal University, Ismailia, Egypt

Background
Insomnia is the most common sleep disorder affecting sleep quality and quality of life among women during the perinatal period. The aim of the study is to study the frequency of insomnia and sleep quality among perinatal women and their effect on quality of life: 131 participants; 64 perinatal and 67 control groups from the outpatient clinics of Suez Canal University Hospital, Ismailia, Egypt. DSM-5 criteria were used to diagnose insomnia. Sleep quality was assessed using PSQI, and SF-36 questionnaire was used for assessment of health-related quality of life.

Results
Insomnia was statistically significant higher among the perinatal group than the control; 28.1% and 10.4%, respectively (P < 0.05). The perinatal women had poor sleep quality as compared with the control group with a higher mean global PSQI score; 8.02 ± 2.97 and 4.97 ± 2.45, respectively (P < 0.05). The quality of life in the perinatal group was lower than the control group with scores of 54.96 ± 14.63 versus 62.34 ± 14.63, respectively.

Conclusions
Insomnia and poor sleep quality are found in higher frequency in perinatal women than their counterpart control. The study also showed a significant impact of these changes on maternal HRQoL.
Intervention of a severely depressed infant and implementation of IMH practices within a paediatric hospital

Ms Andrea Barrett¹
¹Perth Children’s Hospital, Perth, Australia

Introduction
Unexpected medical complications following the birth of a child causes high levels of distress in parents, often resulting in shock, grief, and trauma. Unexpected and invasive medical procedure are frightening to parents, particularly when their infant’s survival is at risk, leading to mental health and subsequent relationship complications in the dyad, requiring identification and early intervention.

Aim
This presentation will aim to demonstrate two important levels of IMH work within a hospital. Firstly, how early identification and intervention of IMH problems in a patient can result in changing the developmental trajectory of an unwell infant, both in terms of the infant’s mental health and the quality of attachment in the caregiving system. Secondly, to show the need for increased Infant Mental Health awareness and training for health care workers in a paediatric hospital.

Purpose
Through a case presentation, this talk will outline the process of how psychological therapy and liaison work assisted an infant and their mother to reconnect, following the diagnosis of a rare life threatening congenital medical condition resulting in maternal trauma, depression, abandonment and subsequent infant depression. The presentation will outline the process of initial consultation and liaison, the difficulties with referring to a mental health consultation liaison service when parents are absent and subsequent assessment and intervention. The case discussion will highlight the complex work with the infants and their multiple carers including parents, nursing, allied health and treating medical teams, and highlight the unique challenges of applying IMH practices and psychological intervention within a busy acute paediatric setting.

Conclusion
This presentation will emphasise the importance of clinical intervention with infants in a tertiary setting in addition to the importance promoting ongoing IMH training for health care workers across a paediatric hospital.
Introduction
A mother's experience of ambivalence towards her infant is a common cause of distress in the perinatal period. A more extreme difficulty with unintegrated feelings of hatred clearly poses risk for the early relationship and may not respond easily to therapies available in community practice. A Mother Baby Unit (MBU) provides the patients and dyad with a more immersive form of therapy.

Purpose
At the Werribee MBU, the work of formulation by the Multi-Disciplinary Team (MDT) provides a framework for understanding a mother's experience of hatred, and guides therapeutic interventions which inevitably include transference relationships and the mother's total experience of care. The clinical usefulness of a psychodynamic formulation is illustrated via a discussion of one mother's dilemma about whether or not to cease breast feeding her 4 month old infant, in the context of infantile eczema.

Description of the work
The vignette describes the 5 week admission of a woman who experienced overwhelming hatred for her son, but who persisted in breast-feeding him. Her childhood history of emotional deprivation suggested her inner world was one of concrete rather than symbolic thinking. through repeated discussions about her conflict about weaning or breastfeeding, she was able to explore her complex feelings towards her baby in a more reflective and symbolised allowing her to integrate ambivalence and love.

Conclusion
Childhood experiences of significant emotional deprivation often feature in the history of mothers who suffer resentment and hostility towards their infants. A formulation which integrates the different perspectives of the MDT may give the mother an emotionally significant and therapeutic experience of seeing themselves represented in other people's minds in a nuanced, dynamic way. This vignette suggests a mother may be able to integrate hate and love in response to such symbolic holding, with a more tender form of ambivalence resulting
Cultura, conexión y financiación equitativa: how reflection & culturally-affirming funding generate equitable IMH change-making

Dr Janina Fariñas¹, Ms. Monica Beltran, MPH²
¹La Cocina, Denver, United States, ²W.K. Kellogg Foundation, Battle Creek, United States

Introduction
Funding disparities leading to inequitable resources allocation are at the heart of poor mental health outcomes for birthing parents, infants and young children (Womersley, Ripullone & Hirst, 2021), particularly in under-resourced BIPOC (Black, Indigenous and People of Color) communities (2021). Persons of Latin American provenance living in the United States make up the second largest racial group in the U.S. (Vega, 2022). Despite significant data demonstrating the need for increased Latine-centered resources in general, funding for U.S. Hispanic communities remains at less than 1% of all philanthropic investments (2022).

Purpose
To introduce Infant Mental Health (IMH) practitioners, leaders, policy-makers, and early relational health (ERH) funders to Liberation-Based Reflective Consultation (LiBRC) as the basis of equitable funding relationships that lead to community-led IMH advocacy, policy and systems change.

Description of the Work or Project
A partnership between the W.K. Kellogg Foundation, an international foundation, and La Cocina, a small BIPOC IMH clinic, suggests a culturally-affirming LiBRC approach supports building shared meaning and power through intentional critical reflection, and contributes to funding partnerships where "dyads" feels valued enough to center knowledge that makes change-making possible.

Conclusions
The IMH field lacks a liberatory lens through which BIPOC and other divested communities may lead systems and policy change. IMH funding systems lead with transactional approaches that privilege qualifications-based investments. To challenge the current state, the authors propose liberation-based reflective practice as the basis for a relational approach to equitable change-making in IMH funding systems.

References

Socioemotional Development, Attachment and Early Brain Development in Infant/ Toddler Early Childcare Centres in Ireland.

Ms. Catriona Hodgers¹, Professor Conor Mc Guckin²
¹Trinity College Dublin, Dublin 2, Ireland , ²Trinity College Dublin, Dublin 2, Ireland

Abstract

The aim of this paper is to enable a discussion about social and emotional development and quality early learning and care for infants and toddlers. The paper will first set out the neuroscience of social and emotional development in early childhood. From this perspective we argue that the early developing brain is a social organ, emotionally-driven to attune to adults social interactions. We feel this child-centered perspective is fundamental for a fuller understanding of the neuroscience of early brain development for early years educators.

We then turn our attention to empirical research carried out with infant/toddlers teachers, discussing their experiences of attachment relationships from the teacher’s perspective. We hear the views of these practitioners on supporting social and emotional development in busy early education settings, and we learn the potential threats which put their own mental well-being and the mental health of children at risk. Following this, both theory and empirical research are brought together to compare, contrast, and create a co-existence of these currently disparate areas.

Methodological Design:
Interpretative Phenomenological Analysis (IPA), is chosen as best suited to gain an understanding of practitioners attachment in busy group care settings. In light of what the neuroscientific literature is telling us, our research questions ask; “What works in the social and emotional developmental of toddlers in early learning and care?
We see the interpretive phenomenological approach as a sensitive and reverential method to understanding current care practices. This extends our understanding to help us position research into the neurobiology of attachment, early brain development and socioemotional development into Early Education as well as Early Intervention (EI), Adverse Childhood Experiences (ACE’s), and research.

This is therefore fundamentally a collaboration which extends research in the field of Infant Mental Health to early education.
We submit our Abstract to the Congress for review.
La Red: introducing the Latine-led U.S. network changing the face of IMH reflective supervision/consultation

Dr Janina Fariñas¹, Ms. Sarah McNamee, LCSW²
¹La Cocina, Denver, United States of America, ²La Cocina, Denver, United States of America

Introduction
Infant Mental Health (IMH) reflective supervision/consultation (RSC) has been shown to have significant benefits for IMH supervisors, including serving as a protective factor against burnout, depression, and anxiety (Morelen et al., 2022); however, the field lacks representation by RSC professionals who are members of under-resourced communities (Silverman, 2019). Additionally, RSC lacks multilingual and culturally-affirming training and accessible credentialing opportunities that reflect the needs of BIPOC (Black, Indigenous and People of Color) teams, suggesting there is dire need for affinity-based RSC capacity building opportunities.

Purpose
To address the historical underpinnings of RSC, and why current approaches require a design that supports the unique experiences of BIPOC IMH supervisors who lead BIPOC IMH teams. The workshop will introduce participants to La Cocina’s bilingual (Spanish-English) Liberation-Based Reflective Consultation (LiBRC) RSC curriculum and training model.

Description of the work/project
La Red is a cohort-based capacity building program for Latine IMH supervisors working in a variety of birthing, infancy and early childhood settings. The nine-month program trains multilingual IMH supervisors of Latin American provenance in a liberation-based approach to working with BIPOC IMH teams, including volunteer and/or peer-supported groups. La Red’s curriculum is centered in Liberation-Based Reflective Consultation (LiBRC)--La Cocina's LiBRC curricula and model codesigned with Latine supervisors, for Latine supervisors.

Conclusions
The field of IMH needs a liberatory view and approach to RSC practice. Supportive of culturally-affirming practices, La Red’s LiBRC approach to codesigning diverse and inclusive IMH-RSC communities of practice presents a collaborative process that BIPOC IMH teams may use to build anti-oppressive RSC training and practice.

Reference
Contours of connection in time and space

Dr Jen Re¹
¹Monash University, Clayton, Australia

Introduction: Sustaining and building early relationships in virtual space is a challenge brought to us through the COVID-19 pandemic. Trevarthen, Stern and Winnicott all write about the infant’s early capacities and readiness to engage with their caregivers and the caregiver qualities that enhance and support them. Their theories are developed on the assumption of embodied connection.

Aim: How could a 4 month old infant hold on to a meaningful relationship with a grandparent over 4 months of remote living and virtual relating?

Description: During the COVID-19 pandemic Melbourne Australia underwent the longest lockdown of any city in the world. My daughter and family headed out of Victoria in a Winnebago motorhome just as Victoria shut its borders to the world. They travelled for 4 months around Australia with their 4 children. The older ones would have no trouble staying connected and know me. The youngest was 4 months old and as a grandparent how could I find a way to sustain and build an arc of connectedness between us so he still knew me when we were reunited? Was it possible?

Conclusion: While Trevarthen, Stern and Winnicott help to build an arc of theory around this journey, can the unexpected adversity of the pandemic teach us anything more about the human potential for connectedness?
Pioneering ABC (attachment and bio behavioural catch-up) intervention in the UK

Dr. Beatrice Birtwell¹, Dr. Kerry Taylor¹
¹BrightPIP, Brighton, United Kingdom

ABC (attachment and bio behavioural catch-up) intervention is a highly evidence based carer-infant intervention for babies 6-24 months old, developed by the University of Delaware. It is widely used in the US for families where there has been a disruption to early attachment. It’s a 10 week intervention in the family home, developing three target behaviours; nurturance, following the babies lead and delight. It also works to reduce frightening and/or intrusive behaviours. This intervention was pioneered by Brightpip (Brighton parent infant psychological therapies) for the first time in the UK in 2022. This paper describes the successful adjustments that were made in order to fit with UK culture. It describes parents qualitative feedback on their experiences of the intervention. It outlines the next steps in UK wide dissemination.
SEREN: the impact of parent-infant separation on a neonatal unit following the COVID-19 pandemic.

Mrs Elaine Mc Mahon¹, Dr Michela Groppo²
¹Royal Free London NHS Foundation Trust, London, United Kingdom, ²Royal Free London NHS Foundation Trust, London, United Kingdom

Introduction: SEREN is an enhanced family-centred, relationship-based neurodevelopmental follow-up programme. It was developed specifically for families isolated from their infants on the neonatal unit (NNU) due to a diagnosis of Covid-19. It is unknown how this early separation may impact upon parent-infant attachment, relationships, and neurodevelopmental outcomes. SEREN was born and funding was secured through the hospital charity for a 2-year follow up programme.

Aims: SEREN aimed to provide an enhanced neurodevelopment follow up for parents and infants including assessment, intervention, peer support and monitoring regardless of their gestational age.

SEREN aimed to measure the impact of the parent-infant separation upon parent infant attachment; parental stress and the infant’s neurodevelopment up to 2 years post term age.

Description: Families experiencing a period of separation at Starlight NNU due to a diagnosis of COVID-19 between January and June 2021 were invited to take part in the SEREN programme. 16 families have been seen for individual appointments with the Consultant Neonatologist and/or Clinical Specialist Occupational Therapist (OT) at 3, 6 and 12 months post term age. The final 24 months appointment will be carried out in January 2023. The infants gestational ages ranged from 27 to 40 weeks. Furthermore, a closed group of 6 sessions was facilitated by the OT with a focus on parent-infant relationship and co-occupations.

Outcomes measures include Newborn Behavioural Observations; Prechtl General Movements Assessment; Parents Rating Attachment Scale, Parental Stress Scale and Bayley Scales of Infant and Toddler Development.

Conclusion: Findings will be fully analysed following the 24 months appointments and ready for the conference. Initial findings indicate a shift in connectedness between parents and infants whilst on the unit, at discharge and another shift particularly at 12 months post term age. Also, earlier detection of developmental difficulties for infants who would not otherwise have been followed up.
Healing Parent's attachment wounds enhances their infant's attachment: the beautiful power of EMDR

Ms Julie King

Julie King Psychologist, Brisbane, Australia

Healing Parent’s attachment wounds to enhance their infant’s attachment: the beautiful power of EMDR.

The classic research paper by Fonagy, Steel and Steel (1991) suggests that it is parent’s unresolved trauma and unresolved loss assessed during pregnancy that predicts disorganised attachment in their infants.

When trauma is resolved parents have more capacity to tell a coherent narrative about their childhood and other experiences. And parents have more capacity to see their infants clearly and mentalize about their infant’s experience when they are not activated by trauma. Mentalization is state dependent.

It seems logical to actively focus on processing parents’ trauma. However, “babies can’t wait” for parents to complete long-term therapy. EMDR can enhance the “window of opportunity” available within the first 1000 days.

This paper argues that the integration of effective and efficient trauma treatments such as EMDR with traditional infant mental health interventions benefits both parents and infants.

EMDR has a long history of integrating an attachment lens into trauma psychotherapy in both basic training and practice with complex development trauma. EMDR has the capacity to resolve parental adult and childhood trauma. With ongoing advances in practice such as Attachment Focussed EMDR and Attachment Informed EMDR, it is now possible to also resolve parent’s attachment wounds during the first 1000 days and sometimes even in the first 10 treatment sessions.

This allows intrusive ghosts to vacate the nursery and allow parents to see, hear and relate to their babies from their wise adult selves. Additionally, EMDR can interrupt the cycle of transgenerational trauma and attachment wounding.

It is also argued that resolving parent’s trauma benefits all children of that parent not just the infant receiving a dyadic intervention.

Research investigating the impact of EMDR on infant attachment when delivered prenatally is worth funding.
Early Intervention: Bridging the gap between neonatal discharge & community care

Mrs Elaine Mc Mahon
1
1Royal Free London NHS Foundation Trust, , United Kingdom

Introduction: Given the multifactorial issues that may impact on the developing high-risk infant and their family, early intervention extending beyond discharge from the NNU are critical to ameliorate the negative effects of prematurity on parenting, parent-infant interaction and developmental outcomes. The latest evidence indicates the potential for temporal reorganisation particularly in the first 3 months, leading to improved general movements and postural organisation supporting psycho-motor development and positive engagement with the caregiver. (M. Sokolów, et al, 2020). A quality improvement project was carried out to establish an evidence-based intervention clinic to support family’s transition from the neonatal unit to the community.

Aims: The clinic aimed to measure the impact of early intervention provided up to 3 months post term age, upon infant development; parent-infant relationships and parent-infant co-occupations.

Description: Families of infants at Starlight NNU at high risk of neurodevelopmental difficulties were invited to attend the EI clinic. Four families were seen for 6, one hour individual sessions over a 12 week period. Outcomes were gathered as part of standard practice in the neurodevelopmental follow up clinic at 3, 6 and 12 months post term age and completed by another professional. Outcome measures included the Neonatal Behavioural Observations; Prechtl General Movements Assessments; Bayley Scales of Infant & Toddler Development; and Hammersmith Infant Neurological Examination. Pre & Post Parent Questionnaires and a focus group with three families was completed to expand on parent’s experience and impact upon their perspective, parenting, confidence, occupations and outlook for the future.

Conclusion: The findings following the 12-month follow up appointments are currently being analysed. Initial findings indicate positive influences upon infant movement patterns; state regulation and parent-infant relationships. The triad of therapist-parent-infant relationship may be an individual element of intervention. Parents reported improved confidence, parenting role, connection to their infants, and understanding their infants unique skills.
This work presents the service of the Baby Clinic of the Langage Institut in São Paulo/ Brazil. Langage Institut is a Franco-Brazilian institution of teaching, research and assistance in Psychoanalysis that contemplates the subject at all stages of life, from birth to adulthood. In this clinic, the baby is recognized as a subject of analysis and based on the Lacanian ethics of listening to the subject. The baby is heard in the company of its parents and/or main caregivers and family members, considering baby knowledge as the subject of the discourse. The analytical work assumes that his speech is multimodal and capable of interpreting his surroundings in an active, interactive and provocative way.

The Baby Clinic, in dialogue with other areas of knowledge and with the main current events, offers different modalities and frequency of consultations. The dynamics of listening are determined by the baby and its geographical, physical, nutritional, biological and family conditions, that is, the meetings are planned according to their best available condition. Thus, there is the possibility of remote or face-to-face assistance, flexible hours, analysis time according to the demand heard, analysis duration time according to the child's availability on that day, analysis location according to the baby's comfort, and always in the company of the one or those who accompany him.

This clinic receives babies and small children, the youngest being 10 days old and the oldest 3 years old, already attended. In the last two years, we received 49 children, most of them male and referred by health professionals. The service is sought after by different locations in Brazil, as it is recognized as a reference center, offering online service in 69% of cases.
Mitigating the Effects of Discrimination and Promoting Healthy Relationships Through Comprehensive Planning and Action

Ms Glory Ressler
2 Canadian Mothercraft Society, Toronto, Canada

INTRODUCTION
Since 1931, the Canadian Mothercraft Society has been a leader in supporting healthy child development and have valued diversity and the provision of quality, accessible programming and services.

However, increasing instances of discrimination in conjunction with COVID have exacerbated pre-existing inequities and have led to increased stress and trauma among equity deserving populations. Additionally, Canada’s Truth & Reconciliation Commission put forward Calls to Action regarding the historical and ongoing treatment of Indigenous people.

In response to this, Mothercraft began to think more critically about equity and reconciliation in our work and committed to taking further action. However, if the families/caregivers and professionals providing services are experiencing such trauma, these effects translate into poorer quality relationships and programming.

PURPOSE
Recognizing the importance of these relationships and experiences, it was decided that more comprehensive action would be beneficial.

Through an intentional, reflective and comprehensive approach, Mothercraft aims to expand its organizational capacity to ethically address and remediate discrimination, promote reconciliation and inclusion, and formalize a sustainable and embedded approach into practices, processes, policies and procedures.

DESCRIPTION
The first step was to include Diversity, Equity and Inclusion and Truth and Reconciliation Plans into our overall Strategic Plan which identifies belonging, well-being and relationships as key outcome indicators.

Collaborative planning and development, that placed the well-being of the infant at the centre and also supported all the equity deserving adults interacting with the child, was then undertaken.

The resulting Plans and activities are grouped into categories of action such as: knowledge and learning; communication; employee experience; service delivery and practice; leadership; equitable data collection and evaluation, and; governance and policy.

CONCLUSIONS
Mothercraft is still early in this ongoing journey yet has already learned some valuable development, data collection and implementation lessons that will be shared with others interested in taking a similar approach.
A MODEL OF TARGETED UNIVERSALISM TO PROMOTE THE WELL-BEING OF ALL CHILDREN

Dr Paul Dworkin¹,²,³, Mrs Kimberly Martini-Carvell³
¹Help Me Grow National Center, Hartford, United States, ²Office for Community Child Health, Hartford, United States, ³Connecticut Children’s, Hartford, United States

The Help Me Grow (HMG) model is designed to improve early developmental health and well-being by focusing on developmental promotion, early identification of vulnerable children, and linkage; establishing a continuum of connected perinatal and child health, mental health, early childhood programs, and human/social services; advancing equity, inclusiveness, early relational health, access, and trust in early childhood systems through inclusive state and local infrastructure and governance; elevating family leadership; informing policymaking and resource allocation through integrated, cross-sector data systems and analysis; and guiding investments that enable sustainability. HMG partners with families in the early detection of developmental, behavioral, and health concerns with a special focus on vulnerable populations.

25 years of HMG implementation offers evidence on the key role of inclusion on community health and well-being outcomes. By applying the tenets and tools of targeted universalism, which seeks concrete solutions to achieving universal goals through data collection and analyses informed by those with lived experience, as well as application of policy changes at the organizational, sector, and state system levels, HMG provides the opportunity for targeted, underserved, and disenfranchised populations to be supported in reaching universal goals for children’s optimal health, development, and well-being. Families with young children face significant barriers finding and accessing services, inclusive of mental health, despite a complex array of programs in the United States. These programs are rarely integrated and their availability often depends on location, income, and racial/cultural identity. Furthermore, early childhood policies and processes are highly fragmented and difficult to navigate, with confusing points of entry that are particularly problematic for those experiencing adversities such as poverty, systemic racism, cultural disenfranchisement, and violence. HMG is a model that effectively advances universal prevention and promotion of children’s optimal health, development, and well-being, including the most vulnerable populations.
Enhancing ECE Practice Related to Trauma, Stress & Mental Health – learnings from Canada

Ms Michele Lupa¹, Dr Jean Clinton²
¹Canadian Mothercraft Society, Toronto, Canada, ²McMaster University, Hamilton, Canada

COVID-19 has heightened awareness about the impact traumatic events can have on children. Social isolation, anxiety about the virus, parental stress due to unemployment, housing, food and job insecurity create a nexus of factors that can seriously affect children’s mental health and well-being or even lead to neglect, maltreatment and abuse. We know from research that the adverse effects of early childhood trauma can be mitigated. Children who have caring, consistent responses from the adults around them are buffered from the psychological and neurological effects of trauma. ECEs are uniquely positioned to moderate the impact of adverse childhood experiences through their regular interactions with children.

This project leveraged the extensive experience and expertise Mothercraft has as a post-secondary institution, child care operator and provider of clinical services to children dealing with trauma, as well as its partnerships with subject-matter experts and leaders in the field, to develop new, certificate-level training for practicing ECEs across Canada on trauma-informed practice within early learning settings. The curriculum utilizes, and builds upon, the important work being done by other experts in infant and early childhood mental health. ECEs learned hands-on strategies to embed in their daily practice that support children who have experienced stress or trauma, as a result of the pandemic or other circumstances. The training was piloted in 2021 and 2022. Learnings from that process, as well as the results of the evaluation of the pilot, will be shared with workshop participants.
Crisis, play, and self-efficacy: Play as a mental health support for refugee children and families

Ross Nunamaker¹,²,³, Dr. William Mosier¹,⁴
¹The Lynda A. Cohen Center for the Study of Child Development, Dayton, United States of America, ²University of Cincinnati, Cincinnati, United States of America, ³University of Dayton, Dayton, United States of America, ⁴Istanbul Gelişim University, Istanbul, Turkey

Introduction

Play is critical for assisting young children healing from crisis and toxic stress. Play can be used as a tool for young children to address the negative impact of significant adverse childhood experiences (ACEs) in a way that can promote healing.

Purpose of the Work Described

The purpose of our work is to provide mental health support for refugee children and families through IECMH consultation. Currently, we are working with immigrant and refugee populations in Dayton, OH, United States, with Syrian refugees in Istanbul, Turkey, and Ukrainian refugees in Poland. 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 through play-based interventions.

Description of the Work

Play, when it is engaged in with or alongside a nurturing adult, can buffer the negative effects of toxic stress on young children by enhancing their coping skills for dealing with crisis-exacerbated anxiety. Previous exposure to traumatic events influences how a young child plays with objects and what a young child uses as a topic for play. Young children may re-enact a traumatic experience over and over attempting to process the incident in a way that can achieve a greater sense of self-efficacy. In fact, a playful activity can lead to an enhanced sense of self-efficacy and resilience in the face of trauma by allowing a young child to dramatically act-out a stressful event and navigate it with a sense of personal success and personal control over the outcome.

Conclusion

Our work with Syrian refugees in Turkey, Latin American refugees in the United States, and Ukrainian refugees in Poland, has demonstrated how the negative developmental impacts on young children of significant adverse childhood experiences can be countered through nurturing play.
Multisensory and sensorimotor development and screen exposure on 6-36 months infants

Professor Ayala Borghini, Dr Fleur Lejeune, Mrs Estelle Gillioz, Mrs Tiziana Bellucci
1Hets, Geneva, Switzerland

Introduction and aim of the study:
Screen exposure in infancy is a main concern for families as well as for early development professionals. The present study purpose is to explore the links between the experience of being exposed to multiple screens in the family life and the sensorimotor development as well as emotional regulation during parent-infant interactions.

Material and Methods:
Infants between 6 and 36 months and their families are recruited in the day care services. A sensorimotor assessment as well as a 5-minutes parent-infant play are proposed and coded to offer a detailed developmental perspective. Questionnaires about screens habits in the family are completed by parents to evidence the infant’s exposure status.

Results
The first results show that the more a child would present behavioral and emotional issues the more he or she would be exposed to screens as helping their regulation process. Very young infants are less prone to be exposed to screens, but it seems to be more because they do not represent a strong challenge for parents as toddlers do according to behavioral difficulties.

Conclusions
Understanding the links between screen exposure in infancy and early development is of crucial importance today. This study that considers the quality of parent-infant interaction simultaneously with sensorimotor development tries to explore these links with all the complex factors that can influence developmental process.
Creating undergraduate programs for pre-licensed students in Guatemala that highlight infant and parent mental health

Ms Daniela Moreno¹,²
¹Universidad del Istmo, Guatemala City, Guatemala, ²Universidad Francisco Marroquín, Guatemala City, Guatemala

Introduction:
The Guatemalan population would highly benefit from the creation of programs specific to support infant-parent relationships, especially with many living in at-risk communities and below the poverty line. However, there is no network of infant and parent mental health specialists in my country like the one my IPMH program fellows and I have formed. Therefore, I set out to start the process of creating one by developing curriculums and training programs for local Clinical Psychology students.

Purpose:
I will present on how I was inspired by my international colleagues’ expertise and experiences within the infant and parent mental health field to transform what I learned in the IPMH program in Boston into a university level curriculum and a clinical supervision program for Psychology students.

Description:
I will discuss how, after graduation from the IPMH fellowship in Boston, I reflected on the lack of specific training about early infancy and mental health within Guatemalan university programs. I reached out to the psychology program directors in a local institution and presented my interest in lecturing their students about the topics central to infant and parent mental health. I started teaching their Child and Adolescent Development class in 2021. I will describe how I designed the curriculum to highlight the concepts, models, and theories that inspired my own trajectory in infant mental health. In 2023, I will also be supervising pre-licensed clinical psychology practitioners. I will discuss how I designed a program to train them in early childhood and dyadic interventions, which are not part of their current syllabus.

Conclusion:
Having a network of international and multidisciplinary colleagues that provide support, collaboration and that share a similar framework for their work as mine has been central to transforming my own learning experiences in the IPMH fellowship program into a teaching experience.
Exploring Equity in Reflective Supervision: A Deeper Dive

Ms. Faith Eidson¹, Dr. Eva Marie Shivers², Jayley Janssen², Dr. Amittia Parker¹, Associate Director, IECMH Aditi Subramaniam³

¹Alliance For The Advancement Of Infant Mental Health, Southgate, USA, ²Indigo Cultural Center, Phoenix, USA, ³Massachusetts Society for the Prevention of Cruelty to Children, United States

Introduction
The Alliance for the Advancement of Infant Mental Health (Alliance) and Indigo Cultural Center (Indigo) partnered to methodically seek input about Reflective Supervision (RS) experiences from the IECMH field with the end goal to rewrite RS standards so that they are effective for all members of the workforce, and especially those from historically targeted backgrounds such as Black, Indigenous, and Persons of Color (BIPOC) participants.

Aim of the project
The Alliance has been a part of the broader IECMH field who have historically failed to respond to the voices of BIPOC leaders and practitioners about existing RS frameworks. We committed to learn specifically about how the RS standards promoted by the Alliance can evolve to more effectively address privilege & implicit bias, promote equity, and reflect the Diversity-Informed Tenets for Work with Infants, Children, and Families.

Description of the project
The “Deeper Dive” study is innovative in its aims and methods. Notably, this study centered BIPOC voices and experiences. The evaluation was led by a BIPOC majority roundtable, and included (via focus groups and survey) input from families, center directors, teachers, practitioners, trainers, researchers and educators. We asked uncomfortable questions that have gone unasked. We learned much about what people think would enhance a RS framework that centers racial equity.

Conclusions
As the data continues to be analyzed, key implications for policy, practice, research and education related to RS are emerging. We know more about who is participating in RS, how they identify, and what some of their experiences have been. Specific needs were identified for both White and BIPOC RS providers, such as: increased training and support in RS and equity, more creativity in RS structure and practice, and more diversity in leadership. We are better positioned to co-construct a framework for RS that advances racial equity.
"Positioning of the newborn" and innovative practices at birth: a challenge for early development

Miss rose-marie toubin¹
¹Chu Montpellier, Montpellier, France

Health actors in the perinatal period are now confronted with the need to integrate the multiple registers at stake in the development of the future child based on recent knowledge of brain plasticity and the sensitive periode of the first two years of life. The objective of the study are to optimize the conditions for the newborn's reception and to focus our attention on early development of the baby when the mother presents a major psychic vulnerability. The midwife or the doctor made an orientation to the pedopsychiatrist consultation for anticipate these sensitive period at 7 month of growth when the couple or the professionals are very anxious on the future of the baby. The experimental method of positioning the newborn was conceived at this climate of pluridisciplinary collaboration: simple and reproducible, based on common sense, it allows the baby to feel a sense of continuity in the time of birth. The father are present at this consultation and ask a lot of questions. We use a diaporama with video and photo of baby at the different phase of developement to create the conditions of the exchange with the parents. We meet between 100 and 150 couple /year since 12 years. This experience create the favorite conditions to a alliance for the follow-up of the baby which necessite specific approach. A transmission to the other professionnal is systematic to not expose the parents at divergent evaluation. The parents become co-actors in the developement of their child and the good compliance to the orientations offer the hope to response to the pasticity brain.
Support systems for well-being of young children and families: The case of Palestine.

Dr Deborah Young¹, Dr. Alia Assali², Dr Rasha Alshakhshir², Ms. Nevin Mazen¹,²
¹Empowering Communities Globally: For The Care Of Children, Longmont, US, ²An Najah University, Nablus, Palestine

The effects of occupation, conflict, and being a refugee had a detrimental impact on mental health, wellbeing, and parenting. Refugee camp conditions, current economic climate, past and current political conflict, financial and resources limitations, and social restrictions all contribute to the ability of parents to be present in terms social emotional availability for children.

To provide holistic strategies for parents and families to increase their social emotional knowledge and regulation of themselves and the children, to increase the strength of protective factors, and to provide a more fair description and diagnosis for children who are struggling with mental health and social emotional/behavioral challenges.

Each clinician have a case set of three families with young children between 1-5 years of age exhibiting behavior and mental health struggles. Using cultural adaptations of the Crowell and Feldman procedural caregiver child relationships assessment tool the clinicians will provide interventions so that pair (adult and child) can better address the stressors of daily life under occupation.

The mental well-being of the parents and child are closely related to the unpredictability from the impact of occupation. Stress management can be highly beneficial to both children and adults increasing the positive social emotional interactions between caregiver and child.
Between Policy and Practice - a South African primary health care perspective

Dr Tereza Whittaker¹, Dr Simphiwe Simelane¹, Dr Rene Nassen¹
¹Child and Adolescent Mental Health Services Strengthening Team, South Africa

Introduction:

A Child and Adolescent Mental Health Services (CAMHS) strengthening project initiated by the Department of Health aims to identify and address gaps in the provision of mental health services to infants, children and adolescents in the Western Cape province of South Africa (SA).

Despite progress related to a provincially adopted 1st 1000 Days Programme within the health sector, there have been challenges related to the implementation of scaled up maternal, child and infant mental health services at primary levels of care. Routine perinatal care services in S.A provide points of contact for mothers and infants with clinical services that are potential opportunities for IMH interventions to be delivered. Perinatal mental health at the primary care level is currently largely the remit of the non-governmental organisation sector, with locally trained community health workers (CHWs) working within or alongside government run clinical services.

Aim or Purpose of the project or work described:
The provision of perinatal, maternal and infant mental health services in an impoverished peri-urban area in South Africa will be described, with the identification of current strengths and weaknesses. Models of care and elementary interventions that are locally applicable, affordable, achievable and effective will also be identified.

Description of the work or project:
An audit of existing primary care level early intervention and prevention programmes for maternal, child and infant mental health will be undertaken, with areas of strength and weakness in existing services identified, and current training and implementation models examined. Identifying core competencies for clinicians delivering psychological care in the community will form part of the remit.

Conclusions
This paper will describe existing services, examine the training of local CHWs, the type of interventions delivered and how IMH interventions could be strengthened and enhanced.
The Power of Connection

Ms Marianne Riggins
1Riggins Family Services, ,

The purpose of this presentation is to develop a deeper understanding of the relationship between social connection and resilience. It is a very personal examination of risk factors for potentially negative outcomes present in my life at the beginning of the pandemic. In addition, mitigating factors as well as the science of social connection will be discussed in an effort to recognize the vital relationship between social bonding and the likelihood of positive life outcomes. By reviewing current literature and analyzing the various circumstances of my life throughout the pandemic it became very clear that the personal and professional relationships established were vital for my emergence from the pandemic in such a positive, healthy manner.

references:
John Cacioppo, University of Chicago, 2017
Steve Cole, UCLA, 2018
Vivek Murthy, Together, 2020
Bryan Robinson, #Chill: Turn Off Your Job and Turn On Your Life, 2018
CLINICAL WORKSHOP PRESENTATIONS

Who is this child?
From observation to formulation and therapy goals

Ms Yonit Shulman
1,2,3
1 Senior Clinical Psychologist, Head of the Psychology Sector in the Autism Treatment and Research Center, Association for Children at Risk, Givat Shmuel, Israel, 2 Academic co-director of the Child and Adolescent Psychoanalytic Psychotherapy Program, Advanced Studies, School of Social Work, Tel-Aviv University, Tel Aviv, Israel, 3 Private practice, Herzlia, Israel

"He makes no progress" "Do I help him at all?" "Everything is so difficult for this child- where should we begin?" Often, we are faced with such questions when working with children and families, especially children with challenging developmental, emotional and communication difficulties. This is the time to pause and to observe.

When observing a child, whether in natural setting or in the therapy room, on preliminary assessment or during an ongoing psychotherapy, two basic questions need to be related to: "Who is this child?" and- "How may we help him?". In the following presentation it is demonstrated by two clinical vignettes, how psychological non-interventional observation may afford at least preliminary replies to these questions, and provide meaningful, useful leads to therapists, care-takers and educational teams to explore and to move forward.

An "observational state of mind" (Reid, 1999) needs to be held on to, as well as the query, following Alvarez& Reid (1999): to whom does the child communicate, try to communicate or fail to communicate in any given moment? Observation is a process of hypothesizing, confirming or refuting our hypotheses, and finally of integration, as we face the creative challenge of translating nonverbal experience into verbal, concise professional language. The end product of observation is formulation: relating to specific, unique child and family, connected to emotional experience and preserving its truth and authenticity (Ogden, 2005), and at the same time useful and practical in defining and formulating therapeutic goals.

Bibliography
Motherhood and maternal subjectivity:
A view through infant observation

Mrs zippy kalish¹, Mrs Ruty orenstein², Mrs zippy kalish³, Mrs Anat RAVIV RABINOVICH⁴, Dr Irit Kushilevitz¹
¹Haifa University, Haifa, Israel, ²Post Graduate Parent-Child Psychotherapy Program, Tel-Aviv, Israel, ³Bar-Ilan University, Tel-Aviv, Israel, ⁴Bar-Ilan University, Tel-Aviv, Israel

In western culture, mothers face two sets of hegemonic expectations: The ideal 'Intensive mother' (Hays, 1996), who takes care of her children and provides for all their physical and emotional needs. This mother is expected to put the child and his needs in the center, and is ready to sacrifice herself; her body, needs, and wishes for his sake. The mother is also expected to be an independent subject, a person who thinks, chooses, and gives meaning to her life (Rozmarine, 2012).

Mothers today seem to be active agents, who have control over their destiny, and many opportunities in education, career, and family. Yet, it’s not easy to contain the dialectics between the image of the good 'intensive mother' and her subjectivity, as the social discourse silences the difficulties mothers experience while juggling between tasks (Douglas & Michaels, 2004; O'Brien Hallstein, 2019).

Moreover, the mother has to recognize that her subjectivity, as she has known it, begins to change. This process of recognition starts during pregnancy and continues after birth, when the self reduces itself to create an emotional and physical space for the other. The mother experiences a radical change from a cohesive stable self, to a messy muffled one (Wolf, 2003). This experience challenges the assumption that subjectivity is singular and coherent, and clarifies that the attraction and the responsibility towards the child might harm the mother’s sense of cohesive self, increasing her vulnerability (La Chace Adams, 2014).

We assume that this recognition stimulates mothers to be "quietly in mourning" (Wolf, 2003). Working through grief is a complex process, reflected in mothers' "narcissistic scrips" (Manzano et al, 1999), and affects the mother-baby interaction.

Using the Tavistock model of infant observation (Bick,1948), four styles of "scripts" will be demonstrated: Normal, Neurotic, Masochistic, and Narcissistic-Dissociative motherhood.
Mind the gap! Between intention and action

Mrs Yael Segal

Ziama Arkin Infancy Institute, Reichman University, Herzliya, Israel

When we sit with parents and baby, we are overwhelmed by an abundance of information, and we must figure out who and what to refer to at any given moment – parental representations? The baby? The interaction? Our choice will be based on guidelines given by theories of technique which differ in their preferred port of entry. Some focus on one port of entry, others will move between the different positions during the therapeutic hour.

Often, viewing the footage of a session, the therapist finds a gap between the intervention she intended and what she actually did. I would like to offer an explanation to the formation of the gap and a way to reduce it.

I suggest that most gaps created between intention and actual intervention can be understood by two fundamentally different but interrelated processes. One, countertransference and the other is cognitive biases. Countertransference is a very personal process that may arise as a reaction to the transference of one of the patients in the room or from unresolved conflicts of the therapist. Cognitive bias is inherent in human thinking and shared by most people. Combining the two allows for a deeper understanding.

A common example of these two processes is found in the gap created between our intention to communicate directly with the baby but ignoring him while we are immersed in a conversation with the parent. In such a case our inherent bias is the preference to communicate in our own verbal language and not in our less accessible, non-verbal language. Countertransference can be expressed in the urgency we feel in the face of the parent’s demands or distress contrary to our intention. A clinical case will be presented for discussion by one of my supervisees.
Mirror Mirror on the Wall: The importance of reflection for all

Ms Sarah Haskell¹, Ms Heidi Pace¹
¹Infant Mental Health Association Aotearoa New Zealand (IMHAANZ), New Zealand

Introduction:
“The attention of others is probably the first, simplest, and most powerful experience that we have of mentality. Something about the attention of other people seems crucial to our emotional existence and our development” (Reddy, 2008, pp 90).

Aim/Purpose:
The aim of the workshop is to provide participants with an understanding of the importance of ‘mother as the mirror’ and the necessity of the act of reflecting in emotional development for babies. Alongside this vital element, the workshop will challenge its participants with the parallels in their reflective practice process.

Description:
The workshop will facilitate a dialogue that connects the theoretical, “the knowing that” with the “knowing how” and explores the artistry involved in reflection. Video material of therapy work with infants/toddlers and their parents will be used to demonstrate the importance of the ‘mother as the mirror’ work and what happens and is needed when this early reflection is lacking. The workshop will enhance participants understanding of reflective practice facilitation.

Conclusions:
The workshop will provide the participants with the felt knowledge of mirroring and its importance for the baby, the parent, and the practitioner. It will demonstrate the necessity of ‘reflection’ for all and how without this ‘simplest, and most powerful experience’ each one of us, infant, parent and practitioner, will suffer developmental consequences."

Reference:
Creating a dialog between the "Clinical baby" and the "Observed baby"-
Case study analysis

Mrs Bat-El Terehovsky
^1Ziama Arkin Infancy Institute, Herzliya, Israel

STUDY-AIM&INTRODUCTION:
The current work presents a case study from the eyes of a research assistant that attends to create a
dialog between the "Observed baby" from developmental theories and the "Clinical baby" from
psychoanalytic theories (Stern, 1985). Specifically, the work illustrates the concept of "True and False
Self", commonly used in clinical settings, in a research observation of a two-month-old infant and her
mother. Winnicott (1960) coined these terms, referring to the way one lives an authentic life or is
concerned with satisfying his environment, healthy or pathological self-states. Typically, these
concepts are derived from a patient's adult life, so the "Clinical Baby" is recreated. By including the
"observed baby", we aim to fully render patient's subjective experience.

MATERIAL&METHODS:
At the Ziama Arkin Infancy Institute, which combines clinical treatment with observational research,
a single dyad was observed using various research methods: Maternal caregiving behaviors and
Infant Reactions were coded from video-recorded mother-infant interactions using the "Emotional-
Availability-scale" (Biringen, 1998). Moreover, mother-infant interactions and maternal narratives
were coded for online and offline Mind-mindedness (Meins et al., 1998). Mother's mental health and
mother-infant relationship were assessed via self-report questionnaires.

RESULTS:
Mother's statements towards the baby, coded as slightly hostile ("You slept in the car, so I finally
could hear music..."). Mother's interview statements described experience of lostness ("I can't find
myself, my time is no longer mine..."). Infant reactions coded as avoidant and distant. Moreover, the
questionnaire gaps indicated protection mechanisms of split and denial. Findings will be presented
via questionnaires and videos filmed and coded in the laboratory.

CONCLUSIONS:
The dyad observation allowed interpretations regarding the development of a false self in an infant
only two-month-old. This validated the theoretical concept of the risk for developing "False self" at
such an early age, thus connecting the "Clinical baby" with the "Observed baby".
Stuck in postseparation conflict – an attachment oriented case presentation

Dr. Katrin Braune-Krickau

ZHAW: Zurich University Of Applied Sciences, Department Of Applied Psychology, Institute Of Clinical Psychology, Zurich, Schweiz, 0-5 Team of the Psychiatric Child and Adolescent Outpatient Service in St. Gallen, Switzerland, St. Gallen, Switzerland

Introduction
In the 0-5 Team of the Psychiatric Outpatient Clinic in St. Gallen, Switzerland (KJPD St. Gallen) we receive many referrals for young children exposed to protracted parental post-separation conflict. Clinical work with these families is highly challenging and the need for a specific, family-level treatment approach was identified. Ongoing conflict is often shaped by parents’ underlying attachment strategies and may compromise parental sensitivity, which in turn can reduce infants’/toddlers’ attachment security and may be associated with various psychological symptoms in young children.

Aim
The presented case is an exploratory step toward the development of an attachment informed clinical approach, that is based on assessments of parental attachment strategies, parental sensitivity, and parent-child interaction.

Description
The treatment of one family with an infant or toddler will be presented. The diagnostic phase includes the application of the Adult Attachment Interview for each parent (Crittenden & Landini, 2011) and an assessment of parental sensitivity and quality of parent-child interaction with the CARE-Index (Crittenden, 1979-2004) or Toddler-Care-Index (Crittenden, 2007). The treatment process will start with a “dyadic phase”, including separate sessions for both parents with their child. Video-recordings of parent-child interaction will be reviewed and reflected on with each parent individually. If parents feel ready, a “triadic phase” will follow, and parent sessions will be conducted with both parents together. Ideally, work in a triadic setting with both parents and the baby/toddler will conclude the treatment.

Conclusion
Treatment goal is to foster parental reflective functioning, to increase parental sensitivity and to develop a minimally cooperative co-parenting relationship.

Qualitative content analysis of dialogues with mothers and their premature babies in NICU

Dott. Elena Coletti1,2, Professor Chiara Pazzagli1, M.D. Stefania Troiani2

1Department of Dynamic and Clinical Psychology, and Health Studies - Faculty of Medicine and Psychology - SAPIENZA University of Rome, Rome, Italy, 2Division of Neonatology and Neonatal Intensive Care Unit, Santa Maria della Misericordia Hospital, Perugia, Perugia, Italy

About 15 million premature babies come into the world every year: more than one million babies die, while among those who survive there are often permanent disabilities. Thus, if pregnancy can be considered the germination of a new life, the culmination of which is birth, Neonatal Intensive Care becomes a meeting place between life and death. The birth of a preterm and life-threatened child brings painful experiences related to feelings of guilt, death anguish, narcissistic injury and mourning of the ideal child. Furthermore, there is a strong perception of an interrupted but never terminated pregnancy, which manifests itself with the feeling of not recognizing the newborn as one's own child and not yet being a mother. This is a risk for the mother-child relationship and for the newborn’s development.

The aim is to illustrate, through a single case of a premature baby (<28 weeks) born in Perugia Hospital, the dramatic experiences of the mothers and the work that, following a psychoanalytic model, is carried out with them.

The experiences that emerge during bi-weekly 45 minutes sessions with mothers, next to the incubator, and the psychoanalytic work carried out with them will be illustrated through excerpts from a clinical case. The aim is to contain the new parents, which are also premature, through a work of listening and accepting and transforming their painful experiences. Two further aspects frame the work: the observation of the newborn and countertransference.

The content analysis of verbatim transcripts of the clinical case presented allow to exemplify the experiences and work that, albeit in the context of each individuality, connects the mothers of severely premature babies. The focus on internal maternal movements and countertransference allows to delineate the psychic processes that enable the women to carry the pregnancy to term, developing a new relationship with the newborns.
"Mother and M": the analysis of the dyad, impacted by trauma.

Beata Granops

Zero-five. Foundation For Infant Mental Health, Poznan, Poland

First years after the birth of a child are a critical period for the parent - previously unresolved inner conflicts, traumatic events or relationships reappear in the form of so called "ghosts in the nursery". The parent is often brought to the psychotherapist's room by problems in the child, such as tantrums, unsettled crying or difficulties in establishing contact. The author will present a one-year process of psychoanalytic therapy for a dyad (mother and child) who experienced violence from the child's father, but it was the child's tantrums and "disobedience" that were the reason of the referral. She will describe how early traumatic experiences disrupt the child's normative development and, more importantly, the bond with the primary caregiver. The presentation outlines the working methods of dyadic psychotherapy and highlights psychoanalytic ways of understanding the difficulties experienced by the child. The case analysis provides an example of the intergenerational transmission of violent relationship patterns in the family.
A parenting plan should be more than a simple listing of dates and times, or a schedule of who will exchange the child and where. The parenting plan should serve as a road map for the parties’ post-separation relationship, and it should be crafted to maximize the chances of fostering positive relationships with both parents. Because infants and young children have distinct developmental needs, as recognized by most experts and researchers when addressing infant post-separation care, proffered approaches for meeting those needs are inconsistent and, oftentimes, incongruent. Attachment theory and joint parental involvement research will be discussed and explored in relation to infant development. Methods to assess attachment security post-separation will be discussed. Clinical and forensic decision making processes will be explored to understand how to best incorporate both attachment organization and parental involvement prioritizing conditions of safety and the minimization of stress. A responsive parenting plan would allow the child to benefit from the ways that parent-child relationships in early childhood differ normatively, and enable access to the full complement of emotional, cognitive, family, social, and economic resources each parent can offer. Creating parenting plans that focus simultaneously on the developing child and his/her significant relationships is not only theoretically possible but empirically supported. This workshop reviews an integrated perspective that suggests the goals of both attachment and parental involvement are mutually attainable by applying a core set of assumptions about the individual and family conditions under which parenting plans are most likely to support the developmental needs of very young children. The workshop aims to provide ideas for working with the courts, legal professionals, and families to create the most developmentally sensitive and appropriate roadmap for the parenting plan over time, based on the overall co-parenting cooperation, coping and adjustment of the child, and the family system.
P-184: Interdisciplinary Exploration of Authentic Assessment Purposes & Practices

Prof Marisa Macy¹, Professor Of Psychology & Pediatrics Stefano Bagnato¹, Prof Emer Ring³
¹University Of Nebraska Kearney, Kearney, United States, ²University of Pittsburgh, Pittsburgh, United States, ³Mary Immaculate College in Limerick, , Ireland

The measurement tools and procedures used for assessment should be able to accurately measure child development. Unfortunately, mismeasurement occurs frequently which misrepresents children’s development and growth. Mismeasurement has significant consequences for children and their families. The purpose of this qualitative study is to better understand the perspectives of professionals who assess young children. To better understand assessment practices from diverse perspectives, seven disciplinary-specific expert focus groups were conducted to gather evidence from the field. Use of national and international expert panel focus groups were: Early Childhood Educators/Early Intervention/Early Childhood Special Educators; Speech/Language Specialists; Physical Therapists; Occupational Therapists; Psychologists; University Faculty Representatives; International Professionals. The central question was: How Can Authentic Assessment Accomplish Early Childhood Intervention Purposes? Each discipline held their own expert panel focus group via Zoom in which they collected information, engaged in discussions and debates using Nominal Group Techniques for consensus decision-making, and completed individual surveys. Findings of this qualitative study suggest there are limitations with pre-service training for authentic assessment practices. Implications for practices are described.
P-040: Increasing Access to Medically-Assisted Treatment in an Integrated Family Medical Home and Early Childhood Program

Dr Peggy Maclean1, PhD Jennifer Crawford2, M.D. Kate McCalmon3, PhD Mary Baldwin4
1University Of New Mexico; Department of Pediatrics, Albuquerque, USA, 2University Of New Mexico; Department of Psychiatry and Behavioral Sciences, Albuquerque, USA, 3University Of New Mexico; Department of Family and Community Medicine, Albuquerque, USA, 4University of Mexico; Department of Psychiatry, Albuquerque, United States

Introduction: Opioid use disorder and deaths from overdose continue to be a major problem in New Mexico (NM Department of Health). In New Mexico, opioid use among pregnant and eventually parenting women increased from 10.6 per 1000 live births in 2012 to 19.1 per 1000 live births in 2017 (Haight 2018, Hirai 2020). Opioid use disorder in pregnant and new mothers is further complicated by the limited treatment programs in New Mexico (Greenfield, Owens, & Ley, 2014), the increased risk increased risk of overdose among women in the postpartum period (Bharel, et al., 2020), and the additional barriers faced by postpartum women and parents of young children in accessing treatment (SAMSHA, 2018). To address these issues, the UNM FOCUS Program, which originated in 1990, has focused on providing trauma-informed, integrated services to address parental substance use and the impact of prenatal substance exposure and trauma. The program provides comprehensive family primary care, pediatric, behavioral health, and psychiatric services along with home-based early intervention and early childhood mental health services to at-risk families. Of the families served by our program in FY21, 92 % of families served had affected by prenatal alcohol and/or substance use.

Project Description: To expand service and address poor retention rates, the program initiated a SAMSHA-funded NM-FOCUS MEDICATION-ASSISTED TREATMENT – PRESCRIPTION DRUG AND OPIOID ADDICTION EXPANSION (NM-FOCUS-MAT) project in 2021 focused on expanding access to comprehensive services, including MAT and psychosocial services, to address the complex needs of new parents suffering from significant mental illness and substance abuse.

Project Aim: The specific goals of the NM-FOCUS-MAT are to: (1) Increase the number of caregivers with young children receiving MAT; (2) Identify and establish psychosocial services for adults with young children receiving MAT; (3) Improve care coordination to support parents with young children receiving MAT; (4) Ensure long-term sustainability of the MAT and psychosocial services expansion within a family-focused primary care setting.

Project Conclusions: Although early into the project initiation, intake findings from the Government Performance and Results Act (GPRA) Client Outcome Measures indicate that parents seeking treatment in the FOCUS program show complex psychiatric presenting with opioid use disorder and non-psychotic mental disorder most frequently diagnosed and dually diagnosed. Alcohol (60%) is reported as the most used substance followed by opiates (40%; with heroin reported most frequently) and methamphetamines (40%). High levels of self-reported serious mental health problems are also reported at intake with 60% reporting serious depression and 80% reporting serious anxiety. Initial implementation of the project highlights the need for comprehensive and intensive treatment that address the mental health needs of parents of young children seeking MAT services. Project implementation in the next six months will focus on identifying and establishing MAT services along with psychosocial, behavioral health services, and early childhood services in enrolled patients to address complex needs of families of young children affected by substance use and mental illness.
P-280: Developmental functioning of infants/toddlers with brain and solid tumors: Findings from a clinical sample

Sequoya Fitzpatrick2,1, Dr. Victoria Willard1, Dr. Lisa Jacola1, Dr. Niki Jurbergs1, Dr Jennifer Harman1
1St. Jude Children’s Research Hospital, Memphis, United States , 2University of Memphis, Memphis, United States

INTRODUCTION
Experiences and environmental factors influence development. This, in combination with cancer-directed treatment, may result in increased risk for developmental delays among young oncology patients. Research demonstrates reduced developmental functioning among infants and toddlers with brain tumors. Less is known about the developmental functioning of infants and toddlers with non-central nervous system solid tumor (solid tumor) malignancies.

AIM
Describe the developmental functioning of infants and toddlers diagnosed with brain tumors as compared to those with solid tumors. Describe both clinical populations as compared to normative developmental expectations.

DESCRIPTION
Clinical data were abstracted from medical records of 76 infants and toddlers undergoing treatment for brain tumors (n=36) or solid tumor malignancies (n=40). Patients were referred for clinical evaluation and were assessed between 3 and 36 months of age. The specific measures used for assessment depended on clinical presentation. Statistical comparisons were made between the brain tumor and solid tumor groups, and between each group and age-normative expectations.

Infants and toddlers with brain tumors and solid tumors exhibited significant developmental delays when compared to normative expectations (Brain Tumor: cognitive t=-5.56, p<0.001; gross motor t=-5.29, p<0.001; fine motor t=-6.04, p<0.001; expressive language t=-4.77, p<0.001; receptive language t=-6.11, p<0.001; adaptive t=-6.44, p<0.001; Solid Tumor: cognitive t=-3.84, p=0.001; gross motor t=-4.99, p<0.001; fine motor t=-2.95, p=0.007; expressive language t=-2.31, p=0.03; receptive language t=-4.40, p<0.001; adaptive t=-4.95, p<0.001). Compared to the solid tumor group, the brain tumor group demonstrated significantly lower functioning in the domains of cognitive (t=3.57, p=0.001), adaptive (t=2.24, p=0.029), fine motor (t=3.69, p=0.001) and receptive language (t=2.16, p=0.037).

CONCLUSIONS
Findings support the need for developmental screening and early intervention services for infants and toddlers undergoing cancer treatment. Implementation of protocols for early identification of developmental difficulties is prudent amongst infants and toddlers undergoing active cancer-directed treatment.
Fear of a childbirth is a common reason for consultation in Infant Psychiatric Clinics, with 10% of pregnant women suffering from it. An Imaginary Journey into Childbirth and Early Interaction (IJCEI) is an exercise based on Cognitive Psychotherapy to help reduce parents’ fear of childbirth. After positive clinical experiences from using IJCEI, we wanted to know how the IJCEI affected mothers’ fear of childbirth.

The IJCEI is done during one hour appointment after the pregnancy week 35. The therapist asks the mother to take a comfortable position and then helps the mother to imagine being in a safe place and to relax. The therapist then asks the mother to imagine birth giving step by step to from the beginning of labor to the first moment with the baby and asks her questions of what the mother thinks is happening, what she is feeling and so on. Our pilot had 11 mothers, aged from 26 to 38. The birth number varied 1-4. We measured mothers’ fear before and after doing the IJCEI exercise with a VAS scale (0 no fear, 10 worst possible fear).

The mothers’ fear scores before the IJCEI exercise ranged from 4 to 9.3, with the average of 6.7. Mothers’ fear scores after the IJCEI exercise ranged from 2 to 9.4, with the average fear score of 4.5. The IJCEI exercise decreased the fear for 10 mothers, but for the mother with the highest fear score it had no effect. Mothers reported that the IJCEI exercise helped them realize why they were afraid, and that they felt calm during birthgiving.

Mothers with fear of childbirth need support and help from midwives and obstetricians, but as a part of the treatment IJCEI seems promising. In the future we plan to evaluate the results of this method further.
P-107: Integrating Infant Mental Health Tenants into a Logic Model for Family Resilience Interventions

Dr. Little Royster¹, Mrs. Drina Nibbe²
¹Little House Psychology LLC, Centennial, USA, ²Drina Nibbe LLC, Parker, USA

Introduction
The majority of families going through separation or divorce involve young children, with a large number dissolving before a child’s third birthday (Anderson, 2014; Carlson, M.J., McLanahan, S.S., & Brooks-Gunn, J., 2008). Unresolved parental conflict threatens children’s developmental needs and overall well-being (McIntosh, 2003). Preventative models leveraging family strengths through the lens of infant mental health capacities are lacking. This poster provides guidance for transdisciplinary teams to integrate tenants such as reflective functioning, and in turn, build resiliency to weather changes in family structure.

Aims
The poster describes how transdisciplinary teams can use program design and iterations to support parents in building reflective capacity, as they navigate separation/divorce. The presentation describes a developed theory of change and logic model consistent with best practices to evaluate intended outcomes of family resilience.

Description
The poster focuses on curriculum development founded on key change mechanisms and adaptation processes to support clinical objectives through the lens of family systems theory. Curriculum was shaped and edited to include infant mental health tenants of reflective capacity and family resiliency. The intention is to provide transdisciplinary clinicians a program development framework for supporting family resiliency into pre-existing or yet to be developed models of intervention.

Conclusion
This model is useful to clinicians looking to develop best practice iterative processes for fine tuning logic models to incorporate Infant Mental Health tenants and family systems concepts. Clinicians trained in Infant Mental Health models are likely integrating aspects of reflective functioning into their work already. This project seeks to enhance their ability to do so through a fully formed logic model and integration of evaluative feedback.
P-207: Dil-Er Daktar “Doctors of the soul”: BRAC Para counsellor Model brings hope through psychosocial support

Ms. Kuri Chisim¹, Md Taifur Islam¹, Ms Pooja Bhattacharjee¹, Farjana Sharmin¹
¹BRAC, Dhaka, Bangladesh

In Bangladesh “mental health” continues to be misunderstood and stigmatized. Misinformation and ill-informed beliefs about mental health act as barriers to accessing mental health support. Even without such barriers, for those living in isolated, marginalized communities, the possibility of support is remote. The heightening of families’ suffering during the COVID-19 pandemic emphasized for BRAC the urgency to develop effective and sustainable ways to offer psychosocial support to distressed men, women & children.

The Para counsellor (PC) Model is one intervention that BRAC has invested in, as part of its commitment to promoting mental health & wellbeing for all, from the oldest to the youngest citizens. Currently, more than 130 Para counsellors are working in Bangladesh. This presentation will describe the PC model, in which young women, from widespread districts of Bangladesh, are trained, supervised and supported by a team of BRAC psychologists, to provide counselling and psychosocial support to people in need in remote regions and/or marginalized communities. From 2021, a pool of BRAC psychologists started collaborating with BRAC Uganda, remotely in capacity building to implement PC model.

For many of the families, the PC’s friendly face and offerings of kindness and empathy can be the first step to soothing their minds and healing their hearts. The Para counsellors are affectionately called Dil-er Daktar (Doctors of the Soul) by the Rohingya people in Bangladesh, and stories from the field will be shared.

The presentation will end with BRAC’s vision for the future as Bangladesh’s Government partners with BRAC to invest in Para counsellors as frontline workers who provide access to mental health support for populations who would otherwise be deprived of the support they urgently require.
P-194: Infant Mental Health in Primary Care - a Pilot Project in Sweden

Licensed Clinical Psychologist, Specialist In Clinical Child And Adolescent Psychology Karin Colliander¹, Area manager, Licensed Clinical Psychologist, specialist in clinical psychology, Licensed psychotherapist. Elisabeth Tullhage¹
¹The Psychologist Service For Parents And Young Children, Regionhälsan, Västra Götaland, Gothenburg, Sweden

Introduction
Studies have shown that infants have a similar prevalence of mental illness as older children, yet they are rarely referred to mental health services in Sweden. The Swedish primary care system for pre-and post-natal care has a nation-wide preventive program including almost 100% of all parents and children. There is, however, a gap between this preventive program and treatments on a specialist level for infants and young children with early psychological symptoms which may lead to some young children not being diagnosed and treated in time.

Aims and purpose
In 2021, the political committees of the largest region in Western Sweden ("Västra Götalandsregionen", VGR) distributed funds to “create and test a model of Primary Care Infant Mental Health Provision”. The psychologist service for parents and young children was appointed to lead the project.

Description
VGR is a large and multifaceted region with 1.7 million inhabitants and includes both Sweden’s second largest city Gothenburg by the coast as well as rural areas in the inland and close to the Norwegian border. The project covers the entire region and collaborates with the child and adolescent mental health service in order to secure a coherent and functioning stepped care. The psychologists in the project work with assessment and treatment of children between 0-5 years who show early symptoms of mental illness. Some of the methods used are “Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood” (DC: 0 – 5), “Video feedback Intervention to promote Positive Parenting” (VIPP-SD), “Child-parent psychotherapy” (CPP) and “Watch, Wait and Wonder” (WWW) as well as screening for domestic violence.

Conclusion
A model for an Infant Mental Health Service within the Swedish primary care system will be developed, tested and evaluated during 2022-2024.
P-129: The First Play Infant Play Therapy Model Enhances Healthy Attachment Relationships through Nurturing Touch Experiences

Dr Janet Courtney

Developmental Play & Attachment Therapies, Inc., Boynton Beach, United States, Florida Association for Infant Mental Health, USA, Barry University, Miami Shores, USA

This workshop will introduce practitioners to a parent-infant nurturing touch attachment-based manualized model called, FirstPlay® Infant Play Therapy. Centered around the research in touch and presented from an informed neuroscience perspective, the theoretical foundations of FirstPlay® including Developmental Play Therapy, Filial Play Therapy, and attachment theory will be presented. Supported by the therapeutic powers of play, participants will learn how FirstPlay interventions are implemented following a “baby-centered” infant play therapy approach. Through experiential exercises, practitioners will learn at least three different Firstplay® baby-led activities that can be used with parents and infants to promote attunement and attachment. Case studies will be presented to demonstrate FirstPlay® Infant Play Therapy in action including with abused and neglected infants, neonatal abstinence syndrome, and with preemie infant families.


P-035: Childhood Maltreatment, Adult Survivors’ Parental Reflective Function, and Attachment of their Children: A Systematic Review

Ms Elmie Janse van Rensburg1,2, Dr Alix Woolard1,2, Dr Nicole Hill1,2, Ms Carol Reid3, Professor Helen Milroy1,2, Associate Professor Jeneva Ohan1, Professor Ashleigh Lin1,2, Prof Catherine Chamberlain4
1University Of Western Australia, Perth, Australia, 2Telethon Kids Institute, Perth, Australia, 3La Trobe University, Melbourne, Australia, 4The University of Melbourne, Melbourne, Australia

Introduction
Parental Reflective Function (PRF) is a parent’s ability to understand that their child has unique inner states motivating their behavior (e.g., crying because they are hungry, not to irritate their parent), and is an important precursor to secure attachment between a parent and their child. PRF is commonly reported to be disrupted in parents who have survived childhood maltreatment, and is a potential mediator between a parent’s history of childhood maltreatment and poor outcomes of their children.

Aim
Understanding the relationship between parental history of childhood maltreatment, PRF, and the attachment of survivor’s children is crucial for preventing the cycle of intergenerational trauma. The present study sought to systematically investigate these associations.

Description
Ten databases were searched (from inception to 10th November 2021). Inclusion criteria were: primary study, quantitative, parent participants, measures of childhood maltreatment and postnatal PRF. Exclusion criteria were: qualitative, intervention follow-up, grey literature, or a review study. Risk of bias was assessed using recommended tools. Data were narratively synthesised.

One-thousand-and-two articles were retrieved, of which eleven met inclusion criteria (N = 974 participants). Four studies found a significant association between parental childhood maltreatment and disrupted PRF, six did not, one found mixed results. Only one study reported the association between childhood maltreatment and attachment (non-significant results).

Conclusions
There is no clear evidence PRF is routinely disrupted in parent survivors, though there is high heterogeneity in studies. Given that many PRF-based interventions exist, this review highlights important gaps that may impact effectiveness of these therapies. Future research requires greater standardization and clarity in design and measurement, variety in populations, and may benefit from exploring PRF from a strengths-based perspective (e.g., how healthy PRF is achieved). This information can facilitate targeted interventions that may moderate the potential negative impact of childhood maltreatment on the attachment of survivor’s children.
P-266: Caregiver Suicidality: Early Intervention Conceptualized Using the DC: 0-5 to Reduce Suicidality in Offspring

Dr. Sam Booker¹, Dr Sherrionda Crawford¹, Dr Korinne Babel¹, Mr Spence Whittaker¹, Mr. Noah Terrell¹
¹Troy University- Alabama, USA,

The completed suicide of an individual leaves the individual's loved ones with a great deal of stress with which to cope. This is specifically true for families; in families where a completed suicide occurs, the risk for relative suicidal behaviors is five times greater (Baldessarini & Hennen, 2004). This rate is lower for attempts rather than completions, but the risk is still prevalent. Many individuals today are still working towards understanding the complexity associated with grief and the subsequent therapy that is often needed.

Increase the knowledge base of infant and early childhood providers on the risk factors following a completed caregiver suicide through the conceptual lens of the multi-axial framework and cultural formulation of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC 0-5). A variety of evidence can be utilized with this specific population.

The presenters will discuss nurturing social and emotional development through the use of evidence-based approaches including Play Therapy, Child-Parent Psychotherapy, and Bibliotherapy as early intervention options to mitigate the impact of caregiver suicide.

The completed suicide of a loved one – specifically a caregiver – can lead the affected child to struggle with emotional dysregulation. Along with an increased risk of an offspring attempting suicide, the child is also at risk for developing psychosocial difficulties such as posttraumatic stress disorder (PTSD), poor social adjustment, and symptoms of depression (Kuramoto et al., 2009).

Addressing these struggles as early as possible into their development, when appropriate, could benefit the offspring as they mature into adults. Methods discussed during this workshop can yield positive attunement.

P-034: Perinatal group with a EFT model

Dr Valérie Giroux¹, Ms Tammy Desforges¹
¹Montfort Hospital, Ottawa, Canada

Pregnancy and postpartum period are crucial moments for the new parents, the child and their relationship. The relationship between a child and his/her mother and father does not only begin once the baby is born, it begins way before: during the pregnancy, before as future dreams for or with the child and even as experiences of the past influencing how the mother is with her child, how she reacts, how she behaves. Treatment of major depression and anxiety disorder during the perinatal period is more efficient with a bio-psycho-social approach, addressing not only the biological treatment but also the psychological and the social factors contributing. Many psychotherapies for mothers during the perinatal time are aiming for symptoms reduction for mothers. Studies have demonstrated that if the psychotherapy approach address the attachment relationship with the baby, it can help both reducing the symptoms and improving the attachment between the mothers and her babies. We built a psychotherapy model inspired by the theories of attachment and Emotional focused therapy. The goals of the psychotherapy are to decrease anxious and depressive symptoms, increase knowledge about attachment and improve mother and baby interactions. The group is over 12 sessions of 90 minutes and is with 8-10 participants and 2 therapists. The other important goals of this experiential approach is to improve knowledge of the participants about attachment, their style of attachment, to improve their recognition of their “fantoms in the nursery” which can alter their emotional availability to their emotional availability and the attachment with their kids, to improve their relationship with their partners and supportive friends and family members.
This paper will describe a group intervention with motherless mothers who have not resolved their loss, and their babies age under 12 months. Motherless mothers are women who lose their mothers to death prior to having their children, and therefore raise their children without the maternal support and guidance afforded to many women whose mothers are still alive (Edelman, 2006). On becoming a mother herself, unresolved grief for her own mother can be traumatic and potentially impact the new mother’s sense of self. It may also increase the risk of postnatal depression which can impact her confidence as a mother and her mothering capacities (Mireault et al., 2000). Empirical studies and clinical evidence indicate the risk these factors present for the mother-infant interaction.

In Israel, the value of the family is very strong, and grandmothers play an important role in mothering the new mother and her infant. The intergenerational break in mothering can be critical in many other circumstances when the grandmother figure is lost, common today among the refugees worldwide.

We decided to tailor our intervention for motherless mothers using a group format that was inclusive of the baby, considering our experience in parent-infant psychotherapy. Through meeting other women who were undergoing similar emotional and social experiences, mothers were able to achieve deeper self-understanding and awareness of the impact of their grief on their babies. The presence of babies as members in their own rights enabled us as facilitators to address the babies’ own feelings in the context of the familial loss.

We will present our clinical experience and mothers’ feedback, from three groups each of 12 sessions. We obtained their consent to be videoed. Our intent is to shed light on the meaning of this unique therapeutic group setting on both the babies and the mothers.
P-170: A multidisciplinary co-therapy of a child with an eating disorder

Dr Lee Sela1, Diklah Barak1
1Schneider Children’s Medical Center of Israel, the Child Development and Rehabilitation Institute, Petach Tikva, Israel

Pediatric eating disorders are characterized by under-, over- or abnormal eating behavior. Eating disorders are associated with diverse etiologies and, accordingly, lead to different treatment methods. In Schneider Children’s Medical Center “Failure to Thrive” Clinic, a multidisciplinary approach combines medical, psychotherapeutic, occupational and dietary therapies. This setting offers a holistic and effective treatment allowing unique therapeutic collaborations, as demonstrated in the present case.

This clinical case study involves a family with a 2.5 YO boy with an extremely restricted diet, and parents with no history of known eating disorders. The boy’s sensory processing difficulties led to focus on the sensory aspects of eating by food-play method led by an occupational therapist. After seven months of treatment, the boy showed more curiosity towards new foods, demonstrated some change in his diet, and the parents were less stressed by feeding issues. However, eventually, the boy stopped cooperating with the therapy, leading the team to focus on the complex family relationships as the source of the patient’s eating disorder. This view was communicated to the parents, and a children psychiatrist was added as a co-therapist. Therapy includes weekly sessions of the two therapists with either the parents alone, or the child with one of them, and it is still ongoing.

In this case study we analyze the merits and challenges of a co-therapy in a dyadic psychotherapy setting, and its complexity when it is exercised by therapists that are from different disciplines. The psychiatrist addresses the emotional and relational sources of the disorder while the occupational therapist focuses on its functional and participatory components. They take somewhat different therapeutic approaches, balancing observation and active participation in the relationships’ dynamics and play activity. This may be challenging at times, and just as enriching for both the family and the therapists.
P-203: Building a System of Care and Improvement for Infant and Toddler Caregivers in Alabama

Dr. April Kendrick¹, Dr. Kimberly Blitch¹, Shanice Campbell¹, Stephanie Waters¹
¹University Of Alabama, Tuscaloosa, United States

INTRODUCTION

The University of Alabama Child Development Resources in partnership with the department of Human Development and Family Studies was funded by the state Department of Human Resources to create and implement an Infant Toddler Specialist Network.

AIM

This program identified a multilayered approach to support teachers of infants and toddlers in the state, including creating a community of practice and providing generalized trainings, technical assistance/consultation, and coaching.

DESCRIPTION

Working with existing state agencies that provide training for childcare providers, the system of care added and embedded Infant Toddler Specialists across the state who: (1) provide specialized trainings, targeting topics unique to infants and toddlers; (2) provide consultation to childcare programs and additional infant and early childhood mental health supports; and (3) coach infant and toddler teachers.

MATERIAL AND METHODS

Focus groups were conducted with childcare administrators (n = 49) and teachers of infants and toddlers (n = 63) to inform the implementation of this statewide program. Findings from interviews informed development of the coaching pilot with 27 teachers. Following the coaching pilot, evaluations were completed by Specialists (n = 9) and teachers (n = 14).

CONCLUSIONS

Several themes emerged from interviews:

• Significant turnover and teacher shortages led to many teachers being inadequately trained. Many directors taught in classrooms and were unable to provide onboarding, training, and ongoing support to teachers.
• Teachers reported a notable increase in challenging behaviors among children following COVID isolation and quarantine.
• Teachers reported significant delays in toddler language development following COVID isolation and quarantine.

Findings from the program evaluation suggest (1) linkages among state partners, (2) collaborative coaching partnerships, (3) effective coaching strategies, and (4) focused trainings and reflection opportunities for Infant Toddler Specialists are useful mechanisms to build an effective system of care that supports infant and early childhood mental health training and consultation.
P-211: Impacting Practices: Innovative Professional Development to Build a Diversified Infant Mental Health Workforce

Ms Kathleen Magin¹, Ms. Lana Nenide²

¹Wisconsin Alliance For Infant Mental Health (WI-AIMH), Madison, US

Introduction: Wisconsin Alliance for Infant Mental Health (WI-AIMH) developed and implemented two professional development projects for Early Care and Education (ECE) and Clinical Mental Health (MH) professionals.

Aims/Purpose of the work: To increase the capacities of professionals to provide relationship-based services to infants, young children, and families, by
- recognizing their unique needs.
- conducting meaningful outreach and establishing partnerships.
- offering carefully curated, intentionally designed, relevant, and choice-driven professional development.

Description of the work: ECE and MH professionals, especially those from underserved communities, were targeted in for their ability to impact the trajectory of life for very young children and their families during the Covid-19 pandemic.

The Clinical Pathways to Expanding Your Practice project offered support and professional development to a diverse workforce of mental health clinicians who treat adults. These clinicians face unique challenges in supporting their clients’ roles as primary caregivers and need specialized skills to address their clients’ needs and understanding of the vital role of early relationships in healthy child development. This project focused on supporting clinicians’ ability to provide their clients with tools and knowledge to bolster responsive and sensitive parenting.

The Better than Free Professional Development for ECE Providers project offered Early Educators and Directors five options for professional development. Project participants selected the path that was most interesting and relevant to them, and were placed into a cohort with others who chose the same focus. Each path included training, reflection, pre-and post- self-assessment, monthly group participation, and time for preparation and reading. Recognizing the low pay rates for many ECE providers, participants received a significant stipend to offset participation costs and barriers.

Conclusion: Evaluation results confirmed a positive impact, with participants reporting higher engagement with clients and higher levels of connection with other professionals.
P-043: Child-Parent Psychotherapy to Address Trauma and Grief: “There’s a Monster in the House!”

