

**Program
Number**

Title, Authors, Short Abstract

- 1 Diagnostic Classification 0-3: Results of Clinical Trials, a User Survey and a Preliminary Revision
Robert Emde (United States), Antoine Guedeney (France), Harry Wright, Emily Fenichel, Brian Wise (United States)
This special workshop will present the clinical and research background for the first draft of a minor revision of DC: 0-3 (DC: 0-3 R). The first draft of the revision itself, taking into account recent experience and knowledge, will then be presented for feedback and discussion of clinicians attending the workshop. Discussions of the workshop will be valuable, not only for disseminating knowledge but also for contributing to the work of making the revised system more useful, both for research and for clinical formulation. Brief presentations from members of the Task Group assembling revisions will include: 1) an historical background for diagnostic classification and its usefulness in clinical practice; 2) results of clinical trials with DC: 0-3; 3) results of a 2003 survey of WAIMH members and other users of DC: 0-3; 4) presentation of the preliminary draft of DC: 0-3 R and 5) future directions of the task force and a timetable for inputs and publication.
- 2 Attachment: The Joys and Sorrows of Research
Bryanne Barnett, Catherine McMahon, Judy Ungerer, Bridget Boulton, Robin Jones (Australia), Alicia Lieberman (United States)
This symposium focuses on attachment research in Australia and New Zealand. Material will be reported from studies concerning adult attachment during the transition to parenthood in non-clinical and in depressed samples of women; attachment and caregiving issues for mothers and pre-school children in situations of domestic violence; and the various measures available for assessing attachment in children. The advantages and disadvantages of the various measures for use in children and adults will be discussed, in addition to the potential clinical applications of the findings.
Despite widespread interest in the theory, research funding for attachment-related research is hard to obtain. The gold-standard measures are expensive to administer, transcribe and code; ensuring acceptable inter-rater reliability is proving not only expensive but problematic, and routine clinical application is impractical. As a result, comparing attachment research findings internationally and relating them to intervention and prevention strategies remain problematic. Brief presentations from the speakers will illustrate these aspects, using various representational and behavioural attachment rating systems (including Adult Attachment Interview; Self-report Attachment Scales; Pre-school Attachment and Strange Situation Procedure) in perinatal women, in depressed and non-depressed mothers, and in children. These speakers and an international expert, Dr Alicia Lieberman, will then form a panel to discuss the findings over the final hour of the symposium. Lively interaction between the audience and the panel will be encouraged.
- 3 Approaches to Training of Infant Mental Health Specialists
Deborah Weatherston (United States), Mechthild Papousek (Germany)
Not Available yet
- 4 Sick Babies in Hospital
Peter Scheer, Marguerite Dunitz-Scheer (Austria), Campbell Paul (Australia), Miri Keren (Israel), Rosalie Birkin (Australia)
Not Available yet
- 5 Watch Wait and Wonder: A Parent Child Attachment Intervention
Michael Zilibowitz (Australia)
This is a deceptively simple but highly effective intervention that uses an infant or child led

approach to heal troubled relationships between a parent and child. It involves the parent getting down on the floor with her child in the clinician's room and asked to follow the child's lead, not to teach, intervene or initiate the child's activity in any way but be watchful and responsive to whatever the child wants to do. By learning to watch and realize that she does not have to intervene, the parent begins to observe and appreciate her child's individuality. As a result she comes to read the child's signals more objectively and becomes sensitive and responsive to the child's needs. The child is also allowed to express her inner life and develop a sense of self through play, exploration and interaction with the parent. This process often helps intrusive and directive parents to adopt the observer role and withdrawn or distant parents to take on the active observer's stance and often truly see their child for the first time. Following the child led actively which last from about twenty to thirty minutes the parent is asked to discuss her observations and experiences with the clinician. Motivated parents are encouraged to continue this process in the home. A video will be shown of 2 parents discussing their experience of Watch Wait and Wonder. The concept is a potentially powerful tool for general parental education.

- 6 Interplay Between Representations: Links Between Mother-Father-Child Relational Themes in a Case of Role-Reversal.

Ruth Hashmonay (Israel)

Parent's internal world and its link to representation development through ongoing dynamic interactions between parent and child, creating "schema of a-way-of-being-with" (Stern, 1995), have been described by object relations, and recently by relational perspectives. Clinically, parent's representations help understand relationship difficulties with the child. In this presentation a psychoanalytic perspective will be applied to parent's representations of their relationships with their child, and to the interplay between these representations and the child's relational representations. By applying the Core Conflictual Relational Theme method (CCRT: Luborsky Crits- Christoph, 1998) and the Working Model of the Child Interview (WMCI: Zeanah, Benoit, Barton, 1986) both the relational themes and the formal cognitive aspects of the relational representations will be illustrated. The CCRT method offers a means to identify the content of relational themes, or schemas, in relationship narratives, while the WMCI allows identification of the parent's working model of the child (balanced, disengaged, or distorted). This analysis will elucidate unconscious aspects of parental representations, conflicts, and defenses, and the shared and unshared aspects of the inner world of parents and children. An analysis of a case of role-reversal in a mother-father-child triad will be presented and the interface of relational representations will be discussed.

