

Proposal Abstracts 171 – 302

171 Narrations Of Agency And Attachment: Measuring The Rhythms Of Engagement With An Infant.

Colwyn Trevarthen (Great Britain), Maya Gratier (France), Benjamin Schogle (Great Britain)

We will review research on how infants move, seek experience, and communicate. Studies of the rhythms in mother-infant communication reveal rules of movement that govern the interplay of attentions. Findings prove an innate time guide in the body and mind of a baby, which seeks intimate communications from a mother. The expectant time of the infant's attentions includes a regulation by emotions of a future sense anticipating benefits and risks of moving. A matching time sense allows the infant's expressions to be responded to in sympathetic ways by the mother, whose contingent reactions may support the infant's actions through time. Emotions in infant and adult sense the quality of intersubjective sympathy and distinctive features of personality are learned, establishing an attachment through mutual recognition. Confidence in relating depends upon attachments that are both consistent and responsive to new initiatives. Coupled agencies generate ritual modulations of the energy and 'stories' of expectation that may be recalled to motivate increasingly ambitious goals for the exploring Self. Research on migrant mothers with their infants proves that displacement of a young woman from her family and community engenders loss of 'belonging' and insecurity that interferes with the confidence the mother needs to be present and responsive with her baby. The rhythms of her behavior resemble those of a depressed mother, and the infant, lacking companionship, loses the capacity to move freely and joyfully in time.

172 Forms Of Attention And The Rhythm Of Its Changes In The First Year Of Life

Anna Tardos (Hungary)

The systematic observation of the emotionally balanced infant's independent activity shows the forms of activity of the infant moving and playing unhindered, and what he learns during his activity following his own initiative. In the first year of life, from the seemingly chaotic, unorganized activity unfolds a clearly structured order, which is typical of every infant's activity. A substantial part of this structure is a rhythmically recurrent shift. During the infant's independent activity, different forms of actions follow each other, e.g. gross-motor activity, manipulation in repose, and quiet observation. In close relation to these changes, we can observe alternations in the range of attention and quality of the concentration, from a floating, divided attention, through persistent attention, to the focused, concentrated attention. There is a mutual connection between the activities, learning processes, and the level of attention. All states of attention have a special role. A prerequisite is the time factor. It is important that apart from time spent with the adult or sleeping, the infant has time for undisturbed, independent activity following his own interests. These forms of attention can be observed also during the time spent together with the adult. If the caregiver is paying attention to him, is tuned to him, does not hurry, leaves enough time for the time spent together, then one can observe between them not only the dialogue of voices and gestures, but also a dialogue of attention, which, at a certain rhythm, shifts from attention to oneself to attention to the other person.

173 Mother-infant Interaction At Playing And Quality Of Attention In The Baby

Christine Anzieu-Premmereur (United States)

The quality of a mother's adjustment to her baby's communications rhythm depends on the emotional harmony they both develop. A depressed or preoccupied mother cannot give the baby enough attention to regulate her communication style. Then the quality of the interaction with the baby is affected and his capacity for attention decreases. He could be withdrawn or lack attention. Some clinical vignettes from mother-infant psychotherapy will show how the development of a play space between mother and child often helps to repair their capacity for attention. The baby then is able for a cathexis in his mother's communication when she knows how to regulate her glance, her

voice, and her movements to the baby's sensitivity. Some symbolic capacities could appear, when the mother starts a new narration about herself and the child, and when the baby creates new playing.

174 Attention And Autism: The Contribution Of Infants Observation According To Bick To Children Psychiatry

Pierre Delion (France)

Based on his practice in a child psychiatric service, the author will present the way in which the work of his clinical team was enriched through the observation of babies according to the Esther Bick method. This form of collective training enabled each member of the care team to put his or her attention to work in detecting the earliest signs of suffering and in realizing the importance of the continuity of the bond with the infant and its familial intersubjective underpinnings. Beyond the impact on the personal attitude of each participant, this shared experiment supported the development of teamwork aimed at preventing and treating autistic children. This multidisciplinary team went on to develop a contextual set up for attentive observation of babies at risk for autism. Many consequences have resulted from this practice with babies who show signs of psychological suffering. A therapeutic set up for home observation is always accompanied by continuous therapeutic consultation. The observational set up is made up of three stages: first, an attentive and receptive presence in the child's home; second, the notation; and finally, the interpretative time among professionals. We can work on the very archaic phenomena that are hardly accessible and that are deeply concerned with the rhythms of the subject in his bonds and his nonverbal communication. This set up will be developed with the help of some exemplary clinical stories. The concept of attention is useful to help us understand the psychopathological and therapeutic processes at play, particularly when babies are experiencing severe psychological suffering.

177 Couples' Narratives In Assessing The Transition From Infertility To Parenthood

Joelle Darwiche, Laetitia Marclay, Christiane Robert-Tissot, Marc Germond, Patrice Guex (Switzerland)

This longitudinal study assesses how infertile couples resolve their diagnosis of infertility when they become parents after in vitro fertilization (IVF). The capacity of the couples to co-construct a narrative about their history of infertility is considered to be a key aspect of this process of resolution. Couples are encountered before their first attempt of IVF (T1). Couples who obtain a pregnancy are seen at the fifth month of pregnancy (T2A) and when their child is nine months old (T3). Couples who do not obtain a pregnancy are seen one year after the first IVF (T2B). At each research session, couples participate in a semi-structured interview about their infertility history. The couples' narratives are analyzed according to the Family Narrative Consortium's methodology (Fiese et al., 1999). Questionnaires are the Dyadic Adjustment Scale (DAS, Spanier, 1976) and the Fertility Problem Inventory (FPI, Newton, 1999). First data concern 37 couples at T1. Results showed a negative correlation between the couple adjustment (DAS) and the stress related to infertility (FPI) ($r = -.538, p < .001$). Couples who described higher global stress also reported lower levels of couple adjustment. Preliminary data concerning the narratives (N= 10 couples) showed a relationship between couples narratives' quality, couple adjustment, and infertility-related stress. Couples whose narratives are more elaborated reported a higher couple adjustment and a lower infertility-related stress. We expect these couples to have more resources to make the transition from infertility to parenthood.