**Dr. Shardé Pettis**¹,²,³, **Dr Devi Miron Murphy**², **Dr Julie Larrieu**²

¹Children’s National Hospital, Washington, USA, ²Tulane University School of Medicine, New Orleans, USA, ³George Washington University School of Medicine and Health Sciences, Washington, United States

Introduction/Aims: 1) To present a child welfare referred case of a young child and her caregiver in which Child-Parent Psychotherapy (CPP; Lieberman et al., 2005), an evidence-based intervention for trauma-exposed children aged 0-5 years, was used. 2) To illustrate the use of dyadic and collateral strategies to strengthen the child and caregiver’s relationship, which served as a vehicle for restoring functioning following trauma and loss. 3) To discuss the importance of supervision, reflective practice, and teamwork in addressing trauma and grief.

Content: This presentation provides a brief overview of CPP and discussion of a case involving themes of domestic violence, parental loss, grief, posttraumatic stress, and attachment. Video will illustrate the implementation of CPP. Reflective practice techniques used to support treatment fidelity, clinician wellness, and collaboration will be discussed.

Conclusion: Studies have demonstrated the effectiveness of CPP for improving children’s functioning following trauma (Hagan et al., 2017). Caregiver involvement plays an integral role in treating trauma-related problems in young children. The caregiver’s willingness to “speak the unspeakable” is an essential component of fostering a sense of psychological safety for a child to process trauma. Supporting caregivers in this endeavor can be complex when considering the impacts of caregivers’ own grief on their capacity to help their child make meaning of experiences and restore a sense of safety.

References


P-019: "Resilience Stretches" to Prepare for and Repair from Psychosocial Stress

Dr. Mark Rains
Vienna Mtn Consulting, Vienna, United States

Introduction: Parallel to physical stretches preparing for or repairing from physical challenge, twelve 'Resilience Stretches' promote parent and service provider resilience and resourcefulness; to prevent negative outcomes of primary or secondary psychosocial stress on service providers, clients, and infant-parent relationships.

Aim: The 'stretches' integrate ventral-vagus nerve stress management ('Safe to Friend' polyvagal alternatives to Fight/Flight/Freeze/Faint responses, e.g. diaphragmatic breathing, social engagement, auditory processing, etc.), with components of resilience (expectations of being safe, capable, grateful, and meaningful) and resourcefulness (protective factors: service accessibility, social support, skills and knowledge, and resilience). The resources prompt reflection, affirmation, and problem-solving; as they anticipate, interrupt and/or soothe stress response. They may help to weather microaggressions, moderate impact of social determinants, support systemic change, and counter unhelpful thoughts and feelings that could escalate psychosocial and physical stress.

Description: Each 'Stretch' is based on 10-count 'Belly-Button-Breathing' (inhale 1-4 exhale 5-10), a ten-beat affirmation/reflection statement, an image depicting the stretch, and movement expressing it. Available (free) for download are a poster illustrating the twelve stretches; a 4x6 card illustrating each stretch; screensaver images; resilience and resourcefulness pamphlets for parents; links to video describing the stretches and their community context of ACEs (Adverse Childhood Experiences, Adverse Community Environments, and Atrocious Cultural Experiences;* Healthy Outcomes of Positive Experiences, etc.), and bibliography.

Simplicity of 'stretches' offers opportunities for translation, reflection on cultural context, etc.

Conclusions: The 'Stretches' are promising practices with a supportive evidence base. Approaches to evaluate them directly are in development. They have been well received by parent and provider workshop participants.

The poster could be combined into a poster workshop, discussing primary or secondary stress management.

P-176: Pediatricians and mental health professionals-multidisciplinary team at a large infant's feeding and thriving clinic.

**Dr Shay Ehrlich**
1
1Schneider Children's Medical Center Of Israel, Petach Tikva, Israel

Infant Feeding disorder and failure to thrive, are one of the most common complaints to a pediatrician by families in the first months of life. In many cases, the failure to gain weight is a symptom to a much more complex medical issue, and in some, the caregivers mismanagement also contributes to the extent of the infant's difficulties. 

In the past 20 years, a multidisciplinary approach towards families with infants who failure to thrive, is being executed in our large clinic at Schneider Children's. Out team consists of pediatricians, developmental psychologists, psychiatrics, dietitians, Occupational Therapists, and a social worker. Each, with her/his unique perspective on the infant's feeding disorder.

At our large outpatient clinic, 2 new patients are being examined every day, as long with 10-12 families for follow up visits. We treat 40 new cases every months, and about 200 follow up visits. In each new visit, the entire multidisciplinary team watches the child eats, talks to the family, and decide together (pediatrician, mental health professionals & para-medical team) about child's objectives (concerning way of feeding, caregivers responses, calorie enrichment etc.) for the next meeting.

During the follow up period of infants (from months to 2-3 years), we diagnosed children suffering from almost every known medical diagnosis - heart defects, genetic syndromes, endocrine hormone deficiencies, prematurity, and more. Never the less, the primary medical diagnosis is only one of the many difficulties of the infants, and our team deals together in the infant's behavioral eating disorders, treats the family as a whole (dyadic treatment for example), makes connection with the child's kinder garden staff and more.

We believe that such complex matter as infant's feeding, needs a large scale multidisciplinary team to treat and follow up in the most important time of life - the early 0-5 years.
P-005: Implementation and Scale-up of a Systems and Program-Wide Approach for Promoting Young Children’s Social-Emotional Competence

Dr. Lise Fox¹, Professor MaryLouise Hemmeter, Dr. Barbara J. Smith
¹University Of South Florida

Introduction
The Pyramid Model (Fox et al., 2003; Hemmeter, et al., 2006) is a framework of practices for early childhood educators and care providers in early childhood settings to promote young children’s social-emotional competence and prevent and address challenging behavior. The evidence-based approach is being implemented in 32 states across the United States.

Purpose
This poster will illustrate how the Pyramid Model is being implemented and scaled up statewide across early childhood programs and systems in the United States.

Description
The Pyramid Model uses a promotion, prevention, and intervention framework to organize the practices that are taught to all early educators in a setting. Across the United States, states are using implementation science to guide statewide implementation efforts to implement and scale up the approach in multiple early childhood systems and programs (Fox, Smith, & Law, 2019). Implementation science provides guidance on the features and systems that must be considered to ensure the implementation of an innovation in a manner that can achieve socially significant outcomes (Fixsen, Blasé, and Van Dyke, 2019).

Pyramid Model implementation and scale-up have occurred by (1) establishing a state-wide implementation team; (2) having a professional development network that can provide implementation coaching to programs; (3) establishing implementation sites with program-level implementation teams and practitioner coaches; and (4) using data for decision-making. This poster will illustrate these essential structures, provide links to tools, guides, and fact sheets related to each structure, and illustrate how these features might be used to support other innovations (e.g., early childhood mental health consultation) that a community or geographic entity might want to implement and scale.

Conclusions
Participants attending will learn about critical structures for implementation and scale-up, how implementation science is used for the scale-up of innovations, and resources that might be used in the application of this approach.
P-039: Resisting dis-integration: Attempts to preserve an infant focus in perinatal mental health services

Dr Izaak Lim¹,²
¹Monash Health, Melbourne, Australia, ²Monash University, Melbourne, Australia

INTRODUCTION
In the context of structural re-arrangement of mental health systems, perinatal and infant teams become the topic of debate. Should perinatal and infant services be delivered together or separately? How do you keep the infant’s mental health and development in focus when you’re working with a parent with severe mental illness, and vice versa?

AIMS
This presentation aims to describe ways in which perinatal mental health teams can build and maintain an infant focus, while keeping in mind the need to preserve specialist expertise in both clinical fields.

DESCRIPTION
The presenter will reflect on various ways in which Australian perinatal and infant mental health services relate to each other, with an emphasis on opportunities for integration. These opportunities include embedding perinatal teams within child and family mental health services, employing infant clinicians in perinatal teams, shared care models that bring together perinatal and infant clinicians working with the same family, cross-disciplinary reflective practice and supervision, joint education and training activities, and collaborative research projects. In addition to these structural forms of integration (ways of operating), the presenter will also consider clinical/cultural forms of integration (ways of thinking and relating) within perinatal mental health teams.

CONCLUSIONS
Resisting the devolution of perinatal and infant mental health care into fragmented and siloed services requires structural and cultural forms of integration, and the boldness, tenacity, and creativity of services leaders.
P-381: Parents’ perceptions and experiences of support for the parent-infant relationship: a consultation of 487 parents

Dr Karen Bateson¹, Dr Carmen Power¹
¹Parent Infant Foundation, UK, UK

Introduction
Parents’ voices are not always included in the process of designing, developing and delivering Infant Mental Health (IMH) services. In 2021, the Parent Infant Foundation conducted a large consultation of parents’ regarding their understanding of the parent-infant relationship, their experiences of services and what they want by way of support.

Aims or purpose of the work
The aim of this work was to improve parental representation in the design, development and delivery of IMH services.

Description of the work or project
The consultation heard from 487 parents, including a small number of young parents, LGBTQ+ parents, parents of multiple births and parents in contact with social services. The consultation included in-depth qualitative interviews, focus groups and a quantitative online survey, and was conducted in the Cwm Taf Morgannwg region of south Wales.

Conclusions
The findings show the very high degree to which parents understand the importance of their relationship with their baby, how parents feel about being asked about their relationship with their baby, what gets in the way of them asking for help and the role of shame and stigma, what support they have received and valued, and the type of support they might like. The findings align with a smaller study in Essex in 2020, suggesting that these insights may represent universal perceptions and experiences for parents of infants.
This presentation will be useful to anyone working with families from conception to two, including practitioners, service managers, commissioners, voluntary and third sector workers and community development workers.
P-137: Workshop on Senses & Sensations: their role in the context of Parent – Infant Relationships

Mrs Lindsay Hardy¹, Mrs Emily Hills¹
¹Pace, Aylesbury, United Kingdom

Introduction
We grow and are sculpted by the sensations we encounter, and no more salient to development and wellbeing are the sensations our parents introduce us to and encircle us with.

Our relationships develop through sensory interactions and exchange. In understanding the sensory needs of both infants and parents, we can help create better nurturing and attuned relationships leading to wellbeing.

Aims:
To support everyone in becoming more sensory informed in supporting infant – parent relationships.
•To enhance understanding of our 8 sensory systems, how these develop, how they give a sense of self and others.
•To outline how interpretation of sensory experiences is influenced by environment.
•To describe how out of synch, unattuned or unavailable sensory experiences can result in stress and possibly trauma leading to longer term sensory processing, behavioural and wellbeing challenges.
•To outline sensations’ role as an intervention.

Description of work areas addressed:
•The 8 sensory systems.
•These begin to develop and are influenced even within the womb.
•Neurodevelopment’s dependency on the availability of appropriate sensations, especially in the first two years of life.
•Sensory processing’s creation of memories and generating our behaviours.
•Sensory processing and perceptions flexing with environmental demands, our stress status and our sense of safety.
•Early sensory development laying the foundation through which we will interpret sensations for life.
•Relationships between infant and parents evolve during the countless sensory “dances”, the exchanges of extrasensory messages that resonate against the sounding board of our embodied sensations.
•Sensations can be targeted agents for positive change.

Conclusion
By introducing participants to the role of sensation in the infant-parent environment, you will be better able to observe and interpret:
•the meaning infants and parents take from sensory exchanges,
•how sensations can be used to support development,
•connections, safety, regulation of state and exploration of the world.
P-041: Helping those who help the infants in child protection

Mrs Catherine McQueen¹
¹Child Protection, Dandenong, Australia

INTRODUCTION
High risk infants in the child protection system are likely to have been exposed to serious adult problems and/or have suffered direct trauma and harm. The risk and needs of infants are assessed by child protection practitioners who usually have minimal knowledge and training in infant mental health.

AIM
This presentation discusses practice development approaches used within a Victorian child protection setting to support non clinical practitioners to increase their knowledge of infant mental health.

DESCRIPTION
Front line child protection staff are predominantly new social work, psychology, or youth work graduates. Victorian child protection practitioners are trained in a guided professional judgement risk assessment framework called the SAFER Children Framework. During Beginning Practice training, a compulsory 3 week orientation program, practitioners are introduced to child development, trauma, and mental health topics. Skills in applying the SAFER framework and orientation knowledge is undertaken ‘on the job’ through case shadowing, consultation, and supervision.

A number of approaches were used in one Area to increase child protection practitioners understanding about infant mental health concepts. Furthermore, it was envisaged that this would assist practitioners to be more able to integrate infant mental health knowledge into their risk assessment and case formulation practice. Provision of live supervision and coaching during mandatory weekly visits to high risk infants, consultations for practitioners preparing for specialist Infant Panels; and a series of workshops that provided education, resources, and opportunities to practice ‘infant focussed’ observation and case recording skills were implemented.

CONCLUSION
A number of ‘active’ practice development tools were used to support child protection practitioners to feel more confident and skilled to undertake risk assessments and engage in decision making that includes the mental health needs alongside the physical safety needs of the infant.
P-048: Interdisciplinary Trauma Treatment to Support Parent with Intellectual Disability and her Young Child.

Dr Christine Turnbull1,2, Dr. Amy Curtis2
1University Of Southern California, Los Angeles, United States of America, 2Children's Hospital Los Angeles, Los Angeles, United States of America

Intro:
Parents with intellectual disabilities (ID) are at a higher rate of losing custody of their children to due discrimination and lack of adequate support (Pacheco & McConnell, 2017). There is a need for adaptation of traditional therapeutic interventions with collaboration with interdisciplinary perspectives to support this population.

Aim or purpose of project:
To present a case that used interdisciplinary mental health co-treatment to support attachment and parenting skills of a mother with ID to a young child.

Description of work:
Pediatric psychologist and occupational therapist provided co-treatment using Child Parent Psychotherapy (CPP). This model embraces caregivers as benevolent and capable, while accurately addressing concerns and deficits through simple narratives and activities that promote attachment between caregivers and their children (Lieberman, Ghosh Ippen, & Van Horn, 2015). Co-treatment team adapted CPP intervention to promote understanding of positive interactions with her child using visuals, kinesthetic learning, and sensorimotor applications of trauma narrative.

Conclusions:
Interventions that can be easily adapted or has flexibility to be parent focused for attachment and skill building are beneficial to this population (Lim, Honey, & McGrath, 2022). CPP in collaboration with occupational therapy fits this need and was beneficial to promoting attachment of a mother with ID and her child who remained in her custody.


P-204: Attachment focused interventions offered by an Infant Mental Health Team to foster and kinship carers

Dr Laura Kerr\textsuperscript{1,2}, Ms Sarah Adam\textsuperscript{2,3}, Dr Jala Rizeq\textsuperscript{3}
\textsuperscript{1}NSPCC, Glasgow, United Kingdom, \textsuperscript{2}NHS Greater Glasgow & Clyde, Glasgow, United Kingdom, \textsuperscript{3}Institute of Health and Wellbeing, University of Glasgow, Glasgow, United Kingdom

Introduction
The Glasgow Infant and Family Team (GIFT) is a partnership between third sector, local authority and NHS which targets the mental health needs of under 5s who have been removed from their birth parents due to maltreatment. Alongside comprehensive work with birth parents to assess whether a child can safely return home, GIFT also work with foster and kinship caregivers who assume the role of 'primary caregiver' when an infant is placed with them. To maximize mental health outcomes, the service undertakes an extensive assessment of an infant's needs within their current placement which represents an expansion of typical service provision for this population.

Aim / Description
The aim of the audit is to understand the outcomes from this additional assessment of an infant in their current placement. Specifically, the number of cases in which a need for intervention to a foster or kinship carer was identified, how many were offered and accepted, the type of intervention offered and whether there were differences between interventions offered to foster and kinship carers will be reported.

The poster will:
1. Explain the rationale for attachment focused interventions being offered to substitute caregivers following maltreatment in infancy.
2. Provide an overview of the attachment focused interventions offered.
3. Describe the methods of data collection, demographic information and results.
4. Discuss the findings in relation to: the training needs of foster and kinship carers, the mental health needs of this population of infants and the systemic and resource barriers that can impact delivery of interventions.
5. Review the unique opportunity provided by a partnership between three agencies to promote improved mental health outcomes for infants.

Conclusions
The poster will promote attendees' understanding of the needs of a vulnerable population of infants and how they can be supported through attachment focused intervention with caregivers.
P-208: Travelling with Families: mapping & responding to mental health complexity in an early parenting service

*Dr Nick Kowalenko*¹,²,³, Mr Robert Mills¹, Dr Alice Dwyer¹,⁴, Adjunct Associate Professor Jenny Smit¹, Ms Tanya Crawford¹, Ms Ann DeBelin¹

¹Tresillian Family Care Centres, Sydney, Australia, ²Emerging Minds, Adelaide, Australia, ³NSW Health, Sutherland, Australia, ⁴NSW Health, Royal Hospital for Women Randwick, Parent Baby Unit, RPAH, Western NSW LHD, Australia

**Introduction**
Tresillian is Australia’s largest not-for-profit Early Parenting Service offering professional advice, education and guidance to families with a baby, toddler or pre-schooler. Its vision is that ‘Every child has the best possible start in life.’

Recently, expert review, clinician feedback and the policy environment highlighted the considerable need for enhanced PIEC-MH support for Tresillian families, and the wider community.

The Tresillian Board prioritised this in the Organisation’s 2021 to 2024 strategy. This presentation will outline the context and learnings that have emerged in the process of developing PIEC-MH, and explore the potential next steps in realising its potential.

**Aim or Purpose of the project or work described**
The PIEC-MH model of care for Tresillian aims to respond effectively and efficiently to the considerable mental health vulnerabilities of Tresillian families and the wider community. The model focusses on the presence of parental distress but equally prioritises the parent-infant relationship in order to ensure Tresillian’s vision is realised.

**Description of the work or project**
The stages that have informed the project will be outlined, with potential next steps being considered also outlined.

The stages include:
1. Identifying the need: clinicians, policy setting, families’ experiences
2. Piloting a model: reflection and learning
3. Workforce development and recruitment: embedding a multidisciplinary team approach
4. Reflection and consultation: ‘Bottom up’ engagement, clinicians and families
5. Work plan

**Conclusions**
There is increasing awareness of the significant need for integrated, comprehensive and effective models of care to attend to vulnerable families. Establishing organisational commitment and identifying core processes to realise this imperative are crucial to succeed.
P-370: Enhancing perinatal healthcare for trafficked pregnant and child survivors using an infant mental health lens

Dr. Julieta Hernandez1, Dr. Katrina Ciraldo3, Ms. Latoya Johnson2, Ms. Diana Castillo2, Ms. Gabrielle Jones1, Ms. Eva Agasse2, Dr. Lujain Alhajji4, Dr. Nicholas Tinker2, Dr. JoNell Potter2

1Department of Pediatrics, University Of Miami Miller School of Medicine, Miami, USA, 2Department of Obstetrics, Gynecology and Reproductive Sciences, University of Miami, Miller School of Medicine, Miami, USA, 3Department of Family Medicine and Community Health, University of Miami, Miller School of Medicine Miami, Miller School of Medicine, Miami, USA, 4Department of Psychiatry and Behavioral Sciences, University of Miami, Miller School of Medicine, Miami, USA

INTRODUCTION

The Trafficking, Healthcare, Resources, and Interdisciplinary Victim Services and Education (THRIVE) program provides integrated perinatal healthcare, mental health services, and substance use care for a unique cohort of human trafficking survivors - pregnant persons and their children – during pregnancy, childbirth, and the postpartum continuum.

AIMS

1) Describe maternal trauma-related stressors and strengths unique to human trafficking survivor mothers.
2) Illustrate maternal transformational transitions from pregnancy to parenting across the perinatal healthcare continuum
3) Describe strategies to advance early maternal and infant social-emotional and relational health.

DESCRIPTION

The THRIVE program assembled an interdisciplinary team of providers, including a family medicine physician to care for the mother and the children, maternal-fetal medicine physicians to assess maternal obstetric concerns, psychiatrists with expertise in trauma-informed care, an addiction care provider for patients with substance use disorders, an infant mental health consultant, a psychologist, advanced practice nurses, and patient navigators. Infant mental health consultant provides developmentally informed, relationship-based, and culturally responsive perinatal mental health to enhance this team’s healthcare practices and community-based partnerships.

CONCLUSIONS

Trafficked persons face unique challenges during pregnancy, including housing and food insecurity, poor social support, child welfare involvement, and potential forced separation from their newborns. The THRIVE program provides ongoing perinatal healthcare services for the mother and their children up to at least one year postpartum. This enhanced healthcare model has been developed to help trafficked persons address unique challenges, reduce triggering experiences, and improve relational and developmental outcomes for mothers and children. We describe the early implementation of this unique approach, including opportunities and challenges in achieving improved outcomes. The THRIVE experience will provide other healthcare providers with strategies to enhance care and treatment for trafficking survivor mothers and their children.
P-221: A qualitative evaluation of health professionals’ perceptions of a State-wide Outreach Perinatal Mental Health service

Ms Debbie Tucker¹, Dr Sara Cibralic², Dr Tracey Fay-Stammbach¹, Dr Valsama Eapen², Dr Deborah Song²

¹NSW Health, Australia, Westmead, Australia, ²University of New South Wales, Sydney, Australia

Introduction:
The State wide Outreach Perinatal Service - mental health (SwOPS) is a unique consultation-liaison perinatal telepsychiatry service based in Sydney, Australia, which provides support to clinicians, and their clients with moderate-severe and complex mental health concerns and/or mother-infant attachment vulnerabilities in rural and remote areas of the state, that have limited access to tertiary services.

Purpose:
As part of a formal service evaluation, health professionals’ perceptions of the service were explored to provide additional information on which to base service strategic direction decisions, and to gain insight into clinicians’ experiences of using telepsychiatry.

Project description:
12 health professionals who had utilised the service were voluntarily recruited to participate in a semi-structured individual interview. Data was analysed using a thematic analysis approach.

Conclusions:
Four primary themes were identified; Accessing the service, unique and valuable service, benefits to health professionals, and room for improvement. Of particular interest were sub-themes around a need for tertiary mental health services in rural areas and bridging the gap, an appreciation for the use of holistic management plans, improved access to clinical supervision, timely response and reduction in the need for in-patient admissions, and clinician capacity building. Results underscored the impactful role of perinatal telehealth services in upskilling health professionals, improving quality of care, and empowering clients, and provide direction for the implementation of similar programs both nationally and internationally.
Transitioning into parenthood represents a complete shift in the dynamics of the family system. While this can be a welcomed life event; some parents may struggle with the strong emotions and the life shift that occur as a result. This can be exacerbated by a lack of support during the postnatal period. Research highlights that infant massage provides a welcome space for caregivers to learn about their babies and create a support network. Newborn Behavioural Observation (NBO) in the early days of the infant/caregiver relationship could be a way to bridge the gap in the timing of infant massage while creating connection to other supports for caregivers. This poster presents two perinatal practices that can be used to support parents in the postnatal period. Firstly, drawing from qualitative research through semi-structured interviews with mothers participating in online infant massage during the pandemic (n=4, mothers). Thematic Analysis was used to analyse qualitative data which presents lessons for practitioners. Secondly, a case study conducted using Newborn Behavioural Observation (NBO) with a mother/father and infant who due to social isolation in the early part of the pandemic, struggled significantly after the birth of their first baby. Qualitative research highlighted improvements in bonding and reciprocity between mothers and infants it also highlighted the need for the ‘holding of’ the facilitators delivering the classes. Recommendations led to service changes in an NGO by offering reflective space for those delivering IM classes. The case study supports the use of NBO to enhance the social support for parents’ thus mitigating feelings of isolation while enhancing the relational capacity of parents.
P-069: Supporting parents and high-risk infants during a disrupted transition to parenthood: the Ei-SMART approach.

Ms Neela Basu¹, Mr Phillip Harniess⁴, Dr Betty Hutchon³, Dr Sibylle Erdmann²

Few relational transdisciplinary approaches exist that attempt to address the multifaceted challenges (trauma, medicalising of the first experiences, loss of intuitive parenting) facing families of infants with complex neonatal healthcare needs and emerging neurodevelopmental difficulties. Ei-SMART presents an innovative framework for early intervention which integrates components of Sensory, Motor, Attention & Regulation and Relationships, addressing them Together, in a multidisciplinary and co-produced way.

In this session, EI practitioners and parents will highlight how collaboration and co-production with families can shape therapeutic interventions with the objective to nurture parents and infants.

Purpose of the project or the work described
The Ei-SMART approach integrates traditional aims for high-risk infants in optimizing cognitive and motor development with a focus on relationships, parent agency and infant wellbeing.

Better understanding of the parental transition experience helps us to support parents through the early year challenges, co-produce a sustainable path forward and make family centred interventions most effective.

Description of the work or project
Through an extensive review, study days and in-depth research conducted by one of our Ei-SMART team we have supplemented our knowledge into how parents frame and make meaning of their engagement in early intervention within a disrupted transition.

These insights will be shared in the context of the Ei-SMART approach where the opportunity exists to directly support parents and their infants and help them recover from disrupted transitions. ? traumatic beginnings?

Conclusions
Ei-SMART integrates evidence-based early intervention components with lived experience of parents and feedback from the therapeutic field. The implementation of the Ei-SMART approach supports infants in all interactions and interventions from birth, throughout neonatal care and beyond. Promoting parental well-being and enabling relationship-based care are core principles of Ei SMART as we recognize the crucial role of collaboration and co-production with parents to release the therapeutic potential of all relationships.
P-080: Mothers’ values and mother-child emotional dialogues: A study of Druze families in Northern Israel

Ms Tmathor Abu Jabal¹, Professor Efrat Sher-Censor²
¹University of Haifa, Haifa, Israel, ²University of Haifa, Haifa, Israel

Introduction: Studies show that parents contribute to children’s socio-emotional development through open and accepting emotional dialogues, and by avoiding dialogues that disregard or minimize children’s emotions. Yet, most research was conducted in Western cultures and did not examine the role of values.

Aim: We aimed to begin and close this gap by examining the associations of mothers’ values and goals in raising children with mothers-preschoolers’ emotional dialogues among Druze families. The Druze culture is regarded as collectivist, emphasizing the needs and goals of the group over the needs and desires of the individual.

Material and Methods: Participants were 54 Druze mothers and preschoolers (average age = 5.01 years, SD = 0.63) residing in Golan Heights, Northern Israel. 19 mothers self-identified as secular, 13 self-identified as traditional, and 22 self-identified as religious. Mothers completed The Portrait Values Questionnaire and a questionnaire we developed tapping their goals in raising children. Mother-child emotional dialogues were observed and coded using the Autobiographical Emotional Events Dialogue procedure.

Results: Mothers’ degree of religiosity was associated with their values and goals; religious mothers’ values were characterized with conservatism, and they tended to less endorse self-enhancing values compared to secular mothers. Religious and traditional mothers tended to choose goals in raising children that reflected less openness to change and that were in favor of social conformity with the group, compared to secular mothers. Significant associations were found between mothers’ values and goals and the coherence of the emotional dialogues, which is considered a central aspect of its quality. The more mothers held conservative values and goals that favored social conformity, mother-child emotional dialogues were less coherent.

Conclusions: Values may shape mother-child emotional dialogues. It is important that practitioners consider families’ values, and not assume that there is only one way to conduct an ideal parent-child emotional dialogue.
P-064: Meeting the Challenge of Maternal Mental Health Screening in Neonatal Intensive Care

Dr. Elizabeth Fischer¹, Dr. Joanne Lagatta²
¹Medical College Of Wisconsin, Milwaukee, USA, ²Medical College of Wisconsin, Milwaukee, USA

Introduction
There is an increased risk of perinatal mood and anxiety disorders (PMADs) in birthing individuals, which begins at the onset of pregnancy and continues through the first year of baby’s life. The presence of maternal mental health issues has been recognized to impact child development over time, and screening for PMADs is now widely recommended. However, due to the stresses inherent in having a baby in neonatal intensive care, many parents do not attend to their own health needs and may miss critical mental health screening opportunities.

Aim
Discuss maternal mental health risks in the neonatal intensive care setting and identify barriers to maternal mental health screening in a large United States level IV neonatal intensive care unit (NICU/NNU). Discuss development of an electronic screening process to address barriers, and present initial outcomes regarding rates of depression and anxiety in mothers participating in screening.

Description:
In response to challenges with paper in-person screening, we developed an electronic process that utilized automated text and email links to provide screening in English and Spanish, storing the data in a confidential database. Our process was further able to offer both online and in-person follow up psychosocial resources for parents regardless of their screening scores. Because the data was consistently collected and entered, we can track rates of depression and anxiety over time.

Conclusion
Rates of maternal depression and anxiety are estimated to be higher in neonatal intensive care, but barriers to screening exist and include parent privacy, ability to offer follow up resources, and consistent screening implementation across a potentially extended hospitalization. It is possible to conduct screening and offer support services through an automated electronic process, thereby reaching more parents and improving consistency. Data on screening participation, and rates of depression and anxiety in participating parents will be presented.
P-182: Parenting Interventions for Preschoolers Experiencing Abuse by Kindergarten Teachers: Emotion Regulation and Trauma Disclosure/Processing

Dr Shu-Tsen Liu
1Division of Child and Adolescent Psychiatry & Division of Developmental and Behavioral Pediatrics, China Medical University Children’s Hospital, Taichung, Taiwan

Introduction
Institutional abuse committed by kindergarten teachers, who should be trusted adults, puts young children at risk for stress/affect dysregulation and trauma-related psychopathology. It hinders social learning and socialization processes, causing difficulties in developing epistemic trust and conscientiousness and subsequently imposing challenges on parenting and schooling. Early identification of preschoolers experiencing abuse provides the foundation for interventions to foster resilience. However, trauma-related symptoms in preschoolers are often masked by early behavioral problems, such as separation anxiety, inattention, hyperactivity, temper tantrums, and aggression. In addition, forensic research indicates that preschoolers are reluctant to disclose abuse (possibly due to their limited cognitive and verbal capacities, avoidance of trauma re-experiencing, and threats by perpetrators), and have vulnerabilities to suggestions.

Aim or Purpose of the project or work described
A parenting intervention program was developed to support the parents of preschoolers experiencing physical, emotional, and sexual abuse by their kindergarten teachers in child distress management and trauma processing.

Description of the work or project
The intervention consisted of five sessions biweekly, based on assessments of child development and psychopathology, parent-child interactions and parenting stress, parental interpretations about the trauma and the child’s changes post-trauma, and family dynamics shattered by the trauma.
The intervention focused on (1) facilitating child regulation of sleep, emotions, and behaviors with the use of sensitive disciplines (including sensitive time-out without disrupting attachment; (2) emotional coaching, creating a safe atmosphere for discussing anger, fear, and painful chaotic traumatic experiences; (3) Avoiding suggestive and repeated questions and preparing the child for forensic interviews. (4) Positive parent-child activities as routines during schooling disruption.

Conclusions
Parenting interventions can support the child experiencing abuse to go through trauma. Promoting parental sensitivity and sensitive disciplines to respond to the child’s distress with facilitating child self-regulation should be the key initial step.
P-316: Souls Shaped By Our Land: A Systematic Review of Adaptations to Rural IMH Services

Viviane Rodgers

1Human Development Scotland, Glasgow, Scotland, 2NHS Highland, Helensburgh, Scotland

Introduction

The paper I would like to present details the adaptations that rural communities across the globe have made to their emerging IMH services.

Aim

There is a growing acceptance of the need for specialist infant mental health services in Scotland, with the Scottish Government pledging to support health boards in delivering expert care. There is to be an additional focus on island, rural and more remote populations. To date, there is no available research about rural infant mental health services in Scotland. This paper aimed to address the gap by conducting a systematic review of published literature about infant mental health services in rural communities.

Description of the work

Fifteen papers from across the globe were sourced from nine databases. A systematic review was conducted to ascertain how other rural communities have met the challenge of providing a service in remote or rural areas. Four models were identified, with home visiting being the most prevalent intervention, followed by a consultation model, interagency working, establishing a specialist clinic and finally the creation of an association for infant mental health.

Conclusions

There is some evidence that a consultation model, Child Parent Psychotherapy (CPP) or Video Interactive Guidance (VIG) would be an effective intervention in rural settings. Consistent themes ran throughout the papers, with relationships, staff training/retention and landscape being the prevailing threads. More research is needed to understand how effective infant mental health services can be adapted to best meet the needs of a rural population.
P-303: Detecting risks of metal health among children in day care centers of Seoul City.

Professor Yee Jin Shin, Professor Mi Kyung Jin, Professor Boong-Nyun Kim, Professor So Young Bae, Associate professor Un Sun Chung, Research professor So Yong Eum

Dept. of Psychiatry, College Of Medicine, Yonsei University, Seoul, South Korea, Department of child welfare, Sookmyung Woman's University, South Korea, Seoul National University, College of Medicine, Seoul, South Korea, Hallym University, Chuncheon, South Korea, Kyungpook University, Daegu, South Korea

Introduction: Early brain undergoes fast and dynamic functional changes after first few years of birth, interacting with external environment. Therefore, young children experiencing adverse early life events such as COVID-19 Pandemic situation may have high risks of neurodevelopment and mental health. However, since most investigations of mental health status during COVID-19 Pandemic period have been done in adult population in South Korea, we don’t have objective data about young children. Hence, they were easily neglected by Governmental plans for reducing mental health problems during COVID-19 Pandemic period.

Objective: City of Seoul in collaboration with the Korean Academy of child and adolescent psychiatry, aimed at detecting risks of mental health and neuro-development among children in public day care centers during COVID-19 Pandemic period.

Method: 500 children, aged from 1-5 years, enrolled in public day care centers during June to September of 2022, were randomly assigned. Graduate Students evaluated children by using screening tools. They also recorded 20 minutes’ play assessment sessions. Screen of behavior problems were measured by both parents (CBCL) and teachers (TRF). Among children who showed risks in any one of these screening measures, child psychiatrists examined the recorded video clips and made clinical diagnose based on DC 0-5, and DSM-5.

Results: Among 456 children who underwent all screening measures, 290 children(64%) were screened as showing risks. 220(48%) children were categorized as having clinical conditions (152 diagnostic group and 68 sub-clinically diagnostic group). Global developmental delay, emotional disorder, language disorder were most common diagnostic categories.

Conclusion: Young children in Seoul showed very high levels of risks regarding mental health as well as neuro-development. Present data suggest the necessity of more extended study in other cities and also urgent intervention plans to reduce the risks of mental health among young children in South Korea.
Infant mental health (IMH) focuses on social and emotional development of infants in the context of early relationships. Over the past ten years, the development of the IMH framework within mental services in CHO4 has gained momentum. The IMH Special Interest group (SIG) was established by psychologists working in child and adult secondary mental health services to promote awareness of IMH. The IMH-SIG, guided by the Michigan Association for Infant Mental Health (MI-AIMH) model Competency Guidelines, aimed to disseminate awareness of the IMH model to interdisciplinary professionals working in child and adult services within CHO4. The MI-AIMH training model supports training staff from multiple disciplines in basic theories & principles guiding IMH practice.

Facilitators sought to develop an introductory seminar to develop the competencies of interdisciplinary professionals to support the social and emotional development of infants aged 0-3 years. Guided by IMH best practice guidelines, the seminar focuses on IMH topics including an introduction to the model, brain development, emotional regulation and attachment and IMH framework. Anonymous feedback from seminar attendees was analysed using thematic analysis to create a more targeted presentation and better meet the needs of future attendees. Additional sections on embedding IMH into national policy frameworks and application to practice were included.

A half day seminar was delivered to 500 (aprox.) interdisciplinary professionals, on eight occasions, including once on line. Learning resources included psychoeducational videos, case studies and an overview of the theoretical models informing the IMH framework. Attendees completed a post training evaluation including qualitative and Likert scale questions. The seminar was recorded and will be used to support further training events.

The findings indicate that disseminating awareness of IMH to interdisciplinary staff can be beneficial for staff and service users. Future introductory trainings may draw on the findings from this research to enhance their effectiveness.
P-371: Mother's experience of perinatal loss and her developing relationship with the subsequent child: Integrative review

Dr Kyoko Kobatake¹, Viviane Rodgers¹
¹NHS Greater Glasgow and Clyde, Glasgow, Scotland, UK

This presentation reports a systematic integrative review I conducted on the impact of the mother's experience of perinatal loss on her developing relationship with the subsequent child.

The review addresses the research question: "What has been investigated and understood about the impact of the maternal experience of perinatal loss on the developing relationship between the mother and the subsequent child?" Adopting the integrative review (IR) methodology, I identify 27 articles which are varied in methodologies and epistemological paradigms. I review the studies against three sub-questions: 1) How have the studies defined, measured and analysed the developing relationship between the mother and the subsequent child?; 2) Does the maternal experience of perinatal loss impact on the subsequent maternal-child relationship, and if it does, does it do so negatively?; 3) Is there a role the psychoanalytic approach can play in further research addressing the maternal experience of loss and the subsequent mother-child relationship?

The review concludes that the majority of the reviewed studies found the maternal experience of perinatal loss impacted on, or was likely to impact on, the subsequent mother-child relationship. Conversely, a small number of studies found no clear correlation between the loss experience and the subsequent mother-child relationship. The studies yielded mixed findings regarding how the relationship was affected and whether the consequences were adverse. The studies agreed that this complex question warranted a further investigation. The studies collectively identified the need for a methodology capable of capturing the complex emotional experience of both the mother and the subsequent child.

Following these findings, I name implications for future research around the experience of perinatal loss that supports development of a healthy relationship between the mother and the subsequent child, and stress the need for an ongoing, comprehensive and compassionate research to inform multidisciplinary clinical practice.
P-384: Recommendations for developmental and mental health care involved in early childhood placements in Switzerland

PhD Maria Wessely Mögel¹, MD Oskar G. Jenni¹
¹Child Developmental Center, University Children’s Hospital Zurich, Zurich, Switzerland

Even though Switzerland has an excellent health care system, and looked after infants and toddlers are removed from their parents and placed specifically because their development and psychosocial wellbeing was at considerable risk, clinical experience documents very well that those children receive less regular pediatric well-child visits, child-parent-psychotherapy and necessary remedial education than children in traditional families. However, early signs of stress or trauma or developmental delay in this vulnerable group receive still little attention; although they often strain the relationship between the babies and their new caregivers, jeopardizing sometimes the stability of the placement and further psychosocial development.

Thus these children should receive early developmental pediatric follow-up and screening for mental health problems at the beginning of placements¹ and close follow-up examinations thereafter, as recommended, for example, by the American Academy of Pediatrics².

Using a survey of Swiss pediatricians, case studies, and initial steps toward implementing transdisciplinary recommendations in this area, we will present previous experiences about obstacles and trajectories how the health concerns of placed infants might be better addressed in health care and placement policy.

Key words: Infant out of home placement; developmental and mental health care; transdisciplinarity in early childhood placements


²Childhood Committee on Early Adoption and Dependent Care. „Developmental Issues for Young Children in Foster Care“. Pediatrics 106, Nr. 5, (2000): 1145–50.
P-115: Holding the Families who Lost their Babies and Guiding them into the Future

Dr Natsuko Tokita, Elizabeth Tuters, Sally Doulis, M.D. Naho Katori, Shunichiro Nakamura, Tetsuto Baba, Noriko Dalrymple

Keio University, Shinjuku, Japan, 2Canadian Association of Psychoanalytic Child Therapists, Toronto, Canada, 3Ohkagkuen University, Toyoake, Japan

Keio University Hospital is one of Japan's university hospitals with advanced medical care. The Pediatrics Department, where we work, have 600 to 700 newborn babies each year. Our Pediatric Mental Health Team, working with the Neonatal Team, has been providing intensive mental health care for newborns in the NICU and their families.

I have been participating in an Infant-Parent Psychotherapy training course (IPP) in Toronto since 2018 and have learned about the importance of focusing on (1) how parents feel about their infants, their partners, (2) how infants feel about their parents and their parents' relationship, (3) how the parents' past effects their parenting, and (4) how the parents' present effects their past. I have experienced through my own cases the importance of the therapist intersubjectively feeling the emotions that arise the infant, the parents, and the therapist self, and intervening in the family relationship.

This time, I took the concept of Infant-Parent Psychoanalytic Psychotherapy and worked on the mourning process of the parents of five babies who were born and died at Keio University Hospital from 2016 to 2022. The five babies' weeks of gestation ranged from 22 to 39 weeks, and parents lost their babies at day 24 to 1 year old. In two of the cases, we provided mental health care to the parents before the babies' births, one, I presented at the last WAIMH conference. The parents' backgrounds varied in terms of their family history, pregnancy history, marital relationships, and hopes for welcoming a new family member. I learned how important it is to hold and contain the devastating grief of the parents who lost their babies, and that the process would help parents overcome the mourning process and take the next step toward the future family.
P-201: A Mixed Methods Evaluation of Reflective Practice Groups for Health Visitors

Dr Fiona Hill¹, Ms Kate O'Meara¹
¹NHS Lothian, Edinburgh, United Kingdom

Background: Clinical Psychologists within NHS Lothian’s Parent and Infant Relationship Service (PAIRS) currently offer regular reflective practice groups (RPG) to health visitors. These groups are informed by the Solihull Approach with the aim of providing a containing space to reflect on work with infants and families, process dynamics, and hold in mind the perspective of the infant. Reflective Practice has been found to increase professional competence, reduce burnout in clinicians and increase job satisfaction (Mann et al., 2009; K, Hyrkas, 2005).

Research Question: What impact have the reflective practice groups had on health visitors’ experience of supporting infant parent relationships within NHS Lothian?

Method/ Results: A mixed methods design will be used to explore health visitors experience of attending the reflective practice groups in South Edinburgh and Midlothian from June 2022 - May 2023. An online survey will be sent to health visitors to gain quantitative feedback using a 5-point likert scale. Questions will focus on; overall helpfulness, the level of containment provided, focus on the infant’s perspective, and impact on supporting infant-parent relationships. Qualitative data will be gathered via semi structured interviews with health visitors to explore the impact of reflective practice groups on clinical practice. Thematic Analysis (TA) will be used to analyse this data (Braun & Clarke, 2006). Results will be discussed, as well as clinical implications.

P-018: Promoting a Reflective Community for the Healthy Development of Young Children: The DUET Model

Mrs Tzlil RABINOVITZ SASSOON1, Mrs Yael Rozenblatt-Perkal1, Mrs Yael Sobol1, Mrs Amit Gefen1, Prof. Naama Atzaba-Poria1
1The Duet Center at Ben-Gurion University of the Negev, Beer Sheva, ISRAEL

Introduction:
Children develop in the context of their community, thus having a reflective community can support healthy development. Driven by Bronfenbrenner’s ecological model, we propose a community intervention model that targets children’s main circles of care, directed primarily at improving care provider reflective functioning (RF). RF is a fundamental component in building a stable, secure, and positive relationship. Parental RF fosters the development of child self-regulation, mentalization, and social ability and contributes to the quality of parent-child relationships.

Aims:
The DUET community intervention aims to enhance the reflective language and thinking among childcare providers and professionals in three circles of care: the family (i.e., parents), education (i.e., preschool teacher), and health (i.e., community nurses) systems. We propose that the DUET intervention would enhance RF, resulting in better relationships and better child self-regulation and adjustment.

Description:
The DUET parenting model is based on a reflective parenting program (The L.A. Center for Reflective Communities) and has been adapted and further developed for the Israeli population. It is a 12-week program in which childcare providers meet in a group setting for a weekly, 90-minute meeting. Each meeting is conducted by two facilitators (infant mental health professionals) using a structured curriculum.

The group setting enables the participants to consider multiple emotions and thoughts that might emerge in each situation.

Conclusions:
Having conducted more than 100 groups, our experience shows that care providers who have been through a DUET group intervention report a significant increase in their RF, self-regulation, and parental efficacy. Furthermore, coding of the videotaped interactions revealed improvement in parent-child interactions following intervention. Finally, children showed a significant decrease in behavioral problems and improvement in social skills and in self-regulation. The importance of a community intervention that encourages contact and communication between the different circle of childcare providers will be discussed.
P-258: Capacity and Sustainability for Infant Family Relational Health Practices Within a Statewide Early Intervention System

Ms Laurie Thomas¹, Dr. DeEtte Snyder¹
¹Department for Children, Youth, and Families / Early Support for Infants and Toddlers, Olympia, USA

Introduction:
The Early Support for Infants and Toddlers (ESIT) Program is the State Lead Agency in the Department of Children, Youth, and Families (DCYF) for early intervention services and supports for children with developmental delays and established disabilities, including their families, in the U.S. state of Washington. An important component of our comprehensive system of cohesive care is the focus on the parent-child relationship as the foundation for learning.

Aim/Purpose of the work described:
Over the past 7 years, the ESIT Program has implemented a State Systemic Improvement Plan (SSIP) with an overall goal of improving child outcomes in the area of positive social relationships, supporting resilience and well-being in Washington families whose children are experiencing developmental challenges. Additionally, work has begun to create the Comprehensive System of Personnel Development, which will embed Infant Mental Health/Infant Family Relational Health (IFRH) practices at all levels of the ESIT workforce through multiple approaches.

Description of the Work:
After 7 years of implementing the SSIP, Washington state has moved to the sustainability phase of the plan. In this poster presentation, the ESIT Program will highlight the two-prong approach for growing the capacity of the ESIT workforce through the CSPD and SSIP, as well as active collaboration with community partners in the healthcare and mental health fields. This includes activities implemented and planned, outcomes met and in progress, and the evaluation process utilized to measure the overall success of the program.

Conclusions:
This poster session will showcase efforts and progress in growing capacity in community provider agencies at all levels of a service delivery system emphasizing the foundational nature of parent-child relational health through evidence based inter-disciplinary approaches in early intervention.
P-028: Care-experienced and expecting? Exploring lived experience of pregnancy and supportive interventions across the perinatal period

Ms Esther Congreave

1NHS - Infant Mental Health, Glasgow, UK

Introduction

Research indicates pregnancy and the perinatal period to be a critical time for the development of parent-infant bonding. Care-experienced expectant parents are associated with higher risk of intergenerational transmission of trauma and adverse outcomes for the parent-infant relationship.

Aims

My systematic review explored the impact of a parental history of care experience on the prenatal relationship from perspectives of care experienced parents and professionals; identifying theories, risk and protective factors and perinatal interventions beginning in pregnancy supportive of the parent/infant relationship.

Description

There were no interventions specifically designed for expectant parents with care experience during pregnancy and fathers were included in less than 2% of studies. Studies came from attachment/mentalization and social work theory. Evidence was preliminary and exploratory; there was an overlap between the experience of pregnancy for this population and normative experiences of pregnancy. Significant risk and structural challenges to intervention implementation were identified. Limitations: Studies focusing on parents’ retrospective accounts of pregnancy were excluded. Included studies were from the UK and US and therefore not generalizable to other cultures.

Conclusions

Interventions with this population during pregnancy and the perinatal period require an understanding of the complex dynamic interplay of past experience, normative pregnancy and ongoing risk that impact these parents and their relationship with the unborn foetus. Evidence suggests that an integration of models that brings together social work, family nurse home visiting services and child psychotherapy are perhaps best suited to the development of practice-based evidence within a contemporary Infant Mental Health team.

There is a need to amplify the voices of parents’ lived experience against the experiences of professionals that work with them. My research proposal will be practice-led psychotherapy with a group/couples using Interpretative Phenomenological Analysis (IPA).
P-268: Early Pathways: An Evidence-Based, In-Home Mental Health Treatment Model for Ages 0-6

Courtney Clark¹, Dr. Alan Burkard¹²
¹Penfield Children’s Center, Milwaukee, U.S.A., ²Marquette University, Milwaukee, U.S.A.

Introduction
Young children ages 0-6 remain one of the most vulnerable populations to mental health concerns, and one of the least treated. Exposure to trauma often precipitates or contributes to these mental health concerns, and children’s overall vulnerability. Families living in poverty and experiencing adversity are particularly at risk for experiencing potentially traumatic events and developing related symptoms.

Purpose of Work
Early Pathways (EP) was developed to treat young children experiencing mental health concerns. EP additionally is designed to treat symptoms after exposure to traumatic events.

Description of Work
The EP treatment program is an in-home, evidence-based mental health program for children ages six and younger targeting behavioral, emotional, or trauma-related concerns, which has been used to serve families of culturally diverse backgrounds, including foster care. EP theoretically integrates behaviorism, social learning and attachment theories; cognitive and social/emotional development; and trauma informed care. This model incorporates caregiver coaching in order to strengthen the caregiver-child relationship, which is the most significant predictor of therapy outcomes for this age group. A total of four random control trials (RCTs) have demonstrated EP’s treatment effectiveness. EP has also been endorsed by Substance Abuse and Mental Health Services Administration and recognized as a promising treatment model by other treatment clearinghouses.

Conclusion
An overview of the EP model will be presented, including the theoretical foundations of the model, the assessment tools, and the therapeutic techniques used during treatment. We will provide an overview of research on EP, including the RCTs and current evidence on treatment outcomes. This session will conclude with discussion of future directions for the research and use of the EP treatment model.
Infants in Foster Care are a particularly vulnerable demographic, due to their age and developmental stage and due to the high likelihood that they will have experienced trauma. Foster-Carers of infants have a particular relational role which is defined by its provisional nature. A systematic literature review was conducted for interventions to support Foster-Carers of infants – this was with the aim of identifying what interventions exist, the effectiveness of these interventions if measured, and to generate further questions which might guide clinical practice in this area. Interventions with infants in foster care which focused on birth families/kinship care were excluded as were interventions with a physical health focus.

Method: A comprehensive search, including studies of all types was conducted on 7 databases with additional hand searching to cover a 20-year period. Results: 18 papers were identified including: 1 meta-analytic review, 4 systematic reviews, 3 Randomised-Control-Trials, 1 Controlled trial and 1 Mixed-Methods trial. One intervention was well researched and appeared in multiple studies and was evidenced as effective in supporting attachment between infant and foster-carer.

Discussion: There is some evidence of effectiveness for interventions to support foster-carers of infants which aim at increasing infant-carer attachment and at increasing carer sensitivity. There is a lack of consensus on what aspects of treatment are most effective and what outcome measures are appropriate. There are some common themes to interventions, in particular the need for focused attention to the infant-carer relationship. There is some agreement around the need for including the system around infant and foster-carer in interventions, and in determining outcomes, however no consensus currently on how this might be achieved.

At the WAIMH event, I will also discuss the possibilities of future research that this review will contribute towards.
P-177: Evaluation of family intervention offered to parents of Infants with sleep problems at nursing outpatient-clinic

Mrs Kristin Bjorg Flygenring¹,2, A.O. Sigurdardottir¹,2, E.K. Svavarsdottir²
¹Landspitali - The National University Hospital of Iceland, Reykjavik, Iceland, ²University of Iceland, Reykjavik, Iceland

Introduction : Infants sleep problems are often significant concern of parents. This study aimed to research the benefit of a face-to-face family education and support intervention concerning ‘Better sleep better well-being’ (FES-BSBW)

Background and Purpose: In early childhood, learning to fall and stay asleep is fundamental and can contribute to infants self-regulation and to regulating emotions and behavior. Healthy development of infants and toddlers is associated with adequate parent-child interactions, infant sleep patterns and infant nutrition. However, sleep problems in infancy are often significant concern. The purpose of this study was to evaluate the benefits of the FAM-BSBW intervention which focused on the parent-child interactions and normal child development, temperament, parents beliefs about the infants sleep patterns, and the impact of the infants sleep problems on the parents quality of life.

Methods: Mothers (n=51) and fathers (n=11) of infants with moderate to severe sleep problems who were receiving health care services at a pediatric nursing outpatient sleep clinic, at a University Hospital, participated in the study. The FAM-BSBW program is based on the Calgary family models and the Family Strength Oriented Therapeutic Conversation intervention. The families received 2-3 sessions of the FAM-BSBW intervention. The aim of the program was to educate families on typical child development, temperament, sleep rhythm and parent-child relationship.

Results: The main results indicated the mothers (n=51) and the fathers (n=11) reported significantly higher family support and higher sleep patterns beliefs after the FAM-BSBW intervention compared to before. Further, the mothers but not the fathers reported significantly higher quality of life after the intervention compared to before. The fathers on the other hand reported better communication and to be less worried after the intervention.

Conclusions and Implications: These findings are promising and might prevent sleep problems in infants/toddlers from escalating into more severe health problems.
P-279: Encountering the Visually Impaired Infant’s Emotional Development: Research using Psychoanalytic Infant Observation

Ms Esther Congreave, Mrs Laura Hancock

1Human Development Scotland, Glasgow, Scotland, 2Robert Gordon University, Aberdeen, Scotland

Introduction

As a current Child and Adolescent Psychotherapist in training with Human Development Scotland and Robert Gordon University, I am hoping to contribute to the growing understanding of infant mental health being driven by Scottish NHS services. My proposal takes a psychoanalytic approach to encountering the emotional, internal and relational development of visually impaired infants. Given the role of gaze in healthy emotional development for infants, it is surprising so little attention is paid to a population for whom gaze is disturbed due to visual impairment.

Aim or purpose of the project or work described

There is limited, current, psychoanalytic research that considers the impact of visual impairment on the relational and emotional development of infants, a blind spot that I hope to address. I hope to offer clearer ways of discerning what represents a challenge to emotional development and what represents a lack of understanding regarding the visually impaired infant’s experience.

This research hopes to build on the psychoanalytic work carried out around 40 years ago and associated with Fraiberg, Sandler, Burlingham and Wills as well as more recent understanding regarding the causes of visual impairment.

Description of the work or project

The results of my systematic review drew attention to a dissonance between methodology and research subject in this area. To understand the impact that visual impairment has on infant’s emotional experience a method that takes into account internal, psychic and relational development must be used. Psychoanalytic infant observation could be used as a research method for this purpose.

Conclusion

I plan to bring together psychoanalytic infant observation as a method with which to further understand the ways in which disruption to sight might impact on the intra and inter- psychic development of infants.
P-144: Salivary Cortisol Activity and Maternal Mind-Mindedness in Clinical and Comparison Groups of Preschoolers

Dre Camille Laberge¹,², Dre Jessica Pearson³,⁴, Mr alain lebel¹,², Dre Julie Achim⁵,⁶, Dre Karine Dubois-Comtois²,⁷

¹Department of Psychiatry, Université de Montréal, Montréal, Canada, ²Research Center, CIUSSS du Nord-de-l’Île-de-Montréal, Montréal, Canada, ³Department of Psychoeducation, Université du Québec à Trois-Rivières, Trois-Rivières, Canada, ⁴Centre de recherche universitaire sur les jeunes et les familles (CRUJeF), Québec, Canada, ⁵Department of Psychology, Université de Sherbrooke, Sherbrooke, Canada, ⁶Centre de recherche Charles-Le Moyne (CRCLM), Longueuil, Canada, ⁷Department of Psychology, Université du Québec à Trois-Rivières, Trois-Rivières, Canada

Mothers who demonstrate parental sensitivity tend to use appropriate mind-minded comments, enabling their children to be soothed under stressful situations¹. However, the role of maternal mind-mindedness (MM) on cortisol stress-response and the hypothalamic-pituitary-adrenal (HPA) axis regulation is not clearly established. Furthermore, while many studies have shown HPA axis alterations in children diagnosed with a psychiatric disorder², cortisol secretion patterns of both mothers and children in this population remain unclear.

The aim of this study is to evaluate the association between MM and HPA axis activity in mother-child dyads from clinical and community samples.

This study included 72 preschoolers (39% girls; mean age=59.4 months, range=23-83 months) and their mother. Forty-one dyads were recruited in a child psychiatry clinic and thirty-one from the community on the same territory. Salivary cortisol was obtained for every mother-child dyad on their arrival (T1) and at the end of the 1.5h-visit (T2). MM was assessed halfway through the experimentation during a videotaped free play interaction.

Children in the clinical sample had higher cortisol levels at T1 then T2, implying overstimulation of the HPA axis and ability to regulate over time. A lower MM was found in the clinical sample, but mothers who made more appropriate mind-minded comments had children with the lowest T2 salivary cortisol values. After controlling for both samples, higher MM was associated with significantly decreased cortisol secretion in children and mothers. These results underline the importance of sensitive parenting when children are exposed to stressful situations, particularly when living with a psychopathology.

P-014: All In This Together: Comprehensive, family focused perinatal and infant mental health care

Ms Lee Meredith¹, Ms Victoria Norris¹
¹Northern Sydney Local Health District, Sydney, Australia

INTRODUCTION
Mental illness in the perinatal period impacts on parents, infants and the wider family system. Severe, complex and acute perinatal mental illness requires comprehensive, assessment and intensive intervention to ensure the safety and wellbeing of parents and infants and promote family focused recovery. In NSW hospitalisation of a parent often necessitates separation from their infant. Comprehensive, collaborative community supports and hospital in-reach can reduce admissions and improve outcomes for this vulnerable consumer group.

AIMS or PURPOSE of the project or work described
The NSW Perinatal and Infant Mental Health (PIMH) clinical teams, including Northern Sydney Local Health District (NSLHD), are designed to provide comprehensive parent-infant focused mental health care to pregnant women and parents of infants up to age 2, with severe and complex mental health issues. The service aims to reduce the need for hospital admission and promote the safety and well-being of parent and infant by working collaboratively with other services engaged with the family.

This poster will illustrate the clinical and capacity building work of the (NSLHD) (PIMH) team, working within the wider service system in supporting families impacted by significant perinatal mental ill health.

DESCRIPTION of the work or project
The NSLHD PIMH Team offers intensive short term (home and hospital based) assessment and intervention to pregnant women and parents of infants with acute, severe and complex mental health difficulties, in collaboration with Adult/Child and Youth Mental Health Services as required. The multidisciplinary PIMH team has a clearly defined, collaboratively developed Model of Care and associated service procedures to guide clinical practice. In addition the team offers comprehensive consultation, liaison (CL), education and capacity building for mental health and non-mental health perinatal focused services working to support these vulnerable families.

CONCLUSION
NSLHD’s PIMH service works collaboratively to provide high quality specialist clinical input to families experiencing significant mental health difficulties as well as capacity building to support the wider service system.

Ms Danielle Rice¹,²
¹Michigan Association For Infant Mental Health, Southgate, United States, ²Wayne State University, Detroit, United States

Individuals in helping professions are simultaneously co-creating and impacted by the systems, institutions, organizations, and communities they serve (Pyles, p. 14). Individuals in helping professions are not exempt from experiencing or reproducing social inequities. Within the infant and early childhood mental health (IECMH) field, attention has focused on integrating social justice into the main priorities of the field. Many IECMH professionals practice in contexts that perpetuate colonialism and white supremacy.

This poster will explore the relevance of the healing justice framework to decolonizing IECMH practice and the practice of reflective supervision and consultation.

While the healing justice framework is relatively new, it provides the field of IECMH with new conceptualizations of healing and transforming practice through reintroducing the whole self. The healing justice framework was developed and created by Black, Indigenous, and people of color and ushers in Eastern philosophies that have often been commodified and colonized in Western practices. This framework offers a new theoretical foundation to explore reflective supervision and consultation that focuses on the embodied experience within reflective supervision and how that experience extends from the supervisor and practitioner to the relationship between the practitioner and the family, as we are all interconnected.

Promoting and assisting in developing nurturing relationships for all infants is the primary goal of the IECMH profession. This healing justice framework translates into practice skills in that it encourages the reconnection of the body, mind, and spirit of ourselves and others. In reflective dyads, this would call attention to the need to move from just intellectualization of the emotional content of cases to embodying the feelings that arise in being with clients and with the supervisor to ensure the interconnectedness of all parties present within the parallel process.

P-082: Dialogues with Parents - welcoming, listening, empowering

Assistant Professor Ana-Teresa Brito¹,²,³, Joana Espírito-Santo², Lina Teixeira², Maria Raul Lobo Xavier²,³,⁴,⁵, Nair Azevedo²

¹ISPA - Instituto Universitário, Lisboa, Portugal, ²Brazelton Gomes-Pedro Foundation for Baby and Family Sciences, Lisboa, Portugal, ³Centro de Investigação em Educação (CIE-ISPA), Lisboa, Portugal, ⁴Faculdade de Educação e Psicologia da Universidade Católica Portuguesa, Porto, Portugal, ⁵Centro de Investigação para o Desenvolvimento Humano (CEDH), Porto, Portugal

This presentation is based on the three axes that support our view of the child and family today: placing contemporary evidence-based knowledge at the centre of our understanding of development and learning; knowing the reality of the life of families and children in Portugal; and being able to translate this knowledge into concrete action, given the uniqueness of each context. Having these axes as a framework in the creation of proposals to support families, namely the most vulnerable and multi challenged, the Project "Dialogues with Parents - Welcoming, Listening, Empowering" will be presented. This is a project of the Brazelton Gomes-Pedro Foundation for Baby and Family Sciences supported by the BPI "la Caixa" Foundation Children’s Award. Aimed at enhancing the relationship between parents and children and promoting the integral development of children based on the Touchpoints Model, the main goal is to empower parents to exercise a positive parenting, supporting them and widening their knowledge and skills, in order to enhance parents/child interaction. Touchpoints assumptions underpin the relationship with families, strengthening their well-being, development and learning in a systemic and lasting way. With a modular structure, from Prenatal-Newborn to 6 years, it offers two types of workshops, both with 10 modules - one in which the same group of parents carries out the complete training, accompanying the development process from prenatal to 6 years; a second modality in which parents/families select one Touchpoint according to their needs, namely the age of their children. We bring results of project, particularly highlighting families voices, as this is what best translates the impact of the project, illuminating the challenges of being a family today and the importance of the way in which families are welcomed, listened, and empowered by professionals and communities.
P-032: Processes and lived experiences within a Scottish child protection pre-birth assessment, a Psychoanalytic Appreciative Inquiry

Ms Samantha Fernando

HDS/RGU, Glasgow, Scotland

INTRODUCTION
Meeting the mental health needs of infants remains a challenge for services. However, prevention is considered one key way to mitigate these difficulties, and social workers have been central to this. Pre-birth involvement is now forming an increasing part of child protection work but remains under-researched. This knowledge gap is concerning in view of the increasing number of babies born into care having been subject to a pre-birth assessment, where the temporary or permanent removal of the baby can be within days or even hours of birth.

AIMS
This qualitative study will generate insights into the pre-birth assessment process in a Scottish Social Services Department from multiple perspectives. It will:
- Highlight the elements that support the assessment process
- Consider cultural and organizational drivers of the assessment process
- Offer an account of the lived experiences of those closely involved in the process
- Generate new insights into the relational aspects of the process of assessment
- Contribute to multiagency understandings of infant mental health.

DESCRIPTION
The research design has been carefully considered in light of the high vulnerability of the subject group. For this reason, the research is adopting an appreciative inquiry methodology, exploring a case where the baby has remained with the family, from multiple perspectives. The researcher will draw on her psychoanalytic observational training to conduct the inquiry in a way that can explore the layers of emotional complexity, and understandings of risk, in a safe and sensitive way.

CONCLUSIONS
A much needed study in infant mental health with a focus on the prevention of harm, ensuring that the voices of families and social workers guide the improvement of assessment processes. Findings will be shared in both academic and practice-based forums with the aim of sharing best practice.
P-067: Prematurely born: the presentation of diagnosis and treatment of cases in parent-infant psychoanalytic psychotherapy

Beata Granops

Pregnancy, labor and postnatal period constitute an acute crisis for the family - a mother, a father and an infant. The prematurity is one of the most dreadful experience for each mother-infant dyad, causing a great strain in the sensitive process of giving birth and being born. Most often, sudden and preterm labor causes the entire range of painful emotions like guilt, the sense of loss and enormous fear. Moreover, the first weeks of building the relationship between the mother and the infant is profoundly distorted by the great fear for the baby’s life and the denial of the intimacy and physical contact in NICU (Tracey, N., 2000; Negri, R., 2014). The poster will compare the process of diagnosis and treatment in the families of prematurely born children in the parent-child psychoanalytic psychotherapy. It will describe the dynamic of the families in the first five years after the premature delivery, emphasising how early traumatic experience enacts in the families's relationships and future difficulties in mothers, fathers and preterm children. The author will try to search for the protective and risk factors in the families in developing the depressive or anxiety reactions in mothers or fathers, and developmental or separation difficulties in children. It will also show the impact of supervision and its supportive influence.
P-296: Occupational Therapy within Infant Mental Health Services in Scotland

Advanced Specialist Occupational Therapist Rhona McAlpine, Mrs Kirsty Fowler
1NHS Lothian, Edinburgh, Scotland, 2NHS Greater Glasgow and Clyde, Glasgow, Scotland

INTRODUCTION
It is recognised and documented in policy that what happens in the first 1001 days, including pregnancy lays the foundation for every child’s future health, wellbeing, and learning. We must optimise on opportunity.

Infant Mental Health teams in Scotland are in the early stages of development and have begun to deliver services, placing the focus on supporting the connection between infants and their parents, encouraging development of strong, loving relationships. Each team has a different combination of professionals, creating highly skilled multi-disciplinary teams (MDT).

AIM
The poster will present the process of evaluating and beginning to capture the unique contribution of Occupational Therapy to an Infant Mental Health Team. It will draw on the experience of two occupational therapists working in separate teams within Scotland.

DESCRIPTION
An occupational focused perspective contributes to the MDT’s understanding and shared formulation of the needs of an infant and their family. Assessment and intervention address the co-occupations shared by the parent and infant, identifying and supporting the parenting occupations that are most meaningful to the relationship, while amplifying the experience of the infant.

The following data collection methods will be developed and used to collate key themes and to measure effectiveness:

Use of a goal-based outcome approach to identify meaningful parenting goals for occupational therapy intervention. Use of a three-point Likert scale to evidence outcomes.

Use of a data collection tool, including a coding structure to capture occupational therapy type and focus of intervention i.e. sensory supports, environmental adaptation, functional assessment.

We aim to develop and refine a qualitative parent questionnaire to evaluate the impact of an occupational therapy approach and intervention addressing the parent-infant relationship, specifically parental knowledge and confidence.

CONCLUSIONS
Our poster will detail the qualitative and quantitative methods used to gather data and will present the initial findings.
Introduction
Evidence indicates that the consequences of the Covid-19 pandemic have increased exposure of the very young to adverse childhood experiences, with potential long-term impacts on mental health. The impact of the pandemic “lockdowns” has contributed to unemployment, poverty, and stress among many families who were already disadvantaged. Children continued to be placed under local authority care and protection, and care proceedings were ongoing during this period. Despite lockdown restrictions, which prevented face-to-face work, the London Infant and Family Team (LIFT) was required to provide ongoing parenting assessments for the Court and supportive intervention to children and families.
It is important to explore the effects of adaptations made to assessment and interventions carried out under lockdown restrictions, in order to help identify what works well, the challenges and pitfalls, and how the adaptations are experienced by infants and families.

Aims
Using clinical examples, this presentation aims to illustrate the implementation and impact of adaptations to the assessment methods and treatment of under-fives and their families in care proceedings in England during Covid-19 restrictions, and to consider the challenges of working in this way. It aims to consider implications for future practice, and support attendees to reflect on their own practice.

Description
This poster describes how LIFT adapted assessment and treatment for under-fives during Covid restrictions. It outlines the challenges of working in this way and implications for future work.

Conclusion
It was possible to conduct a large part of assessment and intervention virtually: however, there were limitations, including the impact on developmental assessments, thorough risk assessment, and problems with access to technology by disadvantaged families. Unexpected outcomes included the ability to carry out robust parenting assessments through a mixture of virtual and face-to-face appointments, and the successful engagement of young children in virtual therapeutic intervention, including Child Parent Psychotherapy.
P-376: Parent evaluation of attending the Solihull Approach Antenatal Parenting Group, in Northern Ireland

Dr Hazel Douglas\textsuperscript{1}, Dr Rebecca Johnson\textsuperscript{1}, Mrs Mary Rheeston\textsuperscript{1}
\textsuperscript{1}Solihull Approach, University Hospitals Birmingham NHS Foundation Trust, Solihull, United Kingdom

This poster presentation will show thematic analysis of data collection from questionnaires completed by parents attending the Solihull Approach antenatal parenting group, a 5 or 6 session group for mothers, fathers, partners, grandparents and birth partners. It is a relationship based group approach underpinned by the Solihull Approach model integrating traditional elements of pregnancy, labour and birth with developing a relationship between parents and their baby.

The group was selected as the antenatal group of choice as part of the Early Intervention Transformation Programme (EITP) 2016-2018 in Northern Ireland whose aim was to equip all parents with the skills need to give children in Northern Ireland the best start in life.

The antenatal group was delivered by midwives across health trusts in Northern Ireland. Parents completed evaluation forms at the end of each session rating a response to three questions using faces as a visual representation of a three-point Likert scale. Three additional questions in session 5 and 6 recorded more detailed responses from parents and these responses are the focus this poster presentation.

Qualitative Analysis was carried out using Inductive Content Analysis. Data was collected for the duration of the EITP and a total 4,308 parental responses included 1,597 responses in session 5 and 2,711 response in session six.

For session 5 the key themes for responses to the question ‘What do you think has changed as a result of being part of this group?’ were, learnt a lot of knowledge, increase in general confidence and feeding. Comments indicate some parents positively changed their intention to breastfeed. Session 6 responses were similar to responses in session 5 and encouragingly there were increased feeling of confidence, ability to care for their baby and feeling prepared. Relationships with facilitators featured in many positive comments of praise for the facilitators.

Cathy Pajak\textsuperscript{1}, Mrs Jane Hutcheson, Helen Hibbard
\textsuperscript{1}Camden IEYS, Camden: London, United Kingdom

Introduction.
Camden's Integrated Early Years' Service (IEYS) Vision
Children have the best start in life, high-quality early education, and are ready for school at age 5.

Camden’s integrated service builds on good practice to further integrate systems and develop new ways of working, with enhanced universal services and a pathway of 0-5 services. Including the adoption of NBO, Camden has developed an enhanced pathway of services – pregnancy to age 5 to support the achievement of this vision for all Camden children.

Aim of the work.
The incorporation of NBO within post-natal support groups in Camden aims to:

Foster mental & emotional well-being to influence future outcomes for children.

Focus on continuity and the quality of early relationships

Support parents to create a positive home learning environment during pregnancy

Promote Early communication and language development.

The work.
Baby Bonding: Post-Natal use of NBO in group run sessions.

Family Workers with a strong focus on ante-natal and postnatal support for mums, dads, and carers have been trained in the use of NBO.

Description of the work.

The principles of the NBO are used within a post-natal group session to support mums, dads, and carers to practice the techniques of noticing and reading a baby's cues. This approach aims to support parents to understand and respond sensitively to their child's needs. This work continues the messaging around the importance of positive early relationships and communication delivered by the Health Visitor at the New Birth Visit using NBO. This is part of Camden’s overall approach to developing the pathway, including enhancing universal services and support for all parents in the first 1001 days.

Conclusion.
In collaboration with the Anna Freud Centre, we are evaluating the outcomes of the approach.
INTRODUCTION
Being in the Neonatal Intensive Care Unit (NICU) is highly distressing and often traumatic for both infants and their parents (1,2). Interventions that focus on early relationships can be essential to buffer the impact of the medical stress and support the parental nurturing and attachment (2,3).

In Kuopio University Hospital’s (KUH) NICU parents stay in family rooms with their preterm or severely ill infants and are encouraged to nurture them. However, many parents feel disconnected with their infants in a specialized medical environment.

AIMS OR PURPOSE
The purpose of the infant psychiatric work in the NICU is to help the parents connect with their infants, relieve the psychosocial and physical stress of the infant and the parents, enable the parents find confidence in parenthood and promote early attachment.

DESCRIPTION
The infant psychiatric unit is part of the psychosocial team of the NICU. Infant psychiatric professional meets the family alone or together with NICU professional, offering a therapeutic relationship to support the parents and the infants. Appointments include being together by the infant, watching and wondering him/her and his/her signals and discussing with the parents to build a realistic, emotional narrative of their parenthood and the baby.

CONCLUSIONS
In our clinical work we have seen parents “finding the infant” as an individual behind all the medical device and starting to bond and feel more secure when nurturing their babies.

REFERENCES
1) Treyvd et al. A multilayered approach is needed in the NICU to support parents after the preterm birth of their infants. Early Human Development, Volume 139, Dec 2019.
P-311: Outpatient clinic 0-5: Early Childhood consultation in the Psychiatric University Hospital Zurich, Switzerland.

PHD Marina Zulauf Logoz, Florian Kraemer, Dr.med.univ. Veronika Mailaender Zelger, Dr.med. Gudrun Seeger-Schneider

1Psychiatric University Hospital Zurich, Department Of Child And Adolescent Psychiatry And Psychotherapy, Zurich, Switzerland

Introduction:
We would like to report on the development and implementation of our Early childhood consultation at the Psychiatric University Hospital Zurich, Switzerland.

14-26% of all children of preschool age (2.5 years) show clinically relevant disorders (Egger & Angold, 2006a). Of these, 10% are emotional disorders, predominantly anxiety disorders, and 9% are various externalizing disorders. The latter in particular often show a persistent course into adulthood. Anxiety disorders that begin at an early age also often run a chronic course if left untreated and comorbid disorders often develop.

Approximately 5% of all children suffer from oppositional defiant disorder/social behavior disorder, and this generally represents the most common reason for referral to child psychiatric/psychological treatment (NICE, 2013).

The main causes of the development of oppositional and aggressive behaviors in early childhood are inconsistent parenting and lack of control, combined with decreased attention to children’s prosocial behavioral approaches (Döpfner, 2009).

Purpose of the work:
Thus, there is a need to develop sustainable and evidence-based services for families with young children in child and adolescent psychiatry as well, including primary, indicated and secondary prevention and age-specific intervention methods / therapy.

Description of the project:
-Indications of our target group are:
  Regulatory disorder, Developmental disorders in the social-emotional area, Interaction disorder (with parents, siblings, peers).
  Assignment by concerned parents themselves or professionals.
-Our newly developed consultation includes diagnosis and intervention in early childhood between 0 and 5; early detection of abnormalities; improving parenting and interaction skills e.g. implementing Parent-Child-Interaction Therapy PCIT; Improving the parent-child relationship and thus promotion of the child's development in all areas; early intervention in case of "suspected diagnosis" of autism/favorable influence on the course of autism spectrum disorders.

Conclusions:
We will report on the first phase and take-up of the new offer including descriptive data on over 20 PCIT-cases.
P-098: Maternal ambivalence as a powerful and healing force in mothering

Dr Margo Lowy1
1Self Employed, New York City, USA

Introduction
The notion of maternal ambivalence addresses the idea of a mother integrating rather than splitting her feelings about her mothering. This comes with her ability to acknowledge and struggle with all her feelings, both positive and negative, welcome and unwelcome. These include feelings such as delight, enjoyment and warmth which are light and loving, together with those that are dark and disturbing like fear, anger and despair. This is explored, together with the idea that an awareness and engagement with, rather than a neglect or rupturing of her disturbing feelings fuels and renews the mother’s love and enables the continuation of the tremendous investment in loving and sensitive care of the infant.

Aim of the project
To reframe and clarify the understanding of maternal ambivalence as a valuable and everyday part of the lived experience of mothering which is crucial to the mother’s and in turn her infant’s mental health.

This disrupts the traditional maternal narrative by highlighting the division between reality and the illusions of mothering.

Description of the project
The research draws on the psychoanalytic thinking of Melanie Klein, D.W. Winnicott and W.Bion and modifies Rozika Parker’s work to construct a new way to think about maternal ambivalence. Contemporary film and personal maternal experiences are the research tools which illustrate the lived experience of mothering.

Conclusions
The research supports the idea that ambivalence is a natural and positive part of mothering and contributes to maternal well-being. This research rejects the notion of rigidity in mothering while promoting it as a fluid process that relies on creative functions such as humor, self-forgiveness, reparation and learning from experience.