- 7 Pediatric Condition Falsification: Definition, Case Presentation, and Therapeutic Implications

Brian Stafford (United States)

This clinical teach-in will present cases revolving around Pediatric Condition Falsification (PCF). PCF is a not uncommon syndrome in children under 4 years of age that is defined as the falsification of physical or psychological signs and symptoms that present the child victim to be regarded as ill. This syndrome includes Munchausen By Proxy (MBP) and several other conditions where child illness is exaggerated or fabricated, including custodial disputes, parental anxiety, child abuse, encapsulated delusional disorders, child abuse, and as an idiom of parental distress. Definitional issues will be addressed. The aforementioned non-MBP Conditions will be defined and elaborated to help understand the underlying parental motivation for falsification of symptoms, a skill essential for diagnosis and appropriate treatment recommendations. A method of understanding, evaluating, and treating MBP with the perpetrator, the dyad, and with other child agencies within the broader system of care will be addressed. With extensive participation by the audiences, 7 cases of PCF will be presented and discussed in sufficient

depth to enhance the attendee's diagnostic skill in uncovering the underlying motivation for falsification of symptoms. The teach-in will conclude with a more in-depth presentation of a case consistent with Munchausen By Proxy Syndrome with falsification of psychiatric symptoms, discussing the relevant diagnostic issues, treatment approach, and system challenges in providing care, assisting the parent, and protecting the child from further harm.

8 Customary Adoption in New Caledonia

Marie Odile de Montclos (France)

The phenomenon of child circulation is very commonplace in Oceania and stimulates any fundamental questions among anthropologists. In New Caledonia, the kanak culture has practiced and continues to practice the donation of children according to various modalities of transmission in a logic of exchanges and donations. This customary adoption, entirely dictated by kanak cultural customs, is different from adoption as it is conceived in the French civil code. The author proposes an assessment of the different aspects of child donation, both ancient and modern, symbolic and real. She proposes several psychopathological and clinical hypotheses as to the effects of adoption in the kanak culture on the psychoaffective development of the child and the quality of his attachment.

9 Enhancing Infant Mental Health by Fostering Spontaneous Play

Marilyn Fraktman (United States)

Rarely in the discipline of behavioral medicine is normal, spontaneous play viewed as a significant activity related to infant mental health. It is, however, utilized as a treatment modality for traumatized or emotionally disturbed children. This presentation is based on an in depth review of the literature, attendance of a week long conference on play, a small qualitative study utilizing families of hospitalized, emotionally disturbed children and non- problematic families, and an on-going project introducing play to young children of inner city, low socio-economic clients receiving maternal-child skilled nursing home visiting services. Using clinical material, theoretic discussion and audio-visual aides, this presentation intends to demonstrate the importance of play in promoting infant and child mental health, as well as its importance throughout the life span. It will illuminate the correlation between one's own play experiences and one's ability to foster play for one's child. Barriers to spontaneous play will be discussed. It will demonstrate how adults, through assistance/teaching are more likely to begin to provide opportunities for their child to engage in spontaneous play as well as participate in the play as well.

10 Play is Self-Initiated Learning: But What If My Baby Isn't Motivated to Play?

Mechthild Papousek (Germany)

According to current evidence, some unknown proportion of infants and toddlers with early excessive crying, feeding, and sleeping problems are likely to exhibit symptoms of ADHD at preschool or school age, but it is not yet possible to identify those infants who may be at particular risk for developing the disorder. Over the past decade, we have studied and treated some 2500 infants and toddlers (age 0 to 36 months) and their families who had been referred to our Program because of multiple problems of behavioral/emotional regulation: excessive crying, feeding disorders and failure to thrive, sleeping disorders, excessive clinginess and anxious behavioral inhibition, excessive tantrums, and aggressive-oppositional behavior. In addition, we identified a subgroup of these regulatory disordered infants who also exhibit a striking syndrome of disinterest in exploration and play, combined with dysphoric mood, fussiness, motor restlessness, distractibility, and craving for adult attention and stimulation. The Teach-in focuses on 1. The role of both joint parent-infant play and solitary play for infant mental health and the developing parent-child relationship; 2. Videotaped examples of the clinical syndrome of disinterest in play from different ages; 3. Data from a large clinical sample of referred infants and toddlers with regulatory disorders including a subgroup of 210 infants who exhibited

the syndrome; 4. Examples of therapeutic intervention on the level of play; and 5. Discussion of the role of play in early development of attentional processes.