P-021: About the need of intensive interdisciplinary follow-up of premature babies in Bulgaria

Dr Dora Simeonova¹,², Dr Stanislava Hitrova-Nikolova³,⁴, Dr Donka Uzunova⁵, Dr Desislava Maslinkova¹,², Atanaska Avramova¹,², Svetla Staykova¹,², Nadia Polnareva¹

¹¹ 1- University Multiprofile Hospital for Active Treatment “Alexandrovska”, Clinic of Child Psychiatry “St. Nicholas”, Sofia, Bulgaria, ²² 2- Department of Psychiatry and Medical Psychology, Medical University - Sofia, Sofia, Bulgaria, ³³ 3- University Hospital of Obstetrics and Gynecology „Maichin dom”, Clinic of Neonatology, Sofia, Bulgaria, ⁴⁴ 4- Department of Obstetrics and Gynecology, Medical University, Sofia, Bulgaria, ⁵⁵ 5- Second Municipal Hospital for Obstetrics and Gynecology - SHEJNOVO, Sofia, Bulgaria

Nowadays, numerous factors contribute to the rise frequency of premature newborns. Premature babies increasingly survive due to significant improvements in neonatal intensive care – competent specialists, modern equipment, and medications. Premature babies, especially those born extremely early, often are at risk of developing bronchopulmonary dysplasia, intraventricular hemorrhage, hypoxic-ischemic encephalopathy, retinopathy of prematurity, necrotizing enterocolitis and other complications that require follow-up in the neonatal period and through the first few years of life. Among preterm born children with mental health issues neurodevelopmental disorders, such as intellectual disability, autism spectrum disorder, ADHD are observed. Often parents are very engaged and exhausted by the somatic problems of their child and by the frequent need to conduct monitoring, examinations and interventions with specialists like pediatricians, neurologists, ophthalmologists, surgeons. Also, very often prematurity babies are expected to reach appropriate developmental psychological skills with some delay and adults are prone to postpone the search for specialized help from child psychiatrists and psychologists. The process of screening and diagnosing developmental disorders in Bulgaria is further hampered by the uneven distribution of specialists and at some cases difficult access and prolonged waiting time. According to our experience, unfortunately, the health care system organization in Bulgaria does not regulate and support enough efficiently procedures of interdisciplinary monitoring and referral about preterm born children. This increases the importance of parental awareness and sensitivity about possible mental health issues.

We share our experience with the establishment of multidisciplinary team and promotional materials addressed to specialists and parents aimed to support active follow-up of the child's general health and mental development.

Our goal is to help the parents of premature children to obtain a timely consultation and, eventually, diagnosis of the children's problem and to be appropriately "accompanied" in this process.
P-212: Accessing timely infant and early childhood mental health care through a regional navigation service

Ms Nicole Sheridan\textsuperscript{1,3}, Ms. Cynthia Dawson\textsuperscript{1}, Dr Barbara Deren\textsuperscript{1,2}, Dr Katherine Matheson\textsuperscript{1,2}

\textsuperscript{1}Children’s Hospital of Eastern Ontario, University of Ottawa, Ottawa, Canada, \textsuperscript{2}University of Ottawa, Ottawa, Canada, \textsuperscript{3}Faculty of Health Sciences at Western University, London, Canada

Introduction:
As the field of infant and early childhood mental health (IECMH) expands, access to timely mental health care remains pivotal to families of young children in order to have the potential of achieving the most efficient treatment journey and positive outcomes. In 2019, the Children’s Hospital of Eastern Ontario (CHEO) launched an IECMH clinic to provide a specialized service for treating children ages 0-6 with complex emotional and behavioral concerns. Referrals are received through a regional coordinated access and navigation service for mental health service called 1Call1Click.ca.

Aim:
The aim is to describe the patient characteristics and uptake rates to CHEO’s IECMH clinic from 1Call1Click and determine whether children with specialized level of need are referred to the CHEO IECMH clinic or community resources.

Description:
Families referred to 1Call1Click complete an intake to assess their level of need, then are matched with appropriate service or resources. Families are screened by completing a demographic questionnaire and clinical interview (HEADS-ED 0-6) with the intake worker. Information collected determines their level of need for services, ranging from general (primary care) to complex needs (specialized services). From June to October 2022, 247 intakes were completed by 1Call1Click for children ages 0-6. The average age at the time of intake was 4.45 years (SD=1.14). Those with moderate to severe level of need were more likely to be referred to the CHEO IECMH service compared to those with low level of need (p=0.032). Most families referred to CHEO IECMH were accepted to the service (81.7%).

Conclusion:
We conclude that using 1Call1Click to match children with more complex emotional and behavioral concerns with appropriate services is feasible. Further evaluation is required to understand the clinical outcomes of children and caregivers accessing services after being matched to tertiary vs. community services.
P-198: Caregiver perspective on the Circle of Security (COS) Parenting Group during the COVID-19 pandemic

Dr Barbara Deren¹, Usha Sreekumar¹, Genevieve Brabant¹, Dr Esther Carefoot², Dr Lara Postl¹, Dr Katherine Matheson¹
¹Children's Hospital Of Eastern Ontario, Ottawa, Canada, ²University of Ottawa, Ottawa, Canada

Introduction:
A secure attachment between child and caregiver is critical to that child’s current and future well-being. The COS Parenting Protocol aims to promote and foster secure parent-child relationships. This 8 week, group-based, parent education and psychotherapy intervention, is designed to shift patterns of attachment to a more secure, developmentally appropriate pathway.

Aim:
1. Appreciate the factors that impact the experience of caregivers participating in the COS Parenting Protocol.
2. Understand how to structure the COS Parenting group to minimize attrition, better support caregivers and optimize participant gains.
3. Discuss the benefits and barriers of delivering COS during the pandemic.

Description:
Caregivers participating in COS completed pre and post-intervention scales including the Coping with Children’s Negative Emotion Scale, Circle of Security Caregiver Questionnaire and Patient Health Questionnaire-9. Demographic and service data were also collected. Qualitative feedback was obtained via telephone calls from participants who dropped out. Informal interviews were conducted with completers. We retrospectively compared quantitative and qualitative measures from groups before and during the COVID-19 pandemic.

Prior to the COVID-19 pandemic, 5 COS groups were attended, in-person, by 28 caregivers. During the COVID-19 pandemic, there were 4 COS groups, attended virtually, by 29 caregivers.

Barriers to participation pre-pandemic included lack of child care, transportation and finances. Completers strongly agreed that the group was worth their time, that being in the group with other parents was helpful and that the information they learned helped them feel more capable parenting their child(ren). Initial results from the post-2020 group suggests that the virtual platform improved access to high-risk families and those living in remote/rural areas.

Conclusions:
The results of this retrospective study will help us structure the COS parenting group to minimize participant attrition, better support caregivers and optimize reported participant gains, regardless of whether the intervention is delivered virtually or in-person.
P-213: Evaluating the Impact of Earning Endorsement on Infant and Early Childhood Mental Health Professionals

Mrs Ashley McCormick¹, Dr. Lorraine Kubicek², Mrs Keena Friday-gilbert³, Cindy Horwitz⁴, Dr Diana Morelen⁵, Dr. Cheri Shapiro⁶, Dr Angela Tomlin⁷, Angela Webster³

¹Alliance For The Advancement Of Infant Mental Health, , United States, ²University of Colorado School of Medicine, , United States, ³Association of Infant Mental Health in Tennessee, , United States, ⁴Florida Association for Infant Mental Health, , United States, ⁵East Tennessee State University, , United States , ⁶University of South Carolina, , United States, ⁷Indiana University School of Medicine, , United States

The Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant and Early Childhood Mental Health (MI-AIMH, 2017) is a standardized credential that documents expertise of infant and early childhood mental health (IECMH) professionals serving ages 0-3 or 3-6 years. Within each age range, there are four different categories related to scope of practice, level of education, and access to reflective supervision (RS).

As an initial step toward building an evidence-base for the impacts of Endorsement, Endorsed professionals completed an electronic, self-assessment survey, Perceptions of Endorsement, reporting perceived personal and professional benefits of earning Endorsement. Participants provided demographic information and answered questions about perceived benefits of Endorsement (e.g., “Earning Endorsement has had a positive impact on my confidence as a professional”), perceived impact on professional skills (e.g., “Earning Endorsement has had a positive impact on my skills in relating to and/or engaging with families”), perceived opportunities to engage in professional activities related to Endorsement (e.g., Obtaining Endorsement impacted opportunities to train others in IECMH), and access to relevant supports (e.g., “Did access to an RSC provider impact the category of Endorsement for which you applied?”).

911 of 1887 endorsed professionals, representing 28 of 33 member AIMHs, completed the survey. Participants identified as predominately female (97%) and Caucasian (77%). Most had advanced degrees (72% with masters or above), although a broad range of work settings was reported. Results revealed an overall positive experience with Endorsement and some specific strengths. (e.g., increased confidence in their practice with infants, young children). Limitations of Endorsement were also reported, including lack of access to RS creating a barrier to participation in Endorsement category of choice for BIPOC providers. Areas for future exploration were identified.
P-036: Adaptations to an Integrated Substance Use and Infant Mental Health Treatment Program during COVID-19

Dr. Emily Bosk¹, Dr. Sarah Kautz¹, Ms. Alicia Mendez¹, Ms. Hanna Pomales¹
¹Rutgers University, New Brunswick, United States

Background: The COVID-19 pandemic resulted in increased parenting stress and substance use. At the same time mental health and social service needs increased, access to services, even for those receiving treatment decreased due to stay-at-home orders. Few programs were equipped to translate their interventions to a virtual format.

Purpose: There is a critical need to identify effective adaptations to services during COVID-19 to expand access to addiction treatment.

Methods: Seventy-three semi-structured interviews and ethnographic observations were conducted with the five agencies participating in the In-Home Recovery Program, an in-home, substance use disorder treatment program. Using a rapid analysis approach two coders analyzed field notes and interviews for recurring concepts and themes.

Results: Strategies for virtual addiction service included: virtual toxicology screens, helping clients access technology to participate in telehealth, assisting clients with non-identified children to decrease their stress, and anticipating relapses during the pandemic. Challenges included: engaging young children in virtual treatment, privacy, and engaging in telehealth with clients experiencing domestic violence or reoccurrence of substances.

Conclusion: Findings reveal virtual substance use treatment is possible. Strategies focusing on providing access to technology and virtual toxicology screens offer possibilities for telehealth interventions for substance use. Less successful were adaptations to the infant mental health component. Telehealth is likely not appropriate for children below the age of five. Individual sessions focusing on caregiving, rather than dyadic treatment is suitable to virtual formats.
P-132: Connecting with books: Developing parent-infant bonding during an inpatient hospital stay; a readathon initiative.

Dr Mairead Diviney¹, Dr Anne-Marie Casey¹, Ms Catherine Matthews¹, Ms Jenny Dunne¹,², Ms Stephanie Galvin¹, Tracey Redmond²
¹Children's Health Ireland at Crumlin, Dublin, Ireland, ²Children's Health Ireland at Temple St, Dublin, Ireland

Introduction: Parents of infants who are medically unwell may not easily achieve bonding with their infant. This can be due to mechanical barriers including monitors and breathing supports, in addition to the higher medical care needs of their child, which may reduce parental autonomy while their baby is an inpatient in hospital. Parents reading to their child is an activity that has a long history of facilitating positive interactions between caregiver and child.

Aim: The purpose of the project was to provide an opportunity for parents to begin, develop or enhance their reading journey with their infants during an inpatient stay across two paediatric hospital settings.

Description of Project: A readathon initiative took place over a one-week period in September 2022. It was offered to parents on a number of wards throughout the two hospitals including the neonatal ward, PICU, TCU, cardiology inpatient ward and cardiology day unit. Parents were provided with information regarding the readathon and books made accessible on the wards. Staff involved in the initiative introduced the concept to families throughout the week, including education around the importance of reading and tips on how parents/caregivers can read to their baby.

Conclusions: Feedback from parents highlighted the important role of reading to their infant during an inpatient stay. Parental feedback themes included a normalcy in an abnormal parenting setting, connection with their baby in a non-medically focused way, a sense of control and new observations of their infant including emerging personality attributes. One father described the experience of reading to his baby as "being good at something" while his baby was receiving ongoing medical intervention. There was also a sense of lightness and humour to the initiative for parents and a new focus with their baby for the duration of the readathon.
P-324: High-quality practices in early childhood education and care centers: A multilevel approach to professional development

Miss Raquel Corval¹, Doctor Cindy Carvalho¹, Doctor Margarida Fialho¹, Doctor Cindy Carvalho¹, Doctor Gabriela Bento¹, Assistant Professor Ana-Teresa Brito², Doctor Gabriela Portugal³, Doctor Luisa Barros⁴, Doctor Cecília Aguiar⁵, Professor Isabel Soares¹,⁶

¹ProChild Colab Against Poverty and Social Exclusion – Association, Guimarães, Portugal, ²Instituto Superior de Psicologia Aplicada (ISPA), Lisbon, Portugal, ³Universidade de Aveiro, Aveiro, Portugal, ⁴Universidade de Lisboa, Lisboa, Portugal, ⁵ISCTE - Instituto Universitário de Lisboa, Lisboa, Portugal, ⁶Universidade do Minho, Braga, Portugal

Introduction
Research shows that early life experiences, characterized by responsive and sensitive interactions, can positively impact infants’ and toddlers’ development and well-being, with short and long-term effects. In deprived environments, where children must deal with multiple sources of potential toxic stress, opportunities for quality interactions between children and adults are crucial to minimize the negative impact of adversity. High-quality early childhood education and care (ECEC) centers can serve as a protective environment, providing enriched experiences and relationships. Despite the absence of a complete characterization of ECEC services in Portugal, the available data points to moderate or low levels of quality, which may be insufficient to impact child development positively.

Aims
This poster presents the project Development and Education in Childcare (DEC), currently implemented in eight centers, in four Portuguese regions. This project aims to create an in-service intervention program to support ECEC professionals’ knowledge and pedagogical practices with the goal of improving children’s developmental outcomes.

Description
Based on the theory of change that underpins DEC’s project, the conceptual and methodological framework as well as its multilevel strategies and intervention components will be presented. Multilevel interventions involve reflective coaching and training strategies, continuously evaluated through fast-iteration cycles targeting specific indicators related to its implementation. At the same time, impact evaluation is conducted by an external team, collecting data regarding infants’ and toddlers’ development, adult-child interactions, and professionals’ perceptions of pedagogical practices.

Conclusions
Piloting DEC on a small scale facilitates adaptations and improvements and test the program validity, based on an evidence-based approach. This will allow for future expansion and scaling-up of the project and to inform public policies about high quality practices in ECEC centers.
P-029: Intergenerational Health: Lessons learned from the opioid crisis in Maryland

Mrs Kathleen Connors

1Division of Child and Adolescent Psychiatry, University of Maryland School of Medicine, Baltimore, United States, 2Infant Mental Health Association of Maryland and District of Columbia, Baltimore, United States

Introduction: The Center for Disease Control and Prevention reports one in five people report using opioids during pregnancy. Opioid use during pregnancy can lead to birth and developmental concerns and the mother’s death by overdose. Strengthening university and community collaboration to increase awareness and reduce stigma through cross-sector training and delivery of attachment-based, trauma recovery programs for parents with young children is an urgent need. Our interprofessional team responded to federal and state grant opportunities to build a Network of Early Services Training and Transformation (NEST) to increase a diverse workforce (social work, counseling, pharmacy, medicine, addiction specialists, early education, child welfare) and peers and community anchors to support intergenerational health and recovery from traumatic stress and addiction disorders.

Aim of the project: Enhancing relational health and attachment provides health benefits for the whole family and the network of providers and creates pathways for healing, trauma recovery, and equity for families dealing with opioid use. Stigma reduction at the personal, family, community and program levels strengthens parents repair attachment ruptures and prevent future adversity in their young children lives.

Description of the project: We surveyed parents dealing with opioid use to learn about stigma, trauma exposure, and health status and to ask them about their needs as parents in recovery. We collaborated with state departments, a Historically Black College and University, fatherhood experts, peer specialists, and local programs to spread family-centered resources, attachment-based models, and federal guidance for best practices in the treatment of Opioid Use Disorders. We provided in-person, parent programs and interventions (Strong Roots/Mom Power, Attachment Vitamins, Child Parent Psychotherapy) in residential recovery programs and our clinic throughout the COVID-19 pandemic.

Conclusions: Lessons learned included the importance of wellness practices for parents, providers, and the community, and being anti-racist and family-centered is central to trauma-informed care.
The American Academy of Pediatrics recommends the transition from NICU to home occur when an infant achieves physiologic stability and there is a program for parental involvement and preparation for care of the infant at home. Adequate parent education can reduce the risk of readmission by ensuring that parents seek medical attention appropriately, administer medications and other therapies correctly, and show confidence in the home management of non-acute medical problems. Still, there has only been limited guidance offered on what the content of a comprehensive discharge planning program for the family should be.

The National Perinatal Association (NPA) sought to fill the knowledge gap in family support and preparedness. In 2017, the NPA convened a work group to collect and collate existing standards and complete a literature review of available evidence. In 2019, the NPA hosted a national summit of 16 multidisciplinary experts to review the proposed guidelines leading to the successful publication of the NICU discharge preparation and transition planning guidelines in the February 2022 issue of the Journal of Perinatology⁵.

This presentation provides a high-level view of the five guideline sections and a roadmap for integration plus information on the NICUtohome.org landing page, a source for the tools and information needed to put the Guidelines and Recommendations into action.

P-312: Idioms of Attachment Proyecto Oaxaca. Prioritizing locally focused listening over culturally biased telling.

Dr. Jessica Boyatt\textsuperscript{1,2}, Ms. Laura Gomez Machiavello\textsuperscript{1,3}, Ms. Karen Garber\textsuperscript{1,3}, Ms. Cyntia Barzelatto\textsuperscript{1,4}, Ms. Maria Fernanda Elías Vigil\textsuperscript{5}, Ms. Gabriela Chavez Hernandez\textsuperscript{6}

\textsuperscript{1}Quetzalli Zephyr, Cambridge, USA, \textsuperscript{2}Infant Parent Training Institute, Waltham, USA, \textsuperscript{3}Early Connections/Conexiones Tempranas, Waltham, USA, \textsuperscript{4}Boston University, Boston, USA, \textsuperscript{5}Clínica del Pueblo (TASH), Mexicapan, Oaxaca, Mexico, \textsuperscript{6}Simply Smiles, Casa de Hogar, San Bartolo Coyotepec, Mexico

Infant mental health theories and tools have largely been developed in a middle class, white, mostly male European/American context. Everyone loves their children and early relationship powerfully affects development. However, the specificity of how a society shapes the psychosocial processes of imagining a human being into being are unique to culture, history, and socioeconomic reality. It is incumbent on the field of Infant Mental Health to find ways to interrogate past assumptions and acknowledge and engage contextual realities. We need to find ways to create and study data sets that are representative of the global infant population as well as locally co-create tools adapted to support the specificity of early relationship in cultural context. Quetzalli Zephyr began Idioms of Attachment Proyecto Oaxaca in 2022 with the intention of listening to what the local context of Oaxaca has to say about early relationship. We offered some of our ideas (attachment, reflective functioning, trauma informed care) and demonstrated some of our tools (NBO and COSP) with both parents and professionals in a variety of contexts. By prioritizing locally focused listening over culturally biased telling, we have started to scratch the surface of learning how families in Oaxaca experience early relationship, what matters the most to caregivers, the contours of the stressors facing infants and their caregivers, and what kinds of supports are present/absent. Our goal is for this iterative, collaborative process to organically fertilize the space between us so that locally useful tools to support early relationship can evolve and be implemented effectively. We would like to share our experiences with you in the format of a symposium discussion that includes Quetzalli Zephyr consultants in conversation with some of the Oaxacans we have worked with over the past 12 months.
Introduction
During the pandemic the NHS Greater Manchester Perinatal and Parent Infant Mental Health Programme refreshed and developed a number of resources for our universal and targeted service users.
The resource 'Your Baby and You' was refreshed, a booklet with accompanying videos to encourage early interaction and early relationship development.

Aim
To share this great piece of work and inspire others!
The booklet aimed to reach all the families in Greater Manchester (37,000 birth rate) who are expecting a child.
The written information and booklet style was co produced with the local maternity voices partnership. The booklet content and accompanying videos aim to reflect our diverse and unique community with greater representation of minority ethnic groups and our LGBT + community.
Families self filmed to make the videos in their own homes giving unique insight into their Parent Infant relationships aiming to speak directly to the families we serve.
The booklet and videos can be used as a tool or talking point during antenatal appointments or education.

Description
For videos and plain text: https://www.penninecare.nhs.uk/your-baby-and-you
It's content covers:
  - Attachment and bonding
  - Why is it important to develop a good relationship with your baby?
  - What can I do to help build this important relationship?
  - Learning more about your baby
  - Soothing a crying baby
  - Soothing and Settling
  - Baby mindfulness
  - Playing and talking with your baby
  - Baby 'time out' signals
  - Feeding your baby
  - Parental mental health
  - If your baby is admitted to neonatal care
  - Useful contacts
It is printed in a small glossy booklet the same size as the child health record, with the aim to be stored together for reference throughout the perinatal period.

Conclusion
Infant parent services, midwifery and health visiting have reported back that they have found the resource extremely useful and helpful for families.
The past decades have led to an explosion of learning about early childhood development, infant and early childhood mental health, and early relational health. As a result, the demand for IECMH services has continued to increase, yet IECMH services remain available for only a select few. When aiming for broader impact, the movement toward incorporating IECMH into population health can be hindered by factors such as job security, billable hours expectations, and burnout. A poor reimbursement rate (often due to lack of payment for prevention) adds a barrier to hiring and sustaining IECMH providers. An additional concern is the dearth of qualified IECMH providers who are culturally attuned and/or matched with the communities they serve.

The field of IECMH is too important to be relegated to one corner of our service system, reaching a select few, and needs to expand to leverage more pathways for supporting babies, toddlers, young children, and their caregivers. With a bigger arena, we can move toward improved societal impact. Primary care holds great promise as this larger arena and presents a unique opportunity to integrate the principles of IECMH into population health. This workshop highlights the HealthySteps model, one that adapts the IECMH framework to the pediatric primary care setting by employing Competencies for its Specialists that are aligned with the IECMH consultant work, and two principles of IECMH: promotion from a population health perspective and behavioral health prevention. The HS Specialist Competencies, aligned with existing IECMH consultant (IECMHC) competencies, provide a standard of care principles for HS Specialists across the network, and may serve as a framework for other integrated pediatric behavioral health models focused on young children and their families, bringing IECMH to population health.
P-218: Training and Educational Program for Nurses working with families having sleep disturbed infants.

Clinical Nurse Specialist Arna Skuladottir¹
¹The National University Hospital of Iceland, Reykjavik, Iceland

The „better sleep better well-being programme“: Is a training program for community healthcare nurses in developing interventions for families of infants with moderate sleep problems.

Background and purpose: Sleep problems among infants are reported among 20-40% of parents. The aim of the study was to promote a better service for infants sleep problem at the Health care centers.

Methods: A course including education and training on infants sleeping problems, was held for health care nurses. That included 4 whole days of teaching (one day per week) developing into a weekly guidance where the health care nurses started to bring their own cases /families to reflect on and receive guidance. This quasi experimental study was conducted to test the effectiveness of the course on children´s sleep and well being of their parents. Data was collected before and 7-10 days after the intervention ended, from parents of 35 infants with sleep problems. The intervention included two interviews with a nurse and one phone call in between, all with 3-4 week´s spectrum. The theoretical framework is based on the knowledge of the individuality of the child, empowerment of parents, and the important of individualized care within a family context. The relationship of the nurse with individual members of the family is viewed as partnership in whice each person contributes to the treatment protocol. Treatment can be different for individual child/family.

Results: The main findings the sleep duration of the infants improved, with less night waking per night as well as increased self-soothing ability of the infants. Higher proportion of mothers 28.6 % (10/35) scoring 12 or higher on EPDS is of great concerns.

Conclusions: Focusing attention on effective intervention which can be implemented into health care service may result in a better health care for infants with sleep problem.
P-304: Early Intervention and Infant/Early Childhood Mental Health in the Military: An Inservice Series

Ms Charla Tabet¹, Ms Kirsten Sippel¹
¹Early Intervention, Germany

INTRODUCTION
In the United States, the field of early intervention (EI) has embraced a consultative coaching model. This model considers the relationship between provider and caregiver at its core as the team works to promote the development of infants and young children with delays or disabilities. Communication, mutual trust, and respect are essential to successful coaching. The field of infant and early childhood mental health (IECMH) is also rooted in relationship-based work with a set of principles and practices that can help early intervention providers hone the aforementioned skills, particularly when working with military families who have unique stressors.

PURPOSE
Share information on how early intervention providers can utilize information and practices from the field of IECMH to enhance their provision of relationship-based coaching services.

DESCRIPTION
This poster presentation will highlight several of the promising practices highlighted in the three inservices such as:
- Assessing and promoting social emotional development of infants and toddlers, particularly as it pertains to being in relationship with others
- Enhancing the use of reflective practices in coaching sessions
- Awareness of perinatal mood disorders (PMAD) risks as well as post traumatic stress disorder (PTSD) experienced by babies, mothers and fathers after a traumatic birth and/or neonatal intensive care unit (NICU) stay
- Awareness of treatments that licensed mental health providers can use to provide healing after abuse/neglect, trauma or natural disasters

CONCLUSION
Early intervention providers can benefit from knowledge of IECMH principles and practices, some of which they may be qualified to utilize with training. Trauma informed practices that are at the heart of IECMH work can be particularly informative for EI providers in the military.
The Infant Observation, according to Esther Bick, has made a fundamental contribution to the understanding of the child and to child psychoanalysis, allowing the development of an in-depth capacity for listening and understanding of non-verbal and preverbal mental and emotional states. Therefore, its applications are numerous, such as speech therapy, especially for patients with complex communication needs (BCC) and non-verbal.

The aim is to illustrate how the Infant Observation can become an integral part of the clinical work of the speech therapist who, trained in this area, has developed a particular sensitivity in understanding the patient’s non-verbal mental and emotional states.

In the present work we will discuss the case of Susanna, a 25-month-old child, non-verbal, diagnosed with unspecified developmental delay, following perinatal hypoxic-ischemic suffering. The treatment was carried out in hospital for one month at the neurorehabilitation department of the Bambino Gesù Paediatric Hospital in Rome. The speech therapy consisted of daily sessions lasting one hour, based on the enhancement of communication skills. The possibility of integrating the work of the Infant Observation with the speech therapy practice has emerged in the ability to know how to stay within the relationship and to tolerate the frustration of waiting, without anticipating the communicative needs of the child. This gave her the opportunity to communicate her intentions even if with slow execution times. Thanks to the observation it was possible to understand the emotions and thoughts of the child, through the gestural and bodily communication channel.

Through the enhancement of the gestural movements of the hands, Susanna began to request objects that were absent and present within the therapy setting. Starting from these evidences, this work will try to highlight how the application of the Infant Observation method is useful also in speech therapy, especially in non-verbal patients and with BCC.
When conducting a first exploratory approach to indigenous Kichwa communities in Ecuador in the framework of a research focused on the psychic construction of babies, indigenous leaders ask that the research produce a psychological intervention with the children whom they perceive as sad and withdrawn. The leaders explain that this sadness is due to: health problems such as chronic malnutrition in childhood, violence, abandonment by migrant parents and the absence of state institutions manifested in the closure of day care centers.

Our hypothesis: This scenario produces a loss of social fabric, practices and rituals that sustain parenthood and the care of babies, leaving the community in a cultural impasse between the worn-out indigenous cosmovision and the white mestizo western culture as an unattainable horizon.

Aims: Conduct an evaluation of the quality of the relationship between parents and their babies, along with psychological support aimed at listening and assessing the trajectories of parenthood in the community through mediation objects.

Description of project. We work with an interdisciplinary team composed of medical doctors, nutritionists and designers. Home visits are conducted using Esther Bick observation method, attachment questionnaires and observations of interactive playing between the mother and the baby. A diary was designed for parents where they can weave their parental story. This record is prioritized due to the difficulty with writing and the work is based on the community’s own knowledge.

Conclusions. The intervention allows deepening the representations of the relationship between parents and their babies to avoid repeating patterns of violence received from their own parents. Social conditions and poverty can be improved by taking into account the psychological dimension of the construction of parenthood for these women.
P-183: Dialectical Behavior Therapy based parenting skills training programs by mobile application

Md Suvi Luomala¹, RN, psychotherapist Janne Pöyhtäri¹, Mrs Susanna Repo¹, Reija Latva¹, Prof Kaija Puura¹
¹Tampere University Hospital, Tampere University, Finland

INTRODUCTION
Dialectical Behavior Therapy (DBT) is an integrative treatment that blends change-based strategies of cognitive behavioral therapy with acceptance-based approaches and Eastern philosophies. 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 general parenting skills, how to create validating environment, coping skills and problem solving. “TAYSHuoma” mobile application is digital version of DBT based parenting skills training program.

AIM OF THE WORK
The Family ward and Infant Psychiatry Unit at Tampere University Hospital assesses and treats children from infancy to six years with symptoms of behavioral and emotional disorders, difficulties of psychological development or severe difficulties in parent-child interaction. We have brought into use four different DBT parenting skills training programs on mobile application in 2022: Taming tantrums, Eating with ease, Softly to sleep and Easier everyday with kids.

DESCRIPTION
Each DBT based parenting skills training program 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 progression and parents could use phone coaching or mobile chat when they had questions or need discussion. Parents completed the feedback form after the program.

CONCLUSIONS
DBT based parenting skills training program on mobile application seems to be promising child psychiatric treatment. Parents who were involved in the program reported that the application was easy to use used and they had received new useful information about emotion regulation and parenting. It seems that this intervention activates parents to change their own and child’s maladaptive behaviors and to make everyday life with children easier.
P-127: Psychotic Parents: Good Enough Parents? Between stigma and the parental role

Dr. Ana Vera Costa¹, Dr. Ana Miguel¹, Dr. Rosário Basto¹, Dr. Mariana Pessoa¹, Dr. Sofia Pires¹, Dr. Joana Calejo Jorge¹
¹Hospital Center of Vila Nova de Gaia/Espinho, Vila Nova de Gaia/Espinho, Portugal

Introduction:
Clinical approach to children of parents with psychotic illness is particularly challenging owing to tripled stigma: by society, health professionals and the parents themselves (because of the illness itself and in the face of feelings of shame and guilt for the doubt of not being “perfect parents”). The transient inability to continue child care, during episodes of decompensation and hospitalization, as well as social isolation are risk factors. Studies demonstrate an interactive deficit mediated by the severity of psychotic illness and adverse social circumstances. The increased risk of insecure attachment depends on the quantity and quality of care, number and type of caregivers.

Purpose:
Addressing the impact of psychotic pathology on parenting and development, exploring the associated stigma and raising awareness of the need for a comprehensive, multidisciplinary and integrative approach.

Presenting two dyads (infant and mother) assessed in a Child and Adolescent Psychiatry appointment.

Description:
Mothers referred to the “ghost” of the illness in the next generation and the fear of losing custody. In one case it had been boosted right away in the maternity ward, where the mother assumed that have to do “everything straight” in a “threatening way”. In the other case it had been triggered by rivalry between mother and grandmother for the role of the “best caregiver”. Brief interventions focused on interaction were carried out in order to empower and positively connote these mothers, also aiming at responsiveness, sensitivity and mutual involvement.

Conclusion:
Given the complexity and multiple challenges inherent when one of the parents has a psychotic pathology, a comprehensive and multidisciplinary intervention is recommended, from the perspective of the parent, the dyad, the infant, the family and community support network. Collaboration between services facilitates an integrative approach. Multifamily parent support groups could be an asset of intervention.
Introduction: It is of vital importance for children with developmental risk to have access to intensive early interventions between 0-3 ages. Early interventions should be experienced whenever and wherever when awake. As in many parts of the world, in Turkey, developmental support is only available outside home, in special education centers, usually behavioral methods, mostly without the involvement of the parents and without prioritizing relationships. Therapy rooms are entrenched rooms and experiences are limited during once weekly therapy sessions. Evimiz Okul’ is a home-based intervention program designed using the principles of infant mental health, neuroscience and child development and aims to support the development of children at risk with relationships and interaction based programs.

Purpose: ‘Evimiz Okul’ provides the families with basic play and communication strategies and offers direct relational support. The aim of the program is to be ‘the voice of both child and the parents’ through the processes prepared for the developmental needs of the child. Reflective supervision and parallel processes support parental functioning by making them feel heard. Achieving sustainable parenting by providing education in home routines and daily routines, and improving developmental disruptions in children are among the main goals. Equal and fair early intervention is aimed for all.

Methods: Experts guide the process by supporting parent and child mentalization. Home-based intervention programs are prepared using neurosequence modeling, through providing direct relational support. Regular parent interviews are conducted and play videos are evaluated and shared to improve the parent’s experience with play and support the relationship. Meanwhile a multidisciplinary collaboration takes place between experts.

Conclusion: It was evaluated that the parents who internalize the process had improved relationship with their children. And the developmental tests showed that the difference between the calendar age and the developmental age of the children rapidly decreased.
P-003: The views of non clinical staff who participated in an Infant Mental Health Training Day.

Ms Isobel De Burca ¹, Ms Catherine Maguire ¹
¹Childhood Matters, Bessborough, Blackrock, Ireland

Introduction
There is a growing impetus on infant mental health practices within the Irish context, however considerable gaps still exist in service awareness- and the overall general public’s understanding.

Aim of the project
To help bridge this gap, tailored infant mental health training was developed and delivered to staff working at a child and family service in Cork, Ireland. The aim of this training was to develop a common language and fluency regarding the social and emotional development of infants which is on par with what is already known regarding the infant’s physical development within the Irish context.

Description of the project
Childhood Matters is a non-profit organisation made up of a number of different services inclusive of a residential Parent and Infant Unit, a community based Family Support Programme, a Crèche and Preschool, a Teen Parent Programme and a therapeutic service for children with attachment difficulties.

Forty-seven staff at Childhood Matters in Cork partook in either one of two days which were held in the service. The sample represented a range of different disciplines; both those working in direct and indirect roles with families availing of the service.

Of the forty-seven attendees, thirty evaluation forms were returned on completion of this training. Descriptive statistics were used to analyse the data collected with a focus on the data obtained from the non-clinical attendees. Although this was a small sample, it was considered the most representative of the general public’s perspective regarding infant mental health and well-being.

Conclusions
Three over-arching themes were observed in the data collected regarding the ongoing task of promoting IMH awareness in early childhood social and emotional development. These themes shed important light on the gaps that exist in service awareness and overall general public' knowledge and understanding of IMH within the Irish context.
INTRODUCTION: Parents of pēpi (babies) in neonatal care have been widely shown to have significantly higher rates of mental health challenges compared to the general population. Despite this, no neonatal specific psychology service existed in Aotearoa until this year.

PURPOSE: The Neonatal Intensive Care Unit (NICU) in Waitaha (Canterbury) is a 44-bed facility offering full medical and surgical care. Following a gap analysis, funding was received for 1 Full-Time-Equivalent Psychologist. In January 2022, two psychologists commenced development of the first neonatal psychology service in Aotearoa.

DESCRIPTION: Initial development of this service included ward orientation, literature review of international guidelines for NICU psychology practice, and liaison with existing perinatal services nationwide. Preliminary referral criteria were developed and pertained to the impact of neonatal admission on parental well-being and the dyadic relationship. More than 200 referrals were made in the first ten months, with the majority related to maternal coping and adjustment. On average, referrals were made on day 8 of admission, most commonly by the Social Work team. Majority of pēpi referred were identified as NZ European (68%), followed by Māori (24%).

Both whānau (family) and staff anecdotally supported the presence of psychologists within NICU. Evaluation of psychological intervention to support this anecdotal evidence is ongoing.

As expected, several challenges with development of the psychology service were encountered and continue to be a focus. These include establishing psychology within the multidisciplinary team, environmental conditions, bicultural practice, COVID-related restrictions, note storing procedures in health records, service provision to fathers, staff psychoeducation to increase psychological understanding, and referral pathways to community psychology services post-discharge.

CONCLUSION: At the end of 2022, the first neonatal psychology service in Aotearoa will have completed its initial year. This project is ongoing as we reflect, evaluate and continue to build an evidence-based neonatal psychology service relevant to Aotearoa.
While ADHD has been a buzzword in recent years, developmental trauma has had more of a slow-burn start in research. In examining these etiologies as occurring in the perinatal period and during the caregiver’s own experience, a roadmap can be paved for how symptoms of trauma versus neurodevelopmental disorders might manifest later in life. Tu et al. (2021) discusses how maternal distress like depression, anxiety, and trauma can impact attention in infancy, which can subsequently be related to neurodevelopmental disorders, like ADHD. There is also growing research on how children exposed to more adverse childhood experiences (ACEs) have a higher chance of developing symptoms related to ADHD, which can mirror or be symptoms of trauma. To help tease symptoms apart later in a child’s life so treatment can be better informed, it is necessary to start preventative work in the perinatal and developmental periods. By acknowledging maternal mental health and identifying developmental trauma in individuals and families, assessments and screenings can play a key role in early prevention. This includes creating multiculturally competent, stigma-free resources to gain a holistic view of how these experiences affect folks. The presenter’s goal in exploring this research is to start with systemic work, looking at the infant-caregiver dyad, and understanding how their experiences can be composed of risk and protective factors. In recognizing and identifying how development trauma impacts lives whether through mental health struggles, substance abuse, domestic violence, and other traumatic experiences, intervening at early stages could mitigate the expression of trauma-related and neurodevelopment disorders later on.

Tu, Skalkidou, A., Lindskog, M., & Gredebäck, G. (2021). Maternal childhood trauma and perinatal distress are related to infants’ focused attention from 6 to 18 months. Scientific Reports, 11(1), 24190–24190
Introduction:
The Neonatal Intensive Care Unit (NICU) is for newborns in need of critical medical care for a variety of reasons. In this setting, there can be extreme stressors for families which often include dealing with separation from the newborn and perceived impairment of the caregiver-infant relationship.

Purpose:
The purpose of this poster is to highlight existing research on how NICU professionals can promote attachment between caregiver(s) and their infant in an environment that deals with uncertainty and fear. This involves taking a relational approach that centers NICU families in the care of their child as well as identifying factors that may impact a caregiver's ability to form a secure attachment to their infant.

Description:
Cultivating a space in which NICU caregivers feel supported, including feeling some sense of control and understanding of this experience, can help promote attachment with their infant. Some assessments that could be utilized include the Clinical Interview for Parents of High-Risk Infants (CLIP) and Working Model of the Child Interview (WMCI) to help professionals know when early intervention is needed and better understand what factors might impact the infant-caregiver relationship. Additionally, getting families actively involved through family-centered developmental care might further allow a sense of collaboration and comfort.

Conclusions:
Assessing for caregiver needs and perception of their relationship with their infant is imperative in early intervention. Caregivers and staff alike should be better supported through resources and interaction guidance to help promote attachment in the NICU.

Citations:

P-150: Ghosts and Angels in the NICU: Reducing Trauma and Building Hope

Maria Neiers¹, Mariana Cerqueira¹
¹The University of Denver, Denver, United States

Introduction:
Selma Fraiberg’s work regarding “ghosts [and angels] in the nursery” identify how adverse or benevolent experiences caregivers faced from their parents influence their own parenting style (Lieberman et al., 2005). The NICU is unfortunately no stranger to trauma, whether it be what caregivers are bringing in or leaving with. Promoting positive experiences in infant-caregiver relationships though may be essential to addressing these ghosts while in the NICU and the transition out.

Purpose:
The aim of this work is to make space for NICU families who may by at-risk due to factors such as domestic violence and substance abuse, and to promote interventions to support early infant-caregiver interactions and care.

Description:
The NICU can be the starting point for healthier relationships in high-risk infants or families. Too often, caregivers with a history or current substance abuse are treated different and fear retribution in perinatal settings. The same wariness exists for caregivers impacted by family violence. Through trauma-informed care, NICU providers would not only have more awareness of how this setting impacts caregivers, but may also find themselves better able to support these families and not re-traumatize them. Additionally, caregivers should also feel supported in building more secure relationships with their child and receive support themselves judgement or retribution.

Conclusions:
Utilizing trauma-informed care in the NICU centers caregiver and infant experiences from the start and can provide caregivers with a safe, supportive experience. By making space for such interventions, families may be given the tools to break cycles of trauma and build hope for the future.

Citations:

Marcellus, L. (2014). Supporting women with substance use issues: Trauma-informed care as a foundation for practice in the NICU.
P-377: Solihull Approach Antenatal Parenting Group, Getting ready for baby questionnaire, Relationships, Support and Information.

Dr Hazel Douglas¹, Mrs Mary Rheeston¹, Siobhan Slavin¹, Dr Rebecca Johnson¹
²Solihull Approach, University Hospitals Birmingham NHS Foundation Trust, Solihull, United Kingdom,
²HSC Public Health Agency, Belfast, United Kingdom

This poster will present data collection by midwives delivering Solihull Approach Antenatal group in the Western Health and Social Care Trust in Northern Ireland. Eight groups included fifty seven pregnant women, thirteen fathers, five grandparents and two friends/relatives. Getting ready for baby questionnaire used a 5 point Likert scale ranging from strongly agree to strongly disagree. Thematic analysis was carried out on comments added at the end of the questionnaire. Questions included the suitability of timings/venue, value of having the same midwife team, experience, value and benefits of attending antenatal groups, knowledge gained and if attending the group prepared those attending for the birth, be ready for their baby and be ready to interact and nurture their baby.

Responses to all 13 questions was overwhelmingly positive. All participants agreed they valued having the same midwife team and antenatal group education and was a good idea with 97.4% of participants rating ‘strongly agreed’ for both questions. 90% strongly agreed they felt included, enjoyed the group and found the antenatal group useful. Responses to the question about feeling prepared for having a baby, 68 participants strongly agreed, 7 agreed, 1 rated unsure and 1 person rated not appropriate. For the question ‘This programme has helped me to prepare for interacting/nurturing my baby’ 69 strongly agreed, 7 agreed and 1 person rated unsure. Interestingly the response of ‘unsure’ was not made by the same person.

The most common theme from comments was ‘midwife facilitation.’ Comments included that the midwives were amazing, excellent, superb and ‘All midwives were very attentive.’ Other strong themes were increased knowledge, enjoyment and prepared for baby. For example, ‘I absolutely loved the classes and felt it really provided invaluable time to bond with my baby and husband as it was time spent totally focused on the pregnancy.’
P-111: The centrality of the minor in taking care of troubled families

Emanuela Tardioli\textsuperscript{1,2}
\textsuperscript{1}Servizi Territoriali per le Famiglie, Rome, Italy, \textsuperscript{2}Tribunale per Minorenni, Rome, Italy

TAKING CARE OF FAMILY BONDS, A PERSON CENTERED CLINICAL WORK

Each year Italian public health care services have to face a large number of situations which bring to the forefront all dimensions related to profound suffering and fragility and their task is to accompany and deal with entangled events which originate both from complex stories and from unpredictable life events.

Local services welcome families experiencing financial insecurity where psychological distress is combined with both material and cultural poverty, where disfunctional thought and behaviour are transmitted through generations and chronic need of assistance turns into a status and a lifestyle and where children as first representatives of this system become silent heirs and active transmitters.

Helping these children and the bonds they belong to imposes itself as necessary.

The most complex requests these families make often have to do with bitter conflicts in the family and destructive separations which nowadays represents a critical issue many children are forced to experiment. Neglect and domestic violence as well as interrupted parents/children relationships after disastrous legal conflict or clumsy punitive actions often add up to all this.

In order to manage this kind of situations, what is needed is thinking of new ways, experiencing helpfulness, finding new language, building new interdisciplinarity, avoiding simplistic reductionism to medicalization. All these situations share the need to deal with requests using a variety of professional figures and activating many different institutions and services because only cooperation work and developing shared thinking can become a healing element.

Healing this kind of situations is necessary and it becomes possible.
P-112: The centrality of the minor in taking care of troubled families

Emanuela Tardioli\textsuperscript{1,2}, Cristina Giulattini\textsuperscript{1}
\textsuperscript{1}Servizi Territoriali per le Famiglie, Rome, Italy, \textsuperscript{2}Tribunale dei Minori, Rome, Italy

BUILDING THERAPEUTIC ALLIANCE WITH FAMILIES WITH MANDATORY REFERRAL

This poster is meant to represent peculiarities and complexity of the construction of a work alliance with families referred to professionals by local services for the benefit of the rights of the child.

These clients often exhibit wounds and in turn wound care and protection needs, as well as exhibiting distinctive features such as limited motivation, limited sense of responsibility towards the work being carried out, limited experience of personal power, therefore they need additional work focused on activating their autonomous motivation to start a new possible path towards growth.

Our basic belief is that by considering and including in the work of building an alliance all the relations among all the actors involved in the child’s protection is already in itself an action of protection towards the child.

In this respect, a fruitful and shared reflection upon the mandate is the first step towards defining a set of actions meant to guarantee when possible the recovery of caregiving and belonging bonds of the children involved.

After defining working goals, the attempt is to promote complex intervention strategies functional in putting together and when possible, making different needs meet.

Empathy and Acceptance during the initial phase can help alleviate the other’s possible fears of being threatened and judged and welcoming their defenses and their feelings of confusion can prevent meeting their consequent negative expectations in the moment of actual meeting with health care structures and facilities professionals.

This congruence allows to build a relationship based on trust and directness, which allows to include and give meaning to even the most critical aspects of the specific context and path.
P-113: The centrality of the minor in taking care of troubled families

Emanuela Tardioli\textsuperscript{1,2}, Maddalena Vagnarelli\textsuperscript{1}, Laura Porzio Giusto
\textsuperscript{1}Servizi territoriali per Famiglie, Rome, Italy, \textsuperscript{2}Tribunale dei Minori, Rome, Italy

LGBT ADOLESCENTS AND HOMOPARENTAL FAMILIES

Consultance and therapeutic work with gay couples, LGBT adolescents and homoparental families need a kind of listening and a view which take into consideration features from both clinical work with any adolescent, couple or family and, on the other hand, specific themes, experience and feelings related to non heterosexual orientation and gender identities.

Among which issues related to invisibility, disavowal of founding parts of the self, Delegitimization of one’s own emotions or identity, and consequent feelings of inadequacy, inferiority, shame, up to, in some cases, despise and self-hatred

All issues which need particular care during adolescence, when working with the whole family is essential in order to express, comprehend and integrate both individual aspects and aspects belonging to the whole family system and experienced as unacceptable, unspeakable and therefore often acted out or dissociated,

Issues that have been faced during adolescence can show up again during couple bonding in adulthood or with a growing desire to become a parent.

Unequal civil rights for gay couples and the lack of legal recognition for homoparental families, besides creating practical difficulties, actualize delegitimization of relationships, bonds and projects

Therapeutic space can provide a chance to express and process fears, uncertainties, worries and doubts, it can facilitate emerging of resources, the opening up for possibilities, and provide support for paths which often turn out to be long and hard to endure.

All these diverse situations do not need special therapeutic work as much as, instead, respectful listening which is possibly free from judgement as much as adequate training and scientific update about issues related to sexual orientation, gender identity, homoparental families.
DIVIDED FAMILIES AND CONFLICTS DURING SEPARATION

Family Separation is considered to be a Paranormative event in a family’s life cycle where some conflict is normal. Yet, in some cases, conflict can become chronic “during and after” separation, getting to the point of compromising parents’ability to guarantee their children’s well-being.

High conflict families usually adopt rigid, destructive relational styles, getting their children involved in their conflict.

High conflict is considered to be a risk factor when it comes to harmonious children’s growth

Conflictual separations can turn into long trials where the Court can intervene to detect risk factors and to order interventions aimed at supporting the family or other kinds of intervention in order to guarantee children’s protection and custody.

Professionals who accompany families along these paths ordered by the Judge must be aware of how mandatory acts influence people, must be able as well to appreciate the weight of prejudice that hovers over some of these helping professionals’ environments and, at the same time, must be able to help these services users to see these mandatory referrals as opportunities. Professionals cannot do without their connection to their own inner experience, considering the impact certain mandates have on their own internal setting.

It’s very important to be able to distinguish high conflict situations from situations where domestic violence could be present.

The most effective intervention settings entail multidisciplinary work both with families and services networks.

The team represents a resource capable of neutralizing a tendency to take sides during conflicts. Shared reflection appears to be an effective tool against an impulse to act and to fragmentate Services’ interventions in reply to urgent “requests” from families. Professional interventions share their aim of protecting children against risks which could compromise their wellbeing.
Adoptive Families: A Complex Reparative Process

The adoptive family, although it is one whole system in itself, can encounter a series of adverse complex family experiences which have impacted and will go on having an impact on the adoptive family life.

Being aware of the profound difference among the many possible kinds of contexts the child experienced before his new adoptive experience, is of crucial importance for adoptive parents: it offers them a chance to realize how and how much their child will have to adapt to such a different world compared to the one he or she is used to and was once part of.

The same holds true for the adopted child: it will be hard for him/her to understand what is now asked of him in this new world, what way he/she needs to behave and what to do. Often his/her background experience and knowledge turn out not to be neither useful nor appropriate to the new context.

Another aspect the adoptive family needs to consider is the fact that all the previous family and institutional systems encountered by the child although physically absent seem to be completely present in the child’s heart and mind.

Somehow, in ways which are absolutely personal, and their own, adoptive family systems must become aware of and put in action its multisystematic nature.

That child who already owns a past life dense with painful and profound attachment fractures, holds in him/herself his/her own invisible loyalties which bond him to his/her past, giving meaning to his/her current life story and as such, cannot be forgotten nor betrayed.
P-121: Providing education in Keys to Infant Caregiving to enhance practitioners' knowledge of parent child interactions

Ms Beverley Allen¹
¹Tweddle Child & Family Health Service, West Footscray, Australia

The Keys to Infant Caregiving is a research-based learning program from the Barnard Centre, University of Washington. It provides information on newborn and infant behaviour which builds competence and confidence in practitioners. It provides a framework to support clinical observation of parent child interactions and provides parent education on infant states, behaviour cues, state modulation and feeding. Tweddle Child & Family Health Centre is a State funded hospital and community service which provides support to over 2000 families with babies, toddlers and preschoolers 0-4 years. It provides residential and community programs which offer parenting education and support in sleep and settling, health and wellbeing, child behaviour, attachment and other parenting challenges a family may be experiencing.

Tweddle made a decision to provide all clinical practitioners with mandatory training in Keys to Infant Caregiving. This training has improved practitioners' knowledge of parent child interactions and provided a framework for parenting education. The project followed the journey of practitioners and surveyed their knowledge of infant states, behaviour cues and feeding. All practitioners completed a pre and post training questionnaire. This showed an increase in knowledge of the framework and observations. Practitioners reported an increase in their confidence in providing families with consistent information and education. The Clinical Nurse Consultant met with practitioners and observed changes in the staff handover which reflected use of the framework. This poster presentation provides details of the findings from the survey and practitioner comments about the way this training has enhanced their practice. They also reflect on what they observe in parent child interactions when families are provided with the Keys to Infant Caregiving parenting education.

These changes observed and reported support improved parent child interactions and understanding of the world of the infant. Practitioner knowledge of Keys to Infant Caregiving promotes increased confidence and consistency in providing parents with education to improve their understanding of their child’s behaviour and ways to communicate and respond. Tweddle continues to promote the keys to Infant Caregiving training and now provides education to other hospital and community services.
P-049: Prison Family Unit - a therapeutical environment for babies and parents

Line Manager Jaana Wikgren

1Kanta-Hämeen perhetyö ry (Family work association in Kanta-Häme district), Hämeenlinna, Finland,
2Vanaja Open Prison, Hämeenlinna, Finland, 3Finnish Institute for Health and Welfare, Helsinki, Finland

The first three years of life are the most important for lifelong mental health and well-being. When a parent is sentenced in prison, the whole family needs intensive support during and after prison term. In addition to a criminal background, most prisoners have mental problems, substance abuse, experiences of violence, traumatic experiences, all of them affecting infant-parent interaction and parenting. Minority children are particularly vulnerable.

The Prison Family Unit is a special child welfare unit which is operating under Finnish Institute for Health and Welfare’s purview. It is intended for expectant mothers or parents of a baby who come to the prison to serve a prison sentence. Vanaja open prison is situated in Hämeenlinna in Southern Finland. Children under 2 years can be placed in the unit by the social worker responsible for the child’s affairs in cooperation with the Criminal Sanctions Office. Most of the families stay at the family unit for 3-6 months, but some are staying for couple years. The plan for going home is made together with the parent, prison, and child welfare social worker.

A local NGO’s, (Kanta-Hämeen perhetyö) staff, all social and healthcare professionals, is responsible for the work in prison family unit. They are present daily from 7 a.m. to 10 p.m.

Family unit offers a home-like, stable, and safe environment separate from the rest of the prison where the parent and baby receive support from experienced, caring staff. Rehabilitation includes groups, family-specific work and therapeutic discussions. The parent can also participate in prison programs which are aimed especially at women. Families can participate in family clubs, baby swimming or other activities outside the prison.

Our holistic approach ensures that families feel safe and protected, they manage their daily lives, and the parent-child interaction gets stronger. Our support continues in community care services.
P-252: Circle of Security Parenting (COSP): Clinicians' Perspectives of an Online COSP in Mental Health Services.

Ms Kate O'Meara, Dr Angela Veale
1University College Cork, Cork, Ireland

INTRODUCTION:
The Circle of Security Parenting (COS-P) is an eight-week attachment-focused intervention designed for parents of young children and aims to support secure parent-child attachment patterns through the promotion of sensitive and responsive parenting. Due to COVID-19, Health Service Executive (HSE) Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) transitioned to the delivery of online COS-P..

AIMS:
This research aims to add to the limited COS-P studies. There is no existing research exploring online COS-P programs. This study aims to explore clinicians' experience of an online COS-P in CAMHS and AMHS. Limited empirical evidence supporting the COS-P hinders its implementation and can restrict funding.

DESCRIPTION:
Two online COS-P programs were conducted via WebEx in CAMHS and AMHS in the South of Ireland. Utilizing a qualitative approach, the facilitators (n=5) partook in semi-structured interviews to explore their perceptions of the online intervention. Thematic analysis was applied.

CONCLUSIONS
Due to the relational approach, there were concerns about an online COS-P. Clinicians perceived the online intervention as effective in terms of materials, engagement, and intervention goals. The online nature was deemed as convenient for parents, and this was of particular use to those in large catchment areas and/or with limited public transport. It was considered as potentially encouraging for parents who usually lack motivation to attend parent interventions. The online nature facilitated a collaboration between local CAMHS and AMHS teams. Having two trained facilitators for the COSP mirrored a secure attachment and encouraged them to provide the same conditions to parents. Technology difficulties and lack of privacy at home were highlighted as potential challenges. The transition to online nature was informed by public health guidance at the time. Going forward, the clinicians expressed their openness for future online COS-P interventions to promote and support parental attendance.
P-210: All parents matter. Experiences of parental interviews with father/nonbirthing parent in Swedish Child Health Service

Dr Monica Lidbeck
1
1Region Västra Götaland Maternal and Child Health Care, Gothenburg, Sweden

INTRODUCTION:
Since 2018 Swedish Child Health Service (CHS) offers a parental interview with the father/nonbirthing parent. In line with CHS’ family-oriented perspective, the interview method was developed for closer contact with fathers/nonbirthing parents and meets the ambition to offer equal support to all parents.

PURPOSE:
To share experiences from the implementation process of the parental interview with the father/nonbirthing parent. Present how the method works in context of the voluntary and free of charge CHS visits with the aim to strengthen the parental role. Describe how 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/nonbirthing parent is 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/nonbirthing parent was introduced to promote close contact with both parents. The CHS nurses’ experiences of using the method indicate the interview provide a way to explore broader information from a family-oriented perspective, which enable a better understanding of the child’s need and to establish parental support for all parents.
P-368: The development of a novel maternal premature birth support application

Dr Timothy Elgin¹, Dr Tarah Colaizy, Dr Stephanie Stewart
¹University Of Wisconsin, ,

Intro:

Nearly 400,000 infants are born prematurely each year in the U.S, many requiring emergency resuscitation. Mothers who experience premature infant resuscitation at delivery are frequently unprepared and describe feelings of extreme vigilance over the infant, emotional lability, a need to disengage from contacts, flashbacks, avoidance of event reminders and increased anxiety. To date, interventions to prevent maternal distress before a mother experiences their infant’s resuscitation have not been well studied in the United States and prenatal counseling focuses on decision making and outcomes. To help fill this gap in maternal support, we created the Maternal Resuscitation Navigation Application (MARINA), informed by a multi-disciplinary group of neonatologists, neonatal nurses, MFM specialists and parents of premature infants. MARINA is a simulation-based web application, which focuses on providing interactive information, visuals, and support regarding the experience of neonatal resuscitation.

Methods:
A convenience sample of 20 mothers receiving standard neonatal counseling (SC) will be compared to 20 mothers who are provided MARINA and SC. Descriptive statistics will compare the two populations. Analysis will involve the comparison of performance across the two populations on validated questionnaires, the Impact of Event Scale and the Perinatal PTSD Questionnaire, employing Mann-Whitney testing and comparisons to normative values. Qualitative interviews and thematic analysis will be performed. IRB approval obtained.

Results:
We are currently undergoing enrollment, with the expectation that full enrollment will occur by January 2023.

Discussion:
It is critical to consider maternal health when discussing optimal care in neonatology. Resuscitation of a premature newborn is an experience that is often traumatic, and traumatic experiences during delivery can impact a woman’s mental health during the post-partum and child-rearing life stages. MARINA represents a novel and innovative use of technology to provide about a potentially traumatic experience to mothers before they experience premature infant resuscitation.
INTRODUCTION
Principal parenting programmes aim to improve parenting practices since the early infancy (Cook et al., 2021). Due to pandemic, the access to clinical programs has been often impeded. To continue ensuring psychological support and sustaining relational aspects of parent-infants bond along infancy in a time of great weakness, throughout a web-delivered intervention appeared a considerable resource.

AIM of the study
The present pilot study aims to provide a description and an initial evaluation of the brief web-delivered “Con i Genitori” (CiG) Intervention, aimed to enhance parental sensitivity, self-efficacy and reduce stress in parents of typically-developed children (0-6 years).

MATERIAL and METHODS
Four interactive group sessions, based on well-known empirically-based programs’ assumptions (Videofeedback Intervention to promote Positive Parenting: Juffer et al., 2014; Circle of Security: Powell et al., 2014) were delivered. Twelve parents (10 mothers, Mage=43, SD= 6.2; children Mage=3.3; SD=1.4) completed some self-report measures at baseline/after CiG. The assessment included: a weekly “ad-hoc” parental sensitivity questionnaire, the Tool to measure Parenting Self-Efficacy (Kendall & Bloomfield, 2005), the Parenting Stress Index-SF (Abidin, 1995), the The Emotion Regulation Checklist (Shields & Cicchetti, 1997) for children’s emotional regulation and the Social Provisions Scale (Cutrona and Russell, 1987) for social support. A semi-structured interview measured satisfaction and acceptability with the intervention.

CONCLUSIONS
After the intervention, some improvements were detected in parental sensitivity but not in self-efficacy. Main results showed statistically significant decrease in parental distress [T0 mean = 2.7, SD=0.4 to T1 mean=2.3, SD=0.3 (p = .028)] and increased social support (T0 mean= 2.9; SD=0.6 to T1 mean= 3.5; SD=0.4 (p = .042), after CiG. Our findings confirm the potential value of online-delivered interventions supporting parent-infant relationship and parental sensitivity from early infancy in a public health community approach.
P-083: Exploring the arc of postpartum mood symptoms before, during, and after the COVID-19 pandemic

Dr Melissa Buchholz¹, Dr. Evadine Codd¹, Dr. Kelly Glaze¹, Professor Ayelet Talmi¹
¹University of Colorado School of Medicine and Children's Hospital Colorado, Aurora, United States

Introduction: The COVID-19 pandemic was very difficult for new parents. Due to the increased prevalence of social risk factors during this time, postpartum women may be at increased risk of post-partum mood disorders. Prior to the pandemic, an estimated 8 to 25% of mothers experienced post-partum mood symptoms. Recent literature examining changes in post-partum mood symptoms before and during the pandemic have found mixed results.

Purpose: This presentation will review three years of data from a large pediatric primary care clinic in the United States where post-partum mood disorders are universally screened for and addressed.

Description of the work: Data were collected from electronic medical records of patients seen at an urban pediatric primary care residency training clinic where integrated behavioral health services are provided. The study includes data from 2019 to 2022, with 2019 representing “pre-pandemic”, 2020-2021 representing “during pandemic”, and 2022 representing “post-pandemic”. The Edinburgh Postnatal Depression Scale (EPDS) was used to assess elevations in postpartum symptoms and was administered to mothers at all newborn through 4-month visits. Chi square analyses were conducted to determine differences in postpartum mood symptoms across each year. Preliminary analyses indicate significantly more elevated EPDS screeners during the pandemic than pre-pandemic. Parents who gave birth during the pandemic were at greater risk of an elevated EPDS screener (95% CI: 1.15 – 1.49, p<.001) than parents who gave birth before the pandemic. Data from 2022 will be examined to determine whether mood symptoms continue to be more prominent into the third year of the pandemic or have returned to baseline levels.

Conclusion: The needs and challenges faced by new parents have changed dramatically since the start of the pandemic. The present study highlights how primary care practices must provide additional support in the face of new or exacerbated needs.
Introduction: Multisensory integration can be defined as the processes used by humans to respond to convergent inputs of multiple sensory modalities. The integration of auditory and visual stimuli is of particular interest due to their role in speech perception that has a visual and an auditory component. Objectives: To evaluate auditory and visual sensory responses in infants aged 6 to 15 months with and without back and foot support. Methods: The present research proposes a cross-sectional analytical observational study. Seventy infants were submitted to auditory behavior evaluation and evaluation of visual acuity in two situations with and without back and foot support. We evaluated the response of infants in each auditory location/visual orientation in relation to latency, that is, the moment when the auditory/visual stimulus is given by the researcher to the moment of auditory/visual response by the infant. Totalized 12 sound locations and 4 visual orientations. Results: In the comparison of quantitative variables, Wilcoxon’s test was used due the nonnormal distribution for paired groups. We found statistical significance in 2 of 12 auditory variables (Left location downwards bell p-value 0.014; Left location upwards guizo p-value 0.024). Comparing the median of each variable auditory between categories with and without support, 7 from 12 variables had lower latency response with support which demonstrates a clinical significance. Comparing the median from visual test between categories with and without support, with support had lower latency response which demonstrates a clinical significance. Conclusions: The strategy of back and foot support is an alternative that can be used in clinical, home, hospital and educational practice to favor learning as well as the input of sensory responses.
P-161: Reports of early intervention in mother-infant relationships by focusing on the mother's worries in the infant health check setting

Dr Yuko Tanaka
Eiju General Hospital, Ueno, Japan

Introduction
It is known that the early mother-infant relationship has a significant effect on the healthy growth and development of that infants, and the quality of the relationship has a reciprocal effect not only on the child's growth but also on the quality of the childcare and their mental state. In Japan, infant health checks are held at 1m, 3-4m, 6-7m, 9-10m, 18m, and 36m attended by all the infants, and infants have examined development and are good opportunities to observe the mother-infant relationship.

Aim or Purpose of the project or work described
To examine the effectiveness of the health checkup as an opportunity to intervene in the early mother-infant relationship.

Description of the work or project
Mothers were asked about her parenting stress including other families and an extra session was offered at their request. 10 cases are reviewed.

Conclusions
About the background, there were 7 cases in which the mother's unresolved mother-child relationship exist, one case in which trauma at birth was recognized, 1 case in which the child's neurodevelopmental disorder was recognized, and 1 case in which the father's interpersonal relationship was recognized as problematic. 4 of mothers needed psychological medication. 3 mothers talked about their stress with their older children who were in the separation-individuation phase. The results suggested that asking about the mother's stress in the infant health check setting may prevent early mother-infant relationship disorder.
Introduction

When becoming mother for the first time, woman has to go through one of the most central transitional phase of her life. It is very common that this transition evokes uncertainty and a range of emotions. Accepting ambivalence, towards both motherhood and the baby, helps the mother to proceed in this growth crisis of becoming a mother. If counter-emotions cannot be faced and processed, it can lead to the activation of psychological protection mechanisms such as idealization. Within safe relationships the mother can get the support she needs to face and work with these difficult feelings. Parent-infant psychotherapist, utilizing the transference of a good grandmother, can come to help the mother with this.

Aim of the work

In this thesis I studied how the experience of motherhood was developing for this woman becoming mother for the first time.
I wanted to find out how she was able to deal with the ambivalence related to pregnancy, the baby and motherhood. I was also interested in how the parent-infant psychotherapy possibly helped this mother to work with ambivalence and if therapeutic work helped the mother with the idealized image of motherhood.

Description of the work

During our psychotherapy sessions this mother expressed strong insecurity about coping as a mother and tried to get support for her self-esteem from the model of an idealized mother. Within psychotherapy, an effort was made to make room for the mother to experience ambivalence, in an effort to ease the idealization related to motherhood.

Conclusions

Towards the end of the psychotherapy it was visible that the mother had found a way to fulfill her motherhood in her own way. The relationship between mother and baby had started to develop in a way that satisfied both sides of the relationship.
P-142: Parenting Stress and Depression while Enrolled in Higher Education

Dr. Audrey Juhasz¹, Anne Reither¹, Makenzy Turner¹, Professor Lisa Boyce¹
¹Utah State University, Logan, United States of America

Two- and four-year institutions of higher learning have steadily seen increased enrollment of students raising children (Brown & Nichols, 2013). Although higher education has future long-term benefits, students’ are typically low-income and student-parents accrue more debt than childless college students (Gault, et al., 2014). Low education and income have been associated with high levels of parents’ stress which can contribute to parental depression and problem behaviors in young children (Horwitz, Briggs-Gowan, & Carter, 2007; Puff & Renk, 2014).

Study Aim: Describe intersections of depression, the experience of being a University student, and parenting stress.

Material/Methods
Students were drawn from an evaluation of one Child Care Access Means Parents in School (CCAMPIS) program which provides child care subsidies to low-income University students (N=78). Average age: Children=26 months; Parents=29 years. Depression measured by Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977). Parenting Stress Inventory (PSI-4; Abidin, 2012)

Conclusions
Nearly 30% of parents scored in the depressed range. T-test comparisons of those who did and did not score in the depressed range revealed statistically significant differences in 13 out of 14 domains measured by the PSI-4 indicating that parents who experience depression also experience more parenting stress in multiple domains. Although not statistically significant, inspection of demographic variables revealed interesting patterns. Students who scored in the depressed range were more likely to be in households where all available parents were enrolled in classes (13% were single parents), enrolled as full-time students, have more children (2.29 versus 1.78), have lower household income, and pay less for child care. Given that child age was not drastically different between groups, the lower cost of child care, and lower subsidy amount, may indicate that families were selecting care that cost less over all.

Illustrative cases will be presented and clinical implications for practice will be discussed.
P-045: Evolution of alliances between parents and foster caregivers during an emergency placement of baby.

Laura Robert¹, Romuald Jean-dit-pannel², Dre Karine Dubois-Comtois³, Professor Denis Mellier⁴
¹Laboratoire de psychologie, EA 3188, Besançon, France, ²Waimh-France, Besançon, France, ³Université du Québec à Trois-Rivières, Trois-Rivière, Canada, ⁴Waimh-France, Lyon, France

An initial exploratory study in an emergency placement facility for children under three shows that cooperative alliances between parents and professional caregivers are difficult. However, they tend to change during placement. This study did not show what allows this evolution.

The aim of this study is to understand how cooperative alliances around the baby develops. Emergency placement of babies are conducted to immediately protect them from a highly inadequate and dangerous family environment. Because it happens in a context of crises, such placement does not foster collaboration between parents and caregivers.

Three triads (parent-professional caregiver-baby) were selected to take part in the study at 3 months and 5 months after placement. Triads were selected by a caseworker. We carry out semi-directive interviews with parents and professional caregivers, which will be analyzed with a method of thematic analysis. We use the Sarason social support questionnaire (SSQ6) (Bruchon-Schweitzer, M. and al, 2003) which measures the user's social support as well as the questionnaire on the Perceptions of professionals of their practices with young children (de Montigny, F.; Lacharité, C., 2012).

Three cases (C) illustrate our study. In C1, initially a very angry mother was then able to work better with the caregivers and discuss her child with them. In C2, the relationship of caregivers with almost absent parents has evolved towards better contacts. In C3, relations between caregivers and parents are still very irregular and lack continuity.

Results of the three cases studies show that there is generally a positive evolution in the alliances over time. An increase in cooperation is also directly dependent on the support that these parents receive and accept. These results are important to better supervise professional practices during emergency placements in order to maintain the mobilization of the parents.
P-385: A snap shot of the adverse experiences of young parents attending a parenting support programme.

Ms Martina Twomey, Ms Martina Twomey, Ms. Laura McCarthy, Ms Louise Kelleher, Ms Natalie O'Connell

Teen Parent Support Programme, Cork, Cork, Ireland

The more a young person has to lose in their life plan, the more careful they are likely to be in terms of risk-taking behaviours, this includes unprotected sex. Therefore, Young people with futures that are most uncertain remain the most vulnerable to becoming a young parent (Font et al., 2019). These include young people who have grown up in state care or are growing up in acute socio-economic disadvantage (Font et al., 2019). The current study takes a snap-shot of the adverse experiences of young parents in a community-based, young parent support programme in Cork. Results indicated that of the eighty-eight young parents active in the programme in 2022, 41% had previous or current involvement with social-service, 21% of whom have been in care. Forty percent are currently in an insecure housing situation. Moreover, when referred addiction was highlighted as a concern in 4% of referrals, domestic violence was highlighted in 7% of referrals and mental health concerns were highlighted in 23% of referrals. When the offspring of these young parents are exposed to these adverse childhood events, especially when numerous risk factors co-occur they are at higher risk of negative long-term developmental and health outcomes (Zeanah, 2018). Programmes that specifically target supports and engage with young parents are vital in improving the overall well-being of parents and infants and reduce the inter-generational transference of risk (Zeanah, 2018).
Early identification is traditionally focused on detecting children with developmental delay and disability and determining eligibility for early intervention services. However, developmental concerns for a larger cohort of children not yet manifesting such delay suggest the need for helpful community-based services (Robinson L, Bitsko RH, Thompson R, Dworkin P, McCabe MA, Peacock G, Thorpe P, 2017). A universal early detection process should also include those vulnerable to adverse outcomes (Halfon & Hochstein, 2002; Sameroff et al., 1987). Broadening the target population for early detection necessitates a process that includes eliciting parent's highly predictive opinions and concerns (Glascoe & Dworkin, 1995).

Centering the family voice and experience broadens the early detection process beyond specific disorders to better align with family priorities. The Centers for Disease Control and Prevention’s "Learn the Signs. Act Early." program (LTSAE) began in 2004 as a campaign for autism spectrum disorder detection (Association of Maternal and Child Health Programs, 2021). Research with families advanced LTSAE to also educate parents on the importance of sharing their concerns in the early detection process (Raspa et al., 2015).

Family engagement is critical to the successful practice of early identification. Research documents the concordance between families’ elicited concerns and children’s developmental screening scores (Glascoe & Marks, 2011). Moreover, when families are routinely and actively questioned about their concerns as part of service delivery, their child is more likely to receive indicated services (Arbour et al., 2021).

Expanding the early identification process to include child and family needs, such as concrete and social supports, is also a predictor of positive child outcomes (Guralnick, 2020) and honors the importance of the family’s voice in decision-making (Magnusson et al., 2022). Such an approach can promote positive outcomes for all young children, especially those deemed vulnerable due to adverse social, environmental, and behavioral factors.
P-330: Speaking for the baby’s adults: Supporting the systems that supports the parents/caregivers of the baby

Elizabeth Lanter

1Mental Health Consultant, Burlington, United States

Introduction

It is well known that Infant Mental Health is focused on the relationship development in a particular dyad, whether it be mother, father, biological, foster/adoptive parent and/or other kinship relationship. When servicing the family, the baby is often the identified client. This leaves the unfortunate reality that the systems that support the adults are often neglected from being supported through IMH principals. This can result in negatively impacting outcomes for not only the identified client, but the parenting and dyadic attachment of any of their children.

AIMS

To increase awareness of the need to enhance IMH principals (ghosts/angels in the nursery, relationship development) in the services that are supporting parents/caregivers, to integrate physical and mental health that leads to truly whole health care an adult client who is also a caregiver.

Description

Map out the service areas that are touched by parents/caregivers of infants such as medical providers, substance abuse clinics, insurance companies, etc. Discuss how IMH training/awareness and reflective supervision/consultation can positively impact the service provided to these parents, and thus the potential for increased growth in the parent’s ability to provide healthy socio-emotional development skills (trust, overcoming barriers, enhancing strengths, etc).

Conclusions

Service providers that are servicing adults can have a better understanding of IMH principals and how to support these individuals, who may be caring for children. Providing this additional trauma informed, relationship-based support to adults can impact their ability to better engaged in their own physical and emotional healing, leading to healthier dyadic attachments, to break the cycles of intergenerational trauma.


P-270: Conceptualizing Risk and Resilience in Medically Complex Young Children

Claire Dahl1,2, Dr Maria Kroupina2
1University of Delaware, Newark, USA, 2University of Minnesota, Department of Pediatrics, Minneapolis, USA

Introduction: The literature on the post-discharge development of children 0-3 who experience inpatient care is sparse. Existing research focuses on specific conditions or procedures or was conducted decades ago. Intensive hospitalization in early childhood, shares many factors with early adverse experiences that have been well studied; including but not limited to foster care, separation from primary caregivers institutional care, poverty, and acute stress. In intensive care children experience both intense pain and sedation, they are cared for by a rotation of unfamiliar adults, often confined to a c bed and lack predictability in their environment.

Purpose: Building a conceptual model for the multi-domain impact of hospitalization in early childhood (0-5) on the family system, the child’s state and long-term neurodevelopment and mental health outcomes.

Description: Both for basic science and with the goal of clinical translation the field of developmental psychology has a rich history of exploring abnormal childhood environments and experiences. Such research indicated that stress in early childhood, particularly chronic stress, has potential to have detrimental impacts on cognitive and social development5 throughout the lifespan. There have been positive outcomes with parenting intervention research in relation to hospitalization in the NICU, however specific factors may not be as impactful outside the perinatal period. Given the similarities between hospitalization and the known consequences of early life stress on physical, mental, and cognitive development further inquiry into the impact of complex and intensive medical care is necessary.

Conclusion: To build a model of the impact of intensive hospitalization on young children and their development, information can be drawn from the early adversity, stress and NICU parenting intervention literature. To fully conceptualize risk and opportunities for resilience and intervention further specific research must be completed and trauma-informed interventions piloted.
Early Childhood Mental Health in the Context of Complex Pediatric Cardiac Care: A Case Report

Claire Dahl¹,², Dr. Arif Somani², Dr Maria Kroupina²
¹University of Delaware, Newark, USA, ²University of Minnesota, Department of Pediatrics, Minneapolis, USA

Introduction: Hospitalization in childhood disrupts normative developmental processes and induces significant stressors on both children and their parents. Necessary but uncomfortable therapeutic interventions, the loss of a familiar and predictable environment, and the limited opportunities for exploration all contribute to an abnormal developmental environment. Separation from primary caregivers further exacerbates possible threats to normal development in this environment. The following case report exemplifies the implications of inpatient stress on long-term outpatient child development.

Purpose: This brief case report outlines a novel approach to supporting the development of a pediatric complex cardiac care patient.

Description: Patient P is a 19-month-old patient who spent 5.5 months in hospital and underwent multiple surgeries including heart transplantation. This case report explores the impacts of his condition and care on his development and family functioning within the framework of an integrated care model. There are no standardized dyadic interventions formalized for the pediatric critical care environment. During hospitalization a mixed model was implemented in which the clinician saw the family twice per month offering supportive resources for parents and suggestions on how to enhance interactions. In the first six months post-discharge the patient continued to show an abnormal stress response. This is noteworthy as the child attended these visits with both parents from his home, once an intensive stressor is removed children are expected to signal their distress to primary caregivers and seek comfort. Continuing abnormal stress responses in the absence of the inpatient environment and in the presence of his parents was of concern. The family is now engaging in weekly Parent-Child Psychotherapy. Throughout care Patient P met criteria for both a traumatic stress disorder and global developmental delay.

Conclusion: This case study highlights the threat complex intensive care poses to neurodevelopment, pediatric mental health, and family dynamics as well as opportunities for intervention.
P-001: Confronting Organizational Inequities: Assessment, Barriers, Consultation and Change.

Dr Karen Frankel¹, Dr Kandace Thomas³, Ms Carmen Rosa Norona⁴, Dr Nucha Isarowong², LCSW, IECMH-E Ayannakai Nalo, Clinical Professor Psychiatry and Behavioral Sciences Maria Seymour St. John⁵
¹UCSOM, Denver, United States, ²Barnard Center for Infant and Early Childhood Mental Health, Seattle, USA, ³First 8 Memphis, Memphis, USA, ⁴Boston Medical Center, Boston, USA, ⁵University of CA, San Francisco, San Francisco, USA

INTRODUCTION: The Diversity-Informed Tenets for Work with Infants, Children and Families (Tenets) are a set of strategies and tools for strengthening the commitment and capacity of professionals, organizations and systems that serve infants, children and families to embed diversity, inclusion and equity principles into their work (Thomas, Noroña, & St. John, 2019).

AIM: A large USA metropolitan academic medical center department reached out to the Tenets Initiative to request assistance in understanding issues of inequity, racism, and structural injustices in their Department and use the Tenets framework to address them. The Tenets Initiative engaged with the Department in a 1-year process to assess, train, and recommend activities which could ameliorate the challenges.

DESCRIPTION: The process included: Qualitative/quantitative pre- and post- data collection; training in the Diversity-Informed Tenets; meeting with leadership regularly; data analysis; presentation of final report and recommendations. Data collection included assessing experience of faculty/staff about attitudes, behaviors, policies and standards on equity, diversity, and inclusion through focus group and individual meetings followed by a thematic analysis. Post-training evaluations were collected on Tenet trainings delivered to 120 department members. The data yielded several themes/needs: Clearer Human Resource Policies which support DEI work and institutional commitment; Support for team building within clinical services; Initiatives to support patient experience; and Develop communication and information-sharing protocols.

CONCLUSIONS: Final recommendations included: Expand Social Justice Committee; Create Department 5-Year DEI Strategic Plan; Build greater departmental capacity and understanding of DEI; Translate greater understanding into policies; and Build Capacity in Clinical Areas with committees to address and support DEI. Specific operationalizations of each recommendation were provided.

P-388: Experiences of use of the ADBB in the Päiväperho centre for parents with substance use problems

Prof Kaija Puura², Miss Sallariina Makkonen¹, Mrs Hanna-kaisa Karhinen¹, Heli Nieminen¹, Mirka Haapasaari¹, Mrs Emilia Mäki¹
¹Päiväperho Centre, Pirkanmaa well-being area, Tampere, Finland, ²Tampere University, Finland

Introduction: The Päiväperho centre provides treatment for parents with substance use problems, and it also has its own well-baby clinic. Since infants of parents with substance use are at greater risk for developmental and interactional problems, in the Päiväperho well-baby clinic all babies are videoed and assessed with the Alarm Distress Baby Scale observation method. We describe our experiences concerning the use of the ADBB.

Method: We inform the families about videoing the infant well ahead. Through the ADBB assessment both the parents and Päiväperho staff get information of the interaction skills of the infant and of possible signs of infant distress. The baseline assessment is at 4 months, with reassessments done based on individual needs, and a follow-up assessment with all children at 12 months.

Results: Videos of infants are rated with the ADBB in multidisciplinary staff group with at least four raters present. Once every 4 or 6 weeks a supervisor (KP) is present in group ratings to ensure correct use of the method. The notions of infant's interaction behaviour and its meaning are discussed in detail with the parents. This discussion serves as basis for treatment planning: low scores can be used to empower parents whereas high scores indicate need for intervention.

Conclusion: The ADBB serves as a tool for understanding infants’ wellbeing and needs both between parents and staff and among staff members. For parents who are willing to receive support, ADBB assessment and feedback of positive changes in infant behaviour can empower parents to further improvements in parenting. The ADBB also provides concrete evidence of infant distress for parents in cases where there is need for intervention. Maintaining reliable use of the method requires regular training and supervision of the staff.
P-390: Maternal-foetal attachment among pregnant psychiatric outpatients in Singapore

Dr Tze-ern Chua¹
¹Department of Psychological Medicine, KK Hospital, Singapore, ²Hwa Chong Institution, Singapore

Introduction
The dyadic relationship is an integral part of motherhood and subsequent child development, but often eludes clinical attention, especially in the antenatal period.

Aims
This was a naturalistic exploratory study of unselected pregnant women seeking psychiatric outpatient care from January 2021 till January 2023. It aimed to quantify their maternal-foetal attachment and examine its associations with other clinical characteristics.

Description
a. Method
Consenting participants’ demographic information was systematically collected and the following questionnaires were administered: 1) the Maternal Antenatal Attachment Scale (MAAS), which contains subscales for attachment quality (MAAS-Quality) and intensity (MAAS-Intensity); 2) the Edinburgh Postnatal Depression Scale (EPDS), which contains a three-question subscale for anxiety (EPDS-3A); and 3) the Prenatal Distress Questionnaire (PDQ). Attachment scores were analysed for associations with depression, anxiety and distress scores, as well as demographic factors.

b. Results
The 82 participants’ mean MAAS total score was 66.5±12.2, with MAAS-Quality averaging 38.9±7.2 and MAAS-Intensity averaging 23.5±5.7. EPDS scores were 15 or more in 59.8% (n=49) of participants, indicating probable antenatal depression. Compared with those without depression, these participants had lower mean MAAS total (63.5 vs. 71.1, p=0.003), MAAS-Quality (37.4 vs. 41.2, p=0.016) and MAAS-Intensity scores (22.0 vs. 25.7, p=0.002), indicating poorer maternal-foetal attachment.

Nine participants (11.0%) described their pregnancies as unwanted, even though over half their pregnancies were planned. Compared with those whose pregnancies were wanted, they had lower mean MAAS total (53.4 vs. 68.1, p=0.023) and MAAS-Quality scores (30.2 vs. 40.0, p=0.016).

Conclusion
Antenatal depression and pregnancy unwantedness were associated with poorer maternal-foetal attachment, while anxiety, distress and other demographic factors were not. Our findings suggest the importance of keeping the dyadic relationship in mind, particularly when depression and pregnancy unwantedness are present.
Meeting the Need: Utah's Pathway to IECMH Workforce Development

Mrs Jennifer Mitchell¹
¹The Children’s Center Utah, Salt Lake City, United States

A statewide study was commissioned in 2020 to provide seminal data on the risk, reach, and resources for the early childhood mental health system in Utah. The study identified variances in risk factors and program distribution for different populations and regions in the state. It also found significant inequities related to access and outcomes for children of color and for all children of lower socioeconomic status. While Utah is recognized as having some of the highest mental health needs, it reflects one of the most under-resourced for mental health services. In particular, the state has significant unmet mental health needs for young children and insufficient resources to address the needs. This data was shared with key stakeholders, and culminated in the state’s first ever Governor’s Early Childhood Mental Health Summit in late 2020. This work resulted in funding opportunities and collaborations focused on IECMH in the years that followed. Subsequent workforce development initiatives centered around three primary goals: 1) embedding of IECMH practices within and across sectors to create an integrated early childhood system, 2) alignment with the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant & Early Childhood Mental Health®, and 3) equity in access for all providers and families. Workforce development was operationalized through pilot projects, including training in trauma-informed care, coaching in reflective supervision/consultation, an Infant-Toddler Court Program site, and collaboration opportunities for cross-sector early childhood professionals (e.g., healthcare, mental health, early intervention, home visiting, child care, early education, social services, etc.). Several pilots were cultivated into programs available at no-cost, including a statewide Teleconsultation Program offering a range of webinars on IECMH topics and consultation services (e.g., reflective consultation, care coordination, case consultation, etc.). Outcome data for programs will be discussed, as well as ongoing plans for implementation and sustainability.
Meeting the Need: A Three State Comparison: Right Start for Colorado's Workforce Development Efforts

Dr Shannon Bekman

Introduction and Aim:
Right Start for Colorado (RSCO), is a statewide infant and early childhood mental health (IECMH) initiative that was launched in late 2018. RSCO aims to increase access to the IECMH services across Colorado communities, and to build statewide workforce capacity for individuals serving the birth to 5 population in Colorado, USA. RSCO was born out of two struggles experienced in Colorado: (1) an acute workforce shortage of trained IECMH clinicians that possess the specialized knowledge and training to treat the mental health needs of infants, toddlers, preschoolers and their families and (2) lack of awareness of the mental health needs of very young children across some state systems and sectors that serve the 0-5 population.

Materials and Methods:
RSCO has sought to strengthen Colorado’s IECMH workforce with a two-pronged approach that has engaged both the clinical IECMH workforce and allied professionals (i.e., child welfare, early intervention, home visitation) who frequently interface with young families. To support our clinical workforce, over the past 4.5 years, we have infused the state with trainings focused on 4 main areas of IECMH clinical practice: (1) relationship-based assessment (2) developmentally sensitive diagnosis (i.e., DC:0-5) (3) evidenced-based treatments for very young children (including Child Parent Psychotherapy, Circle of Security) and (4) reflective practice.

While we are strengthening the clinical workforce, Right Start has simultaneously engaged various allied sectors to increase awareness of the mental health needs of very young children so that these providers feel confident and competent to make mental health referrals to IECMH treatment when indicated.

Results:
Evaluation efforts show a great increase in professionals’ IECMH knowledge and confidence.

Conclusions:
To meet the clinical treatment needs of very young children and their families, large scale efforts can strengthen the IECMH workforce and get much needed evidence based treatments into communities.
Meeting the Need: Tennessee First Five Training Institute; a Workforce Development Project and Outcomes

Ms. Alison Peak

Allied Behavioral Health Solutions, Nashville, USA

The Tennessee First Five Training Institute, provided throughout Tennessee USA, was launched in 2019 to develop a clinical IECMH workforce in response to a budding Infant/Toddler Court program and a burgeoning need in the child welfare population. Tennessee’s systemic development prior to 2019 had prepared the workforce for a substantial interest in IECMH, but there had previously been only seven providers in the state who had received more than one (1) IECMH evidence-based practice training. TFFTI sought to meet this clear deficit in service availability while ensuring quality in the developing workforce. TFFTI consists of two training tracks, a clinical cohort and an organizational leaders’ cohort, who each focus on parallel efforts at building IECMH service delivery systems within respective agencies. Over a 12-month period of time the clinical cohort receives seven evidence-informed trainings (Foundations of IECMH, Reflective Supervision, Facilitating Attuned Interactions, DC:0-5, Child-Parent Psychotherapy, Diversity Tenets, and IECMH in Child Welfare) weekly Reflective Supervision, and a supportive reading syllabus to provide theoretical information and context to the training. Data metrics for the clinical cohort have been collected utilizing the Freiburg Mindfulness Inventory (FMI), Curiosity and Exploration Inventory-II (CEI-II), an IECMH Knowledge Assessment Scale, and the Provider Reflective Process Assessment Scale (PRPAS). Data was also collected from clinicians’ self-report on children served, race and ethnicity of children served, and child involvement in child-welfare. This presentation will focus on TFFTI’s contributions to clinical service availability, cross-sector collaboration, and contributions to addressing anti-racism and inequities in the field. Outcomes will demonstrate TFFTI’s considerable contribution to clinical development, clinical efficacy, and fidelity to various models over the completed cohorts. This data provides a longitudinal (3-year) review of the impact of consistent clinical training on IECMH sector development. Considerations for replicability and lessons learned will be discussed.
The Parent-Infant Interaction Observation Scale (PIIOS) in a Swedish context

Licensed Clinical Psychologist, Specialist In Clinical Child And Adolescent Psychology Karin Collander¹, Area Manager for Child- and Adolescent Medical Service södra Älvsborg and Chartered Psychologist in the Regional Child Protection Team, Västra Götaland Lina Ljung Roseke³⁴, Psychologist in Central Child Health Care, Västra Götaland Mona Bryggman⁴
¹The Psychologist Service For Parents And Young Children, Västra Götaland, Sweden, Göteborg, Sweden, ²The Regional Child Protection Team, Västra Götaland, Göteborg, Sweden, ³Child- and Adolescent Medical Service Södra Älvsborg, Göteborg, Sweden, ⁴Central Child Health Care, Västra Götaland, Göteborg, Sweden

Introduction: Research shows that the early interaction between parent and child is of great importance for the child's future attachment, relationships and health. In all services that work with infants, it is crucial that professionals have the competence to assess the interaction between parents and children as well as the parents' emotional responsiveness. This is a difficult task for most professionals and there is a clear need for a structured assessment in the area.

Aims and purpose: The Parent-Infant Interaction Observation Scale was developed by Dr. PO Svanberg in association with Warwick Infant Family Wellbeing Unit, University of Warwick, to meet the need for a short and easily accessible screening instrument for early identification of children and parents in need of support. The assessment contains of 13 areas from which the filmed interaction between infants (2 - 7 months old) and guardian is assessed. Today, PIIOS is part of the continuing education for professionals working with infants in the UK. In Västra Götaland, Sweden, the instrument has been used in an Infant Mental Health Service since 2019. During the winter of 2021–2022, a first training adapted to Swedish conditions in collaboration with Warwick University took place.

Description: The PIIOS training has now been adapted to Swedish conditions and initial results from the first cohort show positive results. Professionals from a range of services that work with infants and their families (pediatricians, child health nurses, social workers, and psychologists) support how the method can contribute to develop clinicians’ assessments of interactions by using this structured tool.

Conclusion: PIIOS is a short and easily accessible screening instrument for the interaction between infants and guardians, and the training is now adapted to Swedish conditions. There is a clear need for a structured assessment among clinicians in Sweden and the training will continue.
The HEADS-ED Under 6: A New Mental Health & Developmental Screening Tool for Young Children

Dr. Mario Cappelli

1Knowledge Institute on Child and Youth Mental Health and Addictions, Ottawa, Canada

Introduction: Few communimetric tools exist for clinicians to identify both mental health and developmental needs in young children.

Aim: Based on the initial work of the Child and Adolescent Needs and Strengths assessment, HEADS-ED, and communimetric theory, in this session we will introduce our new communimetric tool, the HEADS-ED for children under 6.

Description: This initial work was piloted and validated in a sample of 535 children under the age of 6 from a community mental health agency in Ontario, Canada. Clinical vignettes were created by the agency’s clinical team based on common clinical presentations. Participants will engage in a learning exercise by scoring clinical vignettes using the HEADS-ED under 6 tool, in order to facilitate a deeper understanding of how to use the tool to guide your clinical interview and identify areas of mental health needs that require action.

Conclusion: By the end of the workshop, participants will have practice using the HEADS-ED under 6 to identify MH domains, rate level of action/impairment, and communicate the severity of MH needs. This session welcomes audiences that provide mental health services to young children.
Jeri Prawel said, “How we are is as important as what we do.” AIMHiTN has long believed this quote to be a call for the need for Reflective Supervision/Consultation (RSC) to support professionals who work on behalf of infants, young children, and caregivers. Believing that RSC was a best practice model and that access to RSC was often driven by ability to pay for RSC, AIMHiTN endeavored to engage state systems in providing RSC as a benefit to entire sectors. In 2017, AIMHiTN collaborated with the Tennessee Department of Health (TDH) to provide RSC to home visiting supervisors and home visiting program directors statewide (n=45). AIMHiTN engaged 3 Consultants to provide biweekly RSC to the home visiting workforce. An initial 2 days of training was provided to establish knowledge. The groups were then divided by agency role and geographical region. In 2018, AIMHiTN partnered with the Tennessee Department of Human Services (DHS) to provide RSC for the Child Care Resource and Referral (CCR&R) sector. The 2-day initial onboarding was mirrored (n=60). Both Departments committed funding for training, preparation, and RSC sessions. The Departments also prioritized participation in RSC as an expectation of associated positions and subcontracts. Both cohorts have grown with home visitation now including 90 participants and CCR&R including more than 150. AIMHiTN currently also provides RSC to the clinical mental health sector and early intervention sector. Continuing need for RSC highlighted the need for RSC Consultants who are well versed in race and equity work, from backgrounds that mirror Tennessee’s diversity, and who have received RSC. 2021, AIMHiTN engaged the Reflective Supervision Consortium to bring a 6-month learning collaborative to Tennessee. This presentation will highlight AIMHiTN’s journey to ensure that RSC is truly a best practice expectation for infant and early childhood serving sectors in our state.
The Lanarkshire Infant Mental Health Observational Indicator Set

Mr Graham Shulman¹, Dr Zoe Davidson¹,²,³
¹NHS Lanarkshire, Coatbridge, Scotland, UK, ²Royal College of Psychiatrists, Edinburgh, Scotland, UK, ³NSPCC, Glasgow, Scotland, UK

The Lanarkshire Infant Mental Health Observational Indicator Set is an observational aide for use by professionals from all agencies and services across Lanarkshire. The Indicator Set is intended to provide a shared language and frame of reference for the observation of infants from a mental health perspective, and for the recording and inter-professional/inter-agency sharing of observations. It is also intended to promote an 'infant centred' and 'infant focused' approach (Barlow and Svanberg, 2009), combined with an observational stance. It aims to foster a way of looking at, and thinking about, the mental health of individual infants, based on consideration of development and functioning across a range of domains, not merely limited to parent-infant interactions and relationships.

The IMH Observational Indicator Set was developed by a multi-disciplinary, multi-agency group of professionals plus carers in Lanarkshire. An iterative process of production and agency engagement was used comprising a Drafting Group, Expert Reference Group, Stakeholders Group, and endorsement by the Lanarkshire Joint Children's Services Groups.

The Indicator set consists of 5 domains: Relationship with Main Carer; Emotional; Cognitive; Sense of Self; Social Interaction. Each domain contains 10 indicators, with accompanying Guidance Notes and Red Flags sections for each indicator.

An ongoing programme of dissemination and support to individual services and agencies is taking place, to support agencies in developing uses and applications of the IMH Observational Indicator Set geared to their specific roles and tasks.

Small scale Tests of Change and evaluations are being carried out by different services, and the results of these will be reported.
From Curiosity to Connection—building readiness to reflect: lessons learned by 6 states in the USA

Ceo Kerrie Schnake

South Carolina Infant Mental Health Association, Charleston, US

Introduction and Purpose
South Carolina is one of six US states participating in this panel discussion on “readiness to reflect” and key areas of readiness to consider when attempting to engage and support a diverse and interdisciplinary workforce in building and sustaining high-quality reflective practices. The area of readiness that South Carolina will discuss is policy and system readiness.

Description and Conclusion
The South Carolina Infant Mental Health Association representative will discuss strategies and approaches for embedding reflective practices and mindsets in infant and early childhood agencies and systems. A case example of relationships-centered systems building will be provided to illustrate the journey South Carolina Infant Mental Health Association is on toward establishing long-term, sustainable reflective practices within state early childhood systems.
Supporting a Diverse Infant and Early Childhood Workforce through Infant Mental Health (IMH) foundational learning.

Ms Danielle Rice\(^1\), Joy Milano\(^2\), Robin Zeiter\(^2\), Gabriele Fain Fain\(^3\), Dr Tina Ryznar\(^3\), Stephanie McCarty\(^3\)

\(^1\)Michigan Association For Infant Mental Health, Southgate, United States, \(^2\)Michigan Department of Education, Lansing, United States, \(^3\)American Institutes for Research, Arlington, United States

In 2020, Michigan was one of 20 states selected by the U.S. Department of Health and Human Services to receive a Preschool Development Grant renewal (PDG-R) grant*. With a portion of this funding, the State of Michigan Office of Great Start, contracted with the Michigan Association of Infant Mental Health (MI-AIMH), to offer IMH focused professional development support to the Infant and Early Childhood Workforce. MI-AIMH embarked on this initiative to strengthen IMH and relationship-based practice within the early childhood care and education sectors, including educators, consultants, center-based program directors and family child-care owners. This funding offered the opportunity for MI-AIMH to offer 60 hours of accessible training grounded in diversity, equity, and inclusion. These trainings emphasized IMH foundational competencies and opportunities for reflective practice were woven throughout. After completing foundational training, funds supported 200 professionals in earning the IMH Endorsement\(^\circ\) credential as a way to demonstrate their specialized experience and focus on infant mental health.

In this panel, Michigan leaders will share the data and outcomes for this project, as reported by the American Institutes for Research\(^\circ\). We will highlight the participants’ (and their directors’) feedback that participation in the program enhanced their capacity to promote young children’s mental health, by increasing their knowledge, helping them to learn new strategies, and making changes in their practice. The data highlights how accessible specialized relationship-based training and support to obtain the Infant Mental Health Endorsement\(^\circ\) Credential, were critical to this initiative to support Michigan’s early childhood workforce.

*The project described was supported by the Preschool Development Grant Birth through Five Initiative (PDG B-5), Grant Number 90TP0055, from the Office of Child Care, Administration for Children and Families, U.S. Department of Health, and Human Services.
INTRODUCTION
“My Little Voice – the messages your baby is communicating to you” is a parent/caregiver support and education tool for use in an acute paediatric hospital setting. It was developed by the Speech and Language Therapy (SLT) department in a tertiary paediatric hospital and is grounded in IMH research, in particular research on infant communication. Responsive relationships, which are central to protecting and nurturing Infant Mental Health, start on day 1 of life. This can be interrupted if the infant and mother are separated as happens for emergency and lifesaving medical interventions or if parents/caregivers are traumatised.

AIMS
To encourage and support responsive relationships in a hospital setting, in particular to increase parent/caregiver knowledge of baby communication, to support parents/caregivers in tuning into their baby’s communication and recognising the messages that their baby is sending.

DESCRIPTION
This project is for parents and caregivers of babies who are inpatients in an acute tertiary paediatric hospital for 4 weeks or more. Members of the MDT notify the SLT department of suitable families. Parents/caregivers are given the booklet which illustrates the many ways and the different messages that babies communicate e.g. an illustration of a baby rooting; the message here is “I’m hungry”. They are also given a baby book to read aloud with their child. The SLT is not there to assess the baby but to introduce the concept of baby communication and give general advice, using the pictures to illustrate the range of messages that babies communicate.

CONCLUSIONS
This project aims to help parents/caregivers to tune into their baby’s communication and recognise the messages that their baby is communicating. Supporting responsive relationships in this way protects infant mental health. We plan to evaluate the usefulness of this intervention by surveying members of the MDT who recommend families to this service.
Prioritizing Infant Mental Health for complex medical and surgical neonates in Children’s Health Ireland (CHI).

Ms Jenny Dunne\(^1\), Lorraine O'Reilly, Ms Stephanie Galvin, Elaine O' Rourke, Ms Karen Prunty, Aisling Lawson, Sarah Horan

\(^1\)Children’s Health Ireland, Dublin, Ireland

INTRODUCTION: Hospitalization, illness and often separation from primary caregivers can disrupt the natural bonding and attachment that is necessary for an infant’s social and emotional development impacting their mental health. However early interaction, positive intervention and prevention can reverse this trend. A holistic approach to care delivery involves raising awareness of IMH amongst health care workers and parents.

AIM: To embed an Infant Mental Health philosophy in our care of complex medical and surgical neonates by raising awareness amongst staff and parents.

DESCRIPTION:
- Raising awareness amongst primary caregivers. All parents want what is best for their infant but may not know how to provide this in the hospital setting.
- Raising awareness amongst staff of prioritizing the IMH needs of the sick infant in the same context as the medical/ nursing needs.
- Introduction of individual milestone cards, to record and celebrate the triumphs achieved despite illness including hand & footprints and family poster
- “This is what Brave is” tote bags, containing books, knitted items, bonding squares, information on kangaroo care, skin-to skin, and breastfeeding
- Dictaphones to record messages/ books from siblings/grandparents
- Introduction of a safe messaging service vCreate to enable parents to stay connected with their hospitalized infant, preventing separation anxiety and facilitating closeness and bonding.
- Introduction of a neonatal library in our Pediatric intensive care and infant ward areas.
- Introduction of IMH information boards for staff and families.
- Lactation Support for expressing and breastfeeding.

CONCLUSION: Prioritizing bonding and attachment empowers parents to advocate for their infant and supports the parent-infant relationship. Embedding a culture of Infant Mental Health awareness encourages a holistic approach to the care we provide for our complex surgical and medical neonates across CHI.
The ‘My Story’ journal – enhancing communication and partnership between parents and paediatric inpatient teams

Dr Kylie L'estrange\(^1\), Dr Eleanor Molloy\(^1\), Ms Karen Prunty\(^1\)

\(^1\)CHI At Crumlin, Dublin, Ireland

Introduction: Parents of newborn infants admitted to the paediatric hospital are often faced with an overwhelming amount of information and worry regarding the health of their baby. We recognised how communication around treatment and prognosis between parents and medical teams can bring heightened stress.

Aims: We sought to enhance communication between parents and medical teams by introducing an ancillary communication tool. Outcomes we hoped to achieve were reduced stress and increased partnership between parents and teams.

Description: Employing a quality improvement framework, we first surveyed parents’ experiences of communication with the Neonates team in a large national paediatric hospital in Dublin. From this feedback we designed an initial draft of a tool to enhance communication – the ‘My Story’ journal. We completed successive PDSA (Plan-Do-Study-Act) cycles to co-produce with parents a version of this journal which provided space for parents to document updates on their baby’s condition and care, to take note of questions they had, a space for team members to write updates in directly, and also sections for recording developmental milestones and ‘mighty moment’ achievements unique to hospitalised infants, their antenatal and birth journey, messages from family members and sections for photos.

Conclusion: Qualitative data will be presented from parents and staff regarding the perceived value of the ‘My Story’ journal and any challenges that they have encountered in using the journal. Potential benefits will be discussed in terms of building confidence in challenging roles as hospital parents, nurturing the parent-infant bond in an acute medical environment and protecting infant mental health through layers of relationships.
Developing an Infant Mental Health Initiative within a Tertiary Paediatric Hospital in Ireland.

**Mrs Denise Dockery**, Mrs Fiona Feeney, Ms Catherine Cunningham, Ms Jenny Dunne, Eithne Lennon, Catherine Mathews, Mary Whelan, Edel Mc Carra, Dr. Aoife Twohig

1Childrens Health Ireland Crumlin, Dublin, Ireland

Introduction Infant mental health is increasingly becoming a focus of clinical attention due to the growing evidence that mental health across the lifespan has its roots in infancy (Von Klitzing et al, 2015). A multidisciplinary approach was a central component to this project. Our team of eight disciplines comprised of nursing, medical (Psychiatry, Neonates, General Paediatrics) and Health and Social Care Professional’s (Occupational Therapy, Physiotherapy, Psychology, Social Work & Speech and Language Therapy).

Aim The initiative aimed to increase awareness amongst staff on the importance of infant mental health as part of the Quality Improvement and Patient Safety (QIPS) Module in Childrens Health Ireland (CHI).

Description An infant ward was selected, and the team engaged with stakeholders on this ward (e.g., Clinical Nurse Manager) to inform project development. Staff were surveyed to establish baseline knowledge, attitudes and confidence levels. The need for workshops was identified to understand staff experiences and barriers. During workshops staff identified education on Infant Mental Health as a priority which led to the development and delivery of an education module by the project team. The team found measuring change of staff awareness levels of Infant Mental Health challenging to quantify due to its subjectivity. We found targeting smaller audiences proved beneficial as a starting point from which to learn and plan future work.

Following the delivery of education modules staff on the ward were resurveyed. Staff requested continued education and reflective sessions demonstrating an appetite for continued practice development.

By influencing beliefs and behaviours on the ward the team achieved some transforming actions to promote infant mental health. For example, environmental changes, provision of resources and encouraging increased skin to skin contact with infants.

Conclusion There is a high level of staff interest in the development of an Infant Mental Health initiative within CHI demonstrated through staff engagement and commitment to future projects.
From Curiosity to Connection—building readiness to reflect: lessons learned by 6 states in the USA

Ms. Carrie Finkbiner, Ashley Bowers, Ms. Lana Neni

Wisconsin Alliance for Infant Mental Health, Middleton, USA

Introduction: Now more than ever, locally and globally, we need the experience of positive and supportive relationships firmly anchored in reflection. When professionals can hold a space that invites and allows for genuine reflection it creates the opportunity for caregivers and children to experience the power of relationships on relationships. But is everyone ready to step into reflective supervision? How does “readiness” play into successful uptake and maintenance of reflective practices? In this symposium six states will discuss lessons learned related to “readiness to reflect” and how they have adjusted their approaches to create multiple pathways and “ports of entry” into reflective practices.

Purpose: To create an opportunity for dialogue and new insights around how to best engage a diverse and interdisciplinary workforce to build and sustain high-quality reflective practices.

Description: The symposium will feature a panel of six states moderated by a representative from the Alliance. Each state will present on an aspect of reflective readiness they have explored in their efforts to support adult learners in strengthening reflective capacity. The Alliance will summarize the discussion and conclude with ideas for continued networking to strengthen collective efforts to increase reflection and relational practices. Topics include:

- Importance of IMH foundational learning
- Self-awareness as a starting point
- Nurturing a reflective culture
- Policy and System Readiness
- Sparking the curiosity of participants
- Supporting the shift to a developmental, life-long process

Conclusions: Practicing in a reflective and relational manner often represents a change in how an individual or agency functions. This shift is important to honor in the development of learning opportunities. Additionally, there are many ways to support others in starting the reflective journey. Staying open and flexible is not only critical, but models the very qualities of a reflective, relational way.
From Curiosity to Connection – building readiness to reflect: the importance of self-awareness

Ms. Carrie Finkbiner¹, Ashley Bowers¹, Lana Shklyar Nenide¹
¹Wisconsin Alliance for Infant Mental Health, ,

Introduction: Wisconsin is one of six other states participating in this panel discussion on “readiness to reflect” and key areas of readiness to consider when attempting to engage and support a diverse and interdisciplinary workforce in building and sustaining high-quality reflective practices. The area of readiness that Wisconsin will discuss is self-awareness.

Purpose: The state of Wisconsin will discuss how training and experiential learning has shifted to better support professionals in developing self-awareness, attunement to self, self-regulation, and self-compassion and how this shift has strengthened “readiness to reflect.

Description: Self-awareness and the ability to tune into self is a critical aspect of reflective functioning and relational practice. Self-awareness is linked to the ability to self-soothe and to serve as a co-regulator within the context of relationships, including reflective supervision. Self-awareness is fundamental to the ability to notice where one feels pulled in the work and where one might experience judgment, bias, strong reactions, and assumptions. Self-awareness is the starting point to reflection and the ability to effect positive change through the parallel process. Nonetheless, many professionals, when beginning their reflective journey, may not understand the role of self-awareness in the development process of building reflective capacity. Many professionals may demonstrate comfort with considering what is happening outside of themselves, but may struggle with tuning into their own experiences.

Conclusions: Specific strategies that have been used to foster self-attunement, self-compassion and wellness will be discussed as well as intentional use of “slowing down” and restructuring the sequence of learning components and expectations to better align with the needs of learners. Quantitative and qualitative data will be shared to supplement the story and highlight key aspects of self-awareness as it relates to overall reflective capacity.
Sparking Curiosity: Brief Reflective Experiences for the Early Care and Education Workforce

Dr Angela Tomlin¹, Ms Sarah Bailey², Ms Nilou Pariborzi², Mr. Stephan Viehweg¹

¹Indiana University School of Medicine, Division of Developmental Medicine, Indianapolis, United States, ²INfancy Onward, Indianapolis, United States

INTRODUCTION
Leadership in a Midwestern US state identified a need to support the childcare workforce during the COVID-19 pandemic. In addition to challenges commonly reported, such as staffing shortages and uncertainty surrounding best practices to reduce transmission of the virus, directors of programs reported burdens including holding the needs of children and families as well as staff, a sense of isolation, and lack of appropriate resources for support. The state infant mental health association received funding from the statewide training and technical assistance organization (SPARK) for early childhood education and care to develop and provide reflective group experiences to address the needs of this workforce.

AIMS
The aim of the project was to make a short-term reflective group experience available to childcare directors and staff members. Group participation was expected to provide attendees with a safe environment to experience some aspects of reflective supervision/consultation, specifically 1) exploring and practicing reflective processes; 2) receiving emotional support from others working in the same field.

DESCRIPTION
The one hour reflective sessions were marketed as “support” groups to early care/education providers. The format was similar to reflective supervision/consultation (RSC) groups in that they were regularly occurring and had a consistent facilitator whose role was to hold the group. Participants were encouraged to discuss issues including staffing, child behaviors, family stress, and managing constant challenges. Facilitators held a social work license and an infant or early childhood mental health Endorsement and had experience providing RSC. Groups were one hour in length and participants could choose to attend up to 12 sessions with a consistent peer group.

RESULTS/CONCLUSIONS
230 programs registered and 85 programs engaged with the groups. 11 online groups were held over a one-year period. Engaged participants averaged 17% attendance. Groups averaged 2 attendees per session. A survey of participant experiences is ongoing.
Tread softly because you tread on my dreams: Parental experiences of receiving a rare diagnosis

Dr. Claire Crowe¹, Ms. Ann McCrann¹, Dr. Charlotte Wilson¹, Ms. Jacqueline Lyons¹, Ms. Elizabeth Hayden¹, Professor Edna Roche¹
¹Children's Health Ireland At Tallaght Hospital, Dublin, Ireland

Introduction:
Learning that your infant has a rare genetic disorder is a seismic moment in any family. The words that are used to describe this new-born baby matter as they paint a picture of how life with this baby might look into the future and can influence how parents engage with and form an attachment to the baby in the present.

Aim of the Study:
The study aimed to explore the experiences of parents learning about their child’s rare genetic diagnosis for the first time in the days and weeks post birth.

Methods and Materials:
Parents of children with rare genetic disorders attending a multidisciplinary clinic at Children’s Health Ireland at Tallaght Hospital were invited to partake in this study on their experience of their infant being diagnosed with a rare condition. Twenty six parents – three fathers and twenty-three mothers consented to share their experiences with the principal researcher. Their stories were analysed using Reflexive Thematic Analysis (Braun & Clark, 2021).

Conclusions:
Language at diagnosis was identified by parents as a key contributor in the mental health of the parents and their relationship with their new-born baby. When clinicians focused on difficulties that might arise in the future, parents grappled with how to relate to this tiny infant in the here and now. When clinicians focused only on problems in the immediate context, parents struggled to find any hope or feel empowered in how to relate to their baby. These conversations have led us to develop a template for policy guidelines whereby diagnoses are given only by those professionals working in that specialist area to ensure accuracy, accountability, and a support structure that allows for the careful minding of both infant and parents at a crucial juncture in their lives.

Braun & Clark 2021 Thematic Analysis: A practical guide
Check It Out: An Early Identification Community-Based Screening Model Developed in Toronto, Canada

Ms Michele Lupa¹, Dr Jean Clinton²
¹Canadian Mothercraft Society, Toronto, Canada, ²McMaster University, Hamilton, Canada

Early identification of developmental concerns and referral to early intervention programs optimizes outcomes for children. Knowing what to be concerned about and where to turn for support is a complex navigation for every parent. For those who may be new to the country, unfamiliar with how service systems work or have no idea what questions to even ask, it can be overwhelming. Check It Out brings professionals into community settings to answer parent questions about child development, health and well-being, provide accurate information about child development and conduct pre-screening assessments in the 12 domain areas.

Rooted in evidence and relying heavily on the social determinants of health, Check It Out was developed by professionals from early childhood, public health, mental health, primary care, immigration/settlement and child welfare. In 2019, it was adopted by the Toronto Child & Family Network as the mechanism by which this system planning collaborative will achieve its strategic goal to “Implement consistent and comprehensive screening across the system” and was to be implemented across the City of Toronto in 2020. When the global COVID-19 pandemic hit, CIO was adapted so it could be delivered virtually. Online educational workshops were piloted with families in the summer of 2021 and the one-on-one screening component of the program is currently being piloted and evaluated (fall 2022). Results of these pilots will be available by March 2023 and shared with workshop participants.
Whole Health Approach in Maternal-Infant Mortality: Integrating Physical, Mental and Social Determinants of Health

Elizabeth Lanter
Mental Health Consultant, Burlington, United States

Introduction
Healthcare patients widely are being asked to establish with a primary care provider (PCP), also known as a medical home, which still has many barriers for perinatal services. As we are moving to a Whole Health model of care, it is important to consider that these medical homes also include mental health and social determinants of health. “Deaths from complications during pregnancy, childbirth, and the postnatal period have declined by 38% in the last two decades, but at an average reduction of just under 3% per year, this pace of progress is far too slow. “(World Health Organization, Maternal Child Health Impact statement)

AIMS
To provide understanding of the urgent need to integrate physical and mental health, as well as social determinants, that lead to truly whole health care, when addressing maternal child health initiatives (such a maternal death, infant death and maternal mental health). It is important that all aspects of integrated whole health are also trauma informed.

Description
Provide meta-analysis of what is already being done in terms of identifying gaps in care for physical health, mental health and social determinants of health. Discuss details of why integrated care is so important to maternal child health field and data outcomes, especially around maternal death, infant death and maternal mental health).

Conclusions
Focusing on one silo of care has the ability to produce impactful and effective outcomes. However, continuing to neglect the other parts of a patient’s life, will continue to show deficits in outcomes. Understanding a Trauma Informed Whole Health Approach to maternal child health will help us better assess and treat a patient’s strengths and barriers for my systemic, long-standing results.

https://www.who.int/health-topics/maternal-health#tab=tab_2
A cardiac antenatal diagnosis can prepare families for the real challenge of survival at birth. Within the neonatal period continued life may not be within the grasp of the ICU team, parents and infant. When time is short the most difficult parenting challenge of all is presented, that is how to bravely create a relationship that will last the infant and their parents a lifetime. The mdt support parents and infant in the unusual nursery that is ICU. For some parents it will feel emotionally unsafe to open their hearts to their infant whose loss has the power to devastate. The myth of short-term self protection is challenged in favour of long term emotional connection. Parents are supported to delicately enact their expression of love, care and protection when an infant is on life support. On the occasions when medical intervention is futile the infant’s emotional needs are now considered paramount in the medical setting of ICU. When facing an inevitable and devastating loss, for parents the enactment of their love relationship is actively sought and supported to expression. In grief parents are able to recall conscious actions of love drenched in personal and family meaning. This clinical presentation will describe the dance to which the medical, nursing and psychosocial MDT work. Within a concise period of time the goals worked towards are to safeguard the infant's medical and mental health while ensuring better parental mental health in grief. The enactment of IMH and grief theory in a paediatric ICU with emotionally protective outcomes for infants, parents and staff are explored and illustrated.
Scaffolding towards reflective relational systems

Associate Director, IECMH Aditi Subramaniam¹, Ms Anat Weisenfreund¹, Dr Jayne Singer¹

¹Massachusetts Association for Infant Mental Health/Massachusetts Society For The Prevention Of Cruelty To Children, United States of America

Massachusetts is one of six US states participating in the panel discussion on “building readiness to reflect” and key areas of readiness to consider when attempting to engage and support a diverse and interdisciplinary workforce in building and sustaining high-quality reflective practices. The area of readiness that Massachusetts will discuss is building reflective relational systems. With grounding in the Diversity Informed Tenets, the Massachusetts Association for Infant Mental Health (MassAIMH) has implemented both in policy and practice the need for Reflective Supervision/Consultation (RSC) to support professionals who work on behalf of infants, young children, and caregivers. MassAIMH has intentionally partnered with state systems like the Mass. Department of Mental Health (DMH) to roll out 9 reflective consultation groups for diverse practitioners (n= 54), including building capacity for bilingual bicultural Spanish speaking providers. The groups were very successful and have led to ongoing thoughtful planning for further implementation of partnerships with systems and agencies to build internal capacity towards reflective relational systems. A MassAIMH representative will discuss strategies and approaches for building collaborative partnerships to embed reflective consultation at a systems level within infant and early childhood agencies and systems.
SYMPOSIA PRESENTATIONS

13

Illuminating the importance of responsive relationships through diagnostic case studies

Kathleen Mulrooney1, Professor Miri Keren2, Dr. Joy Osofsky3, Prof Kaija Puura4
1ZERO TO THREE, Washington, United States, 2Tel Aviv Sackler Medical School, Tel Aviv, Israel, 3Louisiana State University Health Sciences center, New Orleans, USA, 4Tampere University, Tampere, Finland

Introduction: Diagnosis in infancy/early childhood is best understood within the context of the young child’s key relationships. Case studies provide illustrative examples of how relationships buffer, exacerbate or impact mental health problems for young children and their families.

Aim: This symposium will examine how relationships and caregiving environment impact diagnostic and case formulation. A focus on culturally responsive perspectives in understanding and engaging in key relationships will be explored.

Description: Presenters will share insights from DC:0-5 case studies to examine the impact and intersection of relationships, culture, and the caregiving environment on differential diagnosis and case conceptualization. This highly interactive symposium will invite participants input, sharing and questions in an effort to connect case examples with clinical applications through case based discussions. Presenters will provide an overview of DC:0-5's Axis II: Relational Context and will share how relationships play a major role in cases involving trauma and in exploring cultural differences in the relationship between family and caregiver.

Conclusions: Participants will 1) understand the critical nature of understanding relational context in diagnosis, 2) consider how relational context contributes to case conceptualization and treatment planning, and 3) be able to apply understanding of DC:0-5 Axis II and Cultural Formulation through case based discussions to their own clinical practice.
A Trauma-Informed Approach to Supervising Contact Visits between young foster children and their parent’s

Dr Adena Hoffnung-Assouline¹, Mrs Cigal Knei-Paz²
¹Hebrew University, Jerusalem, Israel, ²Tel Aviv University, Tel Aviv, Israel

Young children who have been removed from their homes as a result of maltreatment and have been placed in foster care, typically meet their birth parents under supervision. Supervised contact is intended to provide children the opportunity to maintain the parent-child relationship in a safe and neutral setting. Unfortunately, findings suggest professionals supervising visits have limited practice skills to help build constructive relationships through contact visits. Moreover, parents of children who are in care often have their own complex trauma and frequently experience mental health issues or substance abuse that can affect their ability to connect with their children. Thereby, in many cases supervised contact can be harmful, undermining the children’s sense of security and placement stability.

While the literature highlights various aspects that need to be implemented in order to improve visits, there is a lack of a trauma-informed approach, whereby professionals supervising the visits can address the traumatic experiences that led to the circumstances of supervised visitation and respond to the difficult emotions for all those involved.

This presentation will provide practical guidelines for professionals accompanying supervised visits derived from the core principles of Child Parent Psychotherapy (CPP), a dyadic trauma-informed intervention for young children that targets a very young population, and that gives abusive or neglectful parents an opportunity to use therapy to reconnect with their children.

Case vignettes will illustrate how these guidelines were applied by professionals supervising contact visits in foster care and adoption services in Israel and Belgium, by providing support to birth parents and foster parents in responding to the child’s attachment needs following trauma, thereby promoting safety and improving child-parent interactions.

Recommendations will be offered for attaining the best clinical practices in supervised contact.
Clinical Impacts of the Attachment and Child Health (ATTACH™) Parenting Program

Dr Nicole Letourneau¹, Dr Lubna Anis¹, Dr. Kharah Ross², Dr. Steve Cole³, Mr. Henry Ntanda¹, Dr Martha Hart¹
¹Presenting Author, University Of Calgary, Calgary, Canada, ²Athabasca University, Athabasca, Canada, ³University of California, Los Angeles, Los Angeles, United States of America

Introduction:
High-risk parents affected by toxic stressors (e.g., family violence, low income) may have difficulty parenting their young children and demonstrate lower sensitivity towards their children’s needs. This predisposes children to insecure attachment¹, and increased risk for mental² and physical health problems, including increased inflammation across the lifespan³,⁴. Parental reflective function (PRF), i.e., parents’ capacity to understand their own and their child’s thoughts, feelings, and mental states, likely underpins parental sensitivity, and may buffer the impacts of toxic stressors on children⁵. PRF may be modifiable¹,⁶; however, evidence-based interventions focused on PRF are needed to support at-risk families to promote parent and child health and developmental outcomes. We developed, pilot tested and are scaling and spreading ATTACH™, a PRF-based program designed for high-risk families.

Purpose of the Project:
We tested ATTACH™ in seven pilot studies (randomized controlled trials and quasi-experimental studies) with parent-child (0-5 years) pairs (n=64) recruited from community agencies serving low-income families and those affected by family violence. We collected data to assess impacts on parental sensitivity, PRF, maternal depression, attachment security, child development and behavioral problems, as well as gene expression associated with upregulation of pro-inflammatory and downregulation of anti-viral gene transcripts.

Description of the Project:
ATTACH™ is a 10-session, one-on-one, manualized program that significantly improves parental sensitivity (p<.01) and PRF (p<.01)⁷. It improves the likelihood of secure attachment (p<.01)⁸, improves child development, i.e., problem-solving (p=.00)⁹ and executive function (p<.05), and reduces child behavioral problems (p<.04)¹⁰. ATTACH™ predicted healthier immune cell gene expression profiles (p<0.04)¹¹, and a trend toward reducing parental depressive symptoms⁸. We will present video excerpts of the training, intervention-in-action and impacts on PRF.

Conclusions:
ATTACH™ has positive effects on high-risk children and parents, likely driven by improvements in PRF, suggesting that ATTACH™ can ameliorate the effects of toxic stress. The program is currently being scaled in clinical community settings across Canada and internationally.

References
Intensive Attachment-Based Intervention with High-Risk Families Around the World: Comparing Approaches

Dr Neil Boris
Circle Of Security International, Orlando, USA

(THIS IS AN OVERARCHING ABSTRACT FOR A CLINICAL SYMPOSIUM)

Attachment-based interventions for high-risk families have spread around the world. This symposium brings leading thinkers together from the USA, Canada, Australia, and France to compare and contrast four such interventions [Group-Based Attachment Intervention (GABI), ATTACH parenting program, Circle of Security-Intensive, and CAPEDP-Attachment]. The purpose of this symposium is to update attendees on the clinical potency of attachment-based interventions and to describe the varying contexts in which each intervention has been used. Each presenter will review the basic clinical approach of each intervention, with an overview of relevant data but a focus on the clinical approach and case material. A panel discussion will ensue and be led by the symposium convener.
Relationship building interventions for young traumatized foster children.

Prof. Frank Van Holen¹,², Drs. Delphine West²,³, Ms. Lenny Trogh³, Dr. Adena Hoffnung Assouline⁴, Mrs Cigal Knei-Paz⁵

¹Foster Care Service Vlaams-Brabant en Brussel, Kessel-Lo, Belgium, ²Vrije Universiteit Brussel, Brussels, Belgium, ³Knowledge Centre Foster Care Flanders, Brussel, Belgium, ⁴Hebrew University of Jerusalem, Jerusalem, Israel, ⁵Tel Aviv University, Tel Aviv, Israel

As most foster children experienced traumatic events concerns can be raised about the quality of attachment between foster children and their caregivers. This symposium focuses on the relationship(building) between young foster children and their foster parents and birth parents. First, West describes an empirical study into the attachment relationship between 68 young Flemish foster children (18 to 72 months) and their foster mothers and examines which factors are associated with the attachment relationship. Higher levels of parenting stress in foster mothers and more behaviour problems in foster children were associated with higher scores on insecurity of attachment. Consequently, implications for practice and policy are formulated. Next, two interventions for young traumatized foster children that focus on relationship building with their foster parents and/or birth parents are presented.

In the second presentation, Hoffnung Assouline and Knei-Paz describe a practice model which implemented both in Israel and Flanders, for professionals accompanying supervised visits between foster children and their birth parents, using principles of Child Parent Psychotherapy, an evidenced based trauma-responsive dyadic intervention for young children. It enables professionals supervising the visits to address the traumatic experiences that led to the circumstances of supervised visitation and respond to the difficult emotions for all those involved.

In the third presentation, Trogh describes the implementation of this model in Flanders based on a clinical case description.

In the fourth presentation West describes the Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline. It is aimed at foster parents of young foster children (1 to 6 years) and is fashioned to promote sensitive parenting, secure attachment and a reduction in children’s behavioural problems. It is an evidence-based intervention. Its effectiveness has been shown for a variety of target groups. This contribution discusses the design and delivery of the intervention and illustrates these with case material.
Implementation of trauma-informed approach in supervised visitation in Flemish foster care

Miss lenny trogh¹
1Kenniscentrum Pleegzorg, Brussels, Belgium

There is an increasing trend in the number of young children placed in foster care in Flanders and Brussels. Familial problems, such as inadequate housing, poverty and domestic violence (81%) and parenting problems, such as neglect and abuse (68%), were the main reasons for placement. On top of these statistics, every foster child necessarily experiences one traumatic event prior to placement, namely the (temporary) separation of their parents. In addition to parental separation, 85% of Flemish foster children experienced at least one other traumatic event.

Combined with the current scientific knowledge about trauma and the large presence of trauma-related difficulties among the foster children in the Flemish Foster Care Services, the need to develop and provide trauma-informed care in supervised visitation is obvious. During visitations, e.g. the behavior of the parents, or their presence, can again evoke feelings of anxiety and distress in the foster child, because he or she is again reminded of possible traumatizing experiences that he or she has already experienced or is reliving in the past.

Therefore, the focus of this presentation is specifically on how a trauma-informed view and trauma-informed framework is used and implemented in the context of supervised visitations between young foster children and their parents.

During the presentation attention will be paid to the already acquired goals and also to the obstacles we confronted in this implementation.
The description of the training program and implementation of this model in Flanders will be presented, based on a clinical case description.
Group Attachment-Based Intervention (GABI) increases toddler-parent attachment security and decreases levels of disorganization

Professor Howard Steele¹, Professor Anne Murphy², Dr. Kristin Lewis¹, Professor Miriam Steele¹
¹The New School For Social Research, New York, USA, ²Pediatrics Department, Montefiore Medical Center, New York, USA

Introduction:
This presentation reports on a randomized control trial (RCT) of the Group Attachment Based Intervention (GABI©), a trauma-informed attachment-based intervention aimed at promoting healthy parent-child relationships for parents and their children aged 0-3 years. Families were randomly assigned to either the GABI (n=40) or treatment as usual condition (n=27), a parenting class called Systematic Training for Effective Parenting (STEP). Both groups received treatment at Montefiore Medical Center’s Children’s Evaluation and Rehabilitation Center. Steele et al., (2019) previously reported significant improvements in the parent-child relationship for families participating in GABI but not in the STEP group, utilizing Feldman’s (1998) Coding Interactive Behavior (CIB) applied to 5-minute video footage of mothers and their toddlers in a free play context.

Aims or Purpose of the Work:
This presentation tests hypotheses that GABI increases attachment security and reduces attachment disorganization as measured by observations of filmed Strange Situation Procedures (Ainsworth et al., 1978). In addition to assessing change in categorical attachment classifications from baseline to end-of-treatment, this study examines changes in continuous measures of security and disorganization, as well as prevalence and correlates of specific indices of disorganized behavior.

Description of the Work:
McNemar’s test of change shows that children in GABI are significantly more likely to have become classified as secure from pre-to postintervention, not seen among children and their parents who participated in STEP. ANCOVA analyses demonstrate significant increases in a continuous measure of attachment security and significant decreases in a continuous measure of disorganization for GABI but not STEP.

Conclusion:
GABI is effective at promoting attachment security and decreasing attachment disorganization. The mechanism of change included repeated practice at separation and reunion via distinct parents-only, children-only, and parent-child groups taking place at every GABI session (120 minutes) offered up to 3Xweekly over 26 weeks. The REARING principle underlying GABI treatment will be elaborated, together with the central role of using and promoting reflective functioning. Plus the multi-family group nature of the intervention directly addresses social isolation.
Clinical use of the Revised Hybrid protocol of the Circle of Security Intensive intervention (COS-IRH)

Dr Anna Huber¹, Ms Anne-Marie Hicks²
¹Families In Mind Psychology, Canberra, Australia, ²Dayspring Trust, Auckland, New Zealand

INTRODUCTION
The Circle of Security Intensive intervention (COS-I, 2002; 2014) aims to improve child attachment security and reduce disorganisation by improving caregiver capacities, including caregiving behaviour, reflective functioning and representations of the child, self as parent and the relationship. Studies have found positive changes after COS-I in child attachment security and disorganisation, caregiver representations and reflective functioning, child behaviour and parent emotional functioning (Hoffmann et al., 2006; Huber et al., 2015a; 2015b; Huber et al 2016). In response to practitioner and supervisor feedback, a revised hybrid COS-I protocol (COS-I-RH) was developed incorporating material from the Circle of Security-Parenting program (COS-P) including options for individual, couple and group delivery. A New Zealand study found positive changes in caregiving behaviour and representations after COS-I RH, not moderated by delivery mode (individual or group) and sustained at 12 months follow-up (Huber, Hicks, Ball & McMahon, 2020).

AIMS or PURPOSE of the work
This presentation will outline the components of the revised hybrid COS-I protocol and their rationale. Using a New Zealand case example we will illustrate how this intervention worked with an individual mother-child dyad.

DESCRIPTION of the work
The COS-I RH protocol is aimed at parent-child dyads at high risk for compromised child developmental outcomes. Parents are screened to assess capacity and motivation to complete the intervention. Filmed interaction assessments of the dyad (SSPs) and Circle of Security Interviews (with parent) are used to assess dyadic treatment goals and caregiver defensive strategies. Parents attend sessions individually (typically at home) or in centre-based groups of up to 6 participants. Using selected video from the SSP, therapists tailor treatment to address the dyad’s “linchpin issue”, taking into account the caregiver’s defenses. The case example illustrates this.

CONCLUSIONS
The COS-I RH intervention effectively engages high risk families in changing key aspects of their caregiving.
The Role of WAIMH in Global Crises Situations

Professor Astrid Berg\textsuperscript{1}, Dr Hisako Watanabe\textsuperscript{2}, Mrs Tessa Baradon\textsuperscript{4}, Professor Miri Keren\textsuperscript{3}  
\textsuperscript{1}University of Stellenbosch, Cape Town, South Africa, \textsuperscript{2}Watanabe Clinic, Yokohama, Japan, \textsuperscript{3}Sackler Medical School, Tel Aviv, Israel, \textsuperscript{4}Anna Freud Centre, United Kingdom

In these times of global turmoil, it is incumbent on us as a world association to be aware of the trauma that young children are exposed to in many parts of the world. Our Infants’ Rights Position Paper speaks to the universal need of infants which include the right to be protected and to have access to professional help when needed. We would like to open a space for reflection and discussion as to how we could assist our colleagues in these frontline situations. Within WAIMH there are resources in the form of knowledge and experience that could be shared. It is proposed that we have an open meeting for all at a time that would fit in with the Congress programme.
Multiculturally sensitive infant mental health training, research, and interventions: lessons from South Africa

Ms Salisha Maharaj¹, Dr Anusha Lachman², Dr Juané Voges³

¹Stellenbosch University/Tygerberg Hospital, Cape Town, South Africa, ²Stellenbosch University/Tygerberg Hospital, Cape Town, South Africa, ³Stellenbosch University/Tygerberg Hospital, Cape Town, South Africa

Introduction:
Training in IMH is widely accessible to a global audience. Access to a variety of specialized skills is available, mostly developed and presented from traditionally Western/HIC perspective. The relevance and applicability of these offerings in LMIC has not been well established and there exists a gap in contextually driven training and IMH expertise.

Aim: Within the cultural context of South Africa, the presenters will demonstrate the challenges of teaching, training and research in a field that needs to reflect multicultural sensitivities in a LMIC setting.

1. Teaching and Training
This will focus on the development of a curriculum for a master’s degree at Stellenbosch University aimed at offering culturally sensitive and locally relevant evidence-based theory and research that can enhance practitioner knowledge and practice in a limited resource setting. A transdisciplinary approach is followed, and challenges and strengths of the course will be presented.

2. Clinical Training and Support
Tygerberg Hospital Infant Mental Health Clinic provides an opportunity to apply infant mental health principals by practitioners from diverse professional backgrounds who work together to cohesively make appropriate recommendations and treatment plans. This aspect of the symposium will provide case material from the clinic and salient multidisciplinary reflections that highlight challenges and triumphs that emerge from working in this way within a culturally diverse and resource limited setting.

3. Research application in clinical practice
Recent local investigations of parental mentalization among mothers with mental illnesses and substance misuse have created opportunities for clinical application. A mother and baby mentalization group created as part of specialist the maternal mental health clinic at Tygerberg Hospital. This flexible model of intervention highlights the need for adaptation in the provision of therapeutic services within a resource-limited context.

Conclusion:
This symposium will challenge the expectation and offer bold alternatives for global dialogue in IMH.
The right of young Roma children in Europe to develop and thrive

M.a. Aljosa Rudas

1International Step By Step Association, Leiden, Netherlands

INTRODUCTION

My professional activity began as an early childhood educator in a Roma community in Slovenia. As a child development ambassador, I grew to become a professional with an interdisciplinary cutting-edge knowledge, enabling me to join the International Step by Step Association (ISSA) as a junior program manager overseeing various activities as exemplified below.

AIMS

The lack of available data on the status of young Roma children in Europe, picturing their needs and emerging barriers, makes the Romani Early Years Network (REYN) Early Childhood Research Study a unique piece of evidence. It reinforces the urgency of protecting and supporting young Roma children’s development in their early years, as well as influencing the agenda of prioritization and investment in their healthy childhoods.

DESCRIPTION of the work

Exploring key areas that affect children’s development and shape the social determinants of their mental health and overall well-being, in the REYN Early Childhood Study we analyze structural and cross-sectoral emerging issues that might have widened during the COVID-19 crisis, leading to an increase in inequality and social exclusion of young Roma children and their families in Europe. Focusing on the living environment, health and well-being, safety and security, opportunities for early learning, and responsive parenting, as well as on affordability, accessibility, and quality of ECD services, we attempt to bring voices from the community that are often silenced. We draw attention for immediate action of key stakeholders in improving the situation of young Roma children in Europe.

CONCLUSIONS

I plan to share data gathered from eleven countries, shedding light on young Roma children and their families throughout Europe. We bring together unprecedented Roma-related early childhood data and catalyze solid evidence for urgent and effective policies and programs enabling each young Roma child to reach full and unique potential – to grow and thrive!
International Perspectives from Australia, Ireland, Hawaii & USA on Adapting the Competency Guidelines and Endorsement

Andrea Penick, Mrs Ashley McCormick, Erin Henderson Lacerdo, Mrs Nicole Wade, Ms Marie MacSweeney

Alliance For The Advancement Of Infant Mental Health, Association for Infant Mental Health in Hawaii, WA - Western Australian Association for Infant Mental Health, Irish Association for Infant Mental Health,

This symposium will address the challenges, learnings and gains across international and multicultural perspectives on adapting the Michigan Association for Infant Mental Health (MI-AIMH) workforce development tools, the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant and Early Childhood Mental Health (MI-AIMH, 2017). Endorsement is a standardized credential that documents expertise of infant and early childhood mental health professionals serving age 0-3 or 3-6 years.

The panelists will highlight significant multilateral, multidirectional, dynamic and unique perspectives and collaborations in the countries and states outside mainland USA with the Alliance for Infant Mental Health (Alliance) throughout the adaptation processes.

Western Australia, Ireland and Hawaii associations for infant mental health (AIMHs) and the Alliance seek to elucidate the sensitivity required for adaptation, translation and inclusion of many culturally diverse and contextually specific features to their local AIMH's offering and use of the Competency Guidelines and Endorsement credential.

Panelists will share extensive and rich learnings encompassing necessary cultural adaptations all the while adhering to rigorous fidelity to the guiding principles of the Competency Guidelines so as to reflect the local transdisciplinary workforce's commitment and dedication to pregnant people, infants, families, communities and cultures.
An cue-based family-centered intervention for high risk newborns from birth up to 6m: an utopia?

Pr jacques SIZUN, Mrs Isabelle Olivard, Dr Nathalie Ratynski, Mrs Sylvie Minguy, Pr Jean-Michel Roué
1University Hospital Toulouse, Toulouse, France

- Introduction: Hospitalized newborns are at high-risk for a range of neurodevelopmental impairments including motor, cognitive, emotional and behavioural challenges. Their parents are at risk of later post-traumatic stress syndrome and/or depression. Parental mental health issues may negatively impact the child's outcomes.
Different types of intervention are proposed to these families with very varied theoretical models, timing, practical components, role of the family and level of evidence.
- Aim: The ideal intervention should:
  - start during the stay in the NICU,
  - be continued after discharge,
  - be cue-based and family-delivered,
  - enhance the parent-infant relationship,
  - enrich the home environment,
  - with the same theoretical framework throughout the intervention,
  - with some evidence from clinical trials.

- Description: We describe our efforts to evaluate and/or implement three cue-based and family-oriented programs based on the Synactive Theory of Development (H Als 1982): the Newborn Individualized Developmental Care and Assessment Program or NIDCAP designed by H Als for the hospitalized preterm newborns, the Newborn Behavioral Observation or NBO by Nugent et al. for infants from birth up to 3 months of age, and the Infant Behavioral Assessment and Intervention Program or IBAIP by R. Hedlund from discharge up to 6 months.
All these programs aim at teaching parents to read infant cues and respond appropriately.

Issues in implementing these programs are identical: funding, access to training, selection of trainees, effective implementation and sustainability.
- Conclusion: Implementing these 3 programs in the same area could offer opportunities to support the development of a large group of high risk newborns and families in a consistent way.
The New Child Development Ambassadors Foster Infant/Child Mental Health in Under-Resourced Countries: Beyond Disciplinary/International Boundaries

Professor Abraham (Avi) Sagi-Schwartz\(^1,2\), Dr. Ella Levert-Levitt\(^1,6\), Mr. Sahilu Baye Alemu\(^3\), Aljoša Rudaš\(^4\), Dr. Melissa Washington-Nortey\(^5\)

\(^1\)University Of Haifa, Haifa, Israel, \(^2\)Tel-Hai College, Upper Galilee, Israel, \(^3\)Enrichment Center Ethiopia, Addis Ababa, Ethiopia, \(^4\)International Step by Step Association, Leiden, the Netherlands, \(^5\)King’s College London, London, United Kingdom, \(^6\)Talpiot College of Education, Holon, Israel

INTRODUCTION: The interdisciplinary program in child development – University of Haifa-Israel – was launched with the goal of equipping high-powered professionals from under-resourced countries with cutting-edge knowledge, professional skills and viable tools for their ongoing work, so that they have impact on the lives of infants and young children in the developing world. Inspired by the saying of one of our graduates - "We are the new child development ambassadors in our countries" - we assessed the "Impact for good" of six cohorts. These Ambassadors represent diverse backgrounds – pediatrics, nursing, psychology, child psychiatry, education, anthropology, sociology, occupational therapy, physical therapy, law, media, social work, social welfare, speech pathology and therapy, sisterhood and priesthood – to make a substantial impact in the fields of education, welfare, public policy, and healthcare. Outcomes from this journey – in forty countries from five continents – will be shared and discussed.

AIMS: The goals of this symposium are to present the "Impact for Good" of the "New Child Development Ambassadors", in advancing practice, policy and research in infant mental health in under-resourced areas of the world.

DESCRIPTION of the work: The three panelist "Ambassadors" are Melissa Washington-Nortey from Ghana, Sahilu Baye from Ethiopia, and Aljoša Rudaš from Slovenia (Roma community). Jointly with the moderator and discussant, they share inspiring professional stories of how to cross disciplinary and international boundaries, shedding light on how early relationships matter in diverse cross-cultural contexts.

CONCLUSIONS: Together with the New Child Development Ambassadors, we will illustrate the significant impact of their training in numerous domains of infant mental health, in various developing countries but also with relevance to developed countries. Special attention will be given to how the stories we have learned can be applied in multidisciplinary professional child development programs in the developing as well as the developed world.
Strong Roots Programs: Adaptations to meet the needs of culture and community

Dr Kristyn Wong Vandahn, Dr Diana Morelen, Staci Hanashiro, Dr Cecilia Martinez-torteya, Dr. Katherine Rosenblum, Dr. Maria Muzik

1University of Michigan, Department of Psychiatry, Ann Arbor, USA, 2East Tennessee State University, Department of Psychology, Johnson City, USA, 3Lili‘uokalani Trust, Honolulu, USA, 4Universidad de Monterrey, Departamento de Educación, San Pedro Garza García, Mexico

INTRODUCTION: Strong Roots offerings are a family of interventions and programs that address the needs of caregivers of young children who have experienced trauma and adversity. Strong Roots programs such as Mom Power and Fraternity of Fathers focus on providing care and support as caregivers reflect on their lived experiences. These programs focus on nurturing skills and tools caregivers can use to promote both their own and their children’s health and wellbeing.

AIMS: This symposium includes three individual presentations which highlighting adaptations of Strong Roots Programs which were made to meet the needs of various communities in the United States.

DESCRIPTION: The first presentation will discuss pilot implementation and dissemination efforts of Mom Power for female caregivers and Fraternity of Fathers for male caregivers in the Appalachian Highlands region of southwest Virginia and northeast Tennessee (USA). The second presentation will overview how Lili‘uokalani Trust Early Childhood initiative in Hawai‘i (USA) has tailored the delivery of Mom Power to be culturally responsive to the needs of Native Hawaiian mothers and their children. The final presentation will introduce a new Strong Roots peer-to-peer model, Strong Roots Parent Café, and discuss how the model can be beneficial for supporting caregivers of young children in a more accessible way for organizations and communities.

CONCLUSIONS: Cecilia Martinez-Torteya, who has led the Spanish translation of Strong Roots Programs, will conclude the presentation by holding a discussion to synthesize and integrate the adaptations of Strong Roots programs.
Strong Roots Parent Café: A peer-to-peer model to support caregivers from birth to 6

Dr Kristyn Wong Vandahn¹, Dr. Katherine Rosenblum¹, Dr. Maria Muzik¹
¹University of Michigan, Department of Psychiatry, Ann Arbor, USA

INTRODUCTION: Strong Roots programs utilize evidence-based approaches to engage and support parents of young children. Programs such as Mom Power or Fraternity of Fathers, positively impact families, however, these group-based interventions typically require resources that some agencies do not have available. Feedback from organizations who have offered or were interested in offering Strong Roots Programs highlighted a need for more accessible programs they could offer with fewer resources. As a result, Zero to Thrive and Be Strong Families, adapted a peer-to-peer model integrating Strong Roots concepts to provide parent support. This model focuses on building community and increasing accessibility for families who may need social support. Additionally, this new peer-to-peer model provides opportunity for a variety of community organizations including those with limited resources who want to offer Strong Roots programming and those who already offer formal Strong Roots Programs but would like to offer an opportunity for families who have participated the chance to continue having reflective conversations to support parenting.

AIMS: This presentation will introduce the new peer-to-peer model and provide an in-depth discussion of what Strong Roots Parent Cafés are, how they work, and the benefits to offering cafés for caregivers of young children.

DESCRIPTION: Through parent-facilitated community-based discussions, Strong Roots Parent Cafés promote parent and caregiver reflection and resilience from pregnancy through early childhood. The Strong Roots Parent Café model differs from the traditional Parent Café model in that it is specifically targeted toward parents and caregivers of young children, utilizes discussion questions that incorporate key Strong Roots concepts to support parental self-care, nurture social connections, offer an attachment-based parenting framework, and connects families to community-based resources.

CONCLUSIONS: Strong Roots Parent Café offers a complementary model to traditional mental health interventions and is more accessible for supporting families by strengthening parent to parent relationships within communities.
Standards Revised to Follow the Evolution of the Field and Unique Specialization of IMH Professionals

Andrea Penick¹, Mrs Ashley McCormick¹

¹Alliance For The Advancement Of Infant Mental Health, ,

The Alliance for the Advancement of Infant Mental Health (Alliance) is made up of 35 associations of infant mental health (AIMHs), each of whom has adopted the Competency Guidelines (CG) and Endorsement (MI-AIMH, 2017). AIMHs use these tools to support the workforce and inform the field at large of best practices shared by an international IMH community.

Endorsement was designed to reflect the range of disciplines of those working with/on behalf of pregnant people, babies, young children, and families. The Alliance oversees the implementation of Endorsement by AIMHs and creates a community of diverse professionals, experts, and leaders who support the needs and standards of the workforce, while contributing to the advancement of infant mental health (IMH) globally.

The CG serve as a framework for the specialized work that is unique to IMH but shared by numerous cultures, communities, and countries. The Alliance is committed to revising the CG by integrating what is known about the field cross-culturally and evolving what we value and recognize as ‘expertise’. The Alliance supports each AIMH to integrate the competencies effectively to support the development of the field through the use of training and reflective experiences, while maintaining an informed standard rooted in best practice for the benefit of all babies.

A standardized framework such as the CG risks becoming exclusionary if it doesn’t grow with the field. These guidelines were created by the Michigan AIMH in 2002 and have been revised 6 times and were translated into Spanish in 2019. The revisions reflect the evolution of the field and broader understanding of the standards and unique specialization of IMH professionals. The hope is that as the Endorsement credential continues to evolve it will more fully encompass the best practices of multiple communities, so applicable across many more languages and cultures.
Interdisciplinary training of child caregivers matters in infant mental health: The Ethiopian experience

Mr. Sahilu Baye Alemu

1Enrichment Center Ethiopia (ECE), Addis Ababa, Ethiopia

INTRODUCTION: I am the Founder and General Manager of the Enrichment Center Ethiopia (ECE), a non-for-profit organization aiming to impact the lives of infants and young children exposed to extreme difficult life circumstances and adversity. I see myself as a Child Development Ambassador, which I became upon completion of the Interdisciplinary MA Program in Child Development for Developing Countries at the University of Haifa, Israel. As such, I plan to share stories learned in Ethiopia, which I believe are likely to contribute to the field of infant mental health.

AIMS: My organization has a clear purpose to impact the mental health of infants and children by bridging the knowledge gap among child caregivers in Ethiopia. Today, ECE is growing and creating even more impact on the mental health of infants and children.

DESCRIPTION of the work: The organization I founded has been actively involved in training child caregivers on “Attachment and Socio-emotional Development of Children”, highlighting the importance of a constant, warm, stable environment and sensitive and responsive caregiving. Thus far, more than 350 thoughtful and insightful caregivers have been trained since 2015.

CONCLUSIONS: The positive results of professional collaborations are part of the stories I plan to share in the symposium. The feedback collected has confirmed that we are on the right path for creating a secure base and safe haven for infants. I will also share many difficulties that professionals confront in a developing country like Ethiopia. The caregivers’ training program of ECE is consistent with the objectives of the conference: “Early relationship matter: Advancing practice, policy, and research in infant mental health”.

Prioritising Neuroprotective Care for High-Risk Infants with the NICU Traffic Light Tool

**Erin Church**¹,²,⁷, Dr Natalie Duffy¹,²,⁶, Dr. Susan Nicolson⁴,⁶, Associate Professor Campbell Paul²,⁴,⁵,⁶, Danielle Atkins³,⁴, Ms Jenna Rhodes³

¹Mercy Hospital For Women, Heidelberg, Australia, ²The Royal Children's Hospital, Parkville, Australia, ³Te Whatu Ora Te Matau a Māui, Hawke's Bay, New Zealand, ⁴The Royal Women's Hospital, Parkville, Australia, ⁵World Association for Infant Mental Health, Tampere, Finland, ⁶University of Melbourne, Melbourne, Australia, ⁷Australian College of Neonatal Nurses, Camperdown, Australia, ⁸La Trobe University,

Introduction: In NICU, infants communicate their need for support via systemic physical cues as they attempt regulation in a stressful environment. Although evidence-based frameworks exist highlighting infant regulatory and stress cues, neuroprotective practices are not always prioritised, and clinicians may not be trained to recognise and respond to infant cues. Drawing on the Neonatal Behavioural Assessment Scale, the Synactive Theory of Development, and the Newborn Behavioural Observations System, we developed The NICU Traffic Light Tool - a 2-sided poster-format clinical tool utilising a traffic light system to guide supportive practice during stressful events. The tool received positive feedback and generated requests for an educational package to support its implementation.

Aim: To optimise implementation of the NICU Traffic Light Tool across multiple centres via an on-line learning module, which teaches clinicians how to utilise the tool, empowers clinicians to prioritise neuroprotective care, and encourages participants to engage in further professional development focusing on infant communication.

Description: A NICU Traffic Light Tool on-line learning module is in development and will be presented. Built using the Articulate platform, it can be loaded onto the Learning Management System of health services. The module covers:

1. The importance of neuroprotective care.
2. Infant behaviour and communication
3. The NICU Traffic Light Tool at a glance.
4. The NICU Traffic Light Tool in action.
5. Additional learning resources and courses.

These learning areas comprise pockets of educational information, accompanied by images and video to illustrate infant cues and the tool in use. Hyperlinks encourage clinicians to seek out further information and/or education from relevant accredited courses.

Conclusions: The on-line learning module will be presented as a support for participating health services to use the NICU Traffic Light Tool correctly, and may improve the neuroprotective knowledge and skills of clinicians, the infant experience, and infant neurodevelopmental outcomes.
Building Strong Roots in Rural Appalachia: Implementation of an IECMH Group Parenting Program

Dr Diana Morelen¹, Kelly Daniel¹, Dr Diana Morelen¹, Vinaya Alapatt¹, Dr. Katherine Rosenblum², Dr. Maria Muzik²
¹East Tennessee State University, Johnson City, United States of America, ²University of Michigan, Ann Arbor, United States of America

INTRODUCTION: Transitioning into parenthood is hard enough when a caregiver has a solid foundation of physical, psychological, and relational health. It is no surprise that caregivers who have a history of trauma, relational challenges, a history of mental health challenges, struggles with substance misuse, and/or other psychosocial stressors are at greater risk for experiencing mental and relational challenges in parenthood. The Strong Roots curriculum, developed by the University of Michigan’s Zero to Thrive program, uses evidence-based strategies to engage caregivers and providers of infants and young children to serve as a 2 generational approach to intervention (caregivers) and prevention (young children).

AIMS: The aim of this presentation is to discuss pilot implementation and dissemination efforts of Strong Roots parenting programs in the Appalachian Highlands region of southwest Virginia and northeast Tennessee, USA.