11 The Baby's Place in the Parents' Mind

Barbara Kalckreuth, Christiane Wiesler, Gisela Schleske (Germany)

Transition from partnership to parenthood can be regarded as a critical phase which implies intra- and interpsychic change. In our practice we are called at by parents with children between zero and three suffering from symptoms like crying, sleeping and feeding disorders, developmental lag, or obsessive behavior. Parents feel not sure in their new role. Not being prepared for negative affections like anger, hatred, and fear towards the baby or infant they may be overwhelmed by emotions. We observed that in many cases there is a revolving mismatch in the dialogue between the parents and the child. Reception and proper interpretation of the baby's signals and needs as well as adequate responses require a mature psychic structure which can balance contradictory emotions. Unresolved and suppressed conflicts, actual or deriving from the parents past, can hinder adequate and satisfying interaction with the child. Parent's competence to cope with the ambivalences allows the baby to settle down in the parent's mind, to build up comprehensive representations. Early psychoanalytic intervention helps develop intuitive parenting, changes inner representations in parents and the child and encourages triangulation. According to Brazelton and Cramer we found in 19 out of 25 cases early psychoanalytic psychotherapy has relieved the symptoms of the children, improved the dialogue between the parents and the child, and built up the intuitive parental competence.

12 Infants of the Severely Mentally Ill Mother

Anne Sved Williams, Lynly Mader (Australia)

Helen Mayo House, Women's and Children's Hospital, Adelaide, Australia is a unique six bed inpatient, outpatient and outreach service for the treatment of families with children under five years where the mother has a severe mental illness. 1. Theoretical Background: This teach-in will commence with an overview of the literature on the effects of severe maternal mental illness on infants, including prenatal and infant effects of schizophrenia, affective illnesses, personality disorders and substance abuse. 2. Overview of the program: During the last fifteen years, Helen Mayo House has developed a substantial focus on the infants of admitted patients with severe mental illness. Details will be presented of: methods of teaching staff about infant mental health, assessment of infants and parent-infant attachment. 3. Specialized services will be presented in detail: mother-infant groups for inpatient and outpatient, including recent results at follow-up, individual mother-infant therapy including several videotapes of consecutive sessions with mother-infant pair. 4. Service development throughout the state of South Australia, including: proactive raising awareness of the needs of infants of mentally ill mothers at other psychiatric units, teaching sessions for staff at city and country locations, literature development for web- based information.

13 On Infant Observation: Theme and Variation for Four Voices: Shaping or Reshaping Experiences

Carol Bolton, Judy Griffiths, Julie Stone, Frances Thomson-Salo (Australia)

Responses to Infant Observation come in many forms: the experience of the observer and the family, the response of the seminar group, the deepening of understanding in the clinical work of therapists, the recognition of the possible impact of thinking about infant's experience on professional work and policy making. In this paper, three experienced therapists, Carol Bolton, Judy Griffiths and Julie Stone, together with Frances Thomson- Salo, who supervised and led the group through the world of the infants' experience in an infant observation, will explore their experience and its impact on all of these levels. Particular attention will be given to two areas of enquiry: Strong feelings are inevitably elicited in observing an infant. How do we find words to shape and share our experience Winnicott described 'sentimentality' as a defense against

hostile feelings? What does sentimentality mean? Does it have a place or role in work with infants? Counter transference is an idea often used to describe some of the feelings of the observer. Is this a useful term or does it distance the observer from the intensity of the experience?

14 From Birth to Adoption: Tracking Transitions in Attachment

Katherine Green (Great Britain)

This workshop will examine the case study of a new-born placed from birth with a foster parent until her adoption at 14 months. The study was undertaken as part of a Masters Degree in Infant Mental Health and consisted of weekly observation visits beginning when the infant was 3 months old. Three follow-up visits were conducted after adoption. Contact finally ending when the child was age 2. The foster parent, a single Mum of 2 natural children had not previously undertaken a task of this nature. The infant moved to her adoptive placement at 6 months, a childless couple living in a three-generation household. Through use of observational material, discussion and current relevant literature, the workshop will explore the theme of transitions in attachments. For the infant: from birth parent, to foster parent and finally adoptive couple. For the foster parent: from forming a relationship to letting go. For the adoptive parents: from childless couple to becoming a family. We will consider the part that emotion and temperament might play in the attachment process as well as the complex issues surrounding closeness and distance for substitute caregivers. How attached should they become? How should they behave to ensure emotional growth in the face of actual and possible separation at a time when attachment behavior is key to the infant's social, emotional and mental functioning? Finally, we will consider the place of the birth parents in all of this process.