DESCRIPTION: The Appalachian highlands has a rich culture that values people, place, and storytelling. Unfortunately, this region is also known for its higher than national average rates of poverty, substance misuse, neonatal abstinence syndrome (NAS), and intergenerational trauma. Since 2017, community-based work has been happening in the Appalachian Highlands to offer the evidence-based IECMH programming in the form of Strong Roots groups (Mom Power, for female caregivers; Fraternity of Fathers for male caregivers) resulting in over 15 groups held and over 200 families served.

CONCLUSIONS: This presentation will share evidence-based concepts from the Strong Roots curriculum, preliminary research results from implementation efforts, and feedback and stories from the families served and the community partners engaged in the process of nurturing strong roots in the Appalachian Highlands. Throughout the presentation, attention will be paid to themes of holding a trauma-informed and culturally responsive lens in doing community-based IECMH programming.
PROMOTING MOTHER-INFANT RELATIONSHIPS: THE ENCOUNTER BETWEEN INTRAPSYCHIC AND INTERSUBJECTIVE BIOPSYCHOSOCIAL PERSPECTIVES

Prof. Loredana Lucarelli¹, Dr. Laura Vismara¹
¹Department of Pedagogy, Psychology, Philosophy, University of Cagliari; Cagliari, Italy

Intersubjectivity is a motivational system characterized by dynamic, mutual implicit and verbal transactional communication that create the fundamental models of social experience. Indeed, individuals have an inborn and biologically predisposed ability to internalize, incorporate, assimilate, imitate the state of another person. In this perspective, the core purpose of intersubjectivity is affect sharing and validation that foster the sense of personality in terms of “self-with other”. Thus, intersubjectivity may be conceived as the basis for collaboration and equality attitude.

Many early intervention models are aimed at ameliorating the infant and her caregiver’s milieu through multisensory stimulation referring to their relational exchanges. Thus, intersubjective interactions can be regarded as the context in which early intervention should unfold.

This symposium will focus on the neurobiological, relational, and psychodynamic dimensions that characterize the first years of the child’s life and their effects on parenting, the mother-child relationship and child’s emotional, cognitive and behavioral functioning.

Specifically, Prof. Massimo Ammaniti (University Sapienza of Rome, Italy) will give a theoretical in-depth analysis of intersubjectivity and its implication for research and practice in the field of development and psychopathology.

Prof. Pier Francesco Ferrari (CNRS, Lyon, France) will focus on the brain networks and neurophysiological mechanisms at the basis of intersubjectivity and social understanding in human and nonhuman primates.

Prof. Oliver Perra (Queen’s University, Belfast, UK) will present theoretical and empirical data on the infants’ attention abilities in controlled settings and naturalistic observations where infants interact with their caregivers.

Prof. Loredana Lucarelli with her team (Roberta Fadda, Cristina Sechi, Sara Congiu and Laura Vismara; University of Cagliari, Italy) will illustrate the importance to embrace a longitudinal perspective to understand the processes involved in the development of intersubjectivity from infancy to childhood.
Improving Early Identification of Children with Developmental Disabilities and Equipping Parents in Under-Resourced Contexts

Dr Melissa Washington-Nortey¹, Dr Rosa Hoekstra²
¹King’s College London, Department of Psychology, London, United Kingdom

Introduction: I completed a bachelor’s degree in Psychology and Geography in Ghana, a master’s degree in International Child Development in Israel, and a PhD in Developmental Psychology in the United States. Since completing my master’s degree, I have worked as a Child Development Ambassador on several projects in low-middle-income-countries (LMIC), where 95% of children with developmental disabilities and their families live and face severe hardships that can compromise their mental health. Currently, I work in as the project manager for the SPARK project, UK.

Aim: SPARK seeks to improve the mental health and wellbeing of children with developmental disabilities and their caregivers in Kenya and Ethiopia by:
1. Developing a community-based tool to improve the early identification of children with developmental disabilities.
2. Testing the effectiveness of the World Health Organization’s (WHO) Caregiver Skills Training (CST) Programme, which teaches parents strategies to promote learning, increase communication, and reduce challenging behaviours in their children with developmental disabilities.

Methods: We use mixed-methods approaches like workshops, interviews, focus group discussions, and quantitative assessments with community stakeholders, community informants, healthcare workers, education assessment officers, supervisors and non-specialist facilitators of the CST sessions, and parents of children with developmental disabilities. We have developed a community informant detection tool to identify children suspected of having developmental disabilities, and a training plan for health workers and education assessment officers to assess children at risk using principles in the WHO’s mhGAP developmental disabilities module. We have also adapted and harmonised the WHO intervention materials for use cross-culturally.

Conclusions: Findings highlight the importance of using culturally appropriate strategies with vulnerable populations in LMIC contexts. Outputs can inform the development and adaptation of cross-culturally relevant tools and materials for interventions. Next steps include testing the identification tool, training staff on intervention delivery, and testing the CST intervention with eligible caregivers.
Role of the NBO in the care of high-risk infants in the NICU and beyond

Dr Natalie Duffy¹, Pr jacques SIZUN², Erin Church³, Ms Marielle Yehouetome⁴, Professor Beth Mcmanus
¹Royal Children’s Hospital, Melbourne, Australia, ²University Hospital, Toulouse, France, ³Mercy Hospital for Women, Melbourne, Australia, ⁴PMI de l’Institut de Puériculture, Paris, France, ⁵Colorado School of Public Health, Aurora, United States of America

INTRODUCTION
Globally, more than 1 in 10 infants are born prematurely, resulting in admission for most to NICU. The stressors of NICU are many, including separation from primary caregivers, repetitive painful and stressful procedures, immersion in a highly technological environment, and pathology with resultant consequences for both short- and long-term health outcomes for infants and parents alike. To combat the adverse effects of prematurity, units worldwide have adopted infant-centred, family-focused care.

AIMS
To illustrate the use and depth of the Newborn Behavioral Observation (NBO) System, a developmentally supportive, relationship-based tool which demonstrates an infant’s unique behaviours and communication strategies to their caregivers.

DESCRIPTION
We will begin with results from a qualitative study describing the infant’s own NICU experience. With this as our stage subsequent presenters will guide us through initiatives used within their units to enhance the infant’s experience with the goal of improving health outcomes. We will discuss one team’s experience, positive and negative, of implementing the NBO and other evidence-based frameworks into routine neonatal care. We will then showcase the NICU Traffic Light Tool and its accompanying on-line learning module as a concrete example of how to incorporate individualised infant care. Concluding our symposium will be two presentations describing family-focused interventions that begin during an infant’s admission and continue post-discharge to optimise family engagement, strengthen parent-infant attachment, and improve infant neurodevelopmental outcomes and parental mental health.

CONCLUSION
The infant is lost amongst the complexity of NICU with their behaviours and attempts to be heard going unnoticed. Their parents are their sanctuary, but they too are bewildered within the space and, like the clinicians caring for them, struggle to see their child as a person separate from their pathology. Infant-focused, family-centred care is imperative to nurture both the infant and their parents during such a fundamental stage of development.
INTERSUBJECTIVITY BETWEEN INFANT RESEARCH AND NEUROBIOLOGY

Professor Massimo Ammaniti
Sapienza University of Rome, Rome, Italy

Introduction
Intersubjectivity describes the continuous and reciprocal interactions and mutual understanding typical of human beings from the initial days of life, a process in which “humans come to know each other’s mind” (Bruner, 1966, p.12).

Purpose
I will try to provide an integrated conceptual framework that can account for the interaction of intersubjectivity and various complex systems that occur during infancy.

Description
In the area of infant research intersubjectivity has been conceptualized differently by research, Trevarthen (1998) has suggested that the infant is born with a receptive competence subjective states in other human beings, while Daniel Stern and Tomasello have a constructivistic view on intersubjectivity which could emerge in the second semester of life. Infants in this period become able to share intentions of parents communicating through gestures and vocalizations.

By the neurobiological point of view the recent research (Ammaniti & Gallese, 2014) has highlighted the role of specific area connected to mirror neuron system and prefrontal cortex.

Conclusions
The presented theoretical models and empirical evidences set a promising new research agenda that may reveal new insights into the child’s development and her emotional and behavioral functioning.

References
Stern, D. N. (2010). Forms of vitality: Exploring dynamic experience in psychology, the arts, psychotherapy, and development. Oxford University Press.
The infant’s experience of neonatal intensive care

Dr Natalie Duffy¹,²,³,⁴, Dr Leah Hickey¹,³,⁵, Associate Professor Karli Treyvaud³,⁵,⁶,⁷, A/Professor Clare Delany¹,⁴
¹Royal Children’s Hospital, Melbourne, Australia, Melbourne, Australia, ²Mercy Hospital for Women, Melbourne, Australia, ³Murdoch Children’s Research Institute, Melbourne, Australia, ⁴Department of Medical Education, University of Melbourne, Melbourne, Australia, ⁵Department of Paediatrics, University of Melbourne, Melbourne, Australia, ⁶Department of Psychology and Counselling, La Trobe University, Melbourne, Australia, ⁷Royal Women’s Hospital, Melbourne, Australia

Background
Research routinely focuses on the medical aspects of neonatal intensive care, measuring physiological, behavioural, or long-term outcomes as a proxy for the experience as it might be felt, interpreted, and processed by an infant. Purposely including the infant’s perspective of their own life experiences during their Neonatal Intensive Care Unit (NICU) journey opens potential to include their voice in research about matters which directly affect them.

Aim
To observe, describe, and interpret the experiences of hospitalised infants in NICU.

Methods
Case study methodology, guided by the overarching principles of phenomenology. Data collection includes infant observation, utilising the Newborn Behavioral Observation (NBO) System to explore each infant’s unique behaviours and communication strategies, measuring infant sleep, interrogating the infant’s physical environment by measuring sound and light levels and triangulating this infant data with the caregiver’s (both clinicians and parents) perspective through semi-structured interviews.

Results*
(Please note these are preliminary themes identified from the data)
1. Loss
   Subthemes: loss of identity, sense of self, dignity
2. A complex world
   Subthemes: medical equipment, the physical environment, medical and nursing handling, parents as a place of safety
3. Mentalising

Conclusion
The infant as person is lost within the NICU environment, surrounded by technology, experiencing many negatives during a time of fundamental development. Understanding this complex world from their perspective by recognising early communication skills and behavioural cues as well as involving their parents in their hospital journey may lessen the trauma associated with neonatal care.
Moʻolelo o Nā Māmā:
Overview of how Liliʻuokalani Trust adapted Mom Power for Hawaiian families.

Staci Hanashiro¹, Melinda Lloyd
¹Liliʻuokalani Trust, Honolulu, USA

INTRODUCTION: In Hawaiian culture, family relationships and values are priority. ‘Ohana (family) can be filled with support and strength; providing a kahua, or foundation, from which keiki grow and thrive. However, statistics expose alarming data regarding the impact of cultural historical trauma and adverse childhood experiences on the Hawaiian population. The effects of colonization forced a disconnection from ancestral ‘ike (knowledge) and ways of knowing, being, and doing for contemporary Hawaiians, fostering conditions that led to negative impacts in modern times. These impacts are illustrated by the disproportionate representation of Hawaiians in the Child Welfare and Criminal Justice systems. Liliʻuokalani Trust (LT) is working to disrupt these cycles and bring its vision of: E nā kamalei lupalupa, or thriving Hawaiian children, to life. One of LT’s strategies to foster thriving is by focusing on Early Childhood Development and interventions for kamaliʻi ages 0-5 and their ‘ohana.

PURPOSE: LT explored numerous interventions focusing on a 2-generation approach to have a deeper impact on families, and selected University of Michigan’s Zero to Thrive Mom Power (MP) program. LT began implementation of MP in 2021 with Native Hawaiian mothers by interweaving into the curriculum Hawaiian cultural practices and values. Joining and honoring Hawaiian ancestral ‘ike with Western evidence-based knowledge.

DESCRIPTION: For MP to resonate with mothers living in Hawaiʻi, LT staff reviewed each session, bridged concepts to Hawaiian ‘ike and values, incorporated Hawaiian protocols, and tailored visuals to represent people and environments of Hawaiʻi. LT facilitated two pilot cohorts, and received positive feedback from participants, and will continue to tailor the curriculum to meet the specialized needs of Native Hawaiian mothers.

CONCLUSION: This presentation will share how LT adapted the curriculum to further meet the needs of Native Hawaiian mothers, what the adaptations looked like, and the impact the program had on participants.
THE GROUNDS OF CHILDREN’S THEORY OF MIND ABILITIES: LONGITUDINAL STUDIES FROM INFANCY TO PRESCHOOL YEARS

Dr. Roberta Fadda¹, Professor Cristina Sechi², Dr. Laura Vismara¹, Dr. Sara Congiu¹, Prof. Loredana Lucarelli²
¹University Of Cagliari, , Italy

Introduction
Children understand others’ False Beliefs (FB) during preschool years, which is a key component of Theory of Mind (ToM). The grounds for FB understanding in infancy have been extensively investigated with a cross-sectional approach, while longitudinal studies are quite rare.

Purpose
We illustrate the strength and weaknesses of a longitudinal perspective to understand the processes involved in the development of intersubjectivity from infancy to childhood.

Description
We analyzed the state of the art of the longitudinal studies investigating the relationship between early social abilities and FB understanding in children. The results indicated that both intention detection and joint attention abilities (JA) are associated with FB understanding. However, these results are not so straightforward since some studies didn’t find these associations. Methodologically, the studies are very different in terms of sample size, timing, measures, and main results. Moreover, longitudinal studies turn out to be quite demanding and to be exposed to several threats to their validity, like the mortality of the sample and the cohort effect. In addition, we will present data from a new longitudinal study, in which our research group studied JA in 116 children at 3, 6, 9, 15, and 18 months and their relationship with FB understanding at 5 years of age (final sample = 22 children). In line with previous studies, JA was not associated with FB understanding but with vocabulary. This study is of particular interest since considered several observational times during infancy, which is quite rare in previous studies.

Conclusion
Our results indicated that longitudinal studies might be a unique way to investigate the processes involved in the development of intersubjectivity in childhood. The paucity of studies done so far, their methodological limitations, and their controversial results call for more research from a longitudinal perspective.
The Development of Infants’ Attention in Interpersonal Interactions: Current Views and Future Perspectives

Dr Oliver Perra
1
1Queen's University Belfast, Belfast, United Kingdom

Introduction: Infants develop key cognitive abilities during the course of interactions with their social partners. In particular, infants’ attention plays a foundational role in enabling early learning. However, the development of attention has been largely studied using experimental and highly controlled paradigms. This has hampered our understanding of the mechanisms that support the onset and development of key attention skills.

Purpose: I will investigate cross-sectional and longitudinal associations between infants’ attention in experimental and naturalistic settings, whereby infants interacted with their caregivers. The purpose of collating these data is to gain insights on the mechanisms that may promote infants’ attention skills.

Description: I will capitalise on data from studies I have run that used different methods (longitudinal; experimental) and different populations (typically-developing and preterm infants). The findings indicate associations between infants’ performance in controlled tasks and naturalistic settings: in particular, interactions whereby infants and caregiver share their focus of attention may be linked with better performance in experimental tasks.

Conclusion: I will propose that the development of attention emerges from inter-personal transactions where the emerging but yet limited infants’ abilities are scaffolded and modulated by more competent caregivers. I will outline how advances in research methods that allow the collection of intensive longitudinal data in naturalistic settings can provide further insights into the interpersonal processes that support infants’ attention development.
Let me out: Coercion in a parent-infant inpatient unit

Dr Izaak Lim¹,², Dr Kandace Thomas³, Professor Miri Keren⁴

¹Monash Health, Melbourne, Australia, ²Monash University, Melbourne, Australia, ³First 8 Memphis, Memphis, United States, ⁴Bar Ilan University Azrieli School of Medicine, Israel

INTRODUCTION: The mental health professions have a long and difficult history with the use of coercion. Coercion broadly refers to a relational dynamic where one person’s free will is overridden by another. There is a spectrum of coercion from subtle pressure to frank compulsion, and these interpersonal processes can be more or less opaque. In the mental health context, coercion is often justified by the need to reduce the risk of harm to the patient or others. In perinatal and infant mental health settings, these may be harms affecting the parent, the child, or both.

PURPOSE: To discuss multiple ethical perspectives on a case highlighting the use of coercion in an infant mental health context.

DESCRIPTION: Two presenters will discuss the case of Lakshmi, the 19-year-old single mother of 5-day-old Arjun, transferred from the maternity ward to a parent-infant mental health inpatient unit for assessment of her mental state and parenting skills. Being in a confined space is triggering for Lakshmi, who lives with complex PTSD, and she wants to discharge herself from hospital. The unit staff are concerned that Lakshmi is unable to safely care for Arjun without additional support, as she is socially isolated, and does not have bottles, formula or nappies at home. Child protective services direct that Arjun should not leave the hospital premises until they have conducted further risk and safety assessment. Lakshmi is highly distressed and the unit staff are concerned that being in a restrictive environment will be ultimately detrimental to Lakshmi’s mental state, especially when she feels unable to trust their helpful intentions.

CONCLUSIONS: Hearing multiple perspectives on how to weigh and balance various ethical concepts and principles can shed new light on complex clinical conundrums in perinatal and infant mental health settings.
CAPECEDP-Attachment: a multi-risk Home Intervention Controlled Trial

Pr Susana Tereno¹, Pr Tim Greacen², Pr Antoine Guedeney³, CAPECEDP study group
¹Département de Psychologie, Université Rouen Normandie, CRFDP, UR 7475, Rouen, France,
²Laboratoire de Recherche en Santé Mentale et Sciences Humaines et Sociales, GHU Psychiatrie et Neurosciences, Paris, France, ³Institut National de la Santé et de la Recherche Médicale, U669 PSIGIAM, Service de Pédopsychiatrie, Hôpital Bichat Claude-Bernard, Paris, France, ⁴CAPECEDP study group, Paris, France

Although randomized interventions trials have been shown to reduce the incidence of disorganized attachment, no studies to date have identified the mechanisms of change responsible for such reductions. The CAPECEDP (Compétences Parentales et Attachement dans la Petite Enfance; Parental competences and attachment in early childhood) study assessed the effects of a manualized home-intervention on child mental health and its major determinants. In this presentation, a particular attention will be done to the description of the program’s intervention protocol. Its impact will also be highlighted, by addressing the mechanisms of change responsible for such reductions. 440 young, first-time mothers belonging to socially vulnerable populations were recruited and randomly assigned to an intervention or a control group. Mothers in the intervention group received psychological support from the 27th week of pregnancy up to their child’s second birthday, while both groups received assessment visits every three months and benefited from assistance by the research team. When the children reached 12 months of age, an ancillary study, the CAPECEDP-Attachment (n=119) assessed the impact of this intervention on attachment dimensions. Compared to controls (n=52), both a) infant disorganization and b) disrupted maternal communication were significantly reduced in the intervention group (n=65); c) maternal disruptive communication was associated with having a “low income” and with “having given birth prematurely”; d) reductions in disrupted maternal communication partially accounted for the observed reductions in infant disorganization compared to randomized controls. Results suggest that attachment intervention programs should privilege a twofold approach, addressing both maternal interactional skills and social and economic vulnerability, while formally assessing underlying mechanisms of change to improve and appropriately target preventive interventions. The mean number of total home visits performed by CAPECEDP intervention psychologists for each family was 44 sustaining that, in the case of multi-risk families, More is Better.
Ethical Guidance in Infant Mental Health: An Introduction

Dr Alison Steier

Southwest Human Development, Phoenix, United States

TITLE: Ethical considerations in infant and early childhood mental health practice
INTRODUCTION: IECMH practitioners often encounter clinical conundrums in which appropriate actions are unclear, and in which ethical guidance could be helpful in formulating decisions about how to act. This begs the question of the availability and effectiveness of current ethical guidelines to address the unique challenges encountered in IECMH practice.
PURPOSE: To discuss the unique ethical challenges presented by IECMH practice and consider what guidance is currently available to practitioners for navigating complex clinical issues.
DESCRIPTION: The relational focus of IECMH demands attention to the needs of the caregiver and the infant, but this is difficult when these needs do not align. Navigating these conflicts and balancing best interests across the 2-generational relational focus of IMH is at the core of what is vexing in clinical work. IECMH includes practitioners from varied professional groups including child and adolescent psychiatry, each with their own professional ethical standards and priorities. Many dilemmas unique to IMH are not addressed in these guidelines, however. IECMH practice occurs in myriad settings beyond “the office,” which many ethical guidelines do not account for. Although the field has developed some practices to help manage the complex clinical issues that arise, explicit attention to the ethical aspects of practice in IMH is lacking.
CONCLUSIONS: It is time for the field of IECMH to take an intentional, systematic approach that directly addresses the complex and unique ethical dilemmas faced by infant and early childhood mental health practitioners.
INTRODUCTION: Ethics is concerned with knowledge or standards of “right” and “wrong” that guide behavior in terms of fairness, justness, equity, trustworthiness, and refraining from harm to others. Practitioners of IECMH often face challenging clinical conundrums, and we argue that these clinical situations often present underlying ethical dilemmas that are not adequately acknowledged or addressed by current resources. Many of the diverse professions that encompass IECMH have their own Codes of Ethics, yet they also stop short of guidance that could be useful for IECMH dilemmas.

PURPOSE: To demonstrate unique IECMH ethical dilemmas as they arise, are identified and addressed in clinical settings.

DESCRIPTION: We will begin the symposium by providing a brief overview of ethics and approaches to addressing complex clinical dilemmas. We will then present two examples of classic ethical dilemmas that present in IECMH. The first case, which takes place in an inpatient medical setting, and raises the question of at what point does staff concern about a parent’s ability to care for a young infant safely override the parent’s perception of her own abilities? This case represents the dilemma of coercion, and the underlying ethical issues of autonomy, justice, and beneficence vs non-maleficence. The second case highlights the ethical issues of confidentiality, placing the clinician in the dilemma of keeping secret a potentially dangerous situation and one that could result in harm to the infant. Issues regarding fairness, trustworthiness, beneficence vs non-maleficence are highlighted in this case. For each case, two clinicians/consultants will offer their perspectives on ethical decision-making. We anticipate audience discussion and will end with a summation of the ethical challenges and needs for explicitly addressing ethics in IECMH.

CONCLUSIONS: Ethical issues occur frequently in IECMH, and a Code of Ethics is necessary to guide practice.
To Tell or Not to Tell, That Is the Dilemma

Dr Paula Zeanah¹, Professor Miri Keren², Dr Kandace Thomas³
¹University of Louisiana at Lafayette, Lafayette, United States, ²Bar-Ilan University, Tel Aviv, Israel, ³First 8 Memphis, United States

INTRODUCTION:
Confidentiality has long been considered a foundational ethical obligation, essential to developing and sustaining the client-clinician relationship and providing mental health care. Generally, confidentiality can be broken with consent by the client or in certain legal situations, such as potential endangerment of the client or others. In IECMH, maintaining confidentiality is complicated by involvement of multiple caregivers and the inability of the infant to “speak up” for their needs.

PURPOSE:
To discuss ethical concerns and decision-making in a case highlighting dilemmas posed by confidentiality.

DESCRIPTION:
The example case of Mariam, Sarah, and their 18-month-old daughter, Adara is described. Adara was referred to an infant mental health community treatment team because of excessive tantrums, hyperactivity, and aggression towards other children at daycare. Mariam is Adara’s primary caregiver at home and takes time off work to attend appointments with her. Mariam tells the clinician of significant strain in her relationship with Sarah, and she has been secretly drinking to cope with the stress. Mariam will not give the clinician permission to contact Sarah to discuss her drinking because she fears that this will result in relationship breakdown and separation. Mariam tells the clinician she would probably kill herself if Sarah left her. Mariam breastfeeds Adara at night but assures the clinician that she expresses her milk before she starts drinking, and she reports that she only drinks after Adara is asleep. Two clinicians will offer their perspectives on issues of fairness, trustworthiness, autonomy, beneficence vs non-maleficence, and approaches to ethical decision-making pertinent to this case.

CONCLUSIONS:
Consideration of the risks of breaking or sustaining confidentiality should take account the underlying and intersecting ethical dilemmas as they impact clinical decision-making and the bests interests of the child and her caregivers.
Customization of Circle of Security Intervention in different teaching contexts and cultures.

Mr Joe Coyne¹, Prof. Dr. Megumi Kitagawa², Prof. Dr. Brigitte Ramsauer³
¹QUT, Brisbane, Australia, ²Konan University, Kobe, Japan, ³Medical School Hamburg, Hamburg, Germany

Description of symposia
The effective use of Circle of Security (COS) intervention approaches to foster healthy parenting, attachment and child development, requires a critical focus on dissemination, training and supervision. COS is rooted in psychological theories of change, integrating multiple learning styles (e.g., homework, video techniques). Specific knowledge and competencies are expected to be developed by trainees. COS delivery and objectives require fidelity and consistency as teaching goals. Practically, individual professionals and institutions need flexibility of training and teaching to meet local, developmental needs of practitioners.

It is the specific aim of this symposium to present ways of teaching COS for students and professionals as its practical ends. As summary, future models of training are discussed that can provide differential approaches to addressing attachment and mental health issues and inform clinical and community-based research.

Title of symposia
Customization of Circle of Security Intervention in different teaching contexts and cultures

List of speakers

Brigitte Ramsauer. 1
1, Medical School Hamburg, Germany

Joe Coyne. 1
1 QUT, Brisbane, Australia

Kitagawa M. 1
1 Konan University, Japan
Experiences of 10 years training postgraduate psychology students in Circle of Security.

Mr Joe Coyne

INTRODUCTION
Since 2013 Circle of Security training has been provided to psychology trainees in the Master of Psychology (Educational and Developmental) program at QUT. This training has provided exposure to attachment theory as a basis for understanding dyadic process in families.

AIM
This presentation will discuss the experience of training graduates over an extended period and the central importance of providing a learning experience that connects with students own procedural (affective and experiential) understanding of attachment concepts. Reflections on student experiences of training will be considered.

DESCRIPTION
In Australia students enter into 2-year applied Masters trainings after their undergraduate studies in psychology to qualify as practitioners. During this undergraduate study exposure to attachment theory is limited to the basic concepts of the theory. The Circle of Security training in Assessment and Formulation in contrast seeks to provide an understanding of attachment constructs that is both applied and at significant depth to be of. Since 2013 students in postgraduate psychology at QUT have had the opportunity to undertake this training. It represents a significant shift from many theoretical classes they have attended and students have reflected on the personal nature of the training in evoking their own reflections of attachment experiences. This presentation will explore the specific nature and structure of the learning experience that is provided that elicits this level of engagement; the importance of this in acquiring attachment concepts in a way that is not just explicit-semantic, but also implicit-experiential; and the implications of this in approaches to learning concepts relevant to psychotherapy in general.

CONCLUSIONS
Circle of Security training represents a meaningful way for learners to engage with attachment theory and its applications. Considering the specific elements of the training and the nature of the learning process elicited is intended to benefit those engaged in training of practitioners.
Introducing the Circle of Security Parenting program into Japan.

Prof. Dr. Megumi Kitagawa

Konan University, Kobe, Japan

INTRODUCTION
The Circle of Security Parenting (COSP) was developed as a version of the COS model to be suitable for community practice. It can be delivered in eight-session using manualized video, and a 4-day workshop can train facilitators. The attachment-based COS model will benefit Japanese families since attachment should be universal. Because most Japanese have limited English skills, it is necessary to translate the material into Japanese and to train facilitators in Japanese.

AIM
This presentation will review the progress made since the Japanese translation of the COSP was created, and the training started in Japan in 2013. I will summarize the achievements and future challenges.

DESCRIPTION
Based on my experience with the COS Intensive model training and in close communication with one of the developers (i.e., Bert Powell), our team translated the COSP manual and created Japanese video materials in 2013. Bert Powell conducted the first 4-day training in 2013, and since then, I have given training once a year in Japan. Eight workshops have been held by 2022, resulting in approximately 580 Japanese COSP facilitators. The COSP effective studies have been published (Kitagawa et al., 2021; Kubo et al., 2021). Facilitators who have just completed the training look for opportunities to learn from experienced facilitators and to interact with other facilitators, and we have provided such opportunities. We also translated the Fidelity Journal to help facilitators’ reflection, but there is a strong need for coaching and supervision.

CONCLUSIONS
The COSP is effective for Japanese families, and it is an achievement to have trained many facilitators in Japanese. The challenge is to combine the power of the voluntary contributions of facilitators to create a structure in which they can be trained as fidelity coaches and take a central role in organizing the training.
Spotlights on Circle of Security Intervention: its application today and tomorrow

Prof. Dr. Brigitte Ramsauer

Medical School Hamburg, Hamburg, Germany

Introduction

Circle of Security (COS) Intervention is a parenting program that serves psychoeducational and therapeutic understanding to foster healthy development in children. It is a strength- and struggle-based approach rooted in attachment, self-object-related and mindfulness-based theories for addressing the parent, the child, and the risks involved in this developing relationship. The COS’s particular perspective on the child, for example, has shown to meaningfully contribute to parents’ treatment satisfaction.

Aim and methods of the study

The objective of this presentation is to describe COS intervention since its first publication in 2006 in terms of where it has found its place in the health and social welfare system, which occupational groups are most fitting to serve as multipliers and which affected groups profit from this intervention most. In addition, own experiences in teaching parents and professionals working with at-risk parents will be validated.

Conclusions

In the future, it will certainly continue to be a task reserved for research (university) institutions to implement and evaluate manualized COS treatment programs, focusing on a diverse range of outcomes. At the same time, another possibility may be that a low-dose application of COS program elements in existing services with greater outreach could lead to improved generality and everyday usefulness for parents, professionals, and trainees. It is conceivable that both courses of action could lead to mutually beneficially developments over time.
Building Infant Mental Health Workforce Capacity in Ireland: Opportunities and Challenges in the integration of a Competency Based Framework

Ms Marie MacSweeney¹,4, Ms Catherine Maguire⁴,⁵, Ms Ella Lovett³,⁴, Dr Audrey Lonergan²,⁴
¹Tusla, Cork, Ireland, ²Health Service Executive, Tipperary, Ireland, ³Health Service Executive, Cork, Ireland, ⁴Irish Association for Infant Mental Health, , Ireland, ⁵Parent and Infant Unit, Childhood Matters, Cork, Ireland

INTRODUCTION
The Irish Association for Infant Mental Health (I-AIMH) was established in 2009. Its core mission is centred on raising awareness regarding infant and toddler social and emotional development as a foundational developmental period. I-AIMH draws important attention to the specific role of early caregiving relationship, with particular focus on the contribution of the family, community and the cultural environment of the young child. Embedded in I-AIMH core objective, is strategic focus on advancement of interdisciplinary workforce capacity and education, supporting the translation of science to practice, alongside contribution to research and national policy development.

PURPOSE
Consolidation of I-AIMH charitable and limited company status, facilitated strategic planning and the opportunity to operationalise its specific focus to advance workforce capacity and competency based infant and early childhood education. Established collaborations with the Michigan Association for Infant Mental Health provided confident background knowledge of the Competency Guidelines®. Benefactor support enabled operationalisation of a strategic decision to purchase of the licence in 2017. I-AIMH joined the newly established Alliance for the Advancement of Infant Mental Health.

DESCRIPTION
Revisions of the Competency Guidelines® was completed with specific permission to facilitate cultural sensitivity, norms and goodness of fit within an Irish context. A stepped integration into national programmes who have a brief to progress pre-birth to three prevention, early intervention and workforce capacity is in progress. Further collaboration and partnerships are scheduled to progress their integration into national Infant Mental Health Network Groups and other early years training bodies.

CONCLUSIONS
Purchase of the Competency Guidelines® has provided a strategic framework with fidelity to infant mental health principles and practice from which to guide workforce capacity in the pre-birth to three developmental period. Challenges and opportunity regarding implementation also accompany this important Irish initiative and will be discussed.
The Newborn Behavioral Observation as an Intervention for Front-Line Caregivers

Dr Alexandra Harrison\textsuperscript{1}, Ms Trish Hurley\textsuperscript{3}, Mrs Anuli Ifezue\textsuperscript{4}, Dr Betty Hutchon\textsuperscript{5}, Dr Nicola Dawson\textsuperscript{6}, Dr Muhammad Zeshan\textsuperscript{7}

\textsuperscript{1}Harvard Medical School at Cambridge Health Alliance, Cambridge, US, \textsuperscript{2}Supporting Child Caregivers, Cambridge, US, \textsuperscript{3}Let’s Grow Together, Ireland, \textsuperscript{4}Health Visiting Manchester Foundation Trust, United Kingdom, \textsuperscript{5}Royal Free NHS Trust, United Kingdom, \textsuperscript{6}Ububele Educational and Psychotherapy Trust, South Africa, \textsuperscript{7}Rutgers University New Jersey, United States

Introduction:
The Newborn Behavior Observation (NBO) is an effective tool for supporting the relationship between infant and caregiver during the newborn period. A strong caregiving relationship has been shown to buffer the developing child against environmental stressors that negatively affect health outcome. Yet, most NBO practitioners are professionals—nurses, doctors, physical therapists, occupational therapists, social workers. These highly qualified clinicians are more expensive than the large pool of community workers—who, in addition, often have deeper ties to the community, and a stronger connection to community cultural beliefs and values. The search for cost-effective methods of building resiliency in children leads us to ask whether we can train community health workers to provide good NBO care.

Aim:
The aim is to answer this question through a demonstration of the challenges and the value of training community workers to implement the NBO in high risk, low resource populations of diverse cultures. We will describe programs training community workers to implement the NBO.

Description:
A panel of NBO practitioners and trainers from Britain, Ireland, South Africa, and Pakistan will describe their experience training community health workers as NBO practitioners, including unique features of their programs. Then, using these presentations as a springboard, workshop participants will engage in an in-depth discussion to consider insights gained through the practice of the NBO by front-line caregivers in socio-economically stressed and culturally diverse populations.

Conclusion:
Cost-effective infant-caregiver interventions are greatly needed in high-risk, low-resource populations. The study of programs training community health workers offers important insights into cost-effective infant intervention methods for improving health outcome, while also expanding the capacity of the NBO through insights into different cultural perspectives.
Introduction: The NBO is used as a “port of entry” and stepping stone to additional supports and intervention in a high-risk community. Cork City (Northwest) serves a population of over 12300 people, many with a history of poverty, homelessness, unemployment. The Let’s Grow Together! service is open to parents in the community from pregnancy until their child turns 4 yrs. It incorporates an Infant Mental Health approach that supports early childhood social and emotional development by nurturing parent/child relationship, within the context of the culture and the environment in which the families live.

Aim: We will discuss the implementation of the NBO in Let’s Grow Together, a community program, including the barriers and the facilitating factors we encountered.

Description: The NBO is implemented by the Let’s Grow Together multidisciplinary team with qualifications in Early Education or Social Care, Speech and Language Therapists, and Public Health Nurses. This team also hosts online NBO training for practitioners at different backgrounds and educational levels, including community workers in homeless and IPV services—typically indigenous to the community—baby massage, and other allied fields. After accreditation and ongoing mentoring from the Brazelton Institute and capacity building from Let’s Grow Together, these practitioners—including community workers—can facilitate the NBO with families within their own organisations.

Conclusion: The NBO can be successfully implemented in a community program by infant-parent support workers and others working directly in varying capacities with families. This presentation highlights how the NBO offered in the community offers unique and positive opportunities to infants and families that might not be otherwise available.
NBO in Early Help service and Thriving Baby project in Manchester

Dr Alexandra Harrison¹, Mrs Anuli Ifezue¹
¹Perinatal and Infant Mental Health in Health visiting Manchester Foundation Trust, Manchester, UK

Introduction:

Manchester, a city in Northwest England, is characterized by high ethnic diversity and the environmental risk factors of chronic poverty, low SES, crime, substance abuse, and IPV. The children of Manchester experience a high number of adverse childhood experiences (ACEs) and not surprisingly the population is sicker and die younger than other UK cities with comparable populations. The NBO is an intervention demonstrated to strengthen infant-parent bonding. A responsive infant-parent relationship can increase children’s resiliency by, at least in part, protecting infants from the negative influence of ACEs. Therefore, the NBO can be an effective preventive tool for at-risk infants.

Aim: We will discuss the implementation of the NBO by front line caregivers as part of a multidisciplinary team caring for vulnerable infants and their families in Manchester, UK.

Description: We will report on the Early Help and Thriving Baby projects in Manchester. In 2017 NBO training was instituted for all new and existing health visitors (public health nurses) with the goal of supporting the infant parent relationship and in that way buffering the child against the damaging effect of ACEs. Digital Health visiting records were adopted to provide for the documentation of the administration of NBO at the new birth visit and follow up visits. In early 2022, NBO training was additionally provided for members of the community with secondary school O level certificates. Currently, the NBO is implemented as a universal intervention by a multidisciplinary team. All staff members, including the community health workers, are supported by training, certification, clinical practice workshops, and peer support group in ongoing mentorship programs. The results of this program will be described.

Conclusion: The NBO can be successfully implemented in a community program by NBO-trained nonprofessional front line caregivers with ongoing training and mentorship.
NBO with Frontline Caregivers in an inner London borough - UK Sure Start Programme

Dr Alexandra Harrison, Dr Nicki Dawson, Dr Betty Hutchon¹
¹Royal Free NHS Trust, London, UK

Introduction:
An inner London borough, Camden is densely populated and ethnically diverse - 34% Black, Asian or other minority ethnic, and 22% non-British White--home to some of the poorest and some of the wealthiest people in the UK. Camden also has a mobile population (5th in the UK)--including a high number of refugees and many non-English speakers--presenting challenges in delivering high quality health care and early education services. The UKSSP integrates health visiting and early education and provides neonatal support and early education to prepare children for entering school at age 5. The program features the NBO to support parent-infant relationships. Accepted by health commissioners for use across the entire population of new-borns, it creates a pathway of services with a strong focus on the first 1001 days. To date over 700 Camden babies and their families have received an NBO in Camden since the first training cohort in May 2021, and 94% of NBOs are completed at the new birth visit.

Aim: To present the implementation of the NBO in an inner London borough involving a range of health and education workers from many different backgrounds and education levels.

Description: We will describe the planning and implementation of UKSSP. The first phase of UKSSP has trained home visitors. The second phase will train community workers, family support workers and early educators. Unique aspects of this NBO programme include: Parent participation, Parent feedback and questionnaires, practitioner-led change, NBO Champions, NBO focus groups, Peer observation tool and NBO “Passport” local best practice guide.

Conclusion: The NBO can be successfully implemented in a densely populated diverse London borough in a community program integrating early education and health. Community workers and family support workers will be trained in the NBO in the second phase of the project.
The NBO in South Africa: NBO Lay Counselors

Dr Alexandra Harrison¹, Dr Nicola Dawson¹
¹Ububele Educational and Psychotherapy Trust, Johannesburg, South Africa

Introduction:

The Ububele Trust is a non-profit organisation providing preventative infant mental health services to residents of Alexandra Township, in Johannesburg South Africa. A designated “black” area under the previous South African Apartheid regime, Alexandra offers affordable housing to many impoverished South and Southern Africans seeking employment in Johannesburg. Overcrowding, poverty and high levels of unemployment leave the community vulnerable to high rates of violence and xenophobia. In this context, parents of neonates are preoccupied with safety and financial security, which can interfere with the developing attachment.

Aim: This presentation will discuss the integration of the NBO as a preventative infant mental health tool into the Ububele basket of parent-infant mental health services.

Description:

The Ububele Parent-Infant Programmes is an extensive collection of perinatal and infant mental health services, including home visits, clinic and hospital consultations, parent-infant psychotherapy and parenting courses. The programme makes use of both lay counsellors from the community and psychology professionals. The NBO has become a critical tool across both the range of service providers and services. This presentation will demonstrate how the NBO has been integrated into these various programmes, with careful thought to the contextual and cultural adaptations required to guard against colonised health care practice in South Africa. We put special emphasis on lay counselor home visitors, who provide essential culturally congruent care to the community.

Conclusion: The successful integration of the NBO in to the Ububele Parent-Infant basket of services demonstrates the appropriateness of the tool for use in the South African setting, including through implementation with lay counsellors.
Building Baby Brains: Infant Mental Health Training for Community Health Workers in Rural Pakistan

Dr Alexandra Harrison¹, Dr Muhammad Zeshan²
¹Harvard Medical School, Cambridge, US, ²Rutgers University, New Jersey, United States

Introduction:
High neonatal mortality and morbidity in rural Pakistan has plagued the region even before the devastating floods. Lady Health Workers (LHWs)—village women selected by local health departments—are trained by the government and tasked with attending to basic health needs of village families. These community health workers present a unique opportunity to introduce additional support to the infant-parent relationship with the aim of supporting the resilience of infants born into these high-risk environments.

Aim:
To describe a pilot study of an infant mental health training that includes an adaptation of the NBO—Building Baby Brains (BBB)—given to LHWs in rural Pakistan.

Description
BBB, a manualized curriculum, was developed to supplement the basic health training of LHWs. BBB includes Information about perinatal mental health, early development, and an adaptation of the NBO. An intervention group of 23 LHWs were trained in the BBB, and a control group of 20 LHWs received training as usual. Each LHW in both groups was instructed to randomly choose 2 families in their caseload to include in the study. LHWs in the intervention group implemented the adaptation of the NBO in their 2 selected families. Outcome measures of maternal mental health, LHW job satisfaction, and infant-mother responses on the NCAST feeding scale, will be compared using data from the intervention and control groups of LHWs and their selected families.

Conclusion: A pilot study of a training program for LHWs in rural Pakistan includes an adaptation of the NBO. We will present preliminary results of BBB training to LHWs on the mental health status of mothers, the job satisfaction of LHWs, and on the mother-infant relationship.
Culturally Responsive Competency Integration: Association for Infant Mental Health in Hawai’i (AIMHHI):

Mrs Amanda Luning1,2, Erin Henderson Lacerdo1,2
1Association For Infant Mental Health In Hawai’i, Honolulu, USA, 2Alliance for the Advancement of Infant Mental Health, Southgate, USA

Introduction:
The Association for Infant Mental in Hawai’i (AIMHHI, formerly the Hawai’i Association for Infant Mental Health) has been working locally for more thirteen years to enhance the quality of early relationships and attachment through community education, advocacy, and professional development. In 2017 the Association acquired a license to use the Michigan Competency Guidelines through the Alliance for the Advancement of Infant Mental Health to Endorse® professionals in varying capacities in Infant and Mental Health and in 2022 acquired the Early Childhood License. In 2019 the Promising Minds Fellows Program began as a unique, in-depth experience for professionals to root themselves through intensive trainings and relationship-based reflective supervision and consultation (RSC) cohorts in quality, specialized, competency-based IECMH practice.

Purpose:
One of the primary intentions of acquiring the Competencies® was to help professionalize the field as a whole and potentially generate greater interest from both government and non-government entities to better collaborate to support quality and sustainability in services that benefit young children and their families.

Description:
Hawaii’s distinctive historical roots, economic status, demographic make-up, natural resources and geographic location is not much duplicated anywhere else in the world, which means needs in the field will be unique. Pretention and unnecessary exclusivity are not something that is, or ever will be, intended in an intentional perpetuation process, meaning the importance of inclusivity precedes most all other preferences. History, connection, and community ‘kulena’ (rights and responsibilities) must remain a priority when introducing new ways of understanding. AIMHHI is working toward developing messaging, language, context, and most importantly connections and relationships that meet the needs of our extremely diverse population while integrating collectively accepted Competencies® in the greater field.

Conclusion:
The Association’s primary mission remains community education and the spread of best practices that support parents and their young children. In its use of the Competencies® moving forward Hawai’i will have lot to share about diversity informed practice and reverence for unique ways of knowing and being, both because of our host-culture and our states blended values that come from many cultures around the world.
Multiculturally sensitive infant mental health training, research, and interventions: lessons from South Africa (Symposium)

Dr Anusha Lachman

1Stellenbosch University, CAPE TOWN, SOUTH AFRICA

Teaching and Training

The ways that care, attachment and relationships are given form in everyday practices are not universally the same. This raises the challenge of shaping current teaching and training models that are sensitive to context while still staying true to the core principles of the field. While IMH is well established in Euro-American contexts, questions are raised as to how to tailor it to contexts that may differ considerably to those in which those interventions were developed. Cultural variations and practices in child rearing and child raising makes the field difficult to navigate with a single acceptable approach. Systems of care for children take diverse forms that need to be accounted for in health and education policies, forcing us to rethink some of the foundations of our methods and interventions. Since most IMH research has emerged from higher income countries, interventions taught in Africa will be informed by these findings initially. CAMH research has shown that the cultural context in which parents and infants are embedded needs to be understood and appreciated before an intervention can be meaningful. Therefore, locally-developed training programs, and locally evidenced interventions are best placed to capture and include cultural nuances in its practical and theoretical teachings.

This will focus on the development of a curriculum for a master’s degree at Stellenbosch University aimed as offering culturally sensitive and locally relevant evidence based theory and research that can enhance practitioner knowledge and practice in a limited resource setting.

The challenges and strengths of the course are presented as the development of the degree over the past 5 years uncovers the differences in competencies and execution of teaching and practice of the subject matter in a transdisciplinary classroom.
Multiculturally sensitive infant mental health training, research, and interventions: lessons from South Africa (Symposium)

Ms Salisha Maharaj

1Stellenbosch University/Tygerberg Hospital, Cape Town, South Africa

Introduction

The Tygerberg Hospital Infant Mental Health Clinic provides an opportunity to apply infant mental health principals by practitioners from diverse professional backgrounds who work together to cohesively make appropriate recommendations and treatment plans. This aspect of the symposium will provide case material from the clinic and salient multidisciplinary reflections that highlight challenges and triumphs that emerge from working in this way within a culturally diverse and resource limited settling.

Aim: To demonstrate the unique and context-specific use of Infant Mental Health principles by professionals from various backgrounds in a clinical setting.

Description of the Work:

This aspect of the symposium will highlight the case of "KF" and his mother Kelly who was referred to the IMH clinic by a Developmental Pediatrician who was very concerned about 2 year old KF's self-harming behavior and the concerns around Kelly's ability to cope with it. After a rather desperate call to our clinic by his pediatrician, and the start of psychotropic medication on KF, this aspect of the symposium will track their journey through the MDT interview at our IMH clinic and the subsequent parent-infant work that followed. Salient themes will be highlighted from the treatment, and the KF's progress will be demonstrated using photographs of the playroom after sessions.

Conclusion: Case material will be presented which will bring to light the unique ways in which IMH principles are adapted and altered in order to support this vulnerable dyad in our unique and under-resourced context.
The impact of early mother-infant interactions and early adversity on brain development

Dr Pier Francesco Ferrari

1Cnrs, Lyon, France

Introduction
In human and nonhuman primates early emotional communication is complex and it plays a key role not only for normal social development but also for regulating psychophysiological and emotional functions of infants.

Purpose
The current presentation aims at highlighting the importance of a functional architecture account of the perceptual and behavioral predispositions of infants and parents that allow infants to capitalize on relatively limited exposure to specific parental behaviors, in order to develop important social capacities.

Description
I will present data from mother-infant interactions in the first months of life in both humans and macaque testing two different accounts. One emphasizes the contingency of parental responsiveness, regardless of its form; the other emphasizes the preparedness of both infants and parents to respond in specific ways to particular forms of behaviour in their partner. I will provide evidence in both human and nonhuman primates that face-to-face synchronous behaviors rely in part on sensorimotor cortical networks (which includes the mirror neuron network), which involve the activation of shared motor representations. Moreover, I will present how early development perturbation of mother-infant relationship impacts specific brain circuits involved in emotional face processing. Finally, I will show how oxytocin mediate synchronous early interactions probably through the activity of the attentional and mirror neuron networks, which facilitate the processing of social cues provided by the caregiver.

Conclusion
Perturbations or absence of early social synchronous exchanges have important short- and long-term consequences on social development and emotional regulation with significant implications on the emergence of psychological disturbances.
Hazards and avatars of eating disorders in a first pregnancy

Dr. Elisabeth Le Cosquer

1INSERM, France

Our PHD research is focused on a doctoral research in progress, focused on the vagaries and avatars of oral disorders (particularly of the anorexic type) on the experience of a first pregnancy.

Our previous research aimed at understanding the experience of pregnancy under circumstances of anorexia or bulimia. We described the symptoms of these patients referred to our consultations. The data collected highlighted the diversity of the symptoms but also the continuum of disorders, its intensity and its evolution during pregnancy. And of the suffering involved and the evolution of the disorders during pregnancy.

The present thesis, which is part of a qualitative approach with an exploratory aim, aims to give an account of the way in which the experience of pregnancy and the setting up of maternal processes can transform the anorexic symptoms in primiparous women. It is also a question here of taking into account the history and the transgenerational dynamics of the women as a meta-frame of the eating disorder and the pregnancy.

The participants will be included from a first phase of exploration in different maternity hospitals through the SCOFF questionnaire (Morgan et al. 1999), knowing that we wish to meet pregnant women aged between 18 and 40 years. We envisage a research methodology based on 4 meeting times:

- a first time at the end of the first trimester of pregnancy, based on a semi-directive interview inspired by the IRMAG
- a second phase at the end of the second trimester of pregnancy, based on a non-directive interview and the creation of a filiative genogram
- a third time, close to the presumed date of delivery, based on a free interview and the creation of an imaginary genogram
- finally, a last time, in the first trimester of the child's life, based on a free interview which will also be used as a closing interview.

The praxeological objective of this work aims at being able to propose, following the complementarist analysis of the collected data, recommendations to think a clinical device of prevention and accompaniment of the disorders of orality during the pregnancy.
International Perspectives from Australia, Ireland, Hawaii & USA on Adapting the Competency Guidelines and Endorsement.

Mrs Nicole Wade¹, Gally McKenzie¹, Ms Rochelle Matacz¹, Dr. Lynn Priddis¹, Elizabeth Oxnam¹, Anne Lowagie¹
¹AIMH WA, Perth, Australia

Introduction
Building workforce capacity in perinatal and infant mental health (PIMH) poses many challenges due to the field’s interdisciplinary nature, siloed departments and PIMH problems presenting in non-mental health settings, e.g. child protection and early childhood education. Following recommendations from a rigorous local study, the Western Australian Branch of the Australian Association for Infant Mental Health (AAIMH WA) became the first association outside the United States of America to obtain the licence for the Michigan Association for Infant Mental Health (MI-AIMH) Infant Mental Health Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®.

Having adapted and disseminated the AAIMH WA Competency Guidelines®, in 2019 the adaptation and launch of the Endorsement® system was completed. Practitioners and workers who meet the requirements of the AAIMH WA Competency Guidelines® are invited to apply.

The AAIMH WA Competency and Endorsement® system facilitates an innovative, systemic process of building workforce capacity to deliver quality services to infants and families across the continuum of care. This cohesive PIMH competency framework reflects the WA context whilst adhering to the rigorous standards of the MI-AIMH system.

Aim:
This presentation describes the system-wide change effort in progress since 2013, exploring the successes and challenges, including the complexity of adapting the MI-AIMH Guidelines® and Endorsement® to ensure relevance and cultural appropriateness; endorsement team trainings and promotion of the AAIMH WA Guidelines® and Endorsement®.

Description:
The presentation addresses the collaboration with MI-AIMH and the Alliance for the Advancement of Infant Mental Health; forming statewide supportive partnerships across disciplines and organisations; facilitating the uptake of Endorsement®; and securing sustainable funding.

Conclusions:
This process has highlighted the requirements for cross-cultural and transdisciplinary communication, cultural translation and sustainable resourcing.
All changed, changed utterly, a terrible beauty is born: social systems, anxiety and vulnerable infants.

*Ms Catherine Maguire*¹, *Prof Catherine Chamberlain*², *Dr Patricia O'Rourke*³, *Dr Prue McEvoy*⁴

¹Childhood Matters, Blackrock, Ireland, ²University of Melbourne, Melbourne School of Population and Global Health, Melbourne, Australia, ³University of Australia, Faculty of Health and Medical Sciences, , Australia, ⁴Government of South Australia, Department of Child Protection, , Australia, ⁵University of Cape Town, , South Africa, ⁶University of Stellenbosch, , South Africa, ⁷World Association for Infant Mental Health, ,

Introduction
Getting infants off to the best possible start and intervening early in the life of a vulnerable infant are core Infant Mental Health values. Economic validity has established the value of prioritising and investing in these pivotal years of development. Despite the significance of these core values within the first 1000 days of infancy, they are extremely difficult to find in systems of care. Challenges are many and varied and include the demands of working within this highly evocative area of service provision: in addition to managing the associated feelings and emotions that are aroused as a consequence of witnessing infants in distress. Other issues include retaining staff, high staff turnovers and struggles within the broader system to recognise the rights of infants, hear their emerging voice or acknowledge their needs.

Aim
The symposium aims to advocate for the development of a framework to scaffold the important work highlighted within these settings in relation to systemic social anxiety and its effect on service delivery.

Description
Drawing on concepts within Isabel Menzies-Lyth's (1960) seminal paper on Social Systems as a Defense Against Anxiety, this symposium will provide a reflective space to explore the nature of the anxieties that are evoked across four different systems of care, the challenges of responding to infants and how these emotional states are managed. The four systems are a parent and infant parental capacity assessment unit in Ireland, an infant therapeutic reunification service, a state-wide child protection service and an Indigenous Community in Australia.

Conclusion
Each paper will seek to understand commonalities among these systems of care, highlight any shared coping strategies as identified by Menzies-Lyth and consider new and possible ways of responding to these issues within these settings.

Menzies-Lyth, I., 1960, Social systems as a defense against anxiety, Human Relations, 13, pp.95-121.
Transitioning Home from NICU with moderate-to-late preterm babies: 
A supportive intervention based on the NBO

Ms Marielle Yehouetome1,2, Prof Kevin Nugent3,4,5, Dr Bérengère Beauquier-maccotta2,6
1PMI Brune, Institut Paris Brune (ex Institut de Puériculture et de Périnatologie de Paris), 75014 Paris, France, 2Université Paris Cité, Laboratoire de Psychologie Clinique, Psychopathologie, Psychanalyse, F-92100 Boulogne-Billancourt, France, 3Brazelton Institute, Boston Children's Hospital, Boston, United States, 4University of Massachusetts at Amherst, Amherst, United States, 5Harvard Medical School, Boston, United States, 6Unité de Pédopsychiatrie Périnatale, EPS Ville Evrard, 93130 Noisy-Le-Sec, France

The past decades have highlighted many repercussions of prematurity. The vast majority of studies have focused on the earliest gestational ages, i.e. very and extreme preterm births. However, consequences of moderate-to-late preterm births are far from being trivial, as evidenced by a growing literature and our own clinical observations. Transitioning from NICU to home is acknowledged as a sensitive period for parents that triggers ambivalent feelings. The relief of returning home is commonly tinged with anxiety and apprehension about leaving the safety net of the NICU with a newborn often perceived as “fragile” and “enigmatic”. In France, a post-hospital follow-up is offered by The Maternal and Child Protection Center (PMI) which is currently the main public healthcare service dedicated to early preventive care from 0 to 6 year-old. Over the years, we have witnessed sensory difficulties among moderate-to-late preterm babies, parental stress and relational dysfunctions within these dyads. To prevent such issues and compensate for discontinuity of care, in addition to the routine medical follow-up, the PMI has set up an early intervention program in partnership with the NICU. This clinical program is based on Newborn Behavioral Observations (NBO) offered right before and after discharge. These sessions give us tremendous opportunities to support parents in understanding their babies communication cues and special needs, to enhance their self-confidence and parenting skills, and to foster attuned parent-child interactions. The therapeutic alliance established during these sessions facilitates potential referrals for developmental concerns or parent mental health issues. In conclusion, the NBO system is a powerful tool at this crucial stage of transition. Professionals are invited to pay closer attention to both parents, and their newborns who, although medically stabilized, are in great need of caregivers willing to lean over their cribs to identify their subtle vulnerabilities and capacities, and ultimately support their development.
How anxiety affects social systems working with vulnerable infants: An infant therapeutic relationship service experience

Dr Patricia O'Rourke

1University of Adelaide, Adelaide, Australia

Introduction

It is undisputed that infants need sensitive attuned relationships to thrive. The positive effects of this for the infant are seen across all domains of functioning over their life span.

Therapeutic reunification of parents and their harmed infants is challenging work. The service system needs its workers to be reflexive, deeply reflective and to think systemically. It takes a high level of expertise to provide timely and ongoing assessment, therapeutic intervention and systemic holding. However, unless the level of anxiety throughout the system of care and management is recognised and the various ways of coping with this identified and articulated, positive outcomes and good results will not be enough.

Aims

To present the model and work of a 10 year infant therapeutic reunification service highlighting its learnings in relation to addressing Menzie-Lyth’s (1960) social anxiety in systems.

Description

This paper will briefly outline the work of a therapeutic reunification service for harmed infants in Adelaide, South Australia over 10 years. It will focus on how distress and anxiety were contained within the model of care and using Menzies-Lyth’s paper, it will explore possible motivations and underlying forces of social anxiety that effected different levels of service delivery and contributed to the premature closure of a successful service.

Conclusion

When infants are harmed a timely holistic response is needed to address their harm and assess and work with their parents to assess viability of reunification. However unless different forms of social anxiety are identified and addressed at all levels of the system expert assessment and therapeutic endeavour is not enough.

Menzies-Lyth, I., 1960, Social systems as a defense against anxiety, Human Relations, 13, pp.95-121.
Multiculturally sensitive infant mental health training, research, and interventions: Lessons from South Africa (Symposium)

Dr Juané Voges\textsuperscript{1,2}
\textsuperscript{1}Stellenbosch University, , South Africa, \textsuperscript{2}Tygerberg Hospital, , South Africa

Introduction
Maternal psychiatric illness during pregnancy and the postpartum period may exert a detrimental impact on mother-infant attachment and maternal sensitivity. A recent South African investigation of maternal mentalising found that mothers with severe mental illness had the potential to develop ordinary reflective ability. Maternal reflective capacity may provide an avenue of intervention to mitigate the potential risk of maternal mental illness on the development of attachment security.

Purpose
A mother and baby mentalization group, launched as part of the specialist maternal mental health services at Tygerberg Hospital, provides an opportunity for early intervention with an at-risk group of mothers. The group incorporates principles of the Mothering from the Inside Out intervention, adapted for a local context.

Description
The maternal mental health (MMH) clinic at Tygerberg Hospital provides multidisciplinary, specialist psychiatric services to women with high-risk pregnancies due to comorbid complex medical conditions and mental health concerns. Women fall within middle- to low-income groups and contend with multiple psychosocial challenges.

Within a resource-constrained setting, group therapy was selected to provide a therapeutic intervention to a larger number of patients. This model also served as a screening opportunity to identify patients who require more intensive intervention.

Utilising a mentalising approach, mothers are encouraged to share their experiences and expectations of pregnancy and parenting to develop a greater capacity for self-mentalising and child-mentalising.

Conclusions
Mentalising groups with at-risk pregnant and postpartum mothers provide an opportunity to enhance parental sensitivity and mother-infant attachment. This flexible model of intervention highlights the need for adaptation in the provision of clinical and therapeutic services within a resource-limited context.
Containing defenses against anxiety within the social system of a residential parent and infant unit

Ms Catherine Maguire¹
¹Childhood Matters, Blackrock, Ireland

Introduction
The birth of an infant is a major transition in the life of a mother and her partner. It requires considerable adjustment and psychological reorganization, and access to relationally safe social support is essential. Scientific evidence has documented the importance of the infant’s early experiences and the role of parent-infant attachment relationships in supporting their optimal development. When the transition to parenthood is accompanied by trauma, early life adversity, mental illness, and poor supports, the infant’s well being is placed at considerable risk. Prompt assessment of parental capacity is vital to assess the quality of care, and degree of safety required to respond to the infant’s multifaceted needs. Assessments are complex and require professional skill to manage the primitive anxieties aroused. How the practitioner’s social defenses are held, and how containment is managed by the system of care are crucial factors in the management of this anxiety provoking work.

Aims
To describe the model of parent capacity assessment provided in a residential parent-infant assessment unit, and the learning achieved from Menzies-Lyth’s (1960) social systems anxiety framework in scaffolding the practitioner’s work to maximize the benefit for parents and infants.

Description
Practitioner’s processes involved in conducting parental capacity assessments where parent and infant are closely observed and monitored will be discussed. This paper will reflect on the emotional stirrings evoked among practitioners while responding to the infant, parent, and relational states of mind. Social defenses employed in managing these anxieties will be explored.

Conclusion
Residential parental capacity assessments offer opportunity for repair and reunification in at-risk parent-infant relationships. However, it is a process fraught with potential for re-traumatization and missed opportunity. Containing anxieties generated within this system of care and providing space for reflection, containment and holding are essential if this crucial work is to reach its optimal potential.
Eating disorders, pregnancy and perinatal practices: Hazards of early parent-child interaction

Prof Kai von Klitzing, Dr Claire Squires, Professor Valeria Barbieri, Sylvie Viaux Savelon, Dr. Nasha Murday, Docteur Elisabeth CHAILLOU, Dr. Elisabeth Le Cosquer

1 University of Leipzig, Leipzig, Germany, 2 Perinatal Unit in Hospices Civils de Lyon, University Lyon 1, Lyon, France, 3 Department of Psychology, University of São Paulo, São Paulo, Brasil, 4 CRPMS, Université de Paris, Paris, France, 5 Centre d’Épidémiologie et de Recherche en santé des Populations, Montpellier, France, 6 Neuilly sur Seine Hospital, Neuilly sur Seine, France

The early mother-father-baby relationship is central in the exchange of concrete but also affective nourishment. Emotional regulation, adjustment during care and exchanges, attachment, aggressive/destructive/active/passive oral fantasies are important in the construction of the child’s self and its security. Somatic diseases (oral-pharyngo-laryngeal malformations, immaturity) can impact on their relationships from the very beginning. Parents with past and current eating disorders or obesity have been shown to report difficulties nourishing their infants. Being predictable to a certain extent, these disorders should be addressed even before pregnancy.

In this symposium based on scientific clinical studies and interventions, we would like to highlight different precipitating factors (environment, prematurity, life habits, stress) impacting the infant-parent interaction. How can we prevent these difficulties to promote a secure relationship? How can we help young children and their families during nurturing?

Methods: We aim at describing the patterns of the family functioning in triads with ED pathology, obese mothers, or babies’ development difficulties and determine the quality of emotion transmission within their interactions. These factors could be either protective or precipitative. We will also propose different settings (therapeutic groups, family consultations) to overcome anxiety during interactions to promote parents’ adaptation and sensitivity to their offspring during feeding. Elisabeth Le Cosquer (France) will describe mothers with anorexia and the intergenerational transmission of ED disorders; Valeria Barbieri (Brazil) will present longitudinal study from pregnancy of obese mothers to babies 36 months. Elisabeth Chaillou (France) will talk about nourishing problems of premature babies and family consultations to get over this state. Sylvie Savelon (France) will present a therapeutic group of children based on ludic orality peer interactions.

Conclusions: Our chair will highlight the multidisciplinary aspects of these researchs to determine the key points of interventions in case of eating disorders and group issues.
Infants within the Child Protection System: who hears their distress?

Dr Prue McEvoy

Introduction:
Child Maltreatment occurs frequently in the first thousand days. Risk can be identified antenatally but our current service models are ill-equipped to manage the complexities presented by these infants and their families. Most commonly this presents as physical and emotional neglect but infants of course are also more vulnerable to incident based events where physical injury and death can be the outcome. Infants who have experienced maltreatment also have a developmental trajectory that is skewed across all developmental domains. If unrecognised these difficulties persist and lead to poor long-term outcomes across all life domains including psychological and physical health.

Aim:
To highlight as a child and adolescent psychiatrist working within a statutory welfare service, the impact of working with infants who have been harmed. This is visible across the child protection workforce but also within the systems that interface with our department including the health and legal systems.

Description:
This paper will reflect on the perceived inability of such systems to authentically recognise the infant’s distress and possible reasons for this across these systems. This often leads to the needs of the parents being prioritised and decisions made that continue to be harmful to that infant rather than keeping them safe.

Conclusion:
Understanding the anxiety evoked by infants within the child protection system can assist us to work more effectively in these systems of care.
The Complexity of Feeding and Eating Disorder: Clinical and Scientific Perspectives

Dr. Markus Wilken¹, Dr. PhD Susanne Hommel², Mrs. Annekatrin Thies³, Mrs. Ruth Wollwerth De Chuquisengo⁴, Dr. Margret Ziegler⁴, Prof. MD Irene Chatoor⁵,⁶

¹Feeding Tube Dependency Institute, Essen, Germany, ²Baby Clinic Hamburg 'SchreibabySprechstunde Hamburg' and Private Practice for Psychoanalytic Psychotherapy for Babys, Children, Adolescents and their Parents, Hamburg, Germany, ³Evangelisches Krankenhaus Alsterdorf, Parent-Child Clinic, Child and youth Psychiatry, Hamburg, Germany, ⁴kbo-Kinderzentrum, München, Germany, ⁵The George Washington University, Washington, United States of America, ⁶Children's National Medical Center, Washington, United States of America

Feeding and eating disorders are frequent mental health conditions, affecting 10% of infants and small children and up to 40% of children with complex medical conditions. Due to the complexity of disturbed feeding a multi-professional approach is needed. The symposium includes different perspectives on assessment and treatment. Feeding Disorders presented are classified using the classification by Irene Chatoor (DC:0-3 R, 2005).

The first presentation by Hommel will focus on an inpatient clinical sample with Posttraumatic Feeding Disorders and Non-Posttraumatic Feeding Disorders. The data presented focuses on the differences in levels of distress in children and mothers, the quality of the parent-child relationship as well as the treatment outcome for both groups.

Secondly, Thies will present a psychotherapeutic inpatient multi-professional treatment model for severe Feeding Disorders. Her clinical approach shows how the assessment of a specific Feeding Disorder leads to an aligned treatment process, related to the individual symptomatology of child, parent and their relationship.

In addition to the psychotherapeutic perspective, Ziegler presents case studies from a pediatric perspective. The impact of the medical condition on the feeding behavior as well as on mental health of the child and its parents in chronically ill children and children with development disorders are analyzed and relevant aspects for the treatment are reported.

Last, Wilken focuses on the results of a metanalytic evaluation of feeding tube dependency including 14 studies representing an overall sample of 845 cases. The prognostic factors for treatment success and failure are presented and consequences for the treatment process are outlined.

Finally, the complexity of disorder in feeding and eating in infants and toddlers presented in the symposium will be discussed by Prof. Irene Chatoor. Her discussion will focus on clinical and scientific perspectives as well as on future trends regarding assessment, treatment and research in Feeding Disorders.
Meta analysis review of Feeding Tube Dependency treatment

Dr Markus Wilken
Feeding Tube Dependency Institute, Essen, Germany

INTRODUCTION: For about 20 years a dramatic increase of children with feeding tube dependency were reported. Children with feeding tube dependency show persistent food aversion. Treatment programs for children with were reviewed in several papers, a specific effectiveness evaluation is pending.

MATERIAL and METHODS: We searched Medline, PsychInfo, Google Scholar (2000-2018) for treatment programs for children with feeding tube dependency. The retrieved data was evaluated following a structured evaluation design and to factors, which predict treatment success with a logistic regression model.

Results: The systematic search yielded 14 studies involving 845 cases and a treatment success ES= .81. Furthermore, the Meta-Analysis revealed, that home-based treatment ES=.87 and inpatient treatments ES=.85 are more successful than day clinic ES=.62. Treatment with hunger induction ES=.85 are more successful than without ES=.58 and relationship-base treatment ES=.92 more successful than behavioral modification ES=.67. As a consequence, relationship-based treatment with hunger induction in home-based or inpatient setting predicts treatment success.

Conclusions: The study results show specific factors, which predict treatment success. These results should be recognized as guiding for treatment programs for children with feeding tube dependency.
Specifics of Posttraumatic Feeding Disorders in Early Childhood and their Relevance for Treatment

Dr PhD Susanne Hommel¹, Dr. MD Nikolaus von Hofacker², Prof. MD Mechthild Papoušek³, Prof. MD Irene Chatoor⁴,⁵

¹Baby Clinic Hamburg ‘SchreibabySprechstunde Hamburg’ and Private Practice for Psychoanalytic Psychotherapy for Babys, Children, Adolescents and their Parents, Hamburg, Germany, ²Private Practice for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, Munich, Germany, ³Munich Crying Baby Outpatient Clinic ‘Schreibbabyambulanz’, Children’s Centre Munich, Munich, Germany, ⁴The George Washington University, Washington, USA, ⁵Children’s National Medical Center, Washington, USA

Introduction: This retrospective study examined an inpatient clinical sample of children with severe Feeding Disorders in order to evaluate the differences between Posttraumatic Feeding Disorders (PTFD) and non-posttraumatic Feeding Disorders (non-PTFD) regarding the perceived levels of stress in mothers and children and the quality of the parent-child relationship.

Description and Results: Children’s Feeding Disorders were classified according to the criteria by Chatoor (2002, 2005). The groups with PTFD and non-PTFD were compared by child and maternal variables as well as cumulative scores of perceived stress levels before and after treatment. Children (0 - 6 years) and their mothers were treated for 1-19 weeks at a Child and Adolescent Psychiatry and Psychosomatics inpatient parent-child unit. Children and mothers of both groups showed high levels of perceived distress. Children of the PTFD-group showed more severe somatic symptoms, more indicators of psychosocial stress and significantly higher cumulative stress scores. Interestingly, mothers of both groups showed high psycho-social stress levels. And both groups showed severely disturbed interactional patterns qualifying for a classification of a disturbed parent-child relationship by DC:0-3 R (2005), often associated with forced feeding. Both, the PTFD- and the non-PTFD-group experienced a significant reduction of symptoms in the children, of distress in children and mothers, and an improved quality of mother-child-interactions after treatment. However, the PTFD group clearly required longer treatment.

Conclusions: This study demonstrated very severe levels of distress and somatic symptoms experienced by children with PTFD requiring the longest treatment. Furthermore, the results supported the clinical impression of severely disturbed qualities of parent-child relationship in both groups. The findings support a relational focus in treating feeding disorders of early childhood, a concern about aversive consequences of eating and the observation of feeding and play in order to assess specific interactional patterns between young children and their parents that inform treatment.
EMOTIONS AND EARLY INTERACTIONS OF BABIES AND OBESES OR OVERWEIGHT MOTHERS

Professor Valeria Barbieri¹, Dr Claire Squires², Dr. Nasha Murday³
¹University Sao Paulo, Ribeirao Preto, Brazil, ²Université Paris Cité, Paris, France, ³Université Paris Cité, Paris, France

INTRODUCTION: Childhood obesity is multifactorial and reflects a complex interplay of genes and environmental factors, such as modern lifestyles, physical inactivity, and unhealthy eating habits. AIMS: Our concern was to look at the psychic movements and observe naturalistic interactions.

1. Is there a link between mothers’ obesity and their sensitivity to the child's signals during feeding.
2. Does obesity of mothers has an impact on the overweight/obesity of the child.
3. Do triadic relationships have a protective or precipitating effect on the transmission of overweight and obesity.

METHODOLOGY: Our survey proposes to detect obese or overweight pregnant women then observe emotions and interactions with their children aged 2-3, 12, 36 months and with a control group: effect on the baby's weight growth, on the sensitivity of mothers, on the quality of dyadic interactions during a meal and during a triadic play with the father and mother at 12 and family interactions at 36 months.

RESULTS: In the narratives of six obese women, factors favoring the constitution of obesity can be familial, related to undifferentiation between generations, abandonments in childhood, absence of paternal pare-excitation, lack of individuation, neurosis of failure, marital violence, depressive parents. During pregnancy, we are struck by the mixture of narcissistic preoccupations and the externalization of part of the libido. The fetus does not appear in an individualized way. Women develop few daydreams, few fantasies, little projection into the future, little access to ambivalence. Then with the child, the exchanges are rather poor and particularly in the situations of feeding. The difficulties with their fathers persist and this complex has an impact on the bond with the child. We expect:

- Better nutritional monitoring of pregnant or overweight women.
- Supporting the parent-child relationship through psychological counselling
- Decrease of stress
All changed, changed utterly, a terrible beauty is born: social systems, anxiety and vulnerable infants

Prof Catherine Chamberlain1
1University Of Melbourne, Melbourne, Australia
Healing the Past by Nurturing the Future

Introduction
Family and extended kinship systems have always been central to the functioning of Aboriginal and Torres Strait Islander societies as the social fabric and cultural attachment systems for nurturing healthy, happy children. These systems have been underpinned by cultural knowledge, governance structures and lore, supporting Aboriginal and Torres Strait Islander peoples to adapt and thrive for at least 2000 generations. Since colonisation, Aboriginal and Torres Strait Islander communities have been impacted by intergenerational cycles of trauma, stemming from colonial violence, genocidal policies and discrimination, including the forced removal of children from their families. Perinatal and child protection systems are implicated in these past and ongoing harmful policies, demonstrated in ever-increasing numbers of Aboriginal and Torres Strait Islander children being removed from families in the first of birth. System reform is urgently needed to support Aboriginal families to stay together from the start.

Aim of the study
To transform cycles of intergenerational trauma to cycles of nurturing and recovery in the first 2000 days.

Material and Methods
Aboriginal and Torres Strait Islander-led community-based participatory action research approach and intervention mapping framework was used over four years 2018-2022 to co-design innovative strategies to improve perinatal awareness, recognition, assessment and support for Aboriginal and Torres Strait Islander parents experiencing complex trauma.

Conclusions
Our innovative model, Replanting the Birthing Trees, is grounded in Indigenous knowledges and worldviews and governed by community-controlled peak bodies, will drive perinatal care system reform so that Aboriginal and Torres Strait Islander families can, once again, live healthy happy lives in this abundant land we now share.
Parent child therapeutic group for Orality disorder.

Sylvie Viaux Savelon$^{1,2}$
$^1$Hospices Civils De Lyon, LYON, France, $^2$Institut Sciences Cognitives, Lyon 1 University, LYON, France

Oral disorder includes oral functions: nutrition (swallowing, chewing), expression (mimic, phonation), breathing and relationship. The role of early interactions is fundamental both in the oral investment and the beginning and/or outcome of the oral disorders. The therapeutic approach of these children is generally individual. More recently, transactional approach with therapeutic groups involving parents, children and professionals have been developed.

Method: We will present a multidisciplinary therapeutic group for children from 3 to 7 years old with oral disorders since early childhood. This group has been designed to enable children and their parents to be treated in a global approach. The device is composed of 2 simultaneous groups: one for children and one for their parents. These groups are carried out weekly by a motor therapist and a nurse on the children’s side and a child psychiatrist and a psychologist on the parents' side.

Results: Concerning children, the investment of the oral sphere will be done through various sensory demands and the consideration of the dimension of pleasure through a chain of events described by A. Bullinger: posture, olfaction, capture, suction, swallowing, satiety, and narrativity. Concerning the parents, the group allows to evoke and to share with other parents and therapists, the difficulties they face. Concerns about children’s development are discussed: appetite, sleep, cleanliness, motor skills or language.

Conclusion: Therapeutic group mobilizes complementary aspects of individual treatment for the child and its family. It promotes a dynamic that cannot be achieved in an individual situation. Children can rely on their peers’ imitation while working their empowerment. The multidisciplinarity also allows the diversification and enrichment of relationships. On the parent side, the group allows to work representations about their child and stabilize the progresses of their children at home and to initiate for some of them individual psychotherapy.
EATING DISORDERS IN VERY PRETERM INFANTS DURING THE FIRST YEAR : PSYCHODYNAMIC APPROACH

Docteur Elisabeth CHAILLOU

1CENTRE HOSPITALIER RIVES DE SEINE ,CMPP EDOUARD CLAPAREDE Claparède Neuilly Sur Seine, NEUILLY SUR SEINE, FRANCE, 2CAMSP JANINE LÉVY, PARIS, FRANCE

-PARENTS OF VERY PRETERM INFANTS GO THROUGH A TRAUMATIC EXPERIENCE BECAUSE THEIR BABY FACES A LIFE THREATENING RISK. IN POST-HOSPITALIZATION, SOME PRETERM INFANTS SUFFER FROM EATING DISORDERS.
-IN THE FIRST MONTHS, SOME PRETERM INFANTS EATING DISORDERS ARE RELATED TO A "PAINFULLY PRECIOUS" RELATIONSHIP BETWEEN PARENTS AND BABY. THESE EATING DISORDERS MAY DISAPPEAR AFTER EARLY PSYCHOLOGICAL TREATMENT. HOW ? THE MULTIDISCIPLINARY CONSULTATION CONSISTS OF HAVING THE PARENTS-BABY PSYCHODYNAMIC LISTENING AND THE PEDIATRICIAN EXAMINATION TAKING PLACE IN THE SAME CONSULTATION.
- THE VIDEO WILL SHOW A 7 MONTHS BABY WHO WAS BORN EXTREMELY PREMATURALY AND SHOW HOW THE MOTHER'S ANXIETY AFFECTS HER WAY OF FEEDING HER DAUGHTER
I WILL THEN DESCRIBE THE CASE OF 10 MONTHS OLD PRETERM BABIES FED EVERY TWO HOURS, NIGHT AND DAY.
TO GIVE AN ADDED DIMENSION, I WILL DESCRIBE THE EVOLUTION OF THE EATING DISORDER OF A 4 MONTHS BABY, BORN AT FULL TERM. HER MOTHER HAS AN EATING DISORDER, BULIMIA, FOR WHICH SHE HAD BARIATRIC SURGERY AS A CURATIVE TREATMENT.
- FROM THE PARENTS’ POINT OF VIEW, IT CAN FEEL EITHER WORRYING OR HURTFULL TO HAVE TO CONSULT WITH A CHILD PSYCHIATRIST FOR A 7 OR 8 MONTHS OLD BABY. THE MULTIDISCIPLINARY CONSULTATIONS (MDC), BEGINNING AT THE AGE OF ABOUT 6 MONTHS, ALLOW TO BUILD THERAPEUTIC ALLIANCE BETWEEN THE PARENTS AND THE CHILD PSYCHIATRIST. MDC HELP TO SET UP SUBSEQUENT CONSULTATIONS WITH THE CHILD PSYCHIATRIST SINGLY.
WHEN THE EATING DISORDER OF THE BABY IS A DIRECT REACTION TO THE TRAUMATIC EXPERIENCE FOR THE PARENTS, PSYCHODYNAMIC TREATMENTS CAN, SOMETIMES, BE SUCCESSFULL AFTER A FEW EARLY-ON SESSIONS. BUT, WHEN THE PARENT HAS AN EATING DISORDER, IT MAY BE ANOTHER CLINICAL EVOLUTION, WITH A LONGER TREATMENT.
‘Impediments and enablers: mental health services for infants and families -
global perspectives’

Dr. Aoife Twohig¹, Associate Professor Campbell Paul², Associate Professor Elizabeth Barrett³, Professor Fiona McNicholas⁴
¹Children’s Health Ireland, Dublin, Ireland, ²Royal Children’s Hospital, Melbourne, Australia, ³Children’s Health Ireland, Dublin, Ireland, ⁴Children's Health Ireland, Dublin, Ireland

Introduction
Child and Adolescent Psychiatry has always played a central role in the development of Infant Mental Health, as a distinct sub-specialty, clinically and from a service perspective. As many countries face an exponential increase in presentations of acute mental health needs in adolescent and young adult patients, child psychiatry services are often overwhelmed and resources directed to address these needs. The mental health needs of infants and very young children are often overlooked despite evidence which indicates the prevalence and vulnerability of young children to mental ill-health.

Aims
This symposium will focus on a variety of themes with the intent of stimulating discussion about how scarce resources can be implemented in developing services for infants and families and the challenges and enablers of this within available resources.

Description
The themes of the presentations included in the symposium will include roles and responsibilities as Child Psychiatrists within infant mental health, CAMHS and paediatric liaison services; the training needs of child psychiatry trainees in order to bring the infant to the mind and experience of trainees in psychiatry; the prevalence of burnout and need and methods of staff support; service development, research and advocacy.

Conclusions
The symposium proposes to create an atmosphere of discussion and creativity, with sharing of ideas and insights from established and evolving services, in order to support ongoing infant and family service development and capacity building within CAMHS, paediatric liaison psychiatry and other services.
Staff burnout and support: how this may affect infant mental health service provision

Associate Professor Elizabeth Barrett¹
¹Children’s Health Ireland, Dublin, Ireland

Introduction
Given international concerns about burnout and compassion fatigue, recruitment and retention concerns within medical and psychiatry training and workforce, this talk will highlight the prevalence of burnout from an Irish as well as global perspective, and the role of this in relation to infant mental health services.

Aims
The presentation will cover the introduction of methods of supporting staff within a tertiary paediatric hospital setting over the past number of years, including through the Covid 19 pandemic.

Description of the work
Schwartz Rounds were introduced at the Children’s University Hospital, Dublin, the first paediatric hospital in Ireland to do so. The rounds provide a framework where staff from across an organisation can meet to reflect on the emotional impact of their work and helps to improve staff wellbeing, resilience and support which ultimately has an impact on improved patient centred care. Balint reflective practice groups have been introduced for psychiatry trainees in Ireland- providing an opportunity to discuss psychological aspects of their relationships with patients in a relaxed, supportive, structured and confidential setting. The presenters also lead initiatives with regard to Balint groups for specialist Psychiatry trainees nationally. Recently, we have offered these in the paediatric hospital to trainees there, who have welcomed them and 80% rated them as very positive. This is an innovation for medical and paediatric trainees, who have never participated in similar initiatives before.

Conclusions
The role of staff burnout and compassion fatigue as impediments to infant mental health service development will be discussed. How these and other modalities may support infant mental health in paediatric and CAMHS settings will be discussed.
Roles and responsibilities as Child Psychiatrists within Infant Mental Health

Dr. Aoife Twohig¹
¹Children’s Health Ireland, Dublin, Ireland

Introduction
'In dreams begins responsibility', Yeats' 1914 poem Responsibilities reminds the reader. The role and responsibilities of child and adolescent psychiatrists have evolved and changed over time. The desires that drew many to the profession may have changed too and the context to much of our work has also changed. The rapid rise in acute presentations of self harm and suicidal acts, eating disorders, and severe behavioural disturbance has led to scarce psychiatry resources being diverted to address these crises. This has also had the impact of lessening resources directed towards infants and young children, yet there is now unequivocal evidence that the earliest years of development are critical to mental health across the life span, that intervening early can ameliorate suffering and prevent future morbidity, and that infants and young children can and do experience mental health problems.

- Aim
This presentation aims to outline the scope of child and adolescent psychiatry within infant mental health and the rationale for and how this can be developed within current resources.

- Description of the work or project
The presenter will describe the roles and responsibilities of child psychiatrist in infant mental health and describe various initiatives which have increased awareness and capacity for infant mental health in a clinical setting

- Conclusions
Child and adolescent psychiatry is an important component of the infant mental health multidisciplinary approach. Increasing awareness of this role, developing training and increasing capacity within services to provide for infants, young children and their families will be discussed.
Feeding and Eating Disorders in Early Childhood: Interventions and Interdisciplinary Collaboration

Mrs Annekatrin Thies¹
¹Evangelisches Krankenhaus Alsterdorf, Hamburg, Germany

Introduction: The presentation focuses on a highly developed concept ("The Hamburg model", Thies & Schenkluehn) for the treatment of persistent and severe feeding and eating disorders in infants, toddlers and preschoolers. The differential diagnosis is based on the classification by Irene Chatoor (DC:0-3 R, 2005). Specific interventions for the treatment of infantile anorexia, sensory refusal to eat and post traumatic feeding disorder are presented.

Description and Results: The department of child and adolescent psychiatry and psychotherapy at the Alsterdorf Hospital in Hamburg, Germany holds more than 20 years of experience in treating infants, toddlers and preschoolers as well as young children together with a parent in a day clinic or inpatient setting. The multimodal treatment includes child-, relationship- and parent-centered interventions by an interdisciplinary team of psychotherapists, pediatricians, child and youth psychiatrists, psychiatrists, physiotherapists, ergotherapists and speech therapists as well as pediatric nurses and educators. In case of severe parental mental disorders, there is an integrated psychiatric and psychotherapeutic treatment of parents provided. In the treatment of feeding and eating disorders in infants, toddlers and preschoolers, psychotherapeutic interventions are comprised of parental counseling, parent-infant-toddler psychotherapy, video-interaction therapy as well as play psychotherapy. Medical supervision is continuously provided, particularly in the case of tube weaning. The multiprofessional therapy focuses on stability, oral motor skills but also communication, interactive play, self-efficacy and autonomy. "Play dinners" or structured "tasting times" for desensitization are integrated in the daily routine at the ward and meals are prepared, executed and reflected upon together with the parents. Further interventions (e.g. development of feeding rules, stimulus control, individual token systems) are implemented in relation to the child’s specific disorder.

Conclusion: The treatment of severe feeding and eating disorders requires child-, relationship- and parent-centered interventions as well as close interdisciplinary collaboration.
Feeding and Eating Disorders in Chronically Ill Children and in Children with Developmental Disorders

Dr. Margret Ziegler, Mrs Ruth Wollwerth De Chuquisengo, Dipl.-psych. Hannah Bartl

kbo-kinderzentrum, Munich, Germany

Introduction: Children with chronic illnesses and developmental disorders may develop feeding and eating disorders, which are often accompanied by failure to thrive and tube dependency. Description and Results: Physical impairments, like sucking and swallowing disorders, lack of appetite, frequent choking and vomiting, respiratory distress, and psychiatric impairments, such as traumatic experiences regarding the child’s face and mouth, may limit the food intake considerably. Thus, persisting feeding problems and patterns of food refusal may occur. Parents worried about their child’s thriving often start force-feeding. Subsequently, feeding turns into a severe power struggle, causing (re-)traumatizing experiences and hindering the development of a well-attuned parent-child-relationship. Therefore, psycho-medical assessment and parent counselling focuses on children’s and parent’s individual needs, while thriving and age-appropriate nutrition of the chronically ill child are the baseline requirements. If necessary, tube feeding can be used as a short-term intervention in order to create positive and calm feeding interactions, to gradually reduce anxiety by desensitization. The overall objectives of the intervention are the child’s abilities of self-feeding led by the child’s appetite, its regulation of hunger and satiety, relaxed family meals and strengthening a well-attuned parent-child-relationship while feeding and eating. Video clips and case studies will illustrate our specific therapeutic approach.

Conclusions: Based on the diagnostic trias (c.f. Papousek) (parental needs, child-oriented needs, communication and relationship) we show how the interdisciplinary team at kbo children’s clinic works towards curing eating and feeding disorders in early childhood.
Ensuring that child and adolescent mental health services and trainees get to know infants.

Associate Professor Campbell Paul
Royal Children’s Hospital, Melbourne, Australia

Introduction
Worldwide there has been a very large increase in the referral of older children and adolescents with major mental ill-health. Clinical priority setting often means that many child and adolescent psychiatry trainees have very limited access to clinical work with children under the age of five years. This represents a major deficit in training, and a huge disservice to troubled infants and families. Babies have a huge amount to tell mental health clinicians about the human connectedness and its problems, especially the role of non-verbal communications, play and intersubjective capacities.

- Aim or Purpose of the project or work described
the symposium proposes that child and adolescent psychiatry trainees have access to working with infants and parents, with the infant has a significant mental health problem

- Description of the work or project
clinical vignette
methods of engaging infants in context of relationships

- Conclusions
the complex process of assessing the mental health, social and emotional needs of very young children is an essential skill for child psychiatrists. A full assessment of the parents’ concerns and difficulties is crucial, but even more important is getting to meet the infant as a young person in their own right with their own subtle and complex phenomenology. Clinical work with infants also has huge amount to teach us about human capacity for intersubjectivity and non-verbal domains of connectedness.
Early parent infant intervention: impact on interactions, social emotional outcome and parental mental health

Dr. Aoife Twohig\textsuperscript{1}, Professor Fiona McNicholas\textsuperscript{1,2}, Dr Eleanor Molloy\textsuperscript{1,2,4}
\textsuperscript{1}Children’s Health Ireland, Dublin, Ireland, \textsuperscript{2}University College Dublin, Dublin, Ireland, \textsuperscript{3}Trinity College Dublin, Dublin, Ireland, \textsuperscript{4}Coombe Women and Infants Hospital, Dublin, Dublin

Introduction
Early experiences within relationships are at the core of infant mental health. Preterm birth is one context which may adversely affect infant and parent mental health and the quality of the parent-infant relationship. Early intervention to support parent-infant interaction may support infant social-emotional development and parental mental health.

- Aim or Purpose of the project or work described
To explore the impact of a brief early intervention in the NICU comprising video interaction guidance on parent infant interaction, social emotional outcomes and parental mental health.

- Description of the work or project
The intervention was conducted with parents and their very preterm infants within a tertiary referral NICU, and follow up occurred at 6, 9 and 12 months corrected age. Parent infant interaction was measured using the CARE-Index, social emotional outcomes were screened using the Ages and Stages Questionnaire Social-emotional and parent outcomes included maternal and paternal depression, anxiety, maternal post-traumatic stress symptoms and sense of competence.

- Conclusions
There was no statistically significant difference in maternal sensitivity during play at 9 months corrected age, nor in maternal outcomes. However, there were fewer infant self-regulation and communication problems reported by mothers at 12 months CA following intervention. Fathers experienced fewer depressive symptoms after the intervention. The findings are discussed in relation to developing early interventions for medically at risk infants and their parents.
Early childhood trauma: A brief case study

Dr. Joy Osofsky\textsuperscript{1}
\textsuperscript{1}Louisiana State University Health Sciences Center, , United States

Introduction: Infant mental health is relational in focus, referring to the ability of babies and very young children to experience emotions, develop relationships and learn. This presentation will provide a brief case vignette illustrating the contributions of the parent-child relationship in the diagnosis and treatment of trauma.

Aim: To illustrate through a case study vignette the importance of relationships and relational adaptation around early childhood trauma.

Description: A brief case vignette will be provided to illustrate the contribution not only to psychopathology within the young child, but also that between child and caregiver. Further, the case vignette will illustrate how relationship adaptation and maladaptation can involve not just the relationship with the primary caregiver but also the other family relationships that influence the young child’s development.

Conclusions: Participants will learn through the qualitative study of a case involving trauma the implications for relational context when considering diagnostic and case formulation.
Case study- Inhibition to novelty disorder and the importance of relational context in differential diagnosis and case formulation

Professor Miri Keren¹
¹Tel Aviv Sackler Medical School, , Israel

Introduction: Inhibition to novelty disorder is a new diagnosis included in DC 0-5 and is based on clinicians’ empirical experience of extremely wary, inhibited infants already in the first two years of life, whose functioning is significantly impaired. DC 0-5 has defined the age range from 9-3 months (extreme stranger anxiety) to 24 months. These children are not only at risk for developing later anxiety disorders, but need early treatment and intervention, as the symptom of extreme behavioral inhibition impinge on their overall functioning and social development. Hence, the traditional approach that these very inhibited infants are “only” showing a slow-to-warm-up temperament did not fit the definition of temperament, that is normal individual variations in response to new stimuli.

Aim: To highlight characteristics of inhibition of novelty disorder as evidenced in case vignette of a young child with focus on understanding these symptoms through a relational context and developing treatment planning that will include key caregivers in the young child’s life.

Description: Presenter will provide a brief case vignette illustrating a child who struggles with inhibition to novelty disorder and the importance of parental histories, the parent/child relationship, and overall caregiving environment relational contexts to case conceptualization, diagnosis and treatment. The presenter will also discuss the characteristics of the parent-infant relationship that have contributed to the child’s withdrawn behavior and slow development.

Conclusions: Participants will learn through the qualitative study of a case with the primary diagnosis of inhibition to novelty disorder, the implications for the importance
Collateral value: Transitioning to parenthood, what can we learn from COVIDtimes about this lifechanging experience.

Mrs Petra Spuijbroek, Saskia Zeldenrust
1Ziezo-praktijk, The Hague, Netherlands

Why a film about this subject:
Covid time gave a non ethical situation for research: changing circumstances for everyone, professionals and parents, it provided large groups and before and after COVID information to make proper comparisions.

We were curious after reading scientific studies as a result of research during COVID and after Covid time. What is/was the situation in the Netherlands. And even if -a lot isn’t finnished yet- there is a lot of importance to use both outcomes.

COVID time made for soon to be and new parents other reason to seek help, less shame, more anxiety and gloom, loneliness

You van’t stop giving birth so everything went on. Perhaps the findings will provide new ways of working, seeking ways.

We made a film asking parents and workers such as midwifes, neonatal nurse, and maternal caregivers to share their experiences and we will present that to you. After the film we can discuss outcomes.
Step in Time - Synchronization, Timing and the Development of Self

Dr Yana Peleg
DIR Israel, Association for Children at Risk, Tel Aviv, Israel

Introduction
In typical development, intents, sensations, affects and movement are experienced in relative synchrony from very early on. These are naturally perceived and mirrored back to the child through temporally contingent interaction with significant others – thus creating coherent and continuous experiences. For children with neurodevelopmental difficulties this synchrony of development can be significantly compromised often leading to a fragmented experience of self and others, and affecting the ability of the caregiver to respond in a contingent manner that accurately reflects the child’s intent and affect. The impact of the unique rhythms and “steps” of neurodiversity can have far reaching implications for development of sense of self, of regulatory capacities and rhythms of interactional patterns.

- Aim or Purpose of the project or work described

This presentation aims to explore through clinical presentation the impact of fragmentation in development on child’s perception of self, time, timing and relating, with implications for practice.

- Description of the work or project

This presentation will explore through video case illustrations how for children with autism the synchrony of development can be significantly compromised by the underlying challenges in timing of actions and subsequent response reactions of a caregiver (or a therapist). The impact of persistent difficulties in rhythmic synchronization between mind, body, and affect on the basic coherence of experience and development of congruent and continuous sense of self will be explored. Implications for treatment will be highlighted with the aim of promoting coherent interpersonal experiences through contingent therapeutic interventions.

- Conclusions
Deeper attunement to complex interactions between synchronicity of development, timing and congruency of response can promote more continuous and uninterrupted sense of self for children with interrupted developmental and neurological profiles.
Reuniting psychodynamic thinking and the interpretive method with DIR treatment for neurodiverse individuals

Dr Gilbert Foley¹,²,³, Dr Yana Peleg⁴

¹New York Center For Child Development, New York City, USA, ²Institute for Clinical Social Work, Chicago, USA, ³Bank Street College of Education, New York City, USA, ⁴DIR Israel, Association for Children at Risk, Tel Aviv, Israel

Introduction

Traditionally dynamic therapies rely heavily on interpretation and verbal symbol formation. Although grounded in the psychodynamic tradition, DIR has not emphasized the role of the interpretive method. At the heart of the DIR model lies deep appreciation for experience through play, the body, sensation and nonverbal interactions that support and drive development. DIR integrates important contributions from the fields of neurobiology, motor and language development that radically change the approach to treatment and support a much more comprehensive, integrated and individualized intervention.

Aim or Purpose of the project or work described

The aim of this presentation will be to define, expand and illustrate the place and role of interpretation in DIR treatment with neurodiverse individuals. The psychodynamic roots of DIR will be reviewed and identification of pertinent psychological themes across the span of development relevant to DIR intervention with neurodiverse individuals will be addressed.

Description of the work or project

Two developmental levels of dynamic interpretation within the framework of the DIR treatment model will be explicated and illustrated:

1- Interpreting symbolic play or conversation (child generated symbols) consistent with what is typical in psychodynamic play therapy. The unique role of body, sensation and individual differences in formulating interpretations will be illustrated; how DIR can enrich traditional play therapy and how interpretive methodology can enrich DIR will be addressed.

2- Interpreting experience that is inherent in pre-symbolic play, sensation, movement and interaction. The use of symbols and affects arising from the therapist’s associations are discussed in contributing to treatment and the formulation of interpretations.

Discussion will be supported by video case presentation

Conclusions

Integration of the two methods can expand and deepen the psychological treatment of children with significant neurological challenges.
"That’s just like me!" Universal Baby shares responsive caregiving across the globe

Dr. Martha Vibbert1,2,3, Alice Kabwe3, Ms Christa Griest Nehil2
1Boston University Medical School, Boston, USA, 2Boston Medical Center, SPARK Center, Boston, USA, 3Universal Baby, Nairobi, Kenya

The Universal Baby Project (UB) is a video- and technology-based public health intervention that builds on global partnerships, equitable power and knowledge sharing, and passion for helping young children thrive. UB uses video production and mobile tech delivery to spotlight and celebrate individual caregivers from within any culture, race/ethnicity, language, and location in the world, as they engage in naturally-occurring, responsive interactions with their young child.

The aim of UB is to expand access to evolving global neurodevelopmental science, and to empower parents and caregivers in their roles as experts in caring for their children. UB features responsive and stimulating parent-child interaction as central catalysts for the developing brain, for nurturing healthy attachment and relationships, and for building the foundation for future well-being.

We will describe how UB can be launched in any community, any country, and any cultural context, to inspire parental efficacy and intentionality about responsive and reciprocal caregiving. We will to show video samples of UB’s work with partners in Peru, South Africa, Cherokee Nation (USA), and Uganda in order to demonstrate the key elements of UB video production and content to capture caregivers’ attention, honor local contexts, increase awareness of infant signals and nuanced interactional patterns, and enhance intentional reciprocity. We will describe the process of building video partnerships around the world, and show the nuts and bolts of how we co-create video content with caregivers and child development providers to ensure ecological validity, inclusion, efficiency, and cost-effectiveness.

UB videos offer strong behavioral validation and inspiration to communities where messaging about child development may not be easily accessible. UB empowers parents to be active participants in protecting and nurturing their child’s brain development and mental health, even in the most adverse environments. WAIMH audience reactions will be especially welcomed to inform future iterations of UB's process.
Sensorimotor observation as an earliest tool to prevent developmental disorders

Professor Ayala Borghini
1
1Hets, Geneva, Switzerland

Developmental sensorimotoricity teaches us that the own activity of a developing child allows the integration of sensations. Throughout the sensorimotor loop, experiences make possible sensations that can orient adequately future movement and adaptation to the world around. When the human environment is worried, less attuned, inadequate behaviors can occur and this process of sensory integration can be strongly disturbed. The sensorimotor observation and assessment give us a reliable framework, truly an inspiration, to accompany parents in order to support their child development. This film gives us an opportunity to discover the work around sensorimotor development in high risk infants and toddlers.
WORKSHOP PRESENTATIONS

6

The psyche-soma connection: Helping medically ill babies tell their story through their nonverbal “bodily-felt” experience

Dr Suzi Tortora¹,², Professor Miri Keren³
¹Memorial Sloan Kettering Cancer Center, NYC, United States, ²Dancing Dialogue LCAT LMHC PLLC, Cold Spring, United States, ³Bar Ilan University Azrieli School of Medicine, Tel Aviv, Israel

INTRODUCTION

“Don’t worry babies are too young to remember and to understand!” A common statement spoken about a distraught baby enduring painful medical procedures. But what is the baby’s embodied experience during medical interventions and what is the emotional and developmental impact of this experience? This is not often the primary focus when survival takes precedence over comfort.

How do parents maintain a healthy relationship with their baby when confronted with their baby’s bodily and emotional stress in addition to such complex stresses as: assisting in invasive medical procedures; understanding their baby may grow into a child with special needs, and the potential death of their baby?

AIMS

This presentation addresses how to support the baby and family through this vulnerable time, bridging infant mental health; infant and child psychiatry; nonverbal movement analysis; and dance/movement psychotherapy. It demonstrates how to help babies voice their experiences using their nonverbal cues and actions to create an embodied coherent narrative.

DESCRIPTION

Infancy research states that early perception is registered through the baby’s bodily-felt engagement with their surroundings, perceived through multisensory experiences and informed by secure interactions with primary caregivers. Trauma research explains that early memory is multisensory, somatic and kinesthetic, and can be triggered by experiences reminiscent of elements of the original event. Stress physiology and a sense of disempowerment and loss of control of one’s body creates a wide variety of emotional experiences that are felt but difficult to verbalize.

CONCLUSIONS

Through an innovative lens using dance/movement psychotherapy this presentation addresses the psychic and somatic aspects of the medical illness by provide a window into the young pediatric patient’s emotional “felt-story” within the context of treating the whole family system using DC 0–5™. Case study vignettes during and after the medical experience are provided.
White caregivers parenting Children of Color: Navigating race and identity in Multiracial Families

Dr Margaret O'Donoghue

1Rutgers University, New Brunswick, United States

Introduction

Multiracial families, formed through marriage, partnership, adoption and birth, are an increasing contemporary family structure. These families are often negatively impacted by stigma and societal concepts of what constitutes "normative" families. Literature and research is limited especially related to parenting of infants and young children. Issues to consider including attachment, racial identity development, microaggressions and socialization. The parent/caregiver in these families must explore previously unexamined aspects of racial and cultural identity as they navigate their new identity as parent/caregiver. Supports and clinical services for these caregivers to assist with this exploration is lacking due to dearth of diverse and culturally responsive clinical experts.

Aim of this work

This is a didactic and interactive workshop enabling participants to gain a deeper understanding of multiracial families with opportunities to explore their own relationship to race and ethnicity and raise awareness of personal biases, judgements and assumptions.

Description of the work

This workshop examines the research on multiracial families and how the white caregiver, in particular, navigates race and ethnicity in their new parenting roles and identity. We will examine research on models of adoption identity as well as literature on the impact of racial microaggressions, prejudice and racism on social/emotional outcomes for young children and their families. Colorism and the presence or absence of mirroring between baby and caregiver is a consideration. A focus on clinicians exploration of their own biases and responses will be included.

Conclusions

There has been an assumption that multiracial families will benefit from, and respond to, clinical interventions and services designed for racially homogenous caregivers and their families. However, there are nuances in racialized responses to multiracial families that require particular clinical humility and culturally responsive supports. This workshop provides an opportunity for participants to explore the research and increase self awareness regarding diverse family structures.
Pregnancy in the Shadow of Grief: Attachment Relationships with the Unborn Baby Carried After Loss

**Doctor Joann O'Leary**, Doctor Margaret Murphy

1Star Legacy Foundation, Minneapolis, United States, 2University College Cork, Ireland

**Introduction**

Prenatal motherhood and attachment during pregnancy involves an embodied relationship with the unborn child. When a baby dies during pregnancy this attachment is interrupted. Bowlby suggested that bereavement occurs due to the prior formation of attachment bonds during pregnancy and without attachment there would be no bereavement. Babies in a pregnancy that follows are at risk for attachment disorders because of this interrupted attachment to the deceased baby. Thus, both mothers and their partners struggle with embracing a new unborn baby.

**Aim**

The aim is to present an interactive discussion with participants on a prenatal attachment-based model of intervention for pregnancy following loss. This will be done drawing on the presenters’ research and clinical practice combined with video clips of parents pregnant after loss.

**Conclusion**

Grounded in the continuing bond/attachment theories, this prenatal intervention gives meaning to their parenting role for the deceased baby to create space to attach to the baby that follows.

The NeoNatal Neurobehavioral Scale (NNNS-II): Its Use in the Clinical Setting with At-Risk Infants

Mrs Colleen Ciccarello1, Dr. Robin Miller1, Dr. Lynne Andreozzi Fontaine1
1Women and Infants Hospital/Brown Center for the Study of Children at Risk, Providence, USA

Introduction:
The NNNS-II (NeoNatal Neurobehavioral Scale) examines neurobehavioral organization, neurological reflexes, motor development of active/passive tone, and signs of stress of the at-risk infant (i.e. preterm, neonatal encephalopathy, clinical seizure activity and those exposed to maternal drugs in utero). It was designed to provide a comprehensive assessment of both neurological integrity and behavioral function and is also applicable to assess healthy full-term infants. It is used worldwide not only for research but clinically, as part of standard of care for infants. The NNNS has been shown to predict long-term outcomes (Flannery, T., et al., 2020; Hofheimer, J. A., et al., 2019; Lui, J., et al., 2010; McGowan, E. C., et al., 2022; Martin, M., et al., 2022).

Purpose of the project:
To expand use of the NNNS-II for at-risk infants in the neonatal intensive care units and well-baby nurseries in our hospital. The findings from the exam can be beneficial in consultation with families and health care professionals to aid in care management in the hospital and discharge/home care planning.

Description of the project:
Our project in expanding the use of the NNNS-II in standard of care included development of clinical guidelines, protocols, and hospital-wide education on the process. This workshop will introduce participants to the NNNS-II exam by providing an overview of the exam and highlighting its use by reviewing case studies. Participants will discuss the results of the exams presented in the case studies and identify the infants’ neurobehavioral strengths and vulnerabilities. Participants will be able to apply their findings to create recommendations that facilitate caregiver confidence in parenting.

Conclusion:
The NNNS-II from hospital to follow-up provides many different opportunities for clinicians to partner with families and community-based care teams about the infant’s medical status, neurobehavioral organization, and interactive capability to develop strategies to enhance infant development.
Coaching Confidence: Ways to Support a Strengths-Based Early Intervention Program

Dr Gina Cook\textsuperscript{1}, Dr Kere Hughes-belding\textsuperscript{2}
\textsuperscript{1}California State University, Stanislaus, Turlock, United States, \textsuperscript{2}Iowa State University, Ames, United States

Introduction

Home visitors with a strengths-based attitude are better able to use family goals and preferences to individualize their intervention content and demonstrate respect for caregiving strengths within families' cultural contexts (Barrera & Corso, 2002; Xiong et al., 2021). A strengths-based home visiting model requires a home-visitor to: reflect on their perspective; help families identify and build on their strengths and core relationships; celebrate successes while acknowledging struggles; and communicate with curiosity and courage, but not all home visitors have all of these skills. Much like families, home-visitors' behaviors are positively affected by strengths-based observation and feedback (Walsh et al., 2021) and the way the coach interacts with the home-visitor coachee can function as a model for how the home visitor engages with their clients.

Aim

The aim of this workshop is to discuss ways that coaches and supervisors can support home visitors to be reflective and strengths-based in their practices with families through a parallel process that will demonstrate the process that ideally, home visitors use with their families.

Description

This workshop will begin with a discussion about reflective practices critical to developing skills in practitioners and parents, as well as strategies to support these practices.

Next, we will discuss relationship-building practices which include supporting and accepting home visitors and families as they are and building trust.

Third, the reasons for building home-visitor and parent confidence and strategies for identifying and using strengths will be shared.

Finally, the importance of communicating with home-visitors, parents, and colleagues with courage and curiosity will be examined.

Conclusions

This workshop will incorporate activities, videos, and scenarios to practice skills and process information in small group conversations. Participants will learn how to coach home visitors to build their confidence in turn supporting home-visitors to build parent confidence in their role as parent coaches.
Reflections Process to Disrupting Racism and Creating Equity in Scholarship in Infant Mental Health

Dr Marva L. Lewis¹, Dr. Fantasy Lozada², Dr Iheoma Iruka³, Prof Holly Brophy-Herb⁴, Dr. Erika Bocknek⁵

¹Tulane University, New Orleans, USA, ²Virginia Commonwealth University, Richmond, USA, ³University of North Carolina, Chapel Hill, USA, ⁴Michigan State University, East Lansing, USA, ⁵Wayne State University, Detroit, USA

INTRODUCTION
Structures of racism impact not only the socioemotional and financial well-being of children and families of color, particularly Black children, but also researchers and professionals. The study of infant mental health (IMH) is typically built on developmental theories based on samples of children from western, industrialized, educated societies (Henrich et al, 2010). Creating change in scientific and publishing processes deeply rooted in Whiteness is necessary but difficult, personally and professionally (Cooper et al., 2022). Many scholars welcome opportunities to join the work of disrupting racism, but effective strategies require transparency and coalition. Featured scholars discuss an evolving scholarship, embedded in IMH principles, that is anti-racist, identifying systemic oppression and amplifying thriving to offer all children a complete narrative.

AIMS or PURPOSE
This case-study and conversation-based workshop is designed to a) demonstrate reflective processes on what it means to employ anti-racist perspectives in scholarship; and b) discuss examples of centering Black children in IMH research.

DESCRIPTION
Our team of Black, Latina, and White scholars offer an active workshop addressing systemic racism. Although our group exceeds 3-persons, the structure is designed to enrich the “fishbowl” method of conversations around race/racism among presenters, and share descriptions of group processes. A case study is presented of research that employs anti-racist processes. Finally, we use guiding questions and invite the audience for large group reflection/discussion.

CONCLUSIONS
IMH scholars are uniquely positioned to engage in the reflective processes needed to disrupt the racialized systems embedded in traditional scholarship and create new, more equitable science and practice.


What about the Baby? Overview and Evidence Base for the Michigan IMH-Home Visiting Model

Professor Julie Ribaudo¹, Dr Deborah Weatherston², Dr. Maria Muzik¹, Dr. Katherine Rosenblum¹
¹University of Michigan, Ann Arbor, USA, ²Alliance for the Advancement of Infant Mental Health, Southgate, USA

Introduction

Selma Fraiberg’s pioneering work with infants, toddlers, and families nearly 50 years ago led to the development of the multidisciplinary field of infant mental health. The intent then, as it is today, was to promote the socioemotional health of the infant. The Michigan Model of Infant Mental Health Home Visiting (IMH-HV), derived from the Fraiberg model, is a family intervention focused on the developing parent-infant relationship. The goals are ambitious: reducing the risk of disorders of infancy, supporting sensitive and responsive caregiving, and promoting healthy attachment relationships.

Aim

As the field of IMH grows, retaining a focus on the baby challenges and requires us to recall Fraiberg’s question, “What about the baby?” Of importance: What does the baby bring to the relationship? What is the meaning of the baby to the parent(s)? How does the parent’s past affect their present capacity to nurture and protect the baby? Focusing on these questions, the presenters will describe the central components of the Michigan Model of IMH-HV, the specialized training curriculum to prepare therapists to offer the intervention, and a brief review of the evidence-base thus far.

Description

In the 1970’s, the state of Michigan began funding the training of a cadre of community mental health therapists to provide Infant Mental Health services. In 2013, state legislative standards mandated that all home visiting programs for children birth to 5 years be identified as evidence-based or a promising practice. The Michigan Department of Health and Human Services provided funding for extensive evaluation of the model and development of a training curriculum. We now have multiple studies that have found evidence for the efficacy of IMH-HV.

Conclusion

IMH-HV places the baby at the center of the intervention. This workshop will address the very specific ways that wondering about the baby informs intervention.
Raising public awareness of babies’ emotional needs in the first three months of life.

Ms Robyn Ball¹, Mrs Lucy Bire¹, Mr Gregor Mazurczuk¹
¹Self Worth Beyond Birth, Rosanna, Australia

Introduction
This workshop presents a practical way to raise awareness of early emotional development and understanding baby’s behaviours, as a mental health promotion strategy.

Aims: To:
• make core infant mental health information accessible to parents, grandparents, caregivers, extended family members and friends.
• present practical ways caregivers can interact with babies to foster emotional connections.
• cultivate confidence in people’s ability to read baby’s behaviours.
• workshop with professionals ways to raise awareness with caregivers

Description
Early interactions that have too often been dismissed as inconsequential are now known to be invaluable for babies. Such interactions have a profound effect on babies’ brain and body growth, their emerging sense of self and emotional security.
We have developed a presentation covering key developmental milestones and fundamental needs of babies from an infant mental health perspective.
We have trialled this in Australia with public and professional audiences.
This presentation highlights the value of using an Infant Mental Health relational perspective in sharing knowledge with parents who are adjusting to life with a newborn. We use an innovative approach (Watch-Wait-Ask + Watch-Wait-Add) to guide parents in slowing down, watching their baby’s eyes and following baby’s lead.
We will workshop with participants on how to increase the impact of and more widely disseminate these vital skills and the science and public health information underpinning them.

Conclusions
At the end of this workshop, participants will come away with novel and impactful ways of raising awareness of mental health needs of babies.

References:


The use of 'Narrative Picture Books' to support trauma processing in infants

Dr Laura Kerr\textsuperscript{1,2}, Ms Lindsay Rautman\textsuperscript{1}, Ms Emily Baxter\textsuperscript{3,4}
\textsuperscript{1}Glasgow Infant & Family Team, NSPCC, Glasgow, United Kingdom, \textsuperscript{2}NHS Greater Glasgow & Clyde, Glasgow, United Kingdom, \textsuperscript{3}South London and Maudsley NHS, London, United Kingdom, \textsuperscript{4}London Infant and Family Team, NSPCC, London, United Kingdom

Introduction
The NSPCC Infant and Family Teams based in London and Glasgow support children aged five and under, who have been removed from their parent's care due to maltreatment. Alongside comprehensive work with birth parents, assessing whether an infant can safely return home, we also aim to maximize an infant's recovery, through direct and systemic intervention.

Aims
'Narrative Picture Books' represent one such intervention which supports processing of trauma in infants. The primary aim of a Narrative Picture Book is to encourage an infant's developing awareness of their experiences through the use of compassionate and developmentally appropriate language to 'tell their story'. The books are co-created with caregivers and shared with infants. Where infants are preverbal, they are used to support caregivers in preparation for future discussions. A secondary purpose of this intervention is to promote understanding and a shared language for the team around an infant, enabling them to hear and speak about an infant's experiences.

Description
The proposed workshop seeks to share learning from the Infant and Family Teams about this novel intervention. The theoretical underpinnings of narrative work will be discussed alongside clinical cases and examples of Narrative Picture Books. Attendees will be invited to think about why talking to infants about their hard experiences promotes mental health and recovery after adversity. We discuss the reasons, from clinical experience, why there can be barriers to this work and how the Narrative Picture Books have been invaluable in ensuring an infant's voice is heard. With support, we will invite attendees to think about how they might put into words the difficult experiences of infants who have been removed from their parents' care.

Conclusions
The workshop will promote an increased understanding of the need to talk about difficult experiences with infants and increased confidence and competency in doing so.
Attending to Attachment With Early Care Professionals: The Circle of Security Classroom Approach

Ph.d. Johanne Smith-Nielsen¹, Deidre Quinlan²
¹University Of Copenhagen, Copenhagen, Denmark, ²Circle of Security International, Spokane, USA

Introduction

Research shows that children’s relationships with their early care providers serve as a model for future relationships with teachers and that positive relationships in early care buffer against negative outcomes associated with insecure attachment with primary caregivers. Meta-analytic evidence accordingly shows that the quality of childcare, and particularly the quality of interaction that children have with the staff and other children, has long-term effects on children’s academic development. However, many early childhood professionals lack guidance on how to promote secure attachment with the children in their care, especially when it comes to children with insecure or disorganized attachment to their primary caregiver(s).

Aim

To introduce participants to the Circle of Security Classroom Approach (COS-C), a professional development program for childcare professionals (e.g. preschool teachers and early childhood educators) working in center-based or home-based childcare focusing on the promotion of learning and security in the childcare context.

Description

The workshop provides an overview of COS-C and how it is applied, together with an example of the COS Classroom Approach that participants can take back and use in their practice tomorrow. Moreover, we discuss research and practice on childcare provider-child relationships and present ongoing research on the COS Classroom Approach. Finally, we will invite participants to discuss and consider application in their local context.

Conclusion

Early care professionals are more likely to be able to attune to children’s needs for attachment and exploration if they understand the ways that children’s behavior may represent or misrepresent their needs. The COS-C incorporates a vast body of research in attachment and developmental psychology by first supporting professionals to recognize themselves as part of the children’s ‘network of attachment figures’; and then, by using the approach to build their relationship capacities to nurture high-quality relationships with young children.
The Missing Piece in the Interdisciplinary Work with a Challenging Eating Disorder Case

MS, OTR Adi Shimoni¹, BSc., MPH, RD Dana Serfaty¹, Dr Shay Ehrlich¹, The FTT Team at Schneider Children's Medical Center, Feeding Difficulties and Failure to Thrive Clinic in Infants The FTT Team at Schneider Children's Medical Center, Feeding¹
¹Schneider Children's Medical Center of Israel, Petach Tikva, Israel

Introduction
Eating and feeding problems are a common cause for referral of young children to pediatrics clinics. Clinical experience shows the need for a multidisciplinary team setting to address medical, developmental, sensory and emotional aspects of disorders. Weekly sessions with parents and child are standard care practice. However, challenging cases require “out of box” thinking.

AIM
Our aim is to show how intensive treatment benefits challenging eating disorders, illustrated through the presentation of a 3 year, 2-month-old child referred due to his exclusive milk bottle diet. For six months, we instituted standard once-a-week therapeutic meetings, with no change.

Description
Medical and developmental evaluation revealed no major problem, except for a mild delay in speech. The mother-child interaction was extremely anxious and babyish. We based sessions on multimodal approach. Although the boy was always happy to arrive at the clinic and his mother reported that he was eager and anticipated the visits, his cooperation was limited. Mother had a clear difficulty to promote change from bottle to cup-drinking. She expressed understanding and desire to make this change but was unable to resist the child’s crying. Thus, we decided to change the once-a-week setting into an intensive treatment of five days a week with two daily meals. Our main goal was to support the mother to cope with her child’s crying. The first change appeared within three days when the child agreed to drink soup. Since then, a gradual though slow improvement took place.

CONCLUSIONS
Treatment intensity, and not only content, may be an important aspect in treating resistant eating disorders in early childhood, especially in cases where the parent is unable to cope with the child’s resistance to change.
A Paradigm Shift for Early Childhood Professionals: Integrative Mental health, culturally-informed biopsychosocial reflective training

Dr Nina Newman¹, Dr Ira Glovinsky¹
¹Fielding Graduate University, Santa Barbara, United States

There is a crisis in mental health in children, even amongst our youngest, and adults. While the pandemic may have exacerbated issues, it also laid bare problems that were on the rise prior to Covid. This combined with systemic racism, economic strains, and societal dysregulation has led to the creation of a ‘perfect storm’. Consequently, professionals in early childhood education and intervention are faced with unprecedented challenges with children in the classroom, parents, and in their own lives. This stress is further compounded by the pressure to ensure children ‘catch up’. This drive ‘to fix’ has created rigidity and increased hierarchical approaches, often focused on the concrete and behavioral management, rather than social emotional development. In turn, this has caused more dysregulation in professionals who already were not adequately trained for the rising problems. In addition, it has contributed to the rise of disruptive behaviors and mood disorders, misdiagnoses, professional burnout, and distress in primary caretakers. This is especially true in urban, multicultural and at-risk populations as well as isolated rural ones.

As such, the time necessitates a paradigm shift in training. While there is recognition of the need, and importance of reflective work, there is still a struggle on how to prepare professionals for their work presently and ahead. This interactive workshop explores an approach, developed out of years of experience, that integrates into training mental health, brain/body connection, the centrality of culture, reflective capacity, and relationships. It promotes in the professional an understanding of self, and the emphasizes an experiential ‘hands-on’ approach in addition to providing psychoeducation on mental health and brain development. The goal is to develop professional capacities as well-being and longevity in the field, with the aim of better outcomes for diverse children and families.
Art at the Start: Art-based approaches to facilitating positive interactions and supporting early attachments

Mrs Vicky Armstrong¹, Dr Josephine Ross¹
¹University Of Dundee, Dundee, UK

INTRODUCTION
Art at the Start have been delivering and researching gallery-based parent-infant art therapy intervention for early relationship difficulties alongside participative arts activities to support early relationships among the general population.

AIMS
The project has conducted the first controlled trial of parent-infant art therapy and is now piloting this model in sites across Scotland. The aims of the intervention are to use the shared art process to create moments of positive interaction between infants and their caregivers which are the building blocks of secure attachments, while the support from the art therapist and the group environment can have additional benefits for parental wellbeing. At a community level, art workshops aim to encourage parents to try early art making with their children, raise awareness of the benefits and promote families’ ownership of creative spaces.

DESCRIPTION
The workshop will give an overview of the Art at the Start model and share the outcomes from our control trial, highlighting the benefits of art therapy for vulnerable parent-infant dyads. We will use video footage of parent-infant interactions during art making to show some of the features of art making together which are supporting early relationships – the way art draws the dyads into shared experiences, the opportunities for non-verbal ‘conversations’, the infant’s ability to express their agency and for this to be recognised by the parents, and the scope to facilitate infant voice. We will also explore observation tools for capturing the infant’s experience of the activity.

CONCLUSIONS
Shared art-making can improve wellbeing and attachments for parent-infant dyads and a clinical and population level. Participants will have the chance to explore the mechanisms for change in this model through the use of footage of interactions and the use of observation tools.
The Brazelton Touchpoints™ Approach: Developmental, Relational, and Trauma Frameworks for Supporting Children and Families

Dr Jayne Singer

1Brazelton Touchpoints Center, Boston Children’s Hospital, Harvard Medical School, Boston, USA

Introduction:
The Brazelton Touchpoints™ Approach is a relationship-based, developmentally-informed, culturally humble practice proven effective in improving practitioner-parent partnership in collaboratively understanding and enhancing young children’s developmental and relational health. It focuses on implementing a set of practices such as mutually sharing careful observation of children’s behavior and focusing on parents’ strengths to improve parent-provider and parent-child relationships that promote family relational and emotional health and wellness.

Aim:
The purpose of this workshop is to enhance participants’ ability to explore elements of developmental processes that are key to understanding challenging behavior in earliest childhood and anticipating “touchpoints”, or predictable times of increased stress in family relationships. Participants will begin to explore the Touchpoints strength-based attitudes and relationship-based practices as integrated strategies to promote engagement among families and providers in order to deepen healthy attachment and relationship among family members.

Description:
This workshop will provide an overview of the Brazelton Touchpoints™ Approach with an exploration of both its Developmental and Relational Frameworks; each with a trauma-informed lens for deeply understanding relationships as the context of young children’s growth and functioning. Activities will integrate highly interactive PowerPoint presentation material and video content of parent-child interactions with Dr. T. Berry Brazelton along with skill-building opportunities for discussion and practice. Skills will be enhanced in Anticipatory Guidance as a preventive strategy for parent-infant mental health. These activities will support workforce skills and well-being in service of capacity to serve young children and their families.

Conclusion:
This workshop will give participants the opportunity to appreciate and practice a compassionate framework for deeply understanding young children’s behavior and developmental process as characterized by necessary periods of dysregulation that affect caregiving relationships. Participants will also apply their learning with strengths-based relational strategies and practices for building strong partnership with families in service of the strength of parent-child well-being.
Mother-Infant Dialectical Behaviour Therapy plus ABC- Changing the intergenerational impact of perinatal borderline personality disorder?

Ms Sally Watson¹, Associate Professor Anne Sved-Williams¹, Ms Amelia Winter¹, Ms Chris Yelland¹
¹Helen Mayo House Women and Children's Health Network, Adelaide, Australia

Introduction
The problems experienced by women with a Borderline Personality Structure (BPD) are often exacerbated with the arrival of an infant. The multiple impacts of sleep deprivation, infant settling and changing family dynamics can quickly become overwhelming. The resulting maternal emotional dysregulation (Newman, 2015), compromised mentalising capacity compounded by the poor support networks which many have because of difficulties with maintaining interpersonal relationships has almost inevitable impacts on their infants (Eyden, 2016, Renneberg, 2016, Crandell, 2003, Crittenden 2010.) Few programs provide specific therapy for perinatal BPD to intervene early in the infant’s life and help prevent intergenerational transfer of problems from mother to infant.

Aim of Project
To evaluate the benefits of adding an evidence-based mother-infant therapy (Attachment biobehavioral catchup – ABC, Dozier, 2017) to mother-infant dialectical behaviour therapy (MI-DBT)

Description of the project
MI-DBT uses a structured, manualised intervention to teach mothers how to use Linehan’s DBT skills (Linehan, 1993, 2014) to manage the specific challenges of parenting and support their infant's emotional regulation. Qualitative and quantitative evaluation demonstrates substantial improvements in mothers mental health (Sved-Williams, 2018 & 2021) but insufficient change in the mother infant relationship. MI-DBT+ is therefore now providing 10 sessions of individualised dyadic intervention either pre or post the 24 week MIDBT program.

Conclusions
Changing the trajectory for families with perinatal BPD is challenging. Mothers arrive to parenthood often with compromised models of parenting as well as their own difficulties with emotional regulation, making parenting difficulty and inevitably impacting on their infants. Qualitative and quantitative data from this 7 year project, enlivened by videos, will show the benefits of providing intense therapy over a significant period of time.
Examining Barriers to Diversity, Equity, Inclusion and Access Through Virtual Cross-Discipline Reflective Consultation

Miss Eva Jankovsky¹,², Sherri Amen²,³, Ms Tracy Troeger³,⁶, Ms Lynn Roberts⁴,⁶, Dr Vivian Tamkin⁵

¹Colorado Dept Of Early Childhood, Denver, USA, ²Centura Primary Care of Fort Morgan, Ft. Morgan, USA, ³Developmental Pathways, Denver, USA, ⁴Family Star Montessori, Denver, USA, ⁵Santa Clara University, Santa Clara, USA, ⁶Colorado Association for Infant Mental Health, Denver, USA

Reflective supervision and consultation groups are often formed based upon common factors such as shared workplaces, provider roles, and geolocations. When virtual reflective supervision groups are intentionally co-constructed across disciplines, across focus areas, and across geographical regions they are more impactful.

The purpose of this project was to understand how diverse backgrounds among a group of infant mental health professionals would expand capacity to address the following learning objectives: (a) participants will examine their own lived experiences and histories in order to identify ways worldview shapes interpersonal interactions and reflective practice within and across settings, (b) participants will consider where intersectionality exists in their life currently and reflect upon the ways such systems of inequality inform self-understanding, and (c) participants will explore how to advocate for a reflective supervision/consultation group that is diversity informed and co-facilitated by a supervisor who can hold the space for processing anti-racist practices.

The participant group was composed of five individuals from different work sites and varying disciplines, including higher education, early childhood, public health, and mental health. The group was led by an experienced reflective practice supervisor/consultant with expertise in arenas of diversity, equity, inclusion and access. The group met weekly for one hour over a 12-month period.

The work entailed guided opportunities for participants to share professional dilemmas, including topics of race, class, gender and access. All meetings were held virtually. Probing and reflective questions were used to allow issues of inequity to surface which highlighted the depth and complexity within common areas.

The diversity among participants' fields of expertise contributed to a richer anti-racist learning experience. The virtual environment created possibilities across disciplines because the geographic barrier was lifted. This model highlights the potential for international reflective supervision groups, which would better inform the field of infant mental health.
In work with families of infants and toddlers, intentional conceptualization beyond dyadic child-parent relationship functioning to ground socioemotional adaptation within the child’s broader family collective can help ensure that clinical gains are supported and sustained. The DC 0-5 recognizes the importance of children’s emotional embeddedness in their family collective and directs practitioners to take stock of the broader caregiving context when conceptualizing infant mental health casework. However, beyond general guidelines accompanying DC 0-5’s Axis II, there has been little expert guidance regarding ways to frame infant-family mental health encounters in a manner that forefronts the importance of coparenting and elevates caregivers’ mindfulness and resolve to channel their coparenting energies to better assist their children. This workshop presents yields from the first year of work by a new Collaborative of family-oriented infant mental health professionals representing seven different nations (Switzerland, Italy, Sweden, Turkey, Israel, Canada, and the United States). Bringing expansive, decades-long expertise assessing and working with coparenting and triangular family dynamics, members of the Collaborative – representing hospitals, clinics, homehealth visiting, and legal settings and contexts - established standardized intake processes for initial infant mental health encounters employing a common coparenting frame. Identifying means for evaluating four main components applicable to coparenting alliances in all families – participation, teamwork, conflict, and child focus - the workshop presents protocols, self-report and observational assessments, quantitative data, and feedback from those who completed services regarding changes in their mindfulness about the bearing of coparenting for the children in their family. Successes and challenges infusing a novel coparenting framework into standard intake and service delivery procedures across diverse practice settings will be discussed, along with the next steps and undertakings planned by the Collaborative in expanding field study.
Preparing Providers to Effectively Engage and Support Diverse Families

Helenia Quince¹, Dr Vivian Tamkin², Dr. Chioma Torres³, Professor Tova Walsh¹
¹University of Wisconsin-Madison, Sandra Rosenbaum School of Social Work, Madison, United States of America, ²Santa Clara University, Department of Counseling Psychology, Santa Clara, United States of America, ³Department of Pediatrics, Michigan State University College of Human Medicine, East Lansing, United States of America

INTRODUCTION: The provider-client relationship is critical to therapeutic success, however, building a successful therapeutic alliance is complex. Our quality improvement project revealed home visitors have little exposure or training with culturally different or diverse families prior to engagement with clients as home visitors. Consequently, they are often left to navigate complex cultural dynamics on their own. Lack of attention to sociocultural factors may inhibit providers' ability to bridge the gap into successful provider-client relationships.

AIMS: This workshop will address strategies for navigating cultural dynamics within therapeutic settings. Specifically, the workshop focuses on ways to improve the therapeutic bond when there are differences in culture, ethnicity, race, socio-economic status, and fundamental communication skills. Additionally, this workshop will address provider implicit bias, how to engage with different types of family structures, and how reflective supervision can be a useful tool to support navigating cultural differences.

DESCRIPTION: First, we will present lessons learned from a quality improvement project and introduce strategies to build a foundation of culturally responsive, relational connection with the client. Next, we will provide an overview of implicit bias and discuss why and how providers should reflect on their own positionality as it relates to their client’s. We will then explore how reflective supervision can be used to address cultural stuck points in the therapeutic alliance. We will explore the unique experiences of Black and minoritized IMH home visitors and offer strategies to promote better access and inclusion. Last, we will engage the audience in conversation about how to think about our recommendations in the context of attendees’ communities, barriers, and successes.

CONCLUSION: Therapeutic alliance is a key element of IMH services. This workshop will offer strategies to bridge the gap between provider and client and engage participants in reflection and discussion on navigating cultural differences in IMH practice.
Clinical decision making for young children with posttraumatic stress disorder

Dr Devi Miron Murphy¹, Dr Julie Larrieu¹, Dr Shardé Pettis²
¹Tulane Institute of Infant and Early Childhood Mental Health, New Orleans, USA, ²Children’s National Hospital, Washington, USA

Introduction/Aim: We will compare two models of evidence-based treatments for young children with posttraumatic stress disorder (PTSD). Preschool PTSD Treatment (PPT; Scheeringa, 2015) is a 12-session cognitive-behavioral therapy (CBT) for children, ages 3 to 6 years, with PTSD. Child-Parent Psychotherapy (CPP; Lieberman et al., 2005) is a dyadic intervention for trauma-exposed children, ages 0-6 years. Grounded in our experience as trainers of both models and our clinical experiences, we will discuss how to decide which treatment to use. We aim to provide those referring for treatment and clinicians a guide to clinical decision making for young children.

Description: This presentation provides an overview of each treatment and proposes a clinical algorithm for determining which treatment to use. De-identified vignettes and video involving children referred by the child welfare system will be used to illustrate the proposed algorithm.

Conclusion: Both interventions were designed for use with young children, involve caregivers in treatment, and have demonstrated effectiveness in alleviating symptoms of PTSD (Lieberman et al., 2005; Scheeringa et al., 2011). Although they have not been compared in a randomized controlled trial, there are unique aspects of each treatment that contribute to suitability with children in various circumstances. The proposed algorithm may be useful in determining which treatment to use when both treatments are accessible.

References:


An ultra-brief video feedback intervention for coparenting and the family alliance using Lausanne play tasks

**Dr Diane Philipp**¹, Ms Maya R Koven², Professor Joëlle Darwiche³, Dr Heather Prime²

¹Sickkids Centre For Community Mental Health, Toronto, Canada, ²Department of Psychology York University, Toronto, Canada, ³Family and Development Research Centre, University of Lausanne, Switzerland

Introduction: In an era of increasing demand on children’s mental health services, effective brief interventions are needed. In many centres, Lausanne family play tasks - Lausanne Trilogue Play (LTP), Lausanne Family Play, and the Lausanne Picnic – are part of thorough clinical assessment, and include family members beyond the mother-baby dyad (coparents, siblings). Video feedback is an effective intervention that can shorten treatment times. Clips from Lausanne family play assessment tools (LFPA) can be used for video feedback, allowing clinicians to discuss with parents moments of strength and difficulty in their parenting, but also their coparenting, sibling issues, and the family alliance. At our Children’s Mental Health Centre, following assessment that includes LFPA, we provide a single session of videofeedback to parents. Some may go on to longer forms of treatment, however, for those with mild to moderate symptomatology, this ultra-brief intervention may suffice.

Aims: To introduce the use of Lausanne play tasks for clinical assessment and videofeedback with coparents.

Description: This workshop begins with a presentation of the use of Lausanne play tasks 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 play would best show the parents their family’s strengths and areas of challenge. Excerpts from video feedback sessions will be used to further illustrate technique. Clinical characteristics of families for whom this ultra-brief intervention is their only intervention will also be discussed.

Conclusions: New parents and young families experiencing mild to moderate symptomatology may benefit from ultra-brief interventions with a focus on coparenting, thereby alleviating some of the strain on our healthcare systems. For families with moderate to severe symptomatology this intervention can be a springboard to further family work. A clinical trial of the method is underway.
Linking Sensory Integration and Mental Health

Dr Gilbert Foley¹,²,³, Dr Susan Stallings-Sahler⁴
¹New York Center For Child Development, New York, USA, ²Institute for Clinical Social Work, Chicago, USA, ³Bank Street College of Education, New York, USA, ⁴Developmental Research and Education Consulting, LLC,

Introduction
The body mirrors the inner life in infancy and toddlerhood, and sensation is the raw material out of which attachment, movement, the construction of knowledge and language are spawned. Linking sensory processing and mental health builds an important bridge between soma and psyche theoretically, clinically, and therapeutically.

Aim or Purpose of the project or work described
The aim of this presentation is to identify developmental, clinical, and research links among sensory processing, sensory processing disorders, and mental health defined as social-emotional development and developmental psychopathology. Based on that concordance, the presentation aims to demonstrate how coordinated treatment between sensory integration informed Occupational Therapy and Infant Early Childhood Mental Health (IECMH) interventions are mutually synergistic and more effective for child and family.

Description of the work or project
This presentation reviews the foundational principles of sensory processing and IECMH, the characteristics of Sensory Processing Disorders (SPD), research supporting the classification and implications for Infant and Early Childhood Mental Health (IEMH). The clinical presentation of Sensory Processing Disorders (SPDs) will be examined through sensory integration, regulatory, and psychological lenses addressing the potential impact SPDs can have on self-regulation, perception, behavior, parent-child relationships and mental health. From an applied perspective, this presentation aims to assist mental health professionals become more aware of: the signs of possible SPD, how to screen, and to whom to refer. “Take-away” strategies from a sensory processing perspective that might be applicable and appropriate within infant/early childhood mental health treatment to support regulation and relating will be examined.

Conclusions
Drawing on the presenters’ currently published book from ZERO TO THREE, they bring new insights about the links between sensory processing, sensory processing disorders and IECMH in concept and practice, providing direction for a needed integrative intervention incorporating multiple lines of development.
Hope in the Face of Adversity: Promoting Family Relational Health using the Newborn Behavioral Observations

**Dr Jayne Singer**

Brazelton Institute, Boston, United States

**Introduction:**
The Newborn Behavioral Observations (NBO) is a relationship-based intervention that explores with parents their infant’s capacities to spark an emotional experience that enhances relational health. This experience is especially important for contexts of higher risk and adversity.

**Aim:**
The purpose of this workshop is to explore the “AMOR” Framework of observing newborn behavior to promote family engagement with us and deepen healthy attachment and relationship among family members. Mutually sharing attuned observations of infant behavior with a focus on parent and child strengths is especially important in the context of additional risks such as post-partum mood disorders, parental substance use disorders and infant prenatal exposures, and other circumstances of high stress and trauma.

**Description:**
This workshop will overview the Newborn Behavioral Observations through clinical examples and interactive practice to explore its application with families at heightened risk for relational challenges threatening development over time. Activities will integrate highly interactive presentation material and video content of parent-child interactions with the NBO along with skill-building opportunities for discussion and practice. Case-based reflective teaching exercises will enhance participants’ skills in engaging parents in their own recovery and healing processes through the relationship with their baby. We will deepen understanding of substance use disorders, recognize and address infant symptoms of withdrawal, and recognize our own need for self-reflection and self-regulation in caring for families living with varying threats to their relational and emotional health and wellness.

**Conclusion:**
This workshop will orient participants to the Newborn Behavioral Observations applied as a strengths-based, relational, experiential intervention in the clinical IMH treatment of the parent-infant dyad as the vital point of entry into the family system. Participants will apply their learning with reflective opportunities to explore the use of the NBO in support of parents in recovery for SUD as well as other emotional health concerns.
The Maternal Looking Guide: Translating the science and research to frontline practice

Dr Patricia O'Rourke

University of Adelaide, Adelaide, Australia

Introduction

The Maternal Looking Guide (MLG) is a clinical tool developed to support the mother-infant relationship soon after birth (O'Rourke et al., 2021). It uses a mother's looking as a port of entry into this emerging relationship. Parent-infant observations are foundational in understanding the parent-infant relationship in the earliest years (Beebe, 2010). Perinatal professionals can use the MLG to assess the way mothers look at their infants so they can recognise those mothers who may benefit from extra support. The MLG is currently being implemented across the Child and Family Health Service in SA.

Aim

Using gaze to identify those dyads who will most benefit from immediate increased support, the MLG assists perinatal workers to sensitively respond at this critical juncture for mother and baby.

Description

This interactive workshop will enable participants to use the MLG and will assist them to further develop skills in observation, intuitive understanding and early assessment of mother-infant relationship. The theory underpinning the MLG will be described highlighting the opportunity the perinatal period offers. The implementation of the MLG will be outlined and discussed.

Conclusions

The Maternal Looking Guide (MLG) identifies and addresses a real-world problem – that mothers and babies can miss one another when they first meet in that precious time post birth and that this may have long-term health and wellbeing implications. Identification of possible relational difficulties in the perinatal period increases the likelihood of early support being provided to that relationship, and assists organisations to allocate scarce resources to those who most need them.


Weathering the Storm: Working with infants in the context of significant parental psychopathology

Dr Ewa Bodnar¹, Ms Lisa Gannon¹
¹Queensland Centre For Perinatal And Infant Mental Health, Brisbane, Austarlia

Introduction and Aim:
To explore ways to support infants and the clinicians working with them when parental mental ill health is identified clinically as the main concern but not acknowledged as such by the family. This situation presents specific challenges in health systems such as ours where perinatal mental health is positioned in separate organisations to infant mental health.

Description of Workshop:
Using case based discussion this workshop will consider the role of the infant mental health clinician in various clinical scenarios. The types of presentations considered will include parental delusions involving the young child, parental hypochondriasis by proxy and personality structures that prohibit genuine acknowledgement of the child’s experience. Our experience is that clinical presentations involving disavowed parental psychopathology, masked by reported symptoms in the children, are amongst the most challenging to face infant clinicians.

We will examine these issues in our roles both as clinicians working directly with families but also as supervisors providing governance and support to others working with this complexity. We will discuss whether there is a role for infant mental health, what the boundaries of that role are in our system, when to persist and when to desist, and how to support the clinician tasked with ‘being with’ the infant in this precarious situation.

Separating the mental health systems offered to parents versus their infants exacerbates an already difficult situation by creating barriers to enquiry and assessment of the parental difficulties. Psychotic, distorted or fragmented defences against discussion of parental psychopathology are enabled systems are siloed.

Conclusions:
The workshop will feature a mix of clinical scenario, theoretical discussion and reflective discussion with participants. At the end of the workshop we hope to have provided participants an opportunity to consider and discuss this particularly challenging aspect of Infant Mental Health work.
Infant Mental Health and Occupational Therapy Collaborative Intervention to Support a Child with Medical Complexity

Dr. Sarah Anais Mejia¹, Dr. Caroline Hardin², Dr. Eliza Harley¹
¹Department of Pediatrics at Children's Hospital Los Angeles, Los Angeles, USA, ²USC Division of Occupational Science and Occupational Therapy, University of Southern California, Los Angeles, USA

-INTRODUCTION
Children with complex medical needs oftentimes experience post-traumatic stress disorder (PTSD) related to their medical care (DeYoung et al., 2021). Similarly, their caregivers are more likely to experience symptoms related to anxiety, depression, and PTSD (Hancock et al., 2018). An evidence-based intervention like Child Parent Psychotherapy (CPP) can address dyadic trauma related to chronic and invasive medical intervention. However, psychological treatment alone cannot address the unique sensory and environmental factors related to hospitalization and chronic illness. A case example will be presented to illustrate the integration of occupational therapy (OT) and CPP to support the unique needs of young children with medical PTSD and acute chronic illness.

-AIMS
Attendees will be able to:

-Expand their understanding of Infant Family Mental Health (IFMH), CPP, and OT tenets to support medically complex children and their caregivers.

-Identify strategies and benefits of OT and IFMH clinician collaboration for children who have experienced medical trauma across inpatient and outpatient settings.

-Apply reflective practice techniques to address grief related to chronic medical complexity.

-DESCRIPTION
An IFMH interdisciplinary treatment team (psychology and OT) will offer a case example that uses an interdisciplinary Child Parent Psychotherapy (CPP) model to manage the impact of acute chronic medical trauma for a child and their family. The team will review pivotal points across 18 months of collaborative treatment focused on strengthening the dyadic relationship to support the child’s biopsychosocial functioning. Presenters will encourage discussion around using reflective practice as an interdisciplinary team to address grief and vicarious trauma.

-CONCLUSIONS
Upon conclusion of the workshop, participants will better understand the unique outcomes that can result from interdisciplinary integration of OT with psychology within IFMH. Participants will reflect on how they can better support children with chronic medical complexity through interdisciplinary collaboration.

References available upon request.
Five for Five: The Five Paradigm Shifts Necessary to Implement the Five Protective Factors

Dr. Connie M Lillas1, Ms Betty Peralta1, Ms Jessica Richards1
1NRF Institute Research To Resilience, Pasadena, United States

INTRO: The Center for the Study of Social Policy’s (United States, referred to as CSSP) five protective factors of 1) parent and child resilience, 2) social connections, 3) knowledge of parenting and child development, 4) social and emotional competence for children, and 5) concrete support in time of need are being used in many communities around the world to increase health and decrease the damaging effects of long-term toxic stress. The NeuroRelational Framework applies these protective factors to its treatment protocol because toxic stress is a cause of mental health and social-emotional developmental challenges.

PURPOSE: The NeuroRelational Framework (NRF) introduces five paradigm shifts, one for each of CSSP’s five protective factors. Each paradigm shift reveals an implicit bias about the meaning of children’s behaviors and provides an innovative, effective response to behaviors that heals toxic stress. The NRF uses an infographic in two different versions to reflect on the usefulness and importance of these shifts. This psychoeducational tool can be used with parents, practitioners across sectors of care, community leaders, and policy makers.

DESCRIPTION: The use of the 5 Paradigm Shifts tool will be demonstrated by 3 practitioners. They will describe different ways of supporting others to reflect on five implicit biases and shift into a deeper understanding and use of the five protective factors. The content of the tool will be described in detail along with cultural implications. We will highlight how to use this tool with parents, schools, children’s services, and for specific mental health conditions such as selective mutism, ODD, and PTSD.

CONCLUSIONS:
The NeuroRelational Framework operationalizes the CSSP’s Five Paradigm Shifts to offer a more effective and less biased approach to care. It uses the five paradigm shifts as a foundation for understanding how to alleviate toxic stress in child, caregiver, and provider across cultures.
Into the Forest I Go: Nature as a Partner in Reflective Practice

Carolyn Martin1,4, Jane West2,4, Ms Ellen Coker1,4, Amy Harrison3,4
1Colorado Department of Early Childhood, Denver, United States, 2Heart of the West Counseling, LLC, Denver, United States, 3Early Childhood Partnership of Adams County, Denver, United States, 4Colorado Association for Infant Mental Health, Denver, United States

Inspired by the Japanese practice of shinrin yoku, Forest Bathing has been scientifically proven to boost immune strength, reduce stress, improve cognitive functioning, and increase the sense of awe. In addition to these psycho-physiological benefits, Forest Bathing also offers the opportunity to deepen our relationship with the natural world. Forest Bathing and other nature-informed practices comprise a widely-applicable approach that can be adapted to any child, family, or community context. Such practice requires no special equipment or environment, instead using each facilitators’ and practitioners’ body-based senses. By slowing down and carefully observing with all of our senses, we begin to notice many incredible wonders of being in the world.

In this session on nature-informed practices you will:
- Be immersed in a nature-based sensory practice, on which to draw in subsequent workshop activities.
- Hear through recorded video and in-person storytelling and discussion, what working with Forest-Bathing-derived methods, practices, and experience from 2021-22 was like for the presenters.
- Learn from early childhood professionals who engage with nature-based practice how it has deepened their reflective capacity.
- Review data on the impact of nature-informed practices from a recent Early Childhood Mental Health consultant retreat.
- Apply the insights of the presenters’ as well as your own experiences with nature-connected methods and practices. In small groups, you will:
  ---reflect on how you, your colleagues, and your client families and children might engage in nature-based self-aware practices to deepen your reflective capacity.
  ---access support documents, a bibliography, and research on the benefits of sense-based self-aware practices, Forest Bathing methodologies, and nature-connected practices.
  ---reflect on an initial plan to incorporate nature-connected practices during regularly scheduled activities in your workplaces.

You will leave our time together with renewed inspiration to deepen your relationships with earth and with one another through nature-based methods and practices.
Beyond building blocks: A community driven approach to strengthening infant and early mental health care

Ms Nikky Summers¹, Amanda Davis¹, Dr Purnima Sundar¹, Dr Chaya Kulkarni², Ms Nicole Tuzi²
¹Knowledge Institute on Child and Youth Mental Health and Addictions, Ottawa, Canada, ²Infant and Early Mental Health Promotion, Toronto, Canada

Introduction: The building blocks for strong mental health are established in the early years and provide the foundation for good educational attainment, financial stability, and health and wellness later on. Investing in a system of care that ensures families get the help they need and when they need it, is crucial for early intervention.

Purpose: Care pathways help families and service providers by taking the guesswork out of what services are available and when, where and how to access them. The Knowledge Institute on Child and Youth Mental Health and Addictions and Infant and Early Mental Health Promotion are working with communities across Ontario, Canada to strengthen partnerships and develop effective communication, clear and efficient integrated care pathways.

Description: In this workshop, we will share our resource guide “From building blocks to care pathways: Working together to support access to infant and early mental health care” developed to guide communities in creating comprehensive care pathways and to leverage capacity at a community level to improve outcomes for infants, children and their families. This resource is based on the latest evidence for how best to develop and implement infant and early mental health care pathways, including a focus on tools and resources that build on community strengths and direct families to the right care in a timely way. Through facilitated discussion we will review the processes that all communities should integrate into planning to sustain care pathways for effective, intersectoral infant and child mental health services.

Conclusions: A variety of exercises will be used to engage participants and encourage critical thinking around how each service provider may play role in reducing the barriers to access and leverage the capacity within their community.
Understanding and managing medical trauma during early childhood

Dr Alexandra De Young\textsuperscript{1}, Dr Susan Wilson\textsuperscript{1}

\textsuperscript{1}Children’s Health Queensland, Brisbane, Australia

Introduction: Infants and pre-schoolers 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. Aims: The aim of this workshop is to explore the experiences of infants and their parents in the paediatric hospital setting and the types of infant mental health interventions across the continuum of care that may ameliorate and treat the impacts of medical trauma. Description: This interactive workshop will cover the following areas: (1) prevalence, comorbidity and course of paediatric medical traumatic stress (PMTS) during early childhood, (2) developmental considerations, (3) assessment, and (4) a stepped-care framework to guide the prevention and treatment of PMTS during early childhood. Conclusions: This workshop will have important implications for the current and future management of medical trauma reactions in infants and their families.
Introduction: Building a community of practitioners who have a shared language and understanding about the importance of first relationships has been a long-standing goal of the Tipperary IMH Steering group. This workshop will outline the history of the Tipperary IMH Steering Group, its purpose and examples of how IMH principals are embedded into work practice.

Purpose: IMH capacity building initiatives such as the Tipperary IMH Steering group model has demonstrated that it is possible to develop IMH informed services. It is hoped by sharing our history, vision, and learnings in collaboration with audience participation will enable further discussion and learnings.

Description: Through the establishment of the IMH Steering Group, strong alliances have been established between colleagues across services and organisations. These relationships have enabled community services to work together on behalf of infants and their parents. This workshop will discuss steps taken to build an IMH steering group. Key organisation concepts such as, governance, terms of reference and sustainability will be explored. In the second part of this workshop, we will discuss the IMH network group model and how a community service, Cuan Saor Women’s Refuge & Support Service have embedded key IMH principles into their services. Finally, we will also discuss lessons learnt and challenges for this project.

Conclusion: The Tipperary IMH Steering Group has been in operation since 2012 and we now have an increased awareness of IMH across Tipperary. We have an increased number of practitioners bringing an informed IMH approach into practise. There is still however a lot more to do with many challenges. What keeps us going? Babies and the knowledge that they need us to continue this work.
Indigenous Communities Promoting and Supporting Infant Mental Health through Community-Led Models

Ms Brittany Bierdermann\textsuperscript{2}, Mr Warren Kapashesit\textsuperscript{2}, Dr Chaya Kulkarni\textsuperscript{1}, Lesley Watts\textsuperscript{1}

\textsuperscript{1}Hospital for Sick Children, Toronto, Canada, \textsuperscript{2}Milopemahtesewin Services Child and Youth Services, Moosonee and Moose Factory, Canada

Introduction: Infant and Early Mental Health Promotion and Indigenous communities in Canada have developed innovative models that strengthen knowledge and skill specific to infant mental health. These capacity-building models engage community members and professionals to work collectively, uniquely embedding Indigenous culture that guides content, structure and program delivery.

Aim/Purpose: Aimed to build awareness, knowledge, and understanding about prenatal, infant and early mental health, drawing attention to the critical roles of professionals and non-professionals members in supporting the health and well-being of infants/children and families. Building upon strengths of practitioners, and fostering awareness within communities that everyone has something valuable to contribute to community and future generations.

Description: This session will share the process created to embrace the science of infant mental health through an Indigenous lens. Participants learn about the importance of engaging professionals and community members to create a system of change to better support infant mental health.

Two programs will be discussed:

Natural Helpers – 8 week hybrid program designed for all community members to increase knowledge and awareness about infant and early mental health. Facilitated by community Indigenous practitioners and elder.

Nurturing the Seed – Indigenous specific training for professionals on infant mental health. Included is the use of developmental support plans that are responsive to a child’s developmental needs in a family friendly and culturally informed way.

Key components of each program will be shared.