15 Problem Child or Problem Couple

Maria Pozzi, Robert Monzo (Great Britain)

We begin with a summary of a piece of couple psychotherapy work which demonstrates how powerfully the birth of the first child can disrupt the marital relationship. This is followed by comments on the case from the perspective of a child psychotherapist (Pozzi), with focus on the possible impact of the marital relationship on the child, who was 1 year old when couple therapy began. We then present a piece of brief parents/child work effected by the child psychotherapist and commented on by the couple psychotherapist (Monzo), attempting to understand the dynamics of the marital relationship and their effects on their delayed 3 year old boy referred for aggressive behavior. This case is rather telling about the effects on the child of serious, unresolved marital issues such as violent projections into the child, the unconscious marital fit and a shared, internalized abusive male object. Hyatt Williams' concept of a "psychic enclave" and Melanie Klein's concept of a "combined object" are referred to, as part of the theoretical background to the discussion of the cases.

16 Working with Primary School Aged Children Who Have Attachment Disorders and Their Parents in Tripartite Psychotherapy

Toni Heron (Australia)

Abstract Not Available

17 Use of the Tavistock Model for the Under Five Counseling Service at an NHS Clinic

Ruth Selwyn (Great Britain)

Abstract Not Available

18 Severe Postpartum Depression Following the September 11th World Trade Center Terrorist Attacks

Miriam Pierce (United States)

Abstract Not Available

- 19 **Fighting for Survival: Stories from an Infant Mental Health Service and the Families It Serves**
Julie Stone, Kathie Waters, Joanne MacDonald (Australia)

An infant must search for a place within the world of his parents and siblings. As a new mental health program committed to the needs of infants and toddlers, we have had to search, and fight, for a place within the world of a mental health and health care system. Our small multi-disciplinary team is committed to working psycho-dynamically to understand the emotional world of young children and their families. We struggle to survive and thrive within Western Australia's women and children's health services. Aspects of the team's developmental journey and struggle, together with a description of the socio-political context of the service, will be outlined. Two family stories, of second children born to young parents, will be used to illustrate aspects of our theoretical framework and details of our clinical work. The life and death struggles of these infants and their families, together with the many issues that threaten the infant's survival, will be presented. Joshua was born precipitously when his adolescent mother could not tolerate the hot and horrid pregnancy and his presence inside her for another instant. Tom grew slowly, and investigations of his failure to thrive revealed a malignant respiratory illness that makes it unlikely he will live to attend pre-school.

- 20 **P.I.L.E: To Face Language Problems**

Valarie Desjardins, Bernard Golse (France)

PILE: To face language problems. PILE's objective is to better understand how speech is constructed in the pre-verbal infant. We now know that verbal language cannot appear if it isn't preceded by an interactive system which indicates to the baby that communication is an act. At the heart of this process is affect. In essence, PILE's objective is to define a semiotics of the affect the baby constructs from the beginning of life, and which is the foundation of speech. Our research is based on the analysis of videotapes of non-verbal interactions, shot in the video cell of the Necker-Enfants Malades hospital in Paris. We have mapped out three factors that participate in constructing the precursors to speech. The gazes of the parents and of the baby. The baby's arm and leg movements, as well as the parent's hand movements. The parent's speech or the baby's sounds. What characterizes this research is the attention given to the interaction and concordance of these three factors. PILE's first objective is to provide researchers with the tools needed to look and listen differently, and thus encourage a fresh understanding upon analysis of the videotapes. One of the tools is a baby-model built to help analyze the movements of the baby. Another tool allows for a simultaneous analysis of the videotaped images and of a visual representation of the child's and the mother's sounds. From this filmed experience, a discussion can be opened about pre-verbal interactions and more specifically about the role of the baby's gaze.

- 21 **Psychoanalytically Oriented Preventive Intervention in the Midst of Social Interaction**

Irene Krymko-Bleton, Christine Fortier, Suzanne Perron (Canada)

Psychoanalysis in the midst of social interaction is specific to centers of the Maison Verte type. These were developed in the wake of Francaise Dolto's work, a French psychoanalyst. They are drop-in centers welcoming infants and toddlers up to four years old, accompanied by familiar adults, designed to allow small children to make a smooth transition between home life and the requirements of social life. They allow early prevention. We will discuss the ongoing work at La Maison Buissonniere in Montreal over the last twelve years. We will examine the practice, which uses the present moment to understand what the child is attempting to formulate to itself. Basing ourselves on clinical vignettes, we will expound the clinical principles that preside over our interventions. We will put to work the theory of the unconscious body image (F. Dolto) as well as the theories of D.W. Winnicott and J. Lacan. The clinician is there both

to listen to the child's non-verbal communication and to be available to the parent he or she works in a context that is neither medical nor that of psychosocial intervention. Punctual exchanges with the child or the adult who accompanies it aim to unravel situations which are often complex, before a symptom hampers the child's development or before an unhealthy family dynamic becomes entrenched and engenders a full blown pathology.