Conclusion: The initiatives demonstrate the benefits of sharing the science of infant mental health with all members of a community, professional and non-professional, and doing so through a cultural lens. Evaluation results will show how knowledge and skill is increased in both initiatives using a common body of information that is equally empowering for both and brings to life the notion of how it takes a village/community to raise a child.
INTRODUCTION
Over the past four decades a dramatic increase of feeding tubes in infants and small children were reported. For the vast majority of cases a massive food refusal as well as a history of high-risk or premature birth result in a feeding disorder classified as feeding tube dependency. Therefore, feeding tube dependency were often associated to the early aversive life experience, emotional trauma of the parents and a lack of motivation to nurse, feed or eat. A consensus between professions as well as different that feeding tube dependency is a complex condition, on the other hand the psychodynamic of this complex condition were rarely addressed. The lack of understanding the motivation and drive of the infant result in a lack of

AIMS or PURPOSE
During the workshop the psychodynamic of early feeding tube dependency will be presented. Based on the psychodynamic understanding of the infant a treatment program for feeding tube dependency will be outline.

DESCRIPTION
To establish a nurturing relationship to food and feeding after a artificial feeding needs a deeper understanding of the history of children with feeding tube dependency. The complex interplay between body-self sensation during the intensive care treatment, the lack of a hunger drive, dysregulated affects as well as need and attachment regulation will be discussed. The treatment process as well as interventions, based on a psychodynamic understanding of the infant and its caregiver interventions will be presented. Video sequences from a treatment process will be discussed with the participants.

CONCLUSIONS
The goal of this workshop is to give therapists an introduction how to support caregivers to build a nurturing relationship to their infant.
The development and implementation of Position Statements by the Australian Association for Infant Mental Health

Dr Nicole Milburn¹, Ms Sally Watson
¹AAIMH, National, Australia

Introduction
Infant Mental Health Associations have been formed to support the mental health and wellbeing of infants and build capacity in the professionals from many disciplines who work with infants and families. One strategy that Australian Association for Infant Mental Health (AAIMH) has instituted for this purpose has been the development of Position Statements. Both AAIMH and WAIMH have developed position or rights statements, AAIMH since 2002 and WAIMH since 2016. Statements from these bodies can have great benefit to the IMH and general community, and provide an anchor point for the organisation. The statements provide a solid foundation for the sector in the important work of advocating for infants, as well as providing a consensus and expert opinion on different topics.

Purpose
This workshop will share the purpose and process of the AAIMH Position Statement development over the last 20 years and place the process in the international context of the WAIMH statements.

Description
An overview of the 10 AAIMH and 2 WAIMH statements will be given, and details of the AAIMH processes for deciding a topic, sourcing expertise, developing and approving content, publishing, reviewing and retiring papers will be covered. Strengths, challenges and pitfalls will also be covered. Discussion will be actively encouraged, using the WAIMH AAIMH Position Statements as a vehicle for further development of advocacy efforts in the international IMH community.

Conclusions
The workshop will enable participants to use the information and process in their own work or organisations.
Child-Parent Psychotherapy with Infants Hospitalized in the Neonatal Intensive Care Unit

Dr Tamara Matic¹, Dr Marian Williams¹,², Dr Patricia Lakatos¹,²
¹Children’s Hospital Los Angeles, Los Angeles, United States, ²University of Southern California, Los Angeles, United States

Introduction: Hospitalization in the neonatal intensive care unit (NICU) is a potentially traumatic experience for infants and their parents, impacting developmental and attachment outcomes. Purpose: Provide infant mental health intervention at bedside in the NICU, using a dyadic approach that supports the developing parent-infant relationship (Lakatos et al., 2019). Description: The Child-Parent Psychotherapy (CPP) model (Lieberman et al., 2015), a relationship-based, trauma-informed, evidence-based treatment, was modified to provide dose-specific interventions at bedside during NICU hospitalization. Implemented over a 7-year period in a Level IV NICU within an urban children’s hospital, more than 250 culturally and socioeconomically diverse infants and their families received infant mental health services. The proposed workshop will explore, using case vignettes, videotaped parent interviews, and discussion/role-plays, how parent-infant psychotherapy can be implemented in an inpatient setting. Participants will learn how interventions including reflective developmental guidance, encouraging appropriate protective behavior, empathic communication, interpreting the feelings and actions of infants and parents, and crisis intervention can promote parent-infant bonding during this stressful time. Conclusions: Implementation of CPP within the NICU acknowledges the centrality of the parent-infant relationship, supporting this relationship during a time of acute vulnerability, having the potential to foster infant development and regulation well beyond the point of discharge from the NICU.

References:
Continuum of Infant Mental Health Services for Medically-Fragile Infants: Prenatal to Hospital to Home

Dr Melissa Carson1,2, Dr Marian Williams1,2, Dr Tamara Matic2
1University of Southern California, Los Angeles, United States, 2Children’s Hospital Los Angeles, Los Angeles, United States

Introduction: Prenatal or postnatal diagnosis of a medical condition places considerable stress on the parents, infants, and their developing relationship. Pediatric healthcare settings are optimal for providing infant mental health services, but implementation requires a complex set of skills and resources. Purpose of project: The project aims to infuse infant mental health principles throughout an urban hospital setting for families experiencing prenatal and postnatal medical complications through a continuum of relationship-based, trauma-informed services. Description of project: Infant mental health specialists are embedded in the continuum of perinatal medical care, including fetal care centers, neonatal intensive care, cardiothoracic intensive care, high-risk infant follow-up clinic, and home visiting. The program has served more than 150 culturally and socioeconomically diverse families within an urban children’s hospital. Developed through a partnership between two psychology specialties, pediatric psychology and infant mental health, the program includes a psychology postdoctoral fellowship and training for interdisciplinary staff. This workshop will incorporate clinical vignettes, interview data from interdisciplinary medical providers, and group discussion to explore program development and implementation strategies (Driver et al., 2021; Lakatos et al., 2017). Topics include interdisciplinary perspectives, policy and systems issues, funding strategies, flexibility in clinical services, training approaches, and lessons learned. Conclusions: Comprehensive infant mental health programs embedded within medical settings increase access to care and support relationships for infants with complex healthcare needs.

References:
Substance Use and Family Separation: A Critical Examination

Dr. Mishka Terplan², Taila AyAy, Mr Adam Ballout¹
¹First Legal Clinic, Everett, United States, ²Mishka Terplan MD, Baltimore, United States

Child welfare and foster placement travel in parallel with both drug policy and drug epidemics. In the United States (US), there has been a marked increase in reports related to prenatal substance exposure and, consequently, an increase in foster placement over the past 2 decades.

This workshop brings together both legal and medical experts to explore critically explore the policy and practice of child welfare in the context of substance use in pregnancy and postpartum. The presenters will review the history of child welfare, detail addiction and treatment in pregnancy, provide evidence regarding substance use and both subsequent maltreatment and child development, contrast what families with substance use disorder need with what child welfare mandates, and provide alternatives to surveillance and policing to empower families so that everyone can thrive.

Presenters include Mishka Terplan, a physician boarded in both obstetrics and gynecology and addiction medicine, and Adam Ballout, lawyer and founder of the F.I.R.S.T. (Family Intervention Response to Stop Trauma) Legal Clinic. The FIRST Legal Clinic prevents infant trauma through a multidisciplinary team approach with lived experience to upstream efforts that have successfully kept mothers and babies together. With a medical-legal partnership with local hospitals, the FIRST Legal Clinic works with pregnant mothers and new mothers to avoid entry (or re-entry) into a racially disproportionate child welfare system.
On becoming a family in Neonatal Intensive Care: COVID-19 learnings about enhancing co-parenting opportunities

Dr Megan Chapman1,2,3, Dr Diane Philipp4,5

1The Royal Children's Hospital, Melbourne, Parkville, Australia, 2University of Melbourne, Parkville, Australia, 3Murdoch Children's Research Institute, Parkville, Australia, 4SickKids Centre for Community Mental Health, Toronto, Canada, 5University of Toronto Medical School, Toronto, Canada

Introduction

Neonatal Intensive Care Units (NICU) have become more accessible and welcoming for parents and families. This progress towards infant-focused, family-centred care faced significant challenges as a result of hospital visiting restrictions implemented due to the COVID-19 pandemic.


Aim

This workshop will reflect on the impact of NICU visiting restrictions on coparenting, and the infant’s emerging sense of family. Focussing on the additional restrictions at the height of the COVID19 pandemic, it aims to illuminate what this experience can inform us regarding best practice for NICU infants and families.

Description

The workshop will reflect on parenting in NICU from three perspectives: the infant, the parent/s, and the clinicians. It will explore how restricting visiting to a single parent impacts on parents’ capacity to see the other as parent, and develop their co-parenting relationship from birth. It will also explore the perspective of the infant, potentially going home after prolonged admissions to parents who they had never experienced together. It will also draw reflections from NICU IMH clinicians on clinical interactions occurring within these circumstances. After initial reflections on the experience within one quaternary NICU, located in a city that experienced multiple lockdowns across 2020 and 2021, we will facilitate discussion, drawing on the experiences of workshop participants given the multitude of pandemic experiences depending on geographic location.

Conclusions

The pandemic response has focussed our attention on opportunities to enable and enhance coparenting and becoming a family within a NICU environment.
Creating a Multidisciplinary Fellowship in Early Relational Health

Dr Dorothy Richardson\textsuperscript{1,5}, Dr. Edward Tronick\textsuperscript{1}, Ms Marilyn Davillier\textsuperscript{1}, Dr Alexandra Harrison\textsuperscript{1,2,7}, Dr Claudia Gold\textsuperscript{1,6}, Silvia Juarez-Marazzo\textsuperscript{1,3}, Associate Director, IECMH Aditi Subramaniam\textsuperscript{1,4,5}, Ms Rouzan Khachatourian\textsuperscript{1}

\textsuperscript{1}UMass Chan Medical School, Worcester, USA, \textsuperscript{2}Harvard Medical School at Cambridge Health Alliance, Cambridge, USA, \textsuperscript{3}Chances for Children, Bronx NYC, USA, \textsuperscript{4}Massachusetts Society for the Prevention of Cruelty to Children, Lexington, USA, \textsuperscript{5}Massachusetts Association for Infant Mental Health (MassAIMH), Lexington, USA, \textsuperscript{6}Hello It's Me Project, Berkshires, USA, \textsuperscript{7}Supporting Child Caregivers, Inc., Cambridge, USA

The idea that relationships drive health and development in the first thousand days of life is a new focal point for a growing number of fields. While the field of infant mental health has been around for decades, knowledge gaps remain in many disciplines. When translating key infant mental health principles, we believe it is critical to maintain an awareness of the complexity of developmental processes without reducing them to a singular theory of change.

Our mission has been to enhance the knowledge base of a wide array of multidisciplinary professionals supporting vulnerable children and families. The goal is for participants to have a deep understanding of the mechanisms of development in the context of early caregiving relationships and the power of dyadic therapeutic interventions across multiple settings that build relational capacity, improve the mental health and well-being of vulnerable caregivers, close the gap in young children's development, and reduce disparities in health outcomes.

The Fellowship in Early Relational Health at UMass Chan Medical School has graduated over 250 professionals from over 16 disciplines from 25 countries around the world, consistently positioning participants in leadership positions within their scope of practice. Fellows learn directly from world luminaries in the field, while benefiting from rich exchanges amongst a diverse group of professionals. Fellows are supported in the integration of their learning to their clinical practice, policy, and educational settings by a dynamic multidisciplinary core faculty through integrative discussion and reflective consultation.

Faculty will engage workshop participants in discussion, supporting their development of curricula unique to their settings to fill the knowledge gap for multidisciplinary caregivers. Key elements of successful training will be illustrated through video clips and reflective practice exercises, guiding workshop participants in expanding their understanding of how to effectively support translation of infant mental health principles across disciplines.
Culture-Connection-Continuity: First Nations inform maternal-infant practice in an Australian tertiary hospital

Dr. Susan Nicolson\(^1,2\), Miss Evelyn Burns\(^1\), Miss Cinnamon Henry\(^1\), Miss Gina Bundle\(^1\), Miss Paraskevi Loupis\(^3\), Miss Ruth Lewis\(^1\), Miss Alexandria Burton\(^1\), Ms Clare Manning\(^1\), Ms Jenny Ryan\(^1\)

\(^1\)Royal Women’s Hospital, Melbourne, Australia, \(^2\)University of Melbourne, Melbourne, Australia

Introduction
First Nations women are creating their and their baby’s care. Hospitals have not always been safe places. The Women’s Hospital in Melbourne’s admission of past wrongs and commitment to change is creating First Nations tailored services.

Aims
First Nations wisdom to influence hospital perinatal practice and change “ways of doing”. Embed cultural integrity and safety in pregnancy, birthing, postnatal and newborn care. Build trusted connections and enable wrap-around care for complex families, in the context of continuity of midwifery care.

Description of the work
Ongoing First Nations initiatives, reconciliation and workforce development. Staff cultural competence training embedded as integral to clinical competence. Silos obstructing comprehensive psycho-social care removed within new Social Model of Health Division. Baggarrook Yurrongi caseload developed and researched with academic partners and the Victorian Aboriginal Community Controlled Health Organisation.

With the Aboriginal Liaison Unit, Baggarrook provides culturally-safe maternity and non-clinical care to families. Cultural practice of “connections” helps to contain distress and promote safety to heal from trauma.

Evelyn Burns, Indigenous midwife, will discuss award-winning Baggarrook Caseload, sharing stories, statistics, design elements of continuity, and approaches for mothers in holding baby in mind.

Cinnamon-Bliss Henry, Badjurr-Bulok Wilam Aboriginal Hospital Liaison Officer, will describe her role, and how she creates a Culturally-safe maternity journey at The Women’s.

Dr. Susan Nicolson, infant mental health clinician, will reflect on Baggarrook de-brief sessions, focussed on learning from families, containing the stress of work, and developing infant mental health skills.

This workshop will promote discussion and insight sharing.

Conclusions
First Nations are informing effective practice. Baggarrook caseload is a success and is growing. Child removals appear to be decreasing. The Aboriginal Liaison Officer is crucial to Baggarrook, Staff and First Nation families. Infant mental health is on the radar. Wrap-around trauma-responsive care is supported by the Social Model of Health Division.
Reaching for the “good enough father” in therapy with mothers, sons and generations of dads

Ms Sharla Kibel

1Kibel Consulting, Los Gatos, United States, 2Santa Clara University, Santa Clara, United States

Introduction: The field of early childhood mental health has in recent years acknowledged the importance of integrating fathers into the work of treating young children and their caregivers. Fathers have significant roles in providing protection, facilitating exploration and modulating aggression. Yet we frequently begin services with little boys presenting with externalizing behaviors and mothers who are solo caregivers. Colleagues will use case material to explore the role that representations of the active, absent, remembered, abusive or intermittently available father plays in family treatment with mothers and young sons.

Purpose: A therapist may need to hold a template for a “good enough father”, that can be integrated into the work for little boys who carry beliefs, fears, hopes, disappointments, needs and longings related to a father. Such a template can support meaning making for both mothers and sons as they process the losses and wishes that surface in therapeutic work with a therapist as a second adult in the family drama. We will practice integrating a contextual model, the “mattering map,” to explore variable impacts of culture and gender on assumptions about mothers and fathers, and how they are interwoven with the relationships we construct.

Descriptive Background: Mothers frequently experience heavy loads of responsibility, loss, trauma, disappointment, or confusion and have to make challenging decisions about how to represent the father to the son. They are powerful figures who often feel powerless and ambivalent regarding what matters about fathers and their experience of fathers. Child Parent Psychotherapy addresses family stories that include painful or violent behaviors by fathers, challenging clinicians to be real about a father’s behavior without demonization, leaving room for potential repair.

Conclusions: Clinicians will deeply understand Influences on the “good enough father” template from attachment theory, feminist psychology and constructs of maternal and paternal functions in object relations theory.
Including parents with a serious mental illness in perinatal and infant mental health practice

Ms Carol Clark¹, Ms Hanna Jewell², Ms Michelle Hegarty³, Mrs Cheree Cosgriff⁴
¹Northern Area Mental Health Service, Preston, Australia, ²The Bouverie Centre, La Trobe University, Melbourne, Australia, ³Eastern Health Adult Mental Health Program, Eastern Health Region, Australia, ⁴Grampians Area Mental Health, Ballarat Health Services, Ballarat, Australia

Introduction
The perinatal period is the most vulnerable period in women’s lives for relapse or the onset of mental illness. Increasing evidence demonstrates that men too experience significant vulnerabilities that may exacerbate existing mental illness or precipitate the onset of an illness in their transition to fatherhood. This workshop explores current and emerging practices that arise from recent work exploring policy and practice in perinatal and infant mental health (Clark, C., Jewell, H., Cosgriff, C. & Hegarty, M. Perspectives in Infant Mental Health 8/5/22).

Aims or purpose of the work
This workshop will consider instances where serious mental illness can be identified in the perinatal period, consider some limitations in current approaches as applied to this group, and explore examples of emerging practice from four points of view: antenatal care; maternal and child health; adult mental health and transition to parenthood programs.

Description of the work
Drawing on the Australian experience of policy and practice guidelines attention is focused on a whole of family approach with particular interest on those with pre-existing serious mental illness. This approach invites consideration of frameworks which support local, timely responses, collaboration across sectors and existing or emerging models or programs to support the needs of this group of families and their infants. Case presentations will be used to demonstrate practice issues as they apply to this group of families.

Conclusion
Discussion will provide an opportunity to explore participants own practice context in relation to serious mental illness in the perinatal period, expand on their knowledge of family member perspectives and appreciate the opportunities to build collaborative practice across services.

“A well-considered comprehensive model of care can minimise intergeneration transmission of adversity” Clark, C., et al 2022 page 48
Embracing Structural Humility to Advance Equity in Mental Health Services for Families Experiencing Trauma

Dr Sufna John¹, Lili Gray, Donna Potter
¹University Of Arkansas For Medical Sciences, Little Rock, United States of America

Introduction: Structural trauma (the psychological impact of inequity that results from public policies/institutional practices that are part of the structure of our culture) reduces the potential that mental health services will result in recovery for young children and families in marginalized communities.

Purpose: Structural humility (Metzel & Hansen, 2014) provides a framework for recognizing and responding to the impact of structural inequity on clinical practices and health outcomes for marginalized communities. This presentation will build learner knowledge on structural humility and associated practices within infant mental health.

Description: Despite the historical and ongoing existence of community-based and structural trauma, mental health providers have limited experience with incorporating these types of events into evidence-based treatment; instead, being trained to primarily focus on family-level traumatic events (e.g., abuse, natural disaster exposure, domestic violence).

Conclusions: Small group activities and discussion will help learners to integrate knowledge and practice specific skills that embrace structural humility.

Addressing the Challenges of Center/School Readiness, Suspension and Expulsions with Young Children, Parents and Educators.

Dr. Jennifer Farley¹, Mrs Melissa Threadgould
¹Eastern Michigan University, Ypsilanti, U.S.

Introduction
Early childhood mental health clinicians continue to tailor services to mitigate the impact of the pandemic on young children, parents and the family caregiving system. A growing concern is school readiness (Ready at Five, 2021) and subsequently, the number of young children being asked to leave, suspended or expelled from centers/schools. This is problematic because young children are missing valuable social and emotional early learning opportunities with peers and teachers, which may impact later academic outcomes (Gilliam, 2017). To ensure access and equity, we need to support centers/schools in understanding how the pandemic impacted young children and disproportionately impacted racial, ethnic and/or low-income families and communities (Tai et al., 2020).

Aims or Purpose
This workshop will explore the current challenges related to center/school readiness, suspensions and expulsions and identify relationship-based strategies to empower parents, support teachers and adapt center/school policies.

Description of the work
Using an infant and early childhood home-visiting model (Tableman & Weatherston, 2015), this workshop will explore and discuss how early childhood clinicians tailor mental health services to address these challenges. Using case studies, participants will learn strategies to work with parents to foster child emotional and social development at home and empower parents to effectively collaborate with centers and schools. This workshop will also explore how clinicians are working to support teachers and build partnerships with schools to adapt emotional, social and behavioral expectations and policies. Finally, this workshop will identify ways mental health administrators can support clinicians in reflective supervision and their advocacy work within school systems.

Conclusion
This workshop will provide the space for mental health clinicians and early childhood educators to discuss and identify effective strategies to address current challenges associated with school readiness, suspensions and expulsions.
"Pandemic as Portal": Lessons learned from dissemination of the Diversity-Informed Tenets

Dr. Maria St. John¹, Dr Karen Frankel, Dr Nucha Isarowong, LCSW, IECMH-E Ayannakai Nalo, Ms Carmen Rosa Norona, Dr Kandace Thomas
¹UCSF Department of Psychiatry and Behavioral Sciences, San Francisco, United States

Introduction

In her 2020 article entitled “Pandemic as portal,” author Arundhati Roy asserted, “Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next.” For many, the murder of George Floyd that same year, and the racial reckoning that this event prompted, also marked a threshold phenomenon of world-changing proportions. This workshop tells the story of the impact of these coincident events on a US-based diversity, equity and inclusion Initiative.

Aims and Description

The Diversity-Informed Tenets for Work with Infants, Children and Families is a diversity, equity and inclusion framework originally developed in 2012 specifically for the infant and early childhood workforce (Thomas, Noroña, & St. John, 2019). An initiative of the Irving Harris Foundation, the Tenets have been disseminated through experiential workshops with wide ranging infant and early childhood programs, agencies and systems of care. In the context of Covid-19, Tenets workshops pivoted on a dime, transitioning from an in-person to virtual delivery model. At the same time, the initiative experienced a dramatic spike in demand for workshops, as the racial reckoning forced many agencies to confront the ways that interlocking systems of oppression are reproduced within. This workshop presents lessons learned from Tenets workshop dissemination in the context of these intersecting forces. Presenters will share curricular innovations, engagement strategies, ethical dilemmas and critical reflections. Participants will have an opportunity to experience first hand elements of a Tenets workshop and engage in facilitated discussion regarding racial justice pedagogy.

Centering Critical Consciousness, Critical Self-Reflection, Racial Equity and Inclusion in Reflective Supervision/Consultation

Dr Nucha Isarowong 1,6, Dr Kandace Thomas 2,6, Ms Carmen Rosa Norona 3,6, Dr Karen Frankel 5,6, LCSW, IECMH-E Ayannakai Nalo 6

1Barnard Center for Infant and Early Childhood Mental Health, University of Washington School of Nursing, Seattle, United States, 2First 8 Memphis, Memphis, United States, 3Boston Medical Center, Child Witness to Violence, Boston, United States, 4University of California San Francisco, San Francisco, United States, 5University of Colorado School of Medicine, Denver, United States, 6Diversity-Informed Tenets for Work with Infants, Children and Families Initiative, Irving Harris Foundation, Chicago, United States

Introduction

Dominant models of practice and understanding of Reflective Supervision/Consultation (RS/C) in infant and early childhood mental health do not fully integrate the perspectives of culturally and racially diverse practitioners and families. Because these models are rooted in Eurocentric and colonized paradigms, (Hernandez-Wolfe, 2011; Ramirez, Chin & Graham, 2020) they have reproduced harmful patterns of inequity and exclusion. The interests, values, beliefs and practices of dominant, socially positioned groups have been protected, perpetuating disparities in leadership positions, valued knowledge and power in the field to the detriment of minoritized individuals and groups.

Aims and Description

Dr. Jeree Pawl reminded us “you are yourself and your roles” (Pawl & St. John, 1998, p. 6); “who we are” intersects with “how we are” and “what we do”. Inspired by this reminder and using the compass offered by the Diversity-Informed Tenets (Thomas, Noroña, & St. John, 2019), as well as antiracism, racial equity, and decolonization lenses, this workshop: (1) Examines how social and institutional structures and policies around our social positionality shape our existence, social interaction and practice (Burton, Winn, Stevenson & Clark, 2004); (2) Describes the role of self-awareness, critical consciousness and critical self-reflection in changing frameworks and catalyzing transformative actions towards social and racial justice change; (3) Highlight the potential and critical role of RS/C for the promotion of critical thinking/critical self-reflection and for the protection of providers from marginalized communities; (4) Provide an overview of the dominant frameworks for RS/C and introduce and describe new advancements and related research finding for best practice that captures or considers the experiences of professionals from marginalized communities in RS/C; (5) Reflect on and discuss practitioners’ next step in advancing social and racial equity through RS/C.

Workshop participants will engage in individual and group reflective exercises and discuss case vignettes.
Increasing positive home visiting practices: Applying HOVRS and motivational interviewing

Dr. Mark Innocenti\textsuperscript{1}, Ms Karin Wilson\textsuperscript{2}, Lori Roggman\textsuperscript{1}
\textsuperscript{1}Utah State University, Logan, USA, \textsuperscript{2}Theory to Action, LLC, Albuquerque, USA

Introduction. Effective home visiting for infants and toddlers involves practices that require a range of skills, knowledge, and ways of doing and being. Key home visiting practices are relationship building, responsiveness to strengths, facilitating positive parent-child interactions, and collaborating with parents as partners. These practices are measured by the evidence-based Home Visit Rating Scales (HOVRS), which many home visiting programs use as a coaching and professional development resource. One of the skill sets that support the key practices measured by the HOVRS is motivational interviewing (MI), another evidence-based practice.

Purpose: This presentation will focus on a powerful combination, MI with HOVRS, using elements of motivational interviewing (MI) with positive visitor practices measured by HOVRS to enhance the experience of home visitors and families. These combined approaches can increase family engagement and gain parent commitment around home visiting outcomes. HOVRS with MI works by leveraging positive behaviors and language using specific types of speech to engage and evoke parent commitment to make behavior changes that build on family strengths.

Description: This session will include examples and activities aligning MI language with HOVRS high quality practices. For each of the four practice domains in HOVRS, participants will be invited to identify an issue that gets in the way and generate coaching activities with MI responses that they could use in their work with families. Participants will also be guided to reflect on how these combined techniques overcome barriers to engagement that families may experience--those things may make families seem “difficult to engage.”

Conclusions: These combined activities lead home visitors to (1) build a goal-oriented home visitor-family relationship, (2) use a strengths-based response to individualize to each family, (3) facilitate positive supportive parent-child interaction, (4) encourage collaboration with parents as equal partners, and (5) better engage families in the process.
Using the B-ERA Video Replay to Engage Parents in the Compassionate Assessment of Early Relationships

Professor Roseanne Clark
1UW School Of Medicine and Public Health; Department of Psychiatry, Madison, USA

Introduction: Engaging parents in assessing their own early relationships and their relationship with their infant/young child is a respectful approach to the development of awareness and compassion for both themselves and their child.

Purpose: The B-ERA Relational Profile, Video Replay Interview and collaboratively developed Relationship Development Plan can be used by mental health professionals to focus relational treatment as well as for evaluation and research. Use of the B-ERA will be illustrated with case examples and video illustrations and involves coding strengths and areas of concern in interactions as well as a reflective process for assessing the meaning of the child and the child's behavior to the parent.

Description of the Work:
The Brief Parent-Child Early Relational Assessment (B-ERA) is comprised of 39 parent, child and dyadic domains were derived using the coding of 5000 video recordings through both psychometric analyses and clinical considerations. The interactions were of mothers and fathers with their infants and young children in feeding, structured task and free play situations. Dyads were drawn from a range of socio-economic, ethnic and racial populations and represent both normative community samples and clinical populations in which risk to the relationship may have been via either medical condition of the infant/young child or psychiatric diagnosis of the parent.

Through training and the use of fidelity tools in reflective consultation by a mental health professional, non-mental health professionals can be mentored in use of the B-ERA in addressing early relational disturbances and parental and infant mental health concerns.

Conclusion: The B-ERA Video Replay approach to relational assessment can be used by mental health professionals as well as in a task sharing approach important due to the paucity of mental health professionals in rural communities and low resource countries and the need to address the impact of intergenerational relational trauma on infant/early childhood mental health.
Studying clinical processes of rupture and repair in psychoanalytic parent infant psychotherapy

Mrs Tessa Baradon¹, Dr Björn Salomonsson², Professor Evrinomy Avdi³, Dr. Michelle Sleed¹, Miss Keren Amiran⁴

¹Anna Freud Centre, ²Karolinska Institute, Stockholm, Sweden, ³University of Thessaloniki, Thessaloniki, Greece, ⁴Independent Film Director

The study of therapy process can provide a rich understanding of the factors that might support or impinge on the therapeutic relationship and how therapeutic change is brought about. To date, very little process research has been carried out in relation to Psychoanalytic Parent-infant Psychotherapy. The method of Layered Analysis (Baradon, 2018; Avdi et al., 2020) has been developed specifically to examine parent-infant psychotherapy sessions from multiple perspectives and modalities. LA is a micro- and macro-analytic approach that explores verbal and nonverbal communication between therapist, parent and infant. In this approach, various clinical and research tools are used to provide layers of meaning to therapeutic encounters. These tools include:

2. The analysis of verbal exchanges using discourse analysis (Georgaca & Avdi, 2011) and the application of the Reflective Functioning coding of mentalizing in language (Slade et al., 2004).
3. The coding of atypical caregiving behaviours associated with infant attachment disorganization using the AMBIANCE (Bronfman et al., 1999).
4. The therapist’s reports of countertransference in the therapeutic encounter,

The aim of this workshop will be to present the method of Layered Analysis. Brief segments of video-recorded parent-infant psychotherapy sessions will be shown, and the multiple “layers” of analysis will be demonstrated.

We will facilitate an interactive discussion about the application of the method and the findings that can be elucidated.
INVITED SPEAKERS’ PRESENTATIONS

Self-awareness leads to better services for families: Working with infants and families within a diverse multi-cultural and political setting

Ms Salisha Maharaj, Dr Juané Voges

Working with infants and families in South Africa, a country with a diverse cultural heritage and a troubled history, poses many challenges. Significant social and economic disparities are a reality for practitioners who need to adapt ways of working to remain attuned to the needs and customs of the families they work with. While these disparities influence the therapeutic space, their presence also create opportunities for growth and learning. Practitioners and the families they serve frequently occupy diverse cultural, social and economic spaces, and maintaining a reflective stance is critical in providing care that promotes the wellbeing of infants. Furthermore, there is a growing awareness that most of the knowledge generated about understanding and supporting infants and their families come from developed countries. A clinical case will be presented in which socio-economic and cultural veils impact on the therapeutic relationship and have a very real influence on the outcomes for a mother-infant dyad. It captures the burden that patients are left with when their lived experience is perceived as foreign and the vulnerable position that this leaves the mother-infant dyad and the clinician. Reflections on the case will highlight both personal and systemic blind spots within the context of the historical and current day socio-economic and political climate of South Africa. There are ongoing efforts to expand local awareness of the importance of infant mental health among fellow clinicians and families alike and the presenters will expand on areas where a greater focus on diverse perspectives can be beneficial.
Beyond political correctness: making diversity informed practice in infant mental health meaningful and sustainable when developing perinatal and infant mental health services.

Dr Elisabeth Hoehn

Across Queensland, Australia, infant mental health is developing as part of an integrated, whole of sector, continuum of care across both perinatal and infant mental health services. A picture of what diversity means for Queensland will be presented and the challenges that this poses to embracing diversity, equity and inclusion (DEI) will be considered. Examples will be used to reflect on how the Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) has supported the transition from political correctness and rhetoric to meaningful and sustainable approaches to embracing DEI. This began with staff embarking on a journey of reflection and cultural change, including creating spaces that are safe for infants, families and the staff that use them. Particular focus will be on a strategy for Health Equity for Queensland First Nations infants and their families.
Who am I, who are you? First steps to critical self-awareness

Dr Colette Murray

This presentation will situate the practice of critical self-awareness within systems of oppression and privilege. Drawing on anti-racist and anti-bias work in Early Childhood Education and Care in Ireland, the presentation will outline why it is essential to begin this work by first building your knowledge base on how systems of oppression work. To deliver equitable services to families and children systemic change is required at training and practice levels. Self-awareness and self-reflection can be challenging but is necessary to have a better understanding of who you are, including your culture, background and personal values. It also brings awareness of our own assumptions and challenges when working with parents and children from diverse backgrounds. Some critical questions to stimulate discussion on self-reflection will also be presented.
A Canadian Perspective on Diversity, Equity and Inclusion

Dr Chaya Kulkarni

Canada is often described as a mosaic or a mirror of the world, home to people from around the globe, supportive of different groups of individuals including people of different races, ethnicities, religions, abilities, genders and sexual orientation. With this in mind, Canada is likely one of the most diversity rich countries. We boast a very high level of immigration and Canada is often a place of refuge for those fleeing countries facing violence and/or civil unrest connected to many issues including aspects such as sexual preference and religious freedom among others.

How is a country such as Canada Embracing Diversity Informed Practice in Infant Mental Health? Or perhaps the question should be how COULD Canada Embrace Diversity Informed Practice in Infant Mental Health given the diversity rich population it home to? To answer this question we need to consider the pre-service training of practitioners and ongoing in-service specific to diversity, inclusion and equity. In addition, we need to learn more about how to better reflect an understanding of the experiences of the families we work with. For instance, how families function day to day may differ in countries – we need to understand this and consider how it impacts that family in a country that may have a different view of how families function.

This presentation will reflect on current initiatives in Canada that support diversity informed practices specific to infant mental health but will also consider how its approach can be strengthened. This presentation will consider existing practices and opportunities to strengthen our approach to embracing diversity, equity and inclusion in our work with infants and their families.
Attachment and Biobehavioral Catch-up: Intervening with Parents of Vulnerable Infants

Professor Mary Dozier

Attachment and Biobehavioral Catch-up (ABC) is a 10-session home visiting program for parents of vulnerable infants and toddlers. Over the last 30 years, along with members of my lab, we have developed and refined the intervention, and tested its efficacy and effectiveness.

In this talk, I will first provide an overview of how ABC was developed on the basis of issues identified as problematic for vulnerable infants through our own research and through the research of others. I will describe how ABC is implemented, with particular attention to “in-the-moment” comments which parent coaches make during sessions to support parents engaging in target behaviors, which are identified as integral to the program’s effectiveness. I will provide examples of the evidence that has been amassed for ABC from randomized clinical trials, including examples from infancy, early childhood, middle childhood, and adolescence.

I will then discuss challenges in disseminating any intervention, and describe how we have managed to disseminate while maintaining strong model fidelity. Adaptations to the model, including cultural enhancements and telehealth, will be discussed. Videos of parents and infants will be used to illustrate intervention targets and the intervention approach.
Threat versus Deprivation in Mother’s Childhood: Differential Relations to Infant Regional Brain Volumes and Cortisol Responses Over the First Two Years

Karlen Lyons-Ruth

In this talk, Dr Lyons-Ruth will overview emerging results of the Mother-Infant Neurobiological Development (MIND) Study, which is examining the mechanisms underlying the intergenerational transmission of maltreatment. One important cognitive-developmental framework posits that an individual’s experiences of threat versus deprivation should have differential effects on limbic circuits versus cognitive competencies. This hypothesis will be examined in relation to the intergenerational transmission of differential effects of the mother’s own childhood abuse versus neglect on her infant’s cortisol responses and brain development during the first two years of life.

Increasing evidence suggests that differential effects on infant stress responses and limbic volumes may be present at birth, implicating gestational and epigenetic mechanisms. Additional evidence points to differential relations of childhood abuse and neglect to aspects of disrupted maternal interaction. These distinct forms of postnatal interaction are further associated with differential effects on infant behaviour and infant grey and white matter volumes, which implicate postnatal as well as prenatal mechanisms.

Results will be considered in relation to findings from controlled rodent studies which have presented evidence for a hyporesponsive period for cortisol responding in early life, but have also presented evidence for increased cortisol responding under conditions of low maternal care. An integrative theoretical framework will be presented for reconciling and revising these various theories in light of the new data emerging from human infancy.
Future directions of infant mental health in these changing and challenging times  

Professor Miri Keren

In this State-of-the-Art Lecture, we will start by reviewing the huge changes that are taking place at the scientific, environmental and societal levels that have direct and indirect effects on the infant's brain development, parenting and family structure. For instance, we will reflect on the impact of digitalization on parenting and on the infant's/young child's cognitive, language and social development. The fast and huge advancements in technology that enable to disconnect procreation from sexual relationships and intimacy, together with changes in the definition of family and parenthood will be reviewed. Procreation without a womb is much less of utopian than one would have thought 30 years ago, and the traditional identity of the woman as linked to motherhood is not obvious anymore.

Also, new professional questions are raised by the recent legitimation that is given to transgender identity has implications for parents of very young children who manifest their wish to be the other sex already during the preschool years. At the macro level, the recent Covid pandemic, together with extreme climate changes, natural disasters, wars and displacements, have engendered a general feeling of fragility that impact all humans on earth.

In the light of all these, one may wonder what is and what should be our roles as IMH clinicians in this complex, challenging and turmoil context at all layers: societal, environmental and technological.

We will end with the role of Ethics as regulator of these processes, and call for the creation of a WAIMH Code of Ethics, in continuation of the WAIMH Infant’s Rights Declaration.
Emotional Brain Development and the Role of Parenting

Nim Tottenham

Humans have the most complex emotional repertoire in the animal kingdom, but it takes a very long time to reach full adult functioning. The nature of emotional brain development maximizes its chances of being influenced by early social environments. Variations in species-typical experiences, such as parental caregiving, reveal the profound effects of such influences on the development of the neurobiology involved in emotional learning and regulation (e.g., amygdala, hippocampus, medial prefrontal cortex). This talk will focus on both typical development as well as development following caregiving-related stress showing that early life environments may influence development through learning and modification of developmental trajectories. These age-related changes will be discussed in terms of potential developmental sensitive periods for environmental influence.
Perinatal Mental Health: A Time of Uncertainty where Hope and Happiness can Meet

Prof Kevin Nugent

Although the prenatal period and the first 3 months of life make up a very short phase compared with the whole life span or even with the years from birth to three, there is compelling evidence to indicate that this period involves a series of life-changing transitions for the infant, the parents, the parent–child relationship, the family system and indeed for the whole community network into which the child is born. While it is well established that social determinants of mental health – poverty, racism, gender disadvantage, food insecurity, gender-based violence, poor housing, limited education and social networks are critical targets for infant mental health intervention, the focus of this presentation is on the complementary effects of an individualized strength-based, infant-focused, family-centred approach using the NBO. The focus of the NBO/AMOR approach is on the baby’s behaviour and is based on the assumption that babies have the capacity for intersubjective sympathy and that parents are also learners, as parents and babies learn to communicate and motivate each other. The NBO is used therefore to support the emergence of reciprocity in the infant-parent relationship, in a way that is collaborative, non-didactic and especially respectful of the generational and cultural context of both the baby’s and the parent’s own personal narratives. The NBO/AMOR approach at this level is essentially interpretative and discursive, a hermeneutic and dialogical approach, that enables the infant mental health clinician to coax into life the metaphorical flame George Bernard Shaw refers to, when he wrote, “Life is a flame that is always burning itself out; but it catches fire again every time a child is born”, then to stoke and fan that flame until it bursts into life, offering the child and the family - and the world - hope for the future.
WAIMH Affiliate Pre congress Institute

Dr Anna Huber, Mr. Sahilu Baye Alemu, Dr Satya Raj, Dr Juané Voges

Hybrid event to allow attendance from members from Low/Middle income countries.

The goal of this session will be to connect WAIMH Affiliate organisations with Infant Mental Health (IMH) workers in parts of the world where we have no affiliates with a view to supporting and mentoring them to develop a local IMH professional group. These are mostly low and middle income countries in the Global South-Africa, South and other parts of Asia, South America, but may also include some countries in other places.

Previous delegates to WAIMH congresses have included individuals from these countries, supported by our Sponsor a delegate program. Other connections with WAIMH have been fostered through the Beacon club, offering membership to IMH workers/researchers from low and middle income countries.

Our focus in the session will be to hear presentations from some of these workers and then to open discussions with current WAIMH Affiliates about how we might build relationships and connections to foster the development of local groups that can connect with WAIMH.

Affiliate presidents who attend will learn about IMH in challenging contexts, and will be invited to consider ways to work together to build our world IMH family.
Mother-father-child interactions with young children with Autism: The contribution of parental insightfulness and the impact on children's social competence

Prof David Oppenheim

Parental insightfulness, that is, seeing and feeling things from the child's point of view, has been shown to underlie parental sensitive behavior and to be associated with secure attachment in Typically Developing (TD) children. Early work showed that this is also true with regard to children with Autism Spectrum Disorder (ASD), even though it may be harder to read their signals due to the communication and social behavior challenges these children experience. One limitation of this line of research (and most studies of parent-child interaction in ASD) is its exclusively dyadic, parent-child focus, whereas children develop in wider family contexts. Therefore, in the presentation I will describe recent research that adopts a triadic focus and observes mother-father-child interactions with children with ASD. The interactions were observed in the Lausanne Triadic Play (LTP) procedure which is designed to assess the Family Alliance (FA). The findings showed that the associations between maternal and paternal insightfulness and the FA were, perhaps surprisingly, similar to those found in families of TD children, particularly when children's cognitive functioning was within the normative range. Because the family can be seen as the first context in which young children acquire the skills to interact in a group, the study also examined the contribution of triadic interactions to the development of children's social competence in preschool. Children's responsiveness during the LTP was found to be associated with the development of their social competence over time beyond the contribution of their responsiveness during dyadic interactions with their mothers and fathers, highlighting the unique contribution of children's triadic experiences to their social development. The research and clinical implications of these studies will be discussed.
Reflective Parenting Programmes: Theory, Evidence and Promise

Dr Arietta Slade

1Yale Child Study Center, ,

Over the course of the last two decades, interventions aimed at enhancing parents’ reflective or mentalising capacities have proliferated widely. Grounded in attachment and mentalisation theory and research, these programmes have consistently led to improvements in caregiver behaviour as well as the quality of the parent-child relationship, particularly when implemented in high-stress and under-resourced populations with high levels of trauma and adversity.

In this presentation, Arietta will begin by reviewing the science that undergirds this approach. She will then describe what has emerged as the essential ingredients of mentalisation based treatments for parents and their young children, focusing particular on the establishment of the relational foundations of reflection, namely safety, regulation, and relationship. Finally, she will discuss what has been learned from these efforts and describe the challenges and promises that lay ahead for future generations of clinicians and researchers.
Greater Manchester Perinatal and Parent Infant Services: Opening the silos

Dr Pauline Lee

Greater Manchester has set itself ambitious plans to develop an integrated system where perinatal and parent-infant mental health services and perinatal IAPT services work closely to ensure every baby and parent get off to a good start in their new relationship together. The whole system transformation programme over the last 5 years has been focusing on providing expertise and specialist services in perinatal and parent-infant mental health but equally enriching the provision across the whole of Greater Manchester including mental health, maternity, health visiting, GPs, children’s services, and voluntary, community and social enterprise, etc.

Our aim is to promote emotional and mental wellbeing of parents and infants by developing a whole system offer to encompass universal, targeted and specialist offer from conception to the age of 2 in all ten Greater Manchester localities.

The target we set ourselves was enormous – and often frustrating. We have asked services that have worked independently for many years, to unpick the way they work, discover the field of perinatal and infant mental health, and embrace a very new integrated structure. The results, and what we have learned, have been ground-breaking.

Adopting a perinatal parent and infant frame of mind, where we hold in mind, the parent, the infant and the relationship is essential in developing integrated services, where we think about the whole family. We will describe our journey, what we have learned, the struggles, and our progress to date.
You can’t have one without the other: Why the integration of perinatal and infant mental health services is essential

Dr Izaak Lim

Perinatal and infant mental health (PIMH) has been described as “a specialty in search of a home”, referring to its awkward placement between adult and child mental health services. The practical challenge lies in holding the interests of parents and infants in mind as one works with parent-child dyads within family systems. This challenge can ultimately produce structurally separate services for parents and infants, resulting in the fragmentation of care for families in need.

This presentation aims to explore the arguments for and against the integration of PIMH, and the challenges associated with achieving lasting systems change.

Parental mental health difficulties are an important risk factor for infant mental health and parent-child relationship problems. Similarly, infant mental health and parent-child relationship problems are an important risk factor for parental mental health difficulties. Therefore, integrated PIMH services offer the most effective, family-centred approach to mental health challenges at this time of life.

However, infant mental health and perinatal mental health are distinct clinical traditions with quite separate bodies of scientific knowledge – one focussed on parent-child relationships and infant development, and the other focussed on maternal mental illness in pregnancy and the postpartum. Combining these two endeavours might risk obscuring the individual needs of parents and infants and dilute the specialist expertise that has grown around each.

Families benefit from a PIMH care system that responds to the whole family and creates flexible and tailored approaches to meet changing needs from pregnancy to early parenting. Service fragmentation and resultant barriers to access and timely support contribute to loss of trust and engagement.
To Infancy and Beyond – integrating perinatal and infant mental health systems via telehealth

Ms Naomi Kikkawa

In 2014 and 2015, the Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) identified a significant gap in provision of perinatal and infant mental health (PIMH) services to families in regional, rural and remote populations of Queensland, Australia. In consultation with key stakeholders, QCPIMH developed and implemented a pilot project called e-PIMH (electronic perinatal and infant mental health). This project formed the foundation of the current e-PIMH telepsychiatry service.

e-PIMH works to support parents/carers in the perinatal period (24 months post birth) and their infants/children (aged 0 – 4 years) with their mental health needs by building workforce capacity and via telepsychiatry secondary consultations. This paper will use case examples to illustrate how the service is in a unique position to provide an integrated perinatal and infant mental health service.

e-PIMH is a telehealth psychiatry-led secondary consultation service. It is based in Brisbane and delivers a service across the state of Queensland. With vast distances and spread of population across the state, e-PIMH provides an opportunity for families to have access to specialist psychiatry services, without the need to travel to larger metropolitan centres. It also provides a unique opportunity for both the infant and perinatal psychiatrist to offer specialist input in a collaborative system. Two options for consultations are offered. One option is for the consumer to be present together with their referrer. Another option is for the case to be discussed without identifying the consumer to e-PIMH but discussed with the service providers working with the family.

Evaluations of the service by the Centre for Online Health, University of Queensland, show an increased awareness of PIMH issues by service providers, as well as an increase in staff knowledge about PIMH issues and confidence in working with families. It also found clinicians perceived the service to be clinically effective in addressing unmet need for special PIMH health advice, resulting in positive outcomes for families.
Keeping the Baby in the Room – Developing New Infant Mental Health Services in Scotland

Ms Lucy Morton

In 2019 The Scottish Government invested in new infant mental health services in all 14 Health Board areas in Scotland. This presentation will shine a light on the development work that followed, and the role of the Parent Infant Foundation, which has been subject to independent evaluation.

We will explore different models of service development and how infant services relate to perinatal services in areas with varying geographical and demographic characteristics. There will be focus on issues of equalities and evidence and implications for the wider system of care and support to young families in Scotland.

The Parent Infant Foundation is a UK charity which is independently funded to support the development and expansion of specialised parent infant relationship services across the UK. A Scottish Development Lead was funded to support the new investment in Scottish services. Support was provided in two main ways; bespoke development support to clinical teams and the convening of a peer support network across all of Scotland, the Scottish Infant Mental Health Development Community (SIMH-DC).

An independent evaluation offered insights into what works well in development support and some of the challenges of setting up new services. There are opportunities to share learning on issues around implementation, team building and wider systemic themes including incorporating the infants voice into service design and working with marginalised and vulnerable communities.

There is no one size fits all model, rather a story a culture of shared support and learning and an ambition to do more and better for our smallest citizens. “Keeping the baby’s voice in the room”, is a theme that has united and inspired us.
Building collaborative relationships towards diversifying the field of infant and early childhood mental health

Jennifer E Boss

Title: Building collaborative relationships towards diversifying the field of infant and early childhood mental health

Introduction: This presentation will focus on the collective efforts of culturally diverse persons from across many roles and disciplines in the U.S. to address the need to center the knowledge, practices and leadership of Black, Indigenous and People of Color (BIPOC) and other marginalized persons in the field of IECMH to increase representation of these persons, voices and perspective in the field of infant and early childhood.

Aim: This presenter will raise how the IECMH Clinical Workforce Diversity Collective (Diversity Collective) has begun to address the challenges and barriers to diversifying the field and workforce while also sharing the benefits of the process of coming together as a collective and examples of positive change in transforming Eurocentric beliefs and practices to center non-dominant ways of knowing, doing and being.

Description: The presenter will provide introductions and an overview of the symposium focusing on ZTT’s efforts towards creating an IECMH Clinical Workforce Diversity Collective (Diversity Collective) to address the need for increased diversity in the clinical workforce and the conditions that would best attract, represent and sustain the knowledge and practices of a diversified workforce. She will detail more fully the process of developing this Diversity Collective consisting of primarily BIPOC participants from across the U.S. in diverse roles and disciplines. She will outline the mission/vision of the group and facilitate a brief video presentation that illustrates the important process of coming together and developing relationships as part of this collective effort.

Conclusions: Participants will learn how the Diversity Collective process has unfolded and implications for replication of these efforts in different organizations or parts of the world.
Transforming the Foundations - Diversifying the Field of Infant and Early Childhood Mental Health

Jennifer E Boss¹, Dr Janina Fariñas³, Dr Brenda Harden¹, Monica Mathur-Kalluri⁴
¹ZERO TO THREE, Washington, United States, ³La Cocina, Fort Collins, United States, ⁴WestEd Center for Prevention and Early Intervention, Sacramento, United States

Introduction: The field of IECMH has deep Eurocentric roots and has operated within systems that are built on and perpetuate racist and oppressive practices often harmful to Black, Indigenous, and Persons of Color (BIPOC) and other marginalized groups. To provide culturally responsive, equitable and inclusive IECMH supports, the field must embrace and center non-dominant ways of knowing, being and practicing.

Aim: This symposium will address the issue of improving the IECMH field by centering BIPOC perspectives and experiences, ultimately leading to an increase in BIPOC professional representation and leadership in the IECMH field that is ethically supported and sustained.

Description: This panel will discuss their experience of coming together as an IECMH Clinical Workforce Diversity Collective (Diversity Collective) to address changes necessary to support an increase of BIPOC clinical representation in the IECMH field. In this symposium, major challenges to increasing BIPOC representation will be shared. Panelists will provide examples which highlight centering of BIPOC knowledge and practice in the IECMH field.

Conclusions: Participants will learn that diversifying the field is more complex than simply adding a diverse staff to an organization or practice. A transformation is needed to deconstruct racism and to center the experiences, knowledge, practice and supports necessary for the field to welcome and sustain BIPOC clinicians and comprehensively meet the needs of children and families.
Diversifying reflective practices and benefits of racial affinity reflective consultation groups for the IECMH workforce.

Monica Mathur-Kalluri

WestEd,

Introduction: Reflective practices and supervision in infant and early childhood mental health is held as an important practice for sustaining clinicians in their work and in providing important insights and perspectives in working with infants, young children and their families. However, these practices were created within a Eurocentric construct and need to evolve and be transformed to be more inclusive of different cultural perspectives and to center Black, Indigenous and Persons of Color (BIPOC) ways of being reflective in their work.

Aim: This presentation will raise the issues around the need to develop more culturally responsive reflective practices for BIPOC clinicians and professionals. It will provide some innovative examples of efforts that have successfully centered the BIPOC experience in reflective practice, including racial affinity reflective practice consultation groups.

Description: This presenter will reflect on and share her experience of participating in the Diversity Collective and provide examples from her own work in centering BIPOC voices and experiences in reflective practice for clinicians and conducting racial affinity reflective consultation groups.

Conclusions: Participants will learn about the experience of being part of the process of the Diversity Collective and how this collective can help to illuminate and share culturally responsive reflective practice approaches.
Building an IECMH workforce that offers culturally relevant and linguistically appropriate services for immigrant families, refugees and asylum seekers.

Dr Janina Fariñas

La Cocina, ,

Introduction: Supporting immigrant families, refugees and asylum seekers requires the ability to provide culturally relevant and linguistically appropriate services, supports and treatment. This presentation will illuminate the experiences of one of the members of the Diversity Collective and share examples from her efforts to address the mental health needs of Spanish speaking immigrants to the United States who are struggling to deal with issues of trauma, loss, maternal and early childhood mental health issues.

Aim: This presenter will share her insights and experiences in participating in the Diversity Collective to inspire others and will outline some of the efforts she has taken in addressing mental health needs of Spanish speaking immigrant families and her training and consultation efforts for persons, especially Latinx or Hispanic professionals, serving these families.

Description: This presenter will provide reflections from her experience on the Diversity Collective and share examples from her work addressing the mental health needs of Spanish speaking, immigrant families in need of culturally and linguistically relevant mental health treatment, including cohort-based capacity building and training efforts for Latinxs and/or Hispanic (self-identified) individuals who supervise or provide support and consultation to persons who work with and serve pregnant people, babies, young children and the adults who care for them.

Conclusions: Participants in this presentation will learn about the power of being part of a Diversity Collective that centers BIPOC voices and will gain examples of how working with immigrant families using culturally and linguistically appropriate practices can benefit the lives of young children and their families. The participants will also learn how to attract, support and sustain a culturally and linguistically diverse clinical workforce able to meet the mental health needs of immigrant families with infants and young children.
Mentoring in Infant Mental Health: A Symposium Commemorating Robert N Emde

Prof David Oppenheim, Professor Mary Dozier, Dr Kristin Bernard, Alicia Lieberman, Mrs Markita Mays-Barideaux

Mentoring is a central part of Infant Mental Health (IMH) in both its clinical and research aspects. Positive and growth-promoting mentoring experiences are important for the development of IMH professionals at all levels of experience and in all domains of work. These begin in the early steps of the young clinician or research student but are relevant and important throughout the professional life-cycle. From an IMH perspective mentoring experiences are best thought of as relationships, important and significant for both partners. These can be time limited, but sometimes extend over many years and even a life-time, going thorough transformation and re-organization. Mentor-mentee relationships do not only involve knowledge passed on and information being exchanged, however. Like other close relationships they can include a wide range of emotional experiences. Furthermore, akin to the intergenerational transmission of parent-child relationships, mentoring experiences can be passed on from one generation to the next, when the former mentee becomes a mentor. And, as in the case of parent-child relationships, mentees never pass on a direct "copy" of their experiences, but rather their own integration and "take" on their experiences.

This general perspective will frame our symposium. The participants are all experienced researchers and/or clinicians in the field of IMH with many years of mentoring experiences. In addition, in the past two of the presenters (Lieberman and Dozier) were mentors of the two additional presenters (Mays and Bernard respectively). The latter have since mentored many mentees themselves. The participants of the symposium are therefore uniquely positioned to reflect upon the mentor-mentee experience and the intergenerational transmission of such experiences. In addition to hearing from the symposium presenters the audience participants will be invited to share their mentoring experiences.

The symposium commemorates Robert ("Bob") N. Emde, one of the founders of the field of IMH, president of WAIPAD (the organization from which WAIMH evolved in 1980), and Honorary President of WAIMH since 2006. Bob's scientific and clinical contributions were extensive and far-reaching, and equally important was his leadership: establishing and leading national and international organizations, and tirelessly supporting researchers and clinicians throughout the world, especially those making their first steps. He himself was mentored by Rene Spitz, and mentorship was the issue in which he was particularly invested and on which he worked tirelessly, with his characteristic warmth, support, and good advice. In the presidential symposium in the recent WAIMH conference held in Brisbane, Australia in June 2021, Campbell Paul, WAIMH's president announced the establishment of a mentoring symposium in Bob's honor and memory. The present symposium will thus be the first of what we hope will be a permanent tradition of mentoring symposia commemorating Bob Emde in WAIMH conferences years to come.
Exploring Progress in Embedding Infant Mental Health Principles and Practice: Perspectives from Colleges of Practice and National Health Service Delivery in Ireland

Dr Audrey Lonergan, Ms Catherine Maguire, Dr. Aoife Twohig, Ms Anne Pardy, Ms Grace Walsh, Dr Eithne Ni Longphuirt

Introduction
The development and integration of infant mental health principles and practice has been growing steadily in Ireland over the past two decades. However, if we are to build promotion, prevention and early intervention systems in our country which address the mental health as well as the physical health of infants and young children, building workforce capacity must also be a key priority. Progress has been made across a range of disciplines in embedding the science and practice of infant mental health within professional training. In addition, developments have taken place to incorporate aspects of this knowledge base within continuous professional development modules in frontline service delivery. However, significant gaps exist and must be addressed between policy and practice regarding this pivotal period of early childhood development.

Aim
This Invited Symposium will report on progress to date in Ireland within Psychology Services, Speech and Language Therapy, Child and Adolescent Psychiatry Services and within the National Health Service Executive Healthy Childhood Program regarding the integration of infant mental health theory and practice into professional training and service delivery.

Description
Invited speakers will highlight key developments within their respective disciplines and organisations, while also discussing barriers or gaps encountered.

Conclusion
It is anticipated this Symposium will highlight the strengths and barriers of integrating the science and practice of the infant and early childhood into education, training and professional practice. It will also provide an opportunity for discussion and to hear the collective wisdom of our international WAIMH colleagues. It is also hoped this forum will be the first of many other collective discussions on progressing developments which will bring change and efficiency in the upskilling of frontline practitioners across all primary, secondary and tertiary domains and simultaneously ensure this scientific knowledge base is incorporated into infancy and early childhood service delivery.
Introduction: Bangladesh has very limited resources for providing mental health services and this is even further exacerbated with the influx of the Rohingya population in 2017. It is difficult for the mass population to access this service and is extremely challenging to bring the already limited resource to refugee camps where the need for mental health support is greatly present.

Aims: BRAC Para-counsellor Model (PCM) is a community-based psychosocial support service (PSS) that aims to enable clients to manage day-to-day symptoms of mental distress. Unlike many western mental health models that follow the top-down approach, this is designed and created to be culturally relevant and considers the needs of the community they will serve. Contrary to many mental health services in the global north, we have seen that taking the service to an individual’s home creates positive interest to know about and receive the service. The service is significantly more acceptable and relatable when the service providers are from their own community.

Description: PCM has the potential to reduce the gap between the needs of people and the available services in mental health care. This model is developed using the bottom-up approach that reflects the cultural foundation of the country. PCM has been implemented both independently and through integration within other sectors such as health, education, and early childhood development. Training and supervision in specific attitudes and skills enable frontline mental health workers to communicate with beneficiaries in an effective, compassionate, ethical, and trustworthy manner.

Conclusion: PCM has been successful in improving the Rohingya people’s mental health awareness and well-being and is currently being implemented in some countries in Africa. Culturally relevant pedagogy of PCM aids its adaptation and gives it great potential to meet global needs.
Promoting infant mental health starts from social emotional cultivation in early years: the current situation and practice in China

Hongyan Guan

Introduction & Aim: There is increasing evidence confirming that social-emotional skills serve as the critical foundation for the well-being and future success of children; however, disparities in social-emotional development in infant and toddlers can last a lifetime. Assessment and practical interventions are urgently needed to strengthen the nurturing care ability on social-emotional development for caregivers among infants.

Description: With the tendency of the increasing prevalence of mental health problems, such as communication difficulty and emotional or behavioral disorder in the early years, the issue of social emotional cultivation among young children arose the awareness and attention of the whole society, especially after the COVID-19 pandemic. With the increasing nurturing pressure and the three-child policy, the phenomenon that insufficient social attention and practical intervention strategies in terms of infant mental health in China has been gradually awarded by the scholars and policy makers. The Chinese government has promulgated a series of official documents targeting addressing this issue and promoting early childhood development potential since last decade. Researchers, educators, and pediatricians have been working towards this goal in their domains. Effective prevention should be the fundamental approach to enhance mental health compared with solving or reliving mental disorders. Care Group, a small group-based intervention aiming to promote children’s cognitive and non-cognitive skills by energizing their primary caregivers, has been proven as an effective approach for promoting children’s social-emotional development living in poverty at an affordable cost and with high feasibility for scale-up.

Conclusion: Child is the future. To improve the mental health of Chinese children from a higher and broader level, professionals in their own domains are highly recommended to fully understand the milestone and assistant infants to reach the zone of proximal development. On this basis, interdisciplinary cooperation in various fields to support infants’ caregivers is essential and strongly recommended and indeed needed.
Maternal mental health and infant development during the peak period of COVID-19 pandemic in Indonesia: A six-month longitudinal study

Tjhin Wiguna

Introduction: Covid-19 pandemic is an adverse life experience in the past three years. During the peak period of COVID-19 pandemic, the government policy to stay at home to reduce the spread of infection was a real threat to everybody including mothers in pregnancy.

Aim and Purpose: This study aimed to elaborate the maternal mental health starting at the third semester of pregnancy until six months of delivery including their infant development.

Description: The study was designed as a longitudinal study that included 79 women in their third semester of pregnancy, however only 34 of them completed the observation for six months. The data collection was done during November 2020 - June 2021. Maternal mental health observations consisted of depression and mother-infant bonding. Infant development was measured with the Indonesian version of Capute scale that looked at linguistic development (CLAMS) and cognitive development. (CAT). The study found that 47.1% of pregnant women in this study had at least one time positively screened for depression and 23.5% positively screened at least one time of mother-infant bonding problems. The highest proportion of maternal depression and mother-infant bonding problems was at the third semester of pregnancy compared to other periods of observations. The study also found that maternal depression in the third semester of pregnancy and in the first month after delivery significantly associated with low CLAMS quotient in infants at the age of six months. Moreover, mother-infant bonding problems during the third semester of pregnancy and in the first month after delivery were significantly associated with a CAT quotient below 75 on the first month of infants.

Conclusion: The study revealed that COVID-19 pandemic may be an adverse life experience of pregnant women. Therefore, perinatal mental health programs that are appropriate to the pandemic in need to be developed and implemented.
Integrating Infant mental health care as a part of regular postnatal follow up – the way forward - Indian scenario

Dr Satya Raj

Introduction: The Infant mother nurture clinic was started in Christian medical college, Vellore, India in 2019. It was started as a Consultation liaison service with aspects of primary, secondary, and tertiary care. Our service is the first of its kind in the country.

Aim: The aim of the service is to provide holistic care for the infant, focusing on social, emotional, and cognitive development of the infant and to promote secure attachment in the mother infant dyad, in a tertiary care hospital set up in a low-middle income country like India.

Description: The service received referrals from Obstetricians, paediatricians, neonatologist, and Psychiatrists. All the mother – infant dyads referred to the “Infant mother nurture clinic” were screened for any difficulties and were provided basic psycho-education about attachment, bonding and best mother-infant dyadic practices. Psycho-education is done with the aid of simple picture-based module, and video clips. The module was tailored to the needs of the local population, and was culturally adapted to suit our mother infant dyads. The dyads where a problem is identified, specific assessment and interventions are done.

Conclusion: Feeding problems in the infant and developmental delay were the common reasons for referral. Anxiety was noted in the mother. Psychosocial stressors were also present. Poor education and unemployment compounded the difficulties and made follow up challenging. Therefore, integrating the mother - infant dyadic work with the regular postnatal visits, may improve the follow up. The concept of “infant mental health “is only very slowly catching up in the developing world. Working on improving the awareness among Paediatricians and Obstetricians about the importance of infant mental health and its long term sequelae, needs to continue.
Perspectives of Infant Mental Health in Asia - Part 1: Development of Infant Mental Health Work in Asia

Dr Hisako Watanabe, Dr Satya Raj, Hongyan Guan, Rebecca Xu

Asia embraces more than half (53.7%) of the world population (7,684,570,000) on its vast land with numerous islands and archipelagos. Asia is a region with rich diversity in history, spirituality, religion, art, culture, and languages. Following the Institute of Asia at the 2021 Brisbane Congress, which highlighted deep wisdom of indigenous practices, the presenters from some Asian countries, namely, Bangladesh, China, Hong Kong, India, Indonesia, Philippines and Japan, remained in connection and met several times virtually. We exchanged information and ideas regarding various uniqueness of our region and its diverse needs. As WAIMH holds a crucial role in this global crises of numerous pandemics, climate change, and regional violence which profoundly affect infants and young children, we wish to contribute to WAIMH by diversifying the voices of infant mental health workers underrepresented in the world. Infancy is a specific time of life in which people with different viewpoints can come together. Infancy offers a rare and time-limited window into what Stern called ‘kairos’ in interactions, a world where feelings, imaginations and narratives prevail and humanity shines. Infants inspire us to grapple with ever more complex and interlinked challenges of today.

This symposium consists of two parts. In Part 1, development of infant mental health work from different regions of Asia will be presented. Satya Raj will describe her endeavor in incorporating infant mental health care into the regular postnatal follow-up system in India. Hongyan Guan from China will describe her comprehensive work of early interventions covering diverse issues. Tjhin Wiguna from Indonesia will present his longitudinal study of the maternal mental health and infant development starting at the peak of the COVID-19 pandemic.
Including fathers in infancy research – two steps sideways

Professor Paul Ramchandani

Because most research on parents and infants focusses on mother-infant relationships, interventions for families with infants and toddlers also tend to focus their attention on this dynamic. At the same time, there has been a longstanding, but more niche, interest in father-infant relationships that has sometimes also focused on engaging fathers in parenting/family interventions. However, exemplary models for achieving these aims – especially in naturalistic field settings – have been uncommon.

In this report, I will present findings from two different programs of study (Oxford Fathers Study and Healthy Start Happy Start), each of which sought to engage both mothers and fathers. Based on experiences with and outcomes of these two programs, I will summarize and reflect on the most common barriers and opportunities this work illuminated. We can learn much about children’s early development from studies of fathers but must also prepare for obstacles to engaging fathers in research and to hearing their voices. I will outline the most important of these from our work, some of which are related to fathers themselves, and others endemic to services that work for and with young children and families.
Fathers’ support and engagement is a key modifiable factor in maternal and infant health. Resource limitations, even in high-income settings, prevent clinical staff from adding fathers to their existing, maternally focused care. Digital platforms, which can inform and connect with fathers outside of the clinic, offer a pathway to low-cost, perinatal support for fathers and for mothers and infants via the father. This report describes a web-based, text service, SMS4dads, that delivered regular, frequent support to fathers from early in the pregnancy through to the infant’s first birthday. The service delivered brief text messages 3 times/week to fathers from 12 weeks gestation until 48 weeks post birth. Messages were synched to the EDD or DOB and addressed key parenting issues (sleep, intimacy) through three themes; father-infant attachment, coparenting and self-care. Over nine years of development more than 12,000 fathers enrolled and SMS4dads is now a national service reaching urban, rural and remote regions of Australia. An Indigenous version, SMS4DeadlyDads, serves Aboriginal and Torres Strait Islander fathers. Pilot studies in Kenya (SMS4baba in Swahili) and Colombia (SMSPapás in Spanish) have demonstrated the value of text-based support in low-resource settings. It appears that a digital support service for fathers over the perinatal period is feasible wherever text-based communication is available. SMS4dads or its derivatives can provide a model for linking fathers to the clinical services’ aim of healthy mothers and infants.
In this report, several recent findings from observational studies with lower-income Brazilian families will be presented. Among the studies and findings to be presented is new evidence that when interacting together in triadic settings: 1) fathers are more dominant than mothers when the family triad plays together, with mothers having a regulatory role adapting to fathers’ style of interaction in order to promote a harmonious family interaction; 2) fathers’ socialization goals are more traditional (e.g. more adherence to traditional values) compared to mothers; 3) family triads with daughters and father–daughter dyads, in comparison to father-son dyads, show greater interactional synchrony. These provocative new results call for a debate about the type of maternal and paternal influences that Brazilian low-income children may encounter and consequences of such influence for their developing values and behaviors. Data suggest that children from a low-income population in Brazil may be disproportionately exposed to fathers’ values and practices when the family plays together and, by association, to a family transactional style encouraging the child’s dependency and adherence to more traditional values and norms. It is conceivable that children’s (especially girls) early exposure to traditional values and practices in the family context may play a role in perpetuating such traditional values and practices in Brazilian society.
Promoting Change in Parental Reflective Functioning

Dr Arietta Slade\textsuperscript{2}, Dr Ann Stacks\textsuperscript{1}
\textsuperscript{1}Wayne State University, United States, \textsuperscript{2}Yale Child Study Center, United States

Many parenting interventions aim to enhance PRF, and indeed a number have been successful in doing so. In this session, clinicians and researchers working with a range of populations in the US and Western Europe will address the following questions: How do we aim to change PRF? Are we able to change PRF? When? And with whom? How are we able to demonstrate that there is a change in PRF? And finally, what other outcomes parallel changes in PRF? Ann Stacks, Michelle Sleed, Ruth Paris, and Marjo Flykt will address these questions, and Arietta Slade will discuss and synthesize material presented across the two sessions.
Perspectives of Infant Mental Health in Asia - Part 2: Exploring Inner Resources to Promote Infant Mental Health in Asia

Dr Hisako Watanabe

In Part 2, culturally-based community approaches will be presented. Tabassum Amina will describe a home-based psychosocial support service of Para-counselor developed in Bangladeshi communities. Hisako Watanabe from Japan will describe activities of the FOUR WINDS (Forum of Universal Research of Workings of Infant and Neonatal Developmental Support), a national forum for infant workers in the field, where Japanese mode of Amae was naturally shared to enhance the morale and revive intuitive parenting in the family and community including post-disaster areas.
How and how much are severe parental illnesses talked about to very young children and the link with children's symptoms of distress

Dr Isabella Mirochnick

Background: Studies show that both children and parents find it very difficult to communicate about the parents' illness. Talking about the illness is very important because most children sense that something is going on but cannot frame it in words. Three years old children can already detect that something is wrong with their parents and can understand the condition of the parent if it is explained to them properly. Anxiety levels among children often appear to be related to whether and how they are told about their parent’s illness. The well-informed child appears to have improved coping strategies. However, when a child is very young it is difficult and unclear what and how the parents’ illness should be talked about. Aim: To compare the way and the extent to which different types of parental illnesses are talked about with their young children.

Method: Our sample included 3 groups of 20 ill parents each, with either a chronic medical illness such as Insulin-dependent diabetes disorder, a life-threatening medical illness such as cancer, or a major mental disorder. Their offspring’s age was between 2 and 5 years.

Results: The qualitative analysis of the interviews with the parents revealed a very significant difference between somatic ill parents and mentally sick parents, and we looked at their correlation with the child’s externalizing and internalizing reported symptoms.

Discussion: The nature of the parental illness makes a huge difference in terms of being talked about, while somatic illnesses, even life-threatening ones, is and mental illness is not at all. Clinical implications of this main result will be discussed.

Conclusion: Adult psychiatrists need to facilitate the dialogue of their patients with their very young children, probably with the help of child psychiatrist/psychologist.
A psychoanalytical model of postnatal depression from the infant's perspective

Dr Björn Salomonsson

Background: We know a lot about how mothers experience postnatal depression. We also know much about their infants’ behavior and development. But what about how the baby experiences being with a depressed mother? That is a difficult question, but psychoanalytic psychotherapies with mother-infant dyads offer some hints.

Aim: To bring the postpartum depression infant’s perspective in psychoanalytical terms

Method: I will present clinical vignettes of a girl in treatment from 16 to 40 months, first with her depressed mother and then with me alone in child analysis. Her main symptoms were restlessness and a craving for the breast, later followed by a fear of holes and a phobia of ghosts combined with difficulties falling asleep.

Discussion: It seems that these infants do not react to their mother’s depression per se but to the faltering containment that her gloom and self-absorption entails. This leaves the baby alone with frightening emotions. The experience of insufficient containment may be represented in different symptoms such as, in this case, restlessness, phobia, sleep problems and insecure attachment.

Conclusion: I will suggest a psychoanalytic model of how the infant might experience being with the depressed mother.
Epigenetic Biomarkers of Postpartum Depression: Moving Towards Prevention

Prof Jennifer Payne

Background: Postpartum depression (PPD) is the most common complication of childbirth and is a serious mental disorder that can result in severe morbidity for the mother and risk to the offspring. Despite PPD’s high incidence and significant health impact, a simple predictive screening method for PPD risk is lacking. Epigenetic changes can mediate important interactions of our genes with the environment, including the hormonal changes associated with pregnancy.

Methods: We originally investigated estrogen mediated epigenetic reprogramming events in the hippocampus and risk for PPD using a cross species translational design and identified two genetic loci, HP1BP3 and TTC9B, which were modified by estrogen exposure in a rodent model and were also prospectively predictive of PPD in antenatal blood in pregnant women with pre-existing mood disorders. Since our original finding, we have replicated our findings in six independent samples: including pregnant women with pre-existing mood disorders, pregnant women without a previous psychiatric diagnosis and postpartum women both with and without a previous psychiatric diagnosis.

Results: Our biomarkers remain approximately 80% accurate in predicting which pregnant women are at elevated risk of developing PPD.

Conclusions. These data add to the growing body of evidence suggesting that PPD is mediated by differential gene expression and epigenetic sensitivity to pregnancy hormones and that antenatal epigenetic variation at the genes HP1BP3 and TTC9B is predictive of PPD. Future directions include the development of a simple blood test predictive of elevated risk for postpartum depression, allowing for preventative intervention.
Adversity and Resilience: The challenges of caring for infants and young children in the context of natural disasters.

Dr Hisako Watanabe

Disruptive events such as natural disasters and pandemics can profoundly affect the mental health and emotional wellbeing of children, families and communities. While there is growing interest worldwide in building community resilience, until recently the mental health impacts of disasters on babies and children from birth to four years of age have been largely overlooked.

This symposium brings together several presentations aimed at progressing our understanding of how natural disasters impact children under the age of five and will present examples of approaches to developing protective factors that support resilience and recovery from natural disasters during early childhood.

The first presentation aims to increase understanding about the psychological consequences of natural disasters during early childhood and the elements required to support optimal response and recovery. The second presentation will provide an overview of the Birdie’s Tree stepped care model and discuss how these resources and interventions can be used to build resilience and preparedness and prevent the development of persistent mental health difficulties across the continuum of care. The final presentation will focus on the Koriyama Postdisaster Childcare Project (KPCP) which was developed in response to the Great East Japan Earthquake and Tsunami and has become a model of child-centered post-disaster care in Japan today.
Supporting Resilience in Young Children and Families following Disasters

Dr. Joy Osofsky

Major disasters have been increasing in frequency and intensity over the past decade. Young children are especially vulnerable with displacement, loss of homes, and, at times, separation from familiar environments. Such an impact increases the risk of interrupting their developmental trajectory. Response and recovery for young children depends on degree of exposure, previous trauma history and, importantly, support from their family who have also been impacted. Disaster response often gives more attention to addressing problems rather than supporting components including consistency of relationships that contributes to recovery for young children. To support resilience, emphasis should be placed on providing stable and consistent relationships and also support for caregivers so that they can provide a caring environment by listening, being emotionally available and present for the impacted young children.
The Importance of Creating Play Space for Children after a Disaster: Endeavours in Fukushima after the Great East Japan Earthquake and Tsunami

Dr Shintaro Kikuchi

Since the compound disaster triggered by the Great East Japan Earthquake and Tsunami in March 2011, Japan’s public and private sectors made every endeavour for restoration. Having endured radioactive contamination and the stigma, people in Fukushima reconstructed a new daily life. However, infants at the time of the disaster are now teenagers manifesting serious mental and physical problems. Immediately after the disaster in Koriyama City, we established an initiative to create a long-term comprehensive care for children in collaboration with the local government and the private sectors. This Koriyama Postdisaster Childcare Project (KPCP) consisted of a multidisciplinary team of child professionals and workers. It was supported by domestic and foreign experts. The project has become a model of child-centered post-disaster care in Japan today.

Aims: To examine the effectiveness of play spaces for children after the disaster

Description: In the immediate aftermath, the residents had little information about the nuclear accident, were enforced to stay indoors out of fear of exposure to radiation. Many were forced to evacuate. KPCP opened local indoor play spaces to children, hosted children’s festas, and constructed PEPKids Koriyama, a large indoor playground by Christmas, 2011. PEPKids continues to accept 300,000 visitors annually. Similarly, the Parent-Child Play team visited evacuation centers and the Mother’s Radiation Lab, initiated in Iwaki, developed its play spaces. 3 years after the disaster, despite the improvement of outdoor environment, child obesity increased by 1.5 times, and scores on children’s motor skill tests have dropped noticeably. During the COVID-19 epidemic, the children’s activities were greatly restricted again.

Conclusions: Creating safe play places for children is urgent in the aftermath. This could best be initiated by adults in the community. For implementation of such a child-centered long-term plan, it is crucial to build disaster-preparedness ahead in the community on a regular basis.
Developments in infant mental health in child and adolescent psychiatry and paediatric settings in Ireland

Dr. Aoife Twohig

Introduction
In this presentation the historical context of infant mental health in Ireland will be reviewed initially, with a focus on child psychiatry and paediatric settings. The welfare and well-being of young children and their families in Ireland has been of considerable concern to a range of health care professionals including within medicine and specifically psychiatry. This concern became more specific and organised with the advent of child guidance clinics and development of training opportunities within the country. These clinics became the cornerstone of what we now call Child and Adolescent Mental Health Services with clinical and therapeutic remit for all children between birth and their 18th birthday. Key national mental health policies have shaped our psychiatry and primary care services. Within paediatric settings there has been significant development in the care of the most vulnerable and medically fragile infants and associated with this increased awareness of the impact of both risk factors such as prematurity and congenital diagnoses and the experience of early separation and hospitalisation on infants and their mothers and fathers.

Aims
The aim of the presentation is to highlight the developments over time of infant mental health within child and adolescent psychiatry and in paediatric hospital settings in Ireland and to explore current issues, strengths and gaps in services.

Description
Having reviewed the development of the specialty, current issues in infant mental health in Ireland will be described. The presentation will highlight initiatives to develop awareness of infants’ social-emotional needs within paediatric settings in addition to the importance of developing multidisciplinary and interdisciplinary relationships in order that this area thrives. These initiatives include education and training, clinical experiences and research developments. Challenges facing infant mental health developments and gaps in these areas will be discussed.

Conclusion
The developmental needs of infants and young children encompass a range of domains. Optimal infant mental health service development and training will include a broad range of disciplines including psychiatry and paediatrics. Integrating the centrality of the parent-infant relationship within these developments will be key.
Integrating Infant Mental Health into universal child health services - Learning from the Nurture Programme - Infant Health and Wellbeing

Ms Anne Pardy

Introduction
Since 2015 the Nurture Programme, as a key enabler of the National Healthy Childhood Programme has sought to increase awareness, knowledge and skills in Infant Mental health, embedding an IMH approach throughout the programme through both development of training and practice resources for practitioners and the provision of information on public platforms. IMH resources have been informed by parents identified information needs and developed with IMH practitioners throughout the country along with frontline practitioners within child health services to ensure best ‘fit’ within service settings.

Aim/Purpose of the project
The programme works in partnership with stakeholders across practice, training and communications to support public and practitioner awareness and build capacity in child health and related settings

Description of the work or project
Baseline awareness and understanding of IMH in practice settings was collated through surveys and focus groups. Practitioner resources were developed including e-learning units, prompts in practice manuals and documentation of IMH within a new national Standardised Child Health record used at each developmental assessment check with the Public Health Nurse. The principles of IMH underpin an extensive suite of training developed for the new programme, with specific IMH training modules developed to support IMH in practice.

Infant mental health promotion and information content has been developed for the HSE’s national public-facing child health website www.mychild.ie and the suite of My Child books (My Pregnancy My Child 0 to 2 years and My Child 2 to 5 years). This information is promoted through social media posts and other communication channels.

Conclusion
Alignment of IMH content and key messages across parent information and practice resources is a key factor in building awareness of IMH. Embedding an IMH approach in clinical settings needs active supporting structures, ongoing practice development and benefits from structured documentation of interactions.
Let's learn together: bringing the role of the Speech & Language Therapist in Infant Mental Health practice to life

Ms Grace Walsh

Introduction
Let’s Grow Together! Infant & Childhood Partnerships CLG is a community-based prevention, promotion and early intervention programme. Since its establishment in 2015, the programme has included Speech & Language Therapists (SLTs) as core members of the interdisciplinary team. The SLTs utilise early contact points with families as opportunities to support and enhance the nature and quality of parent-baby interactions through developmental guidance and coaching to promote speech, language, literacy and communication within the context of overall child development and wellbeing. This work is founded on an Infant Mental Health (IMH) framework and is a shift to an earlier promotion and preventative role for SLTs rather than the more typical model of intervention where intervention is provided when children become symptomatic.

Aim/purpose of the work or project
Let’s Grow Together has been working in partnership with University College Cork to embed the principles and practice of IMH into the undergraduate SLT training, including lectures, workshops, research and student placements.

Description of the work or project
Exploring, acknowledging and sharing the role of Speech & Language Therapists within the field of Infant Mental Health has been a key goal of this work. The student experience with the model has enabled them to see themselves within this work, enhance awareness and build capacities. This work has also led to collaborations for research funding to support an evaluation of a ‘Babbling Babies’ programme.

Conclusion
Collaborative, interagency, partnership based working relationships need to be fostered to allow for connection, interaction and interplay between the academic sector and frontline service provision across Ireland. Embedding a culture of continuous, shared learning across the lifespan and across a broad range of settings and disciplines is required to ensure that the voice of the baby can be fully seen and heard and ultimately responded to, nurtured and amplified.
Cultivating Infant Mental Health in Psychology Services: An Irish Perspective

Dr Eithne Ni Longphuirt

Introduction
Psychological theory and practice have consistently acknowledged the importance of early development as a pillar of its understanding of the human condition. Advances in the last number of decades have increased our understanding of the human brain, and the lasting impact of the early nurturing environment. Disseminating this knowledge in a meaningful way to psychologists and the system they work within has gained momentum in the last decade. Across our primary care, intensive care, disability and child and adolescent mental health service psychologists are integrating the science of early development into their practice.

Aims
This presentation aims to outline the advances in Psychological Practice as well as Psychology services in Ireland over the last number of years. It will describe the development of Infant Mental Health Practice both through organisations like the Psychological Society of Ireland, as well as professional training programmes and clinical practice.

Description
This speaker will outline developments in Infant Mental Health informed practice within the Psychology profession in Ireland. This will include advocacy by the Psychological Society of Ireland’s Special Interest Group in Infant Mental Health (SIGPIMH). Since the early stages of the SIGPIMH, developments in research, legislation, culture, and best practice have broadened the focus of activities. This talk will provide participants with information regarding the work of the SIGPIMH in providing evidence-based information and advocacy on matters relating to perinatal and infant mental health in Ireland.
The speaker will also outline developments in service provision across the state, and examples of psychologists work across a range of settings. Furthermore, the inclusion of the science and practice of Infant Mental Health in professional training will be addressed.

Conclusion
This presentation aims to promote the many important developments in psychological practice relating to Infant Mental Health in Ireland. It will also however highlight barriers to the development of IMH practice in psychological services in Ireland.
Building Capacity for Trauma Informed Care in the Child Welfare System

**Associate Professor Campbell Paul**

1. Royal Children’s Hospital, Melbourne, Australia, 2. Department of Psychiatry at the University of Melbourne, Australia

**Introduction**

Infants and preschoolers are particularly vulnerable to the adverse effects of trauma, especially within the family, where parents have experienced profound intergenerational trauma or mental illness. Child protection services may become involved where parents are unable to provide safe and attuned care. Infant mental health (IMH) has much to contribute to the legal and child protection services surrounding very vulnerable infants.

**Aim**

Child safety and family support services are often overwhelmed with limited access to therapeutic interventions for traumatized infants and preschoolers. Although there is increasing awareness of the need for trauma-informed care, those in protective and family support services may not have training or resources to provide therapy which prioritizes the infant (Berliner 2016). With clinical vignettes, this presentation will suggest ways that IMH can support agencies directly engaged with infants and families holding the needs of the infant as a person at the forefront of engagement.

**Description**

Family Preservation and Reunification programs are designed to provide intensive family support for families where infants may be facing removal from the family’s care. IMH can provide training and reflective supervision for family workers to facilitate understanding of the infants’ crucial needs and the parent capacities. IMH consultations can help the child protective worker access the impact of trauma upon the infant, and the infant-parent relationship. Tools such as the Newborn Behaviour Observation and AMBIENCE Brief complement clinical expertise and enable a deeper understanding of the infant’s experience within the stressed infant-parent relationship. Children’s courts can provide better outcomes for infants and families when informed by IMH principles, with non-adversarial approaches and child-centred practices.

**Conclusion**

There is increasing evidence that providing infant mental health training and supervision for frontline family support, protective workers and child and family courts, is essential to meet the immediate developmental and emotional needs of severely traumatized infants who are at high risk.

**Reference:**

The Rights of the Infants in Times of War: Our role as Mental Health Professionals

Professor Miri Keren
1Bar Ilan Azrieli Medical School, , Israel

Introduction
The needs and rights of all children are the same everywhere and quite obvious: nutritious food, adequate health care, a decent education, shelter and a secure and loving family, access to treatment. These rights have been well-defined by the Children Rights Convention (1989), and recently by WAIMH Infants’ Rights Declaration (2016) presented at the Children Rights Committee (September 2017).

Aim
To discuss what happens to these Rights in situations of War with its related traumatic experiences.

Description
Based on the UN 10 attachment-theory based recommendations, guiding principles to aid war-affected children, regardless of their age will be presented. We will use the ACE paradigm to understand the impact of war on development and to formulate the goal of these recommended actions to make toxic stress become tolerable stress.

Conclusion
We, as infant mental health clinicians, need advocate for the infant’s right to have these war-related specific recommendations be applied to him/her, while emphasizing the crucial need to provide emotional support to the infants’ caregivers, in the light of Selma Fraiberg’s saying "Nurturing the parent in order to nurture the infant.”
Exploring Ways to Mobilize and Enhance Intuitive Caregiving Capacity through a Relationship-Based, Culturally-Centered Approach

Dr Hisako Watanabe

1of LIFE DEVELOPMENT CENTER, Watanabe Clinic, Japan

Introduction

Against the backdrop of increasing worldwide disasters, infant and early childhood professionals today are urged to step up and develop competencies in responding to diverse and multi-layered needs of infants, families, and communities in adverse situations. Navigating such a momentous task requires us to be emotionally available and able to explore and track the ‘felt sense’ (Levine, 1997) not only in infants and families but also in ourselves.

Aim

This presentation aims to raise awareness of the role of non-verbal, affective communications, which prevail in infancy and in supporting survivors of trauma. Exposed to massive threats, our primitive instincts are instantaneously switched on, inviting both victims and supporters into a vigilant mode of survival and adaptation. Interventions aligned to this mode, anchored in early intimate relationship and indigenous culture, are crucial in reviving the sense of core self (Trevarthen & Butt, 2021).

Description

Post-disaster community-based interventions for infants and children in two parts of Asia, in Japan and Bangladesh, will be described. They shared in common key infant mental health principles that focused on the needs of infants and young children in any given moment. Feeling secure and restored again in familiar relationships, infants who received the community-based interventions became playful again. Provided with age-appropriate play space and programs that honored the generational wisdom of the community, they became relaxed and vibrant, making adults feel relieved with a sense of joy, pride and dignity. Infants became agents of hope, revitalizing their communities. When the ensuing COVID-19 pandemic complicated the ongoing hardships, the communities were able to endure. Memories of trauma may not fade easily, but a newly acquired resiliency helped them move forward.

Conclusion

Focusing on the sensitive world of infants and attuning to their non-verbal visceral affective communication would help infant mental health professionals to deepen their competencies. While this approach is universal, there is much that can be learned from Asian communities that value interdependence.
The Effects of Trauma on Young Children and Ways to Promote Resilience

Dr. Joy Osofsky

1Louisiana State University Health Sciences Center, , United States

Introduction
Young children around the world continue far too often to be exposed to ongoing traumas of abuse and neglect, exposure to domestic violence and substance use. In the past three years, the additional traumas from COVID-19 including death of parents or caregivers, financial hardship, and increased stress in families have contributed to more child distress.

Aim
During the COVID-19 pandemic, it has been estimated that in the United States, more than 240,000 children lost a parent or caregiver to COVID-19.

Description
In comparison with natural disasters, the COVID-19 pandemic has resulted in many more losses without needed support. These losses can be devastating for development and long-term well-being of young children leading to emotional and behavioral dysregulation, regression in sleeping, eating, toileting, difficulties with attachment and separations, and mental health issues that may increase over time without supportive interventions. Racial and ethnic disparities in caregiver loss have also been identified. Relationships with caring adults are very important to support resilience.

Conclusion
Support for caregivers and children accompanied by positive early childhood and community settings can play key roles in supporting resilience by being present, emotionally available, and listening to the children.
Clinical Abstracts – Author Index

A

Abu Jabal, Tmthor 200291
Achim, Julie 200503
Acri, Mary 201055
Adam, Sarah 200228
Agasse, Eva 200236
Aguiar, Cecília 200848
Aksu Baş, Funda 201014
Alapatt, Vinaya 200119, 200124, 200305
Alemu, Sahilu Baye 200251, 200293, 201332
Alessi, Elisa 200985
Alfafara, Emily 200405
Alfayumi-Zeadna, Samira 200057
Alhajji, Lujain 200236
Allen, Beverley 201125
Alshakhshir, Rasha 201254
Amen, Sherri 200443
Amina, Tabassum 201308
Amiran, Keren 201274

B

Baba, Tetsuto 200400, 200403
Babel, Korinne 103
Bae, So Young 200368
Bagnato, Stefano 26
Bailey, Sarah 200830
Baldwin, Mary 35
Ball, Robyn 200198
Ballout, Adam 4, 200997
Baradon, Tessa 200110, 201274
Barak, Diklah 200026
Barbieri, Valeria 200932, 200964
Barrett, Andrea 201090
Barrett, Elizabeth 201032, 201034
Barros, Luisa 200848
Barry O’Gorman, Mary 200929

Ammaniti, Massimo 200341
Amorim, Mariana 200622
Anderson, Beatrice 200148
Andreozzi Fontaine, Lynne 200120, 200040
Angulo, Abigail 200164, 200773
Anis, Lubna 142
Armstrong, Vicky 200304
Ashby, Bethany 200164, 200275
Assali, Alia 201254
Atkins, Danielle 200301
Attias, Monique 200713
Atzaba-Poria, Naama 200427
Austin, Nicola 201067
Avdi, Evrinomy 201274
Avramova, Atanaska 200782
AyAy, Taila 4, 200997
Azevedo, Nair 200598
Bittner, Niko 201010
Bleckmann, Paula 200872
Blitch, Kimberly 200027
Blunden, Sarah 200240, 200801
Bocknek, Erika 200091
Bodnar, Ewa 200648
Boldrini, Francesca 201163
Booker, Sam 103
Borghini, Ayala 201189, 201191
Boris, Neil 200934, 161
Borninkhof, Julie 200888
Bosk, Emily 200800
Boss, Jennifer E 0, 200767
Boukai, Odette 201017
Bowerman, Tom 200576
<table>
<thead>
<tr>
<th>Name</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bartl, Hannah</td>
<td>201105</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bartolini, Ellen</td>
<td>200416</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barzelatto, Cynthia</td>
<td>200876</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basto, Rosário</td>
<td>201009</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basu, Neela</td>
<td>200290</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bateson, Karen</td>
<td>200161</td>
<td>200162</td>
<td></td>
</tr>
<tr>
<td>Baumgaertel, Anna</td>
<td>200501</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baxter, Emily</td>
<td>200397</td>
<td>200399</td>
<td>200220</td>
</tr>
<tr>
<td>Bayrak, Beril</td>
<td>200140</td>
<td>200188</td>
<td>200190</td>
</tr>
<tr>
<td>Beauquier-maccotta, Bérengère</td>
<td>200867</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bekman, Shannon</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bellini, Beatrice</td>
<td>200201</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bellucci, Tiziana</td>
<td>201189</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BELOT, Rose-Angelique</td>
<td>200989</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beltran, MPH, Monica</td>
<td>201097</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bennett, Rebecca</td>
<td>200785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bento, Gabriela</td>
<td>200848</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Berg, Astrid</td>
<td>200110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bernard, Kristin</td>
<td>201287</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Berry, Obianuju</td>
<td>201055</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beth-Halachmi, Yael</td>
<td>200559</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bhattacharjee, Pooja</td>
<td>75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bierdermann, Brittany</td>
<td>200936</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bire, Lucy</td>
<td>200198</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birtwell, Beatrice</td>
<td>201136</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bisaillon, Claude</td>
<td>200934</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bisseker, Gabrielle</td>
<td>201067</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caetani, Laura</td>
<td>201120</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calejo Jorge, Joana</td>
<td>201009</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campbell, Shanice</td>
<td>200027</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canale, Nicola</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candelaria, Margo</td>
<td>200527</td>
<td>200694</td>
<td></td>
</tr>
<tr>
<td>Bowers, Ashley</td>
<td>200820</td>
<td>200821</td>
<td></td>
</tr>
<tr>
<td>Boyatt, Jessica</td>
<td>200876</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boyce, Lisa</td>
<td>201186</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brabant, Genevieve</td>
<td>200177</td>
<td>200795</td>
<td></td>
</tr>
<tr>
<td>Bradley, Samantha</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bragg, Heather</td>
<td>200177</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Braune-Krickau, Katrin</td>
<td>200288</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brees-Saunders, Zavi</td>
<td>200419</td>
<td>200420</td>
<td></td>
</tr>
<tr>
<td>Bremond, Deborrah</td>
<td>113</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bresnahan, Megan</td>
<td>44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breton, Stephanie</td>
<td>200783</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Briggs, Rahul</td>
<td>200905</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brito, Ana-Teresa</td>
<td>200598</td>
<td>200848</td>
<td></td>
</tr>
<tr>
<td>Brophy-Herb, Holly</td>
<td>200909</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brown, Cheryl</td>
<td>200983</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bryggman, Mona</td>
<td>200111</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buchholz, Melissa</td>
<td>200164</td>
<td>201168</td>
<td></td>
</tr>
<tr>
<td>Buhagiar, Adrienne</td>
<td>200562</td>
<td>200564</td>
<td></td>
</tr>
<tr>
<td>Bundle, Gina</td>
<td>201080</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bunik, Maya</td>
<td>200212</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bunston, Wendy</td>
<td>73</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burkard, Alan</td>
<td>200452</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burke, Naomi</td>
<td>200929</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burns, Evelyn</td>
<td>201080</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burton, Alexandria</td>
<td>201080</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bushing, Rachel</td>
<td>91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cissé, Gloria Smith</td>
<td>200877</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clark, Carol</td>
<td>201156</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clark, Courtney</td>
<td>200452</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clark, Roseanne</td>
<td>201253</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clarke, U’neke</td>
<td>200419</td>
<td>200420</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Year</td>
<td>Name</td>
<td>Year</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------</td>
<td>----------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Cannon, Dawn</td>
<td>200805</td>
<td>Clinton, Jean</td>
<td>200448, 201169, 201170</td>
</tr>
<tr>
<td>CAPEDP study group,</td>
<td>200489</td>
<td>Clyde, Alexis</td>
<td>200386</td>
</tr>
<tr>
<td>Caporali, Camilla</td>
<td>200201</td>
<td>Coates, Erica</td>
<td>200446</td>
</tr>
<tr>
<td>Cappelli, Mario</td>
<td>200267</td>
<td>Codd, Evadine</td>
<td>201168</td>
</tr>
<tr>
<td>Carefoot, Esther</td>
<td>200795</td>
<td>Coker, Ellen</td>
<td>200816</td>
</tr>
<tr>
<td>Carpenter, Stacey</td>
<td>200905</td>
<td>Colaizy, Tarah</td>
<td>201153</td>
</tr>
<tr>
<td>Carson, Melissa</td>
<td>200988</td>
<td>Cole, Steve</td>
<td>142</td>
</tr>
<tr>
<td>Carstens, Jenny</td>
<td>200177</td>
<td>Coletti, Elena</td>
<td>200353, 200985</td>
</tr>
<tr>
<td>Carvalho, Cindy</td>
<td>200848</td>
<td>Colliander, Karin</td>
<td>80, 200111</td>
</tr>
<tr>
<td>Carvalho, Eduarda</td>
<td>201045</td>
<td>Collins, Russia</td>
<td>200446</td>
</tr>
<tr>
<td>Carvalho, Sirley AS</td>
<td>201172</td>
<td>Congiu, Sara</td>
<td>200382</td>
</tr>
<tr>
<td>Casey, Anne-Marie</td>
<td>200749, 200808</td>
<td>Congreave, Esther</td>
<td>200435, 200458, 200478</td>
</tr>
<tr>
<td>Cashmore-Gordon, Emma</td>
<td>200256</td>
<td>Connors, Kathleen</td>
<td>201056, 200854</td>
</tr>
<tr>
<td>Castagna, Annalisa</td>
<td>200201</td>
<td>Cook, Gina</td>
<td>200181, 200044</td>
</tr>
<tr>
<td>Castilho, Diana</td>
<td>200236</td>
<td>Coombs, Nichola</td>
<td>200553</td>
</tr>
<tr>
<td>Castrechini Fernandes</td>
<td>201010</td>
<td>Corboz-Warnery, Antoinette</td>
<td>200446</td>
</tr>
<tr>
<td>Franieck, M. Leticia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Casula, Laura</td>
<td>200389</td>
<td>Corgier, alex</td>
<td>200250</td>
</tr>
<tr>
<td>Catherine, Evandra</td>
<td>98</td>
<td>Cortes, Elvia</td>
<td>200173, 200174</td>
</tr>
<tr>
<td>Celona, Elizabeth</td>
<td>200701</td>
<td>Corval, Raquel</td>
<td>200848</td>
</tr>
<tr>
<td>Cerqueira, Mariana</td>
<td>201070, 201076, 201082</td>
<td>Cosgrave, Nicola</td>
<td>200399</td>
</tr>
<tr>
<td>CHAILLOU, Elisabeth</td>
<td>200932, 201030</td>
<td>Cosgriff, Cheree</td>
<td>201156</td>
</tr>
<tr>
<td>Chamberlain, 92, 200864, Catherine</td>
<td>200972</td>
<td>Cosgrove, Kimberly</td>
<td>201056</td>
</tr>
<tr>
<td>Chambers, Kena</td>
<td>200961</td>
<td>Costa, Ana Vera</td>
<td>201009</td>
</tr>
<tr>
<td>Chapman, Megan</td>
<td>201006</td>
<td>Courtney, Janet</td>
<td>88, 89</td>
</tr>
<tr>
<td>Chattoor, Irene</td>
<td>200952, 200957</td>
<td>Cox, Allison</td>
<td>200526, 200576, 200635</td>
</tr>
<tr>
<td>Chavasse, Fran</td>
<td>200606</td>
<td>Coyle, Sabrina</td>
<td>200118</td>
</tr>
<tr>
<td>Chavez</td>
<td>200876</td>
<td>Coyne, Joe</td>
<td>200589, 200591</td>
</tr>
<tr>
<td>Hernandez, Gabriela</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chéchko, Natalia</td>
<td>200818</td>
<td>Crawford, Jennifer</td>
<td>35</td>
</tr>
<tr>
<td>Chinitz, Susan</td>
<td>200720</td>
<td>Crawford, Sherrionda</td>
<td>103</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Chisim, Kuri 75  Crawford, Tanya 200317, 200234
Chua, Tze-ern 201310  Crowe, Claire 200862
Chung, Sandy 201054  Crowley, Kate 200860
Chung, Un Sun 200368  Cunningham, Catherine
Church, Erin 200301, 200339  Curtin, Margaret 154
Cibralic, Sara 200108, 200241  Curtis, Amy 200193
Ciccarello, Colleen 200140, 200143, 200040  Cwikel, Julie 200057
Ciraldo, Katrina 200236
d da Silva, Lisa 200133  de stasio, simona 201163
D Dahl, Claire 201213, 201216  Deren, Barbara 200784, 200795
Dalrymple, Noriko 200400, 200403  Desforges, Tammy 152
Daniel, Kelly 200305  DeVries, Lynn 201036
Daniele, Roberta 200337  D'Haene, Maria 200136
Darwiche, Joëlle 200446, 200498  Ding, Chenxi 200087
Davidson, Jackie 200983  Diviney, Mairead 200808
Davidson, Zoe 200468  Dixon, Bronwyn 201067
Davillier, Marilyn 201049  Dockery, Denise 200740
Davis, Amanda 200844  Dolson, Robyn 200119
Dawson, Cynthia 200784  Dotson, Lori Ann 200529
Dawson, Nicki 200744  Douglas, Hazel 200660, 201113
Dawson, Nicola 200739, 200746  Doulis, Sally 200400, 200403
De Burca, Isobel 201029  Dozier, Mary 0, 201287
De Young, Alexandra 200871  Dozio, Elisabetta 200438
Deacon, Nancy 200180  Dubois-Comtois, Karine 200503, 201194
DeBelin, Ann 200317, 200234  Duffy, Natalie 200301, 200339, 200342
Deegan, Edwina 200254  Dunn, Kristin 200396
Delahunty, Lauren 200148  Dunne, Jenny 200808, 200684, 200740
Delany, Clare 200342  Dworkin, Paul 201167, 201200
Denzl, Elisabeth 200872  Dwyer, Alice 200317, 200234
E Eapen, Valsama 200108, 200241  El-Okda, Noha 201088
Eaves, Tanika 140  Elsayed, Mona 201088
Eckerle, Judith 44  El-Sherbeeny, Nagla 201088
Edwards, Julie 201217  El-Tantawy, Ashraf 201088
Ehmer, Amelia 200275  Emmert, Maegan 140
Ehmer, Amy 200164  Erdmann, Sibylle 200290
Ehrlich, Shay  200636, 200135, 200269  
Erhard Weiss,  200636  
Dana  
Espírito-Santo,  200598  
Joana  
Elgin, Timothy  201153  
Eum, So Yong  200368  
Eyre, Kathy  200133  
Fariñas, Janina  201097, 201130, 200767, 201271  
Feder, Joshua  200531  
Fernanda  
Elliott, Kelly  106, 112, 133, 139, 200097  

F  
Fadda, Roberta  200382  
Fitzgibbon, Sarah  40  
Fain, Gabriele Fain  200560  
Fitzgibbons, Sarah  200008  
Fariñas, Janina  201097, 201130, 200767, 201271  
Fitzpatrick,  46  
Sequence  
Farley, Jennifer  201180  
Fivaz-Depeursinge, Elizabeth  200446  
Farthing, Dasa  200177  
Fletcher, Richard  201319  
Fasolo, Mirco  200389  
Flygenring, Kristin Bjerg  200466  
Fay-Stammbach, Tracey  200108, 200554, 200241  
Foged, Jaci  201036  
Feder, Fiona  200018, 200502  
Ferrari, Pier Francesco  200848  
Frese, Mary  201037  
Fellow, Brijan  201051  
Friday-gilbert, Keena  200796  
Fenton, Brenda  200564  
Frome, Lori  200501  
Ferguson, Anjali  200409  
Fuselli, Alessia  200985  
Fernando, Samantha  200633  
Frankel, Karen  201230, 201204, 201211  
Ferrari, Pier  200834  
Franklin, Orla  200749  
Fialho, Margarida  200848  
Frese, Mary  201037  
Figueiredo, Barbara  201045  
Friday-gilbert, Keena  200796  
Fillippa, Manuela  200337  
Frome, Lori  200501  
Finkbiner, Carrie  200820, 200821  
Fuselli, Alessia  200985  
Fischer, Elizabeth  200295  
G  
Gallagher, Alanna  200399, 200654  
Goettler-Rosset, Irmgard  200791  
Gallagher, Fiona  200152  
Gold, Claudia  201049  
Galvin, Stephanie  200808, 200684  
Gomez, Kenia  201052  
Gannon, Lisa  200648  
Gomez, Kenia  201052  
Garavan,  200853  
Graham, Tori  200421  

Jeananne Garber, Karen 200876
Gborkorquellie, Theiline
Geary, Caroline 200749
Gefen, Amit 200427
Geldmaker, Bethany 201054
Gilkerson, Ph.D., Linda 200124, 200939, 201056
Gillioz, Estelle 201189
Gillon, Catherine 200635
Gilman, Deborah 8
Gilmartin, Amanda Bird 200212
Gilson, Kim-michelle 200577
Giroux, Valérie 152
Giuliatini, Cristina 201115
Glaze, Kelly 200164, 201168
Gleason, Mary 200786
Margaret 200279
Glovinsky, Ira 200283

H
Haapasaari, Mirka 201262
Hall, Ella 201067
Halonen, Paula 200675
Hanashiro, Staci 200273, 200351
Hancock, Laura 200478
Harden, Brenda 200767
Hardin, Caroline 200766
Hardy, Lindsay 200167
Harford, Katherine 154, 200152
Harles, Rebecca 200817
Harley, Eliza 200766
Harman, Jennifer 46
Harniess, Phillip 200290
Harris, Karen 200780
Harrison, Alexandra 200743, 200744, 200746, 200747, 201049
Harrison, Amy 200816
Granops, Beata 200640, 200637
Gray, Lili 201176
Gray, Sarah 200177
Grecen, Tim 200489
Gregory, Chrissy 201067
Gregory-Davis, Kaylin 200136
Griest Nehil, Christa 200764
Groppa, Michela 201142
Gross, Lauren 106, 112, 133
Guan, Hongyan 201314, 201317
Guedeney, Antoine 200489, 0
Guez, Hava 200733
Guillet, Florence 200043
Guimaraes, Fernanda 201045
Gustafson, Kimara 44
Guzinska, Hannah 200250

Henderson, Amy 200221, 200771
Lacerdo, Erin 201080
Henry, Cinnamon 200236
Hernandez, Julieta 200564
Hibbard, Helen 200342
Hickey, Leah 200043
Hicks, Anne-Marie 200100
Hill, Fiona 200415
Hill, Nicole 92
Hills, Emily 200167
Hinds, Catherine 200118
Hitrova-Nikolova, 200782
Stanislava
Hodge, Rachel 201067
Hodgers, Catriona 201121
Hoehn, Elisabeth 0
Hoekstra, Rosa 200336
Hoffnung 171
Harrison, Joyce 200122  Assouline, Adena Hoffnung-Assouline, Adena 121
Hart, Martha 142  Hogg, Jerri Lynn 200750
Harte, Jennifer 154  Holahan, Anne-Lise 200177
Haskell, Sarah 132  Hoffnung, Jerri Lynn 200952, 200957
Hassan, Haydy 201088  Hooker, Leesa 200576
Hatton-Bowers, Holly 201036  Horan, Sarah 200684
Hawk, Brandi 200519  Horwitz, Cindy 200796
Hayden, Elizabeth 200862  Huber, Anna 200100, 201332
Heavilin, Beth 200421  Huffer, Amy 200171, 200905
Hedenbro, Monica 200446  Hughes-belding, Kere 200181, 200044
Heffler, Karen 200501  Hurley, Maeve 200868
Heffron, Mary Claire 113  Hurley, Paula 200372
Hegarty, Michelle 201156  Hurley, Trish 200739, 200741
Heller, Sherryl Scott 113  Hutcheson, Jane 200664
Hemmeter, MaryLouise 200139, 200141  Hutchon, Betty 200290, 200739, 200744
I
Ibrahim, Omneya 201088  Iruka, Iheoma 200091
Ifezue, Anuli 200739, 200743  Isarowong, Nucha 200779, 201230, 201204, 201211
Iles, Jane 200213  Islam, Taifur 75
Innocenti, Mark 201215
J
Jackson, Annette 200635  Jewell, Hanna 201156
Jacobs, Delphine 200755  Jin, Mi Kyung 200368
Jacobs, Jacqueline 106, 112, 114  John, Sufna 201176
Jacola, Lisa 46  Johnson, Latoya 106, 114, 139
Burgundy
Jankovsky, Eva 200443  Johnson, Rebecca 200236
Janse van Rensburg, Elmie 92  Johnson, Rebecca 200660, 201113
Janssen, Jayley 201233  Johnston, Kadija 113
Järv, Sari 50  Jones, Gabrielle 200236
Jarvis, Beth 106  Juarez-Marazzo, Silvia 201049
Jarvis, Elizabeth 112, 114  Juhasz, Audrey 201186
Jean-dit-pannel, Romuald 201194  Jurbergs, Niki 46
Jenney, Angélique 200781  Justino, Ana 200622
Jenni, Oskar G. 200393
<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Name</th>
<th>ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kabwe, Alice</td>
<td>200764</td>
<td>King, Brittni</td>
<td>200419, 200420</td>
</tr>
<tr>
<td>Kalckreuth,</td>
<td>200791, 200872</td>
<td>King, Julie</td>
<td>201148</td>
</tr>
<tr>
<td>Barbara</td>
<td></td>
<td>King, Sebastian</td>
<td>200577</td>
</tr>
<tr>
<td>Kapashesit,</td>
<td>200936</td>
<td>Kinloch, Karen</td>
<td>200647</td>
</tr>
<tr>
<td>Warren</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karhinen, Hanna-</td>
<td>201262</td>
<td>Kitagawa,</td>
<td>200589, 200593</td>
</tr>
<tr>
<td>kaisa</td>
<td></td>
<td>Megumi</td>
<td></td>
</tr>
<tr>
<td>Karni, MD,</td>
<td>200386</td>
<td>Knei-Paz, Cigal</td>
<td>121, 171</td>
</tr>
<tr>
<td>Catherine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kasovac, Nicholas</td>
<td>200596, 200976, 200977</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kassif, Erga</td>
<td>168</td>
<td>Kobatake, Kyoko</td>
<td>200377</td>
</tr>
<tr>
<td>Katori, Naho</td>
<td>200400, 200403</td>
<td>Kokko, Niuya</td>
<td>200243</td>
</tr>
<tr>
<td>Kautz, Sarah</td>
<td>200800</td>
<td>Korfmancher, Jon</td>
<td>201037, 200520</td>
</tr>
<tr>
<td>Kelleher, Louise</td>
<td>201195</td>
<td>Kosef, Tamar</td>
<td>200713</td>
</tr>
<tr>
<td>Kelleher, Renaye</td>
<td>200635</td>
<td>Kotler, Sivan</td>
<td>201017</td>
</tr>
<tr>
<td>Kendrick, April</td>
<td>200027</td>
<td>Koven, Maya R</td>
<td>200498</td>
</tr>
<tr>
<td>Kenny, Jessica</td>
<td>200164, 200212</td>
<td>Kowalenko, Nick</td>
<td>200317, 200234</td>
</tr>
<tr>
<td>Keren, Miri</td>
<td>13, 200110, 200487, 200520, 200563, 201268, 6, 200446, 0, 201340</td>
<td>Kraemer, Florian</td>
<td>200748</td>
</tr>
<tr>
<td>Kerr, Laura</td>
<td>200228, 200220</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kessler, Lisa</td>
<td>200880</td>
<td>Kroupina, Maria</td>
<td>44, 201213, 201216</td>
</tr>
<tr>
<td>Khachatourian,</td>
<td>201049</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rouzan</td>
<td></td>
<td>Kubicke, Lorraine</td>
<td>200796</td>
</tr>
<tr>
<td>Kibel, Sharla</td>
<td>201145</td>
<td>Kubo, Nobuyo</td>
<td>201072</td>
</tr>
<tr>
<td>Kibel, Sharla</td>
<td>201145</td>
<td>Kulkarni, Chaya</td>
<td>200902, 200844, 200936, 0</td>
</tr>
<tr>
<td>Kim, Boong-Nyun</td>
<td>200368</td>
<td>Kushilevitz, Irit</td>
<td>61</td>
</tr>
<tr>
<td>Kikkawa, Naomi</td>
<td>0</td>
<td>Kuzminsky, Alla</td>
<td>201017</td>
</tr>
<tr>
<td>Kikkawa, Naomi</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kikuchi, Shintaro</td>
<td>201330</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kim, Boong-Nyun</td>
<td>200368</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**k**

kalish, zippy | 61 |

**l**

Laberge, Camille | 200503 | Lewis, Marva L. | 200091 |
| Lachman, Anusha | 200112, 200793 | Lewis, Ruth | 201080 |
| Lagatta, Joanne | 200295 | Li, Hui | 200087 |
| Lahti, Laura    | 200675 | Lidbeck, Monica | 201151 |
| Lakatos, Patricia | 200987 | Lieberman, Alicia | 201287 |
| Lamb, Clare     | 200654 | Lim, Izaak | 200968, 200145, 200487, 200520, 0 |

| Lampi, Hanna    | 200140, 200424, | Limperopoulos, | 200416, 200419, |

522
Lane, Tracie 200631
Lanter, Elizabeth 201205, 201202
Larkins, Olivia 200577
Larrieu, Julie 200084, 200476
Latta, Laura 200698
Latva, Reija 200990
Lauermann, Andrea 201155
Laverty, Bernie 200152
Lawson, Aisling 200684
Layman, Renee 201003
Lazaroo, Catherine 201094
Le Cosquer, Elisabeth 200852, 200932
Leahy, Maria 200608
Lee, Pauline 200889, 0
Lejeune, Fleur 201189
Lennon, Eithne 200740
Leppert, Mary 200122
Leskelä-Ranta, Anna-Elina 200424
Leslie, Margaret 157
L'estrange, Kylie 200692
Letourneau, Nicole 142
Levert-Levitt, Bella 200251
Lewis, Kristin 200090

I
lebel, alain 200503

M
M Lillas, Connie 200769
Maclean, Peggy 35
MacLeod, Lindsey 200697
MacSweeney, Marie 200221, 200638
Macy, Marisa 26
Magin, Kathleen 200081
Maguire, Catherine 201029, 200638, 200864, 200930,
<table>
<thead>
<tr>
<th>Name</th>
<th>Registration Numbers</th>
<th>Name</th>
<th>Registration Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maharaj, Salisha</td>
<td>201300</td>
<td>Mellier, Denis</td>
<td>200950, 200989, 201194</td>
</tr>
<tr>
<td>Mailaender Zelger, Veronika</td>
<td>200748</td>
<td>Mendez, Alicia</td>
<td>200800</td>
</tr>
<tr>
<td>Mäki, Emilia</td>
<td>201262</td>
<td>Mendez, Melissa</td>
<td>55</td>
</tr>
<tr>
<td>Makkonen, Sallariina</td>
<td>201262</td>
<td>Menzi, Martina</td>
<td>200446</td>
</tr>
<tr>
<td>Malcolm, Kenya</td>
<td>200008</td>
<td>Meredith, Lee</td>
<td>200554, 200555</td>
</tr>
<tr>
<td>Malcolm, Ruaridh</td>
<td>200697</td>
<td>Meuwissen, Alyssa</td>
<td>113</td>
</tr>
<tr>
<td>Malpe, Kiran</td>
<td>200720</td>
<td>Miguel, Ana</td>
<td>201009</td>
</tr>
<tr>
<td>Manaresi, Francesca</td>
<td>200934</td>
<td>Milano, Joy</td>
<td>200560</td>
</tr>
<tr>
<td>Manning, Clare</td>
<td>201080</td>
<td>Milburn, Nicole</td>
<td>200280, 200968, 200969</td>
</tr>
<tr>
<td>Martin, Carolyn</td>
<td>200816</td>
<td>Miller, Robin</td>
<td>200040</td>
</tr>
<tr>
<td>Martin, Shirley</td>
<td>154</td>
<td>Miller Arad, Anat</td>
<td>71</td>
</tr>
<tr>
<td>Martinez-torteya, Cecilia</td>
<td>200273</td>
<td>Mills, Claire</td>
<td>200647</td>
</tr>
<tr>
<td>Martini-Carvell, Kimberly</td>
<td>201167, 201200</td>
<td>Mills, Robert</td>
<td>200317, 200234</td>
</tr>
<tr>
<td>Mascheroni, Eleonora</td>
<td>200201</td>
<td>Milroy, Helen</td>
<td>92</td>
</tr>
<tr>
<td>Maslinkova, Desislava</td>
<td>200782</td>
<td>Minguy, Sylvie</td>
<td>200245</td>
</tr>
<tr>
<td>Masterson, Kathryn</td>
<td>200039</td>
<td>Miranda, María</td>
<td>200989</td>
</tr>
<tr>
<td>Matalcz, Rochelle</td>
<td>200790, 200858</td>
<td>Mirochnick, Isabella</td>
<td>201325</td>
</tr>
<tr>
<td>Matheson, Katherine</td>
<td>200177, 200784, 200795</td>
<td>Miron Murphy, Devi</td>
<td>200084, 200476</td>
</tr>
<tr>
<td>Mathews, Catherine</td>
<td>200740</td>
<td>Mitchell, Jennifer</td>
<td>20</td>
</tr>
<tr>
<td>Mathur-Kalluri, Monica</td>
<td>200767, 201270</td>
<td>Mizell, Rashid</td>
<td>200043</td>
</tr>
<tr>
<td>Matic, Tamara</td>
<td>200987, 200988</td>
<td>Mögel Wessely, Maria</td>
<td>200486</td>
</tr>
<tr>
<td>Matthews, Catherine</td>
<td>200808, 201217</td>
<td>Mohaupt, Henning</td>
<td>200043</td>
</tr>
<tr>
<td>Mays-Barideaux, Markita</td>
<td>201287</td>
<td>Molloy, Eleanor</td>
<td>200692, 201110</td>
</tr>
<tr>
<td>Mazen, Nevin</td>
<td>201254</td>
<td>Monaci, Maria Grazia</td>
<td>200337</td>
</tr>
<tr>
<td>Mazurczuk, Gregor</td>
<td>200198</td>
<td>Montirosso, Rosario</td>
<td>200201</td>
</tr>
<tr>
<td>Mazzoni, Silvia</td>
<td>200446</td>
<td>Moolchand, Kamil</td>
<td>200635</td>
</tr>
<tr>
<td>Mc Carra, Edel</td>
<td>200740</td>
<td>Morelen, Diana</td>
<td>16, 200119,</td>
</tr>
</tbody>
</table>
Mc Crann, Ann 200862
Mc Guckin, Conor 201121
Mc Mahon, Elaine 201142, 201150
McAlpine, Rhona 200644
McCalmont, Kate 35
McCarthy, Laura 201195
McCarty, Stephanie 200560
McCormick, Ashley 65, 200208, 200796, 200221, 200283
McEvoy, Prue 200864, 200938
McFadyen, Anne 200037, 200039
Mchale, James 200043, 200446
McKay, Katherine 200043
McKenzie, Gally 200858
McKinney, Matthew 201054
Mclauchlan, Jennifer 200148
McMahon, Mishel 200153

Mcmanus, Beth 200339

N
Nakamura, Shunichiro 200400, 200403
Nalo, Ayannakai 201230, 201204, 201211
Nassen, Rene 201257
Neiers, Maria 201070, 201076, 201082
Neiger, Orly 200060
Neitlich, Joshua 140

Nelson, Bergen 201054
Nenide, Lana 200527, 200081, 200820
Newman, Nina 200279
Ni Longphuirt, Eithne 200224, 201300, 201338
Nibbe, Drina 57

Moreno, Daniela 200124, 200796, 200273, 200305
Moreno Boudon, Daniela 201201
Morton, Lucy 0
Mosier, William 201184
Motz, Mary 157
Mudra, Susanne 200140, 200631
Mulcahy, Kaitlin 200527
Mulrooney, Kathleen 13
Murday, Nasha 200932, 200964
Murphy, Anne 200090
Murphy, David 200177
Murphy, Hazel 200471
Murphy, Margaret 128
Murray, Colette 0
Murray, Karen 200889
Muzik, Maria 200405, 200273, 200274, 200305, 200128

Nicolà, Ilaria 200389
Nicolson, Susan 200301, 201080
Niemenen, Heli 201262
Norona, Carmen Rosa 113, 201230, 201204, 201211
Norris, Victoria 200555
Norris-Shortle, Carole 200421, 200939, 200983, 201051, 201056
Novell, Vickie 200778
Ntanda, Henry 142
Nugent, Kevin 200867, 0
Nunamaker, Ross 201184
Nykänen-khaling, Miia 201185
<table>
<thead>
<tr>
<th>Name</th>
<th>200868</th>
<th>O'Leary, Joann</th>
<th>128</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Rourke, Margaret</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O' Rourke, Elaine</td>
<td>200684</td>
<td>Olivard, Isabelle</td>
<td>200245</td>
</tr>
<tr>
<td>O Shea, Fionnuala</td>
<td>200853</td>
<td>O'Meara, Kate</td>
<td>200415, 201143</td>
</tr>
<tr>
<td>O' Sullivan, Sally</td>
<td>154</td>
<td>O'Neill, Kay</td>
<td>201037</td>
</tr>
<tr>
<td>O' Toole, Ciara</td>
<td>154</td>
<td>Oppenheim, David</td>
<td>201333, 201287</td>
</tr>
<tr>
<td>O'Brien, Jean</td>
<td>200608</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O'Callahan, Tanya</td>
<td>200976</td>
<td>Orcesi, Simona</td>
<td>200201</td>
</tr>
<tr>
<td>O'Connell, Fliss</td>
<td>200647</td>
<td>O'Reilly, Lorraine</td>
<td>200684, 201217</td>
</tr>
<tr>
<td>O'Connell, Natalie</td>
<td>201195</td>
<td>Ormston, Kirsty</td>
<td>200995</td>
</tr>
<tr>
<td>O'Connor, Hannah</td>
<td>200372</td>
<td>O'Rourke, Patricia</td>
<td>200864, 200870, 200571</td>
</tr>
<tr>
<td>O'Donoghue, Debbie</td>
<td>201067</td>
<td>Osofsky, Joy</td>
<td>13, 201267, 201329, 201342</td>
</tr>
<tr>
<td>O'Donoghue,</td>
<td>68</td>
<td>Oxnam, Elizabeth</td>
<td>200858</td>
</tr>
<tr>
<td>Margaret</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orenstein, Ruty</td>
<td>61</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pace, Heidi</td>
<td>132</td>
<td>Pessoa, Mariana</td>
<td>201009</td>
</tr>
<tr>
<td>Pajak, Cathy</td>
<td>200664</td>
<td>Peterson, Carla</td>
<td>200181</td>
</tr>
<tr>
<td>Pajer, Kathi</td>
<td>200177</td>
<td>Pettis, Shardé</td>
<td>200084, 200476</td>
</tr>
<tr>
<td>Papa, Valeria</td>
<td>201117</td>
<td>Philipp, Diane</td>
<td>200446, 200498, 201006</td>
</tr>
<tr>
<td>Papoušek, Mechthild</td>
<td>200957</td>
<td>Pikulinsky, Miia</td>
<td>200243</td>
</tr>
<tr>
<td>Paquette, Daniel</td>
<td>200783</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pardy, Anne</td>
<td>201300, 201336</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pariborzi, Nilou</td>
<td>200830</td>
<td>Pires, Sofia</td>
<td>201009</td>
</tr>
<tr>
<td>Parilla, Rebecca</td>
<td>200184</td>
<td>Pisoni, Camilla</td>
<td>200201</td>
</tr>
<tr>
<td>Paris, Ruth</td>
<td>200694</td>
<td>Pocklington, Laura</td>
<td>200805</td>
</tr>
<tr>
<td>Parker, Ammitia</td>
<td>201233</td>
<td>Pölkki, Minna</td>
<td>200675</td>
</tr>
<tr>
<td>Parlato, Erika</td>
<td>201155</td>
<td>Polnareva, Nadia</td>
<td>200782</td>
</tr>
<tr>
<td>Parlato-Oliveira, Erika</td>
<td>201172</td>
<td>Pomales, Hannah</td>
<td>200800</td>
</tr>
<tr>
<td>Patchen, Loral</td>
<td>200880</td>
<td>Pope, Shannon</td>
<td>200419</td>
</tr>
<tr>
<td>Paul, Campbell</td>
<td>200301, 201032, 201109, 201339</td>
<td>Porzio Giusto, Laura</td>
<td>201116</td>
</tr>
<tr>
<td>Payne, Amber</td>
<td>201003</td>
<td>Postl, Lara</td>
<td>200177, 200795</td>
</tr>
<tr>
<td>Payne, Jennifer</td>
<td>201327</td>
<td>Poteet, Frances</td>
<td>200518</td>
</tr>
<tr>
<td>Pazzagli, Chiara</td>
<td>200353</td>
<td>Potter, Donna</td>
<td>201176</td>
</tr>
<tr>
<td>Peak, Alison</td>
<td>16, 200124, 23, 200396</td>
<td>Potter, Jessica</td>
<td>200119</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Potter, JoNell</td>
<td>200236</td>
</tr>
</tbody>
</table>

526
<table>
<thead>
<tr>
<th>Name</th>
<th>ID1</th>
<th>ID2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson, Jessica</td>
<td>200503</td>
<td></td>
</tr>
<tr>
<td>Pearson, Lindsay</td>
<td>200527</td>
<td></td>
</tr>
<tr>
<td>Peleg, Yana</td>
<td>200080, 200218</td>
<td></td>
</tr>
<tr>
<td>Pelzel, Kelly</td>
<td>114</td>
<td></td>
</tr>
<tr>
<td>Penick, Andrea</td>
<td>65, 200221, 200283</td>
<td></td>
</tr>
<tr>
<td>Peralta, Betty</td>
<td>200769</td>
<td></td>
</tr>
<tr>
<td>Pereira, Isabella</td>
<td>201172</td>
<td></td>
</tr>
<tr>
<td>Perez, Shaylee</td>
<td>200171, 200905</td>
<td></td>
</tr>
<tr>
<td>Perra, Oliver</td>
<td>200431</td>
<td></td>
</tr>
<tr>
<td>Perry, Deborah</td>
<td>200880</td>
<td></td>
</tr>
<tr>
<td>Quieroga, Shannon</td>
<td>200184</td>
<td></td>
</tr>
<tr>
<td>Quince, Helenia</td>
<td>200405, 200461</td>
<td></td>
</tr>
<tr>
<td>RABINOVITZ SASSOON, Tzlil</td>
<td>200427</td>
<td></td>
</tr>
<tr>
<td>Radford, Lyn</td>
<td>200562, 200576</td>
<td></td>
</tr>
<tr>
<td>Ragni, Benedetta</td>
<td>201163</td>
<td></td>
</tr>
<tr>
<td>Rains, Mark</td>
<td>200134</td>
<td></td>
</tr>
<tr>
<td>Raj, Satya</td>
<td>201332, 201316, 201317</td>
<td></td>
</tr>
<tr>
<td>Ramchandani, Paul</td>
<td>201318</td>
<td></td>
</tr>
<tr>
<td>Ramsauer, Brigitte</td>
<td>200589, 200624</td>
<td></td>
</tr>
<tr>
<td>Rankin, Tenae</td>
<td>200405</td>
<td></td>
</tr>
<tr>
<td>Ratynski, Nathalie</td>
<td>200245</td>
<td></td>
</tr>
<tr>
<td>Rautman, Lindsay</td>
<td>200220</td>
<td></td>
</tr>
<tr>
<td>RAVIV RABINOVICH, Anat</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>Ray, Paula</td>
<td>200860</td>
<td></td>
</tr>
<tr>
<td>Re, Jen</td>
<td>201132</td>
<td></td>
</tr>
<tr>
<td>Redmond, Tracey</td>
<td>200808</td>
<td></td>
</tr>
<tr>
<td>Reid, Carol</td>
<td>92</td>
<td></td>
</tr>
<tr>
<td>Reither, Anne</td>
<td>201186</td>
<td></td>
</tr>
<tr>
<td>Repo, Susanna</td>
<td>200990</td>
<td></td>
</tr>
<tr>
<td>Ressler, Glory</td>
<td>201164</td>
<td></td>
</tr>
<tr>
<td>Reynolds, Mary</td>
<td>200817</td>
<td></td>
</tr>
<tr>
<td>Reynolds, Rachel</td>
<td>201054</td>
<td></td>
</tr>
<tr>
<td>Power, Carmen</td>
<td>200162</td>
<td></td>
</tr>
<tr>
<td>Powrie, Ros</td>
<td>200707</td>
<td></td>
</tr>
<tr>
<td>Pöyhtäri, Janne</td>
<td>200990</td>
<td></td>
</tr>
<tr>
<td>Pozzi Monzo, Maria</td>
<td>200840</td>
<td></td>
</tr>
<tr>
<td>Priddis, Lynn</td>
<td>200858</td>
<td></td>
</tr>
<tr>
<td>Prime, Heather</td>
<td>200498</td>
<td></td>
</tr>
<tr>
<td>Prunty, Karen</td>
<td>200684, 200692</td>
<td></td>
</tr>
<tr>
<td>Puentes-Neuman, Guadalupe</td>
<td>200783</td>
<td></td>
</tr>
<tr>
<td>Puura, Kaija</td>
<td>50, 200990, 201262, 13</td>
<td></td>
</tr>
<tr>
<td>Quinlan, Deidre</td>
<td>200246</td>
<td></td>
</tr>
<tr>
<td>RABINOVICH, Anat</td>
<td>201318</td>
<td></td>
</tr>
<tr>
<td>Riggs, Jessica</td>
<td>200405</td>
<td></td>
</tr>
<tr>
<td>Ring, Emer</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Rizeq, Jala</td>
<td>200228</td>
<td></td>
</tr>
<tr>
<td>Robert, Laura</td>
<td>201194</td>
<td></td>
</tr>
<tr>
<td>Roberts, Lynn</td>
<td>200443</td>
<td></td>
</tr>
<tr>
<td>Robinson Brock, Jackie</td>
<td>200409</td>
<td></td>
</tr>
<tr>
<td>Rocchigiani, Sofia</td>
<td>200985</td>
<td></td>
</tr>
<tr>
<td>Roche, Edna</td>
<td>200862</td>
<td></td>
</tr>
<tr>
<td>Rodgers, Viviane</td>
<td>200361, 200377</td>
<td></td>
</tr>
<tr>
<td>Roggman, Lori</td>
<td>201215</td>
<td></td>
</tr>
<tr>
<td>Ronkainen, Päivi</td>
<td>200675</td>
<td></td>
</tr>
<tr>
<td>Rosenblum, Katherine</td>
<td>200405, 200273, 200274, 200305, 200128</td>
<td></td>
</tr>
<tr>
<td>Ross, Josephine</td>
<td>200304</td>
<td></td>
</tr>
<tr>
<td>Ross, Kharah</td>
<td>142</td>
<td></td>
</tr>
<tr>
<td>Rossi, Maria</td>
<td>200136</td>
<td></td>
</tr>
<tr>
<td>Roué, Jean-Michel</td>
<td>200245</td>
<td></td>
</tr>
<tr>
<td>Roy, Michelle</td>
<td>200127</td>
<td></td>
</tr>
<tr>
<td>Royster, Little</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>Rozemuller, Jessie</td>
<td>200923</td>
<td></td>
</tr>
<tr>
<td>Rozenblatt-Perkal, Yael</td>
<td>200427</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Date(s)</td>
<td>Name</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Rheeston, Mary</td>
<td>200660, 201113</td>
<td>Rozendaal, Tamar</td>
</tr>
<tr>
<td>Rhodes, Hope</td>
<td>200419</td>
<td>Rudas, Aljosa</td>
</tr>
<tr>
<td>Rhodes, Jenna</td>
<td>200301</td>
<td>Rudaš, Aljoša</td>
</tr>
<tr>
<td>Ribaudo, Julie</td>
<td>200405, 200128</td>
<td>Russell, Poshale</td>
</tr>
<tr>
<td>Rice, Danielle</td>
<td>200565, 200560</td>
<td>Russotti, Alana</td>
</tr>
<tr>
<td>Richards, Jessica</td>
<td>200320, 200769</td>
<td>Rutherford, Simone</td>
</tr>
<tr>
<td>Richardson, Dorothy</td>
<td>201049</td>
<td>Ryan, Helen</td>
</tr>
<tr>
<td>Richardson, Roxana (Roxy)</td>
<td>200880</td>
<td>Ryan, Jenny</td>
</tr>
<tr>
<td>Rigby, Suzanne</td>
<td>153</td>
<td>Ryan, Rebecca</td>
</tr>
<tr>
<td>Riggins, Marianne</td>
<td>200140, 201345</td>
<td>Ryznar, Tina</td>
</tr>
<tr>
<td>Sagi-Schwartz, Abraham (Avi)</td>
<td>200251</td>
<td>Slade, Arietta</td>
</tr>
<tr>
<td>Salman-Engin, Selin</td>
<td>200446</td>
<td>Slade, Rhiannon</td>
</tr>
<tr>
<td>Salomonsson, Björn</td>
<td>201274, 201326</td>
<td>Slavin, Siobhan</td>
</tr>
<tr>
<td>Scarano, Elisa</td>
<td>200201</td>
<td>Sleed, Michelle</td>
</tr>
<tr>
<td>Scarano de Mendonca, Julia</td>
<td>201320</td>
<td>Smit, Jenny</td>
</tr>
<tr>
<td>Schille Jensen, Caitlin</td>
<td>200880</td>
<td>Smith, Barbara J.</td>
</tr>
<tr>
<td>Schmitt, Anna</td>
<td>200057</td>
<td>Smy, Colin</td>
</tr>
<tr>
<td>Schnake, Kerrie</td>
<td>200940, 200512</td>
<td>Snyder, DeEtte</td>
</tr>
<tr>
<td>Schreifels, Tracy</td>
<td>200877</td>
<td>Soares, Isabel</td>
</tr>
<tr>
<td>Sechi, Cristina</td>
<td>200382</td>
<td>Sobol, Yael</td>
</tr>
<tr>
<td>Seeger-Schneider, Gudrun</td>
<td>200748</td>
<td>Soliman, Salam</td>
</tr>
<tr>
<td>Segal, Yael</td>
<td>93</td>
<td>Somani, Arif</td>
</tr>
<tr>
<td>Sela, Lee</td>
<td>200026</td>
<td>Song, Deborah</td>
</tr>
<tr>
<td>Serfaty, Dana</td>
<td>200269</td>
<td>Song, Dongli</td>
</tr>
<tr>
<td>Serrano, Verenea</td>
<td>200164, 200878</td>
<td>Sousa, Marlene</td>
</tr>
<tr>
<td>Serravalle, Paolo</td>
<td>200337</td>
<td>Southwell, Jack</td>
</tr>
<tr>
<td>Sexton, Niall</td>
<td>200817</td>
<td>Spagnuolo, Carmen</td>
</tr>
<tr>
<td>Seymour St. John, Maria</td>
<td>201230</td>
<td>Sparr, Mariel</td>
</tr>
<tr>
<td>Shaish - Markowitz, Liat</td>
<td>200602</td>
<td>Spence, Christine</td>
</tr>
<tr>
<td>Shapiro, Cheri</td>
<td>200796</td>
<td>Spinelli, Maria</td>
</tr>
<tr>
<td>Sharmin, Farjana</td>
<td>75</td>
<td>Spuijbroek, Petra</td>
</tr>
<tr>
<td>Sharmin, Sonia</td>
<td>200526</td>
<td>Squires, claire</td>
</tr>
<tr>
<td>Shea, Sarah</td>
<td>200208</td>
<td>Sreekumar, Usha</td>
</tr>
<tr>
<td>Sher-Censor, Efrat</td>
<td>200291</td>
<td>St. John, Maria</td>
</tr>
<tr>
<td>Name</td>
<td>ID</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>Sheridan, Nicole</td>
<td>200784</td>
<td></td>
</tr>
<tr>
<td>Shimoni, Adi</td>
<td>200269</td>
<td></td>
</tr>
<tr>
<td>Shin, Yee Jin</td>
<td>200368</td>
<td></td>
</tr>
<tr>
<td>Shivers, Eva Marie</td>
<td>201233</td>
<td></td>
</tr>
<tr>
<td>Shklyar Nenide, Lana</td>
<td>200821</td>
<td></td>
</tr>
<tr>
<td>Shulman, Graham</td>
<td>200468</td>
<td></td>
</tr>
<tr>
<td>Shulman, Yonit</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>Shushan, Yehudit</td>
<td>200713</td>
<td></td>
</tr>
<tr>
<td>Sigurdardottir, A.O.</td>
<td>200466</td>
<td></td>
</tr>
<tr>
<td>Simelane, Simphiwe</td>
<td>201257</td>
<td></td>
</tr>
<tr>
<td>Simeonova, Dora</td>
<td>200782</td>
<td></td>
</tr>
<tr>
<td>Singer, Jayne</td>
<td>200716, 201239, 200311, 200528</td>
<td></td>
</tr>
<tr>
<td>Singer Wright, Ally</td>
<td>201054</td>
<td></td>
</tr>
<tr>
<td>Sippel, Kirsten</td>
<td>200961, 200956</td>
<td></td>
</tr>
<tr>
<td>SIZUN, Jacques</td>
<td>200245, 200339</td>
<td></td>
</tr>
<tr>
<td>Skuladottir, Arna</td>
<td>200954</td>
<td></td>
</tr>
<tr>
<td>Slabak, Kerry</td>
<td>200785</td>
<td></td>
</tr>
<tr>
<td>Tabet, Charla</td>
<td>200956</td>
<td></td>
</tr>
<tr>
<td>Taddonio, Denise</td>
<td>200082</td>
<td></td>
</tr>
<tr>
<td>Tainsh, Rachel</td>
<td>200687, 200697</td>
<td></td>
</tr>
<tr>
<td>Talmi, Ayelet</td>
<td>200164, 200212, 200773, 201168</td>
<td></td>
</tr>
<tr>
<td>Tamkin, Vivian</td>
<td>200405, 200443, 200461</td>
<td></td>
</tr>
<tr>
<td>Tanaka, Yuko</td>
<td>201182</td>
<td></td>
</tr>
<tr>
<td>Tarabulsy, George M</td>
<td>200733</td>
<td></td>
</tr>
<tr>
<td>Tardioli, Emanuela</td>
<td>201114, 201115, 201116, 201117</td>
<td></td>
</tr>
<tr>
<td>Tarranto, Jessica</td>
<td>200577</td>
<td></td>
</tr>
<tr>
<td>Tavares, Ludmila</td>
<td>201155</td>
<td></td>
</tr>
<tr>
<td>Taylor, Kerry</td>
<td>201136</td>
<td></td>
</tr>
<tr>
<td>Teixeira, Lina</td>
<td>200598</td>
<td></td>
</tr>
<tr>
<td>Tellerman, Ken</td>
<td>200701</td>
<td></td>
</tr>
<tr>
<td>Terehovsky, Bat-El</td>
<td>200075</td>
<td></td>
</tr>
<tr>
<td>Tereno, Susana</td>
<td>200489</td>
<td></td>
</tr>
<tr>
<td>Stacks, Ann</td>
<td>201321</td>
<td></td>
</tr>
<tr>
<td>Stafford, Anne Marie</td>
<td>200001</td>
<td></td>
</tr>
<tr>
<td>Stallings-Sahler, Susan</td>
<td>200502</td>
<td></td>
</tr>
<tr>
<td>Staykova, Svetla</td>
<td>200782</td>
<td></td>
</tr>
<tr>
<td>Steele, Howard</td>
<td>200090</td>
<td></td>
</tr>
<tr>
<td>Steele, Miriam</td>
<td>200090</td>
<td></td>
</tr>
<tr>
<td>Steier, Alison</td>
<td>200937, 200508, 200520</td>
<td></td>
</tr>
<tr>
<td>Stevens, Helen</td>
<td>200056, 200619, 201065</td>
<td></td>
</tr>
<tr>
<td>Stewart, Rebecca</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Stewart, Stephanie</td>
<td>201153</td>
<td></td>
</tr>
<tr>
<td>Stover, Carla</td>
<td>200043</td>
<td></td>
</tr>
<tr>
<td>Subramaniam, Aditi</td>
<td>201233, 201239, 201049</td>
<td></td>
</tr>
<tr>
<td>Summers, Nikky</td>
<td>200844</td>
<td></td>
</tr>
<tr>
<td>Sundar, Purnima</td>
<td>200844</td>
<td></td>
</tr>
<tr>
<td>Svavarsdottir, E.K.</td>
<td>200466</td>
<td></td>
</tr>
<tr>
<td>Sved-Williams, Anne</td>
<td>200378</td>
<td></td>
</tr>
<tr>
<td>Sweeney, Kate</td>
<td>200527, 200694, 200698, 200939, 201056, 201058</td>
<td></td>
</tr>
<tr>
<td>Taldioli, Emanuela</td>
<td>201114, 201115, 201116, 201117</td>
<td></td>
</tr>
<tr>
<td>Tinkerman, Jessica</td>
<td>200576</td>
<td></td>
</tr>
<tr>
<td>Todor, Chioma</td>
<td>200405, 200461</td>
<td></td>
</tr>
<tr>
<td>Tortora, Suzi</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Tottenham, Nim</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Troutman, Beth</td>
<td>106, 139, 200097</td>
<td></td>
</tr>
<tr>
<td>Tucker, Debbie</td>
<td>200108, 200241</td>
<td></td>
</tr>
<tr>
<td>Tardy, Shin</td>
<td>200078</td>
<td></td>
</tr>
<tr>
<td>Tatt, Charla</td>
<td>200956</td>
<td></td>
</tr>
<tr>
<td>Taddonio, Denise</td>
<td>200082</td>
<td></td>
</tr>
<tr>
<td>Tainsh, Rachel</td>
<td>200687, 200697</td>
<td></td>
</tr>
<tr>
<td>Talmi, Ayelet</td>
<td>200164, 200212, 200773, 201168</td>
<td></td>
</tr>
<tr>
<td>Tamkin, Vivian</td>
<td>200405, 200443, 200461</td>
<td></td>
</tr>
<tr>
<td>Tanaka, Yuko</td>
<td>201182</td>
<td></td>
</tr>
<tr>
<td>Tarabulsy, George M</td>
<td>200733</td>
<td></td>
</tr>
<tr>
<td>Tardioli, Emanuela</td>
<td>201114, 201115, 201116, 201117</td>
<td></td>
</tr>
<tr>
<td>Tarranto, Jessica</td>
<td>200577</td>
<td></td>
</tr>
<tr>
<td>Tavares, Ludmila</td>
<td>201155</td>
<td></td>
</tr>
<tr>
<td>Taylor, Kerry</td>
<td>201136</td>
<td></td>
</tr>
<tr>
<td>Teixeira, Lina</td>
<td>200598</td>
<td></td>
</tr>
<tr>
<td>Tellerman, Ken</td>
<td>200701</td>
<td></td>
</tr>
<tr>
<td>Terehovsky, Bat-El</td>
<td>200075</td>
<td></td>
</tr>
<tr>
<td>Tereno, Susana</td>
<td>200489</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>ID Numbers</td>
<td>Name</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Terplan, Mishka</td>
<td>200997</td>
<td>Tuite, Deirbhide</td>
</tr>
<tr>
<td>Terrell, Noah</td>
<td>103</td>
<td>Tullhage, Elisabeth</td>
</tr>
<tr>
<td>Terry, Lisa</td>
<td>200173, 200174</td>
<td>Turnbull, Christine</td>
</tr>
<tr>
<td>The FTT Team at Schneider</td>
<td></td>
<td>Turner, Makenzy</td>
</tr>
<tr>
<td>Children's Medical Center, Feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thies, Annekatrin</td>
<td>200952, 201084</td>
<td>Tuters, Elizabeth</td>
</tr>
<tr>
<td>Thomas, Angela</td>
<td>200880</td>
<td>Tuzi, Nicole</td>
</tr>
<tr>
<td>Thomas, Dyfed</td>
<td>200458</td>
<td>Twohig, Aoife</td>
</tr>
<tr>
<td>Thomas, Kandace</td>
<td>201230, 200487, 200520, 200563, 201204, 201211</td>
<td>Twohig, Cliona</td>
</tr>
<tr>
<td>Thomas, Laurie</td>
<td>200429</td>
<td>Twomey, Jean</td>
</tr>
<tr>
<td>Threadgould, Melissa</td>
<td>201180</td>
<td>Twomey, Martina</td>
</tr>
<tr>
<td>Timmer, Susan G</td>
<td>200519</td>
<td></td>
</tr>
<tr>
<td>t</td>
<td>201248</td>
<td>trogh, lenny</td>
</tr>
<tr>
<td>Thomas, Dyfed</td>
<td>200458</td>
<td>Twohig, Aoife</td>
</tr>
<tr>
<td>Thomas, Kandace</td>
<td>201230, 200487, 200520, 200563, 201204, 201211</td>
<td>Twohig, Cliona</td>
</tr>
<tr>
<td>Thomas, Laurie</td>
<td>200429</td>
<td>Twomey, Jean</td>
</tr>
<tr>
<td>Threadgould, Melissa</td>
<td>201180</td>
<td>Twomey, Martina</td>
</tr>
<tr>
<td>Timmer, Susan G</td>
<td>200519</td>
<td></td>
</tr>
<tr>
<td>t</td>
<td>201248</td>
<td>trogh, lenny</td>
</tr>
<tr>
<td>U</td>
<td>200782</td>
<td></td>
</tr>
<tr>
<td>Uzunova, Donka</td>
<td>200782</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>201116</td>
<td>Vibbert, Martha</td>
</tr>
<tr>
<td>Vagnarelli, Maddalena</td>
<td>201116</td>
<td>Vicari, Stefano</td>
</tr>
<tr>
<td>Valeri, Giovanni</td>
<td>200389</td>
<td>Viehweg, Stephan</td>
</tr>
<tr>
<td>Van Daal, Emma</td>
<td>200785</td>
<td>Vikitsreth, Nat</td>
</tr>
<tr>
<td>Van Holen, Frank</td>
<td>171</td>
<td>Vismara, Laura</td>
</tr>
<tr>
<td>Vanderzeil, Lauren</td>
<td>200785</td>
<td></td>
</tr>
<tr>
<td>Vasconcelos, Galton C</td>
<td>201172</td>
<td>Vloet, Melissa</td>
</tr>
<tr>
<td>Veale, Angela</td>
<td>201143</td>
<td>Voges, Juané</td>
</tr>
<tr>
<td>Vengrober, Adva</td>
<td>168</td>
<td>Vozar, Tracy</td>
</tr>
<tr>
<td>Viaux Savelon, Sylvie</td>
<td>200932, 201024</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>200957</td>
<td>von Schulz, Jonna</td>
</tr>
<tr>
<td>von Hofacker, Nikolaus</td>
<td>200957</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Year(s)</td>
<td>Name</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>von Klitzing, Kai</td>
<td>200932</td>
<td>Whittaker, Tereza</td>
</tr>
<tr>
<td>Wade, Nicole</td>
<td>200221, 200858</td>
<td>Whittaker, Spence</td>
</tr>
<tr>
<td>Walsh, Grace</td>
<td>154, 201300,</td>
<td>Whitty, Heather</td>
</tr>
<tr>
<td></td>
<td>201337</td>
<td></td>
</tr>
<tr>
<td>Walsh, Tova</td>
<td>200405, 200461</td>
<td>Wienecke, Tina</td>
</tr>
<tr>
<td>Walters, Tracy</td>
<td>201054</td>
<td>Wiesler, Christisan</td>
</tr>
<tr>
<td>Wang, Shan</td>
<td>200087</td>
<td>Wiguna, Tjhin</td>
</tr>
<tr>
<td>Ward, Jamie</td>
<td>200940</td>
<td>Wikgren, Jaana</td>
</tr>
<tr>
<td>Washington-Nortey, Melissa</td>
<td>200251, 200336</td>
<td>Wilken, Markus</td>
</tr>
<tr>
<td>Wassemiller, Gina</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Watanabe, Haruko</td>
<td>200779</td>
<td>Willard, Victoria</td>
</tr>
<tr>
<td>Watanabe, Hisako</td>
<td>200110, 201317,</td>
<td>Willheim, Erica</td>
</tr>
<tr>
<td></td>
<td>201324, 201328,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>201341</td>
<td></td>
</tr>
<tr>
<td>Waters, Stephanie</td>
<td>200027</td>
<td>Williams, Joanne</td>
</tr>
<tr>
<td>Watson, Bethany</td>
<td>201055</td>
<td></td>
</tr>
<tr>
<td>Watson, Christopher</td>
<td>113</td>
<td></td>
</tr>
<tr>
<td>Watson, Sally</td>
<td>200378, 200969</td>
<td></td>
</tr>
<tr>
<td>Watts, Lesley</td>
<td>200936</td>
<td></td>
</tr>
<tr>
<td>Waugh, Harriet</td>
<td>200037</td>
<td></td>
</tr>
<tr>
<td>Weatherston, Deborah</td>
<td>200128</td>
<td></td>
</tr>
<tr>
<td>Webster, Angela</td>
<td>200796</td>
<td>Wolfe, Kathryn</td>
</tr>
<tr>
<td>Weisenfreund, Anat</td>
<td>200716, 201239</td>
<td>Wollwerth De Chuquisengo,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ruth</td>
</tr>
<tr>
<td>Wessely Mögel, Maria</td>
<td>200393</td>
<td>Wong Vandahm, Kristyn</td>
</tr>
<tr>
<td>West, Allison</td>
<td>201037</td>
<td>Woodside, Rosalie</td>
</tr>
<tr>
<td>West, Delphine</td>
<td>171</td>
<td>Woolard, Alix</td>
</tr>
<tr>
<td>West, Jane</td>
<td>200057, 200816</td>
<td>Worthy, D'Lisa</td>
</tr>
<tr>
<td>Whelan, Mary</td>
<td>200740</td>
<td>WRIGHT, CATHERINE</td>
</tr>
<tr>
<td>Whittaker, Spence</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>103</td>
<td></td>
</tr>
<tr>
<td>Xu, Rebecca</td>
<td>201317</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yackley, Cathleen</td>
<td>201002</td>
<td>Yi, Qiqi</td>
</tr>
<tr>
<td>Yeary, Julia</td>
<td>200875</td>
<td>Young, Deborah</td>
</tr>
<tr>
<td>Yehouetome, Marielle</td>
<td>200339, 200867</td>
<td>Yuval Adler, Shira</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Code</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------</td>
<td></td>
</tr>
<tr>
<td>Yelland, Chris</td>
<td>200378</td>
<td></td>
</tr>
<tr>
<td>Zeanah, Paula</td>
<td>200520, 200563</td>
<td></td>
</tr>
<tr>
<td>Zeiter, Robin</td>
<td>200560</td>
<td></td>
</tr>
<tr>
<td>Zeldenrust, Saskia</td>
<td>165</td>
<td></td>
</tr>
<tr>
<td>Zeshan, Muhammad</td>
<td>200739, 200747</td>
<td></td>
</tr>
<tr>
<td>Zhang, Dan</td>
<td>200087</td>
<td></td>
</tr>
<tr>
<td>Zhu, Zeen</td>
<td>200087</td>
<td></td>
</tr>
<tr>
<td>Zhu, Zhongliang</td>
<td>200087</td>
<td></td>
</tr>
<tr>
<td>Ziegler, Margret</td>
<td>200952, 201105</td>
<td></td>
</tr>
<tr>
<td>Zigdon, Dikla</td>
<td>200713</td>
<td></td>
</tr>
<tr>
<td>Zivan, Orit</td>
<td>200713</td>
<td></td>
</tr>
<tr>
<td>Zulauf Logoz, Marina</td>
<td>200748</td>
<td></td>
</tr>
<tr>
<td>Zych, Kasia</td>
<td>200250</td>
<td></td>
</tr>
</tbody>
</table>