178 Preschooler's Family Narratives Of An Emotional Event: Interactive Precursors During Infancy And Toddlerhood

Nicolas Favez, Elodie Abbet, France Frascarolo (Switzerland)

This longitudinal study aims to explore the links between nonverbal family interactions during infancy and the later family narratives of an emotional event when the child is five years old. Of primary interest is the move of practiced interactions to representations of the family. Family narratives express how families give meaning to social events and beliefs about relationships. Population is 39 non-referred families with their first born child. Family interactions are assessed for interactive coordination through rating scales ($\alpha = .96$) during the observational procedure of the Lausanne Trilogue Play, when the child is three, nine, and 18 months old. At age five, families are

asked to tell a story of separation. Three dimensions of narratives are assessed through rating scales: interactive coordination, structure ($\alpha=.69$) and content of the story ($\alpha=.80$). Self reported questionnaires assess marital adjustment (DAS) and temperament (IBQ and EAS). Results show that the quality of family interactions is stable from three months to 18 months (all correlations $< .05$). At age five, stepwise regressions show that mentioning positive affects (warmth in relationships) in the narratives are predicted by temperament of the child ($R^2=.40$, $F(1,14)=9.2^{**}$). Openness to negative affects (being sad because of the separation) is predicted by family interactions ($R^2=.35$, $F(1,14)=9.2^{**}$). There is no effect of marital variables (DAS). In conclusion, the better the quality of early family coordination in during nonverbal play, the more the family will allow the expression of sadness in an open manner during narratives at age five.

179 Paternal Involvement : An Analysis Of Discourse

Chantal Zaouche-Gaudron, Veronique Rouyer (France)

Numerous works have highlighted an increased paternal involvement with respect to young children. The goal of this research is to define the elements that could be used to clarify this notion introduced by Lamb (1976). To do this we proposed drawings to 36 fathers of children aged nine months. These drawings illustrated various situations in which the child and/or father were implicated. We carried out an analysis of the discursive data and we essentially identified two reference systems. The first one was more oriented towards a temporal - past and future - axis and the second, more preponderant one relates the relationship with the child more directly: protection and stimulation of the child; the child and the family (the father's educative values, the child and the couple, the pleasure-child). Analysis of the discourses produced, using illustrative material, made it possible to identify various reference frameworks structuring the father's discourse and informed us on their place with respect to the child. We have thus evidenced a paternal involvement where not only the protection, stimulation, and education of the child plays an important part, but also the place of the father in the parental couple. Finally, clinical perspectives are discussed.

180 The Association Between Children's Narratives And Their ToM Capacities

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

Children's narratives may give us information about their representational worlds. Theory of mind capacities is one prerequisite for empathy. In this presentation, we compare data from a second-order false believe task and MSSB narratives (MacArthur Story Stem Battery) of 160 children in their first (1) and second (2) year of kindergarten. The MSSB narratives were rated in content themes, performance codes, and coherence. We hypothesized that children with an early competence in the false believe task show more coherent narratives and less avoidant strategies, but more emphatic relations in their narratives. Results show that 14% of the children in the first year of kindergarten and 19% of the children in the second year of kindergarten passed the false believe task. Substantial stability was found in children's ToM task as well as in children's narrative coherence scores. In the first year of kindergarten only avoidant strategies were significant associated with the ToM capacities, but not the coherence of the narratives and the emphatic relations. In the second year of kindergarten, former (first year of kindergarten) ToM capacities were predictive for ToM capacities. Avoidant strategies explained significant additional variance and emphatic relations, an almost significant part of the variance. Results are discussed in their implications for the development of empathy.

183 To Whom The Psychoterapist Speaks?

Marie Christine Laznik (France)

What is the focus of the analyst's attention? The baby, the parent, the relationship between the two? Should he not also take into account the baby that the mother (or the father) once was, a baby whose unconscious presence has been reactivated by the birth of the new child? Does the fact of seeming to direct one's speech towards the baby help to deflect the parent's defenses? What is the function of the baby's presence in the session? Can he sustain - through the attentiveness he shows to the analyst's utterances - the importance or unimportance of what is being said, not to him, but indirectly to the unconscious baby within the mother? It goes without saying that we do not think the baby understands the meaning the words, but we know (Trevarthen) that the baby is extremely

attentive to certain kinds of prosody and to certain rhythms of the person who is speaking with him. What sorts of intervention or interpretation will the psychoanalyst use with these particular patients? We will compare interventions addressed directly to the adult who is present with those that can use the supposed speech of the baby - the sense of what psycholinguists call "turn talking." Based on a clinical case of a 7-month-old baby who has elastic fits, with stiffening of the entire body, but in whom no organic pathology has been detected. We will try to discuss this question.

184 Some Reflexions On Technique

Bernard Touati (France)

Though in psychoanalysis the exploratory and evaluative step can never be disassociated from the psychoanalytical step, the field of psychoanalysis as applied to the problems of babies provides a particularly enlightening demonstration of this point. In addition to technical and theoretical differences, each psychoanalyst will - from treatment to treatment, or within a single treatment - have to vary his style of intervention, the direction in which the interventions are aimed or in which his attention is oriented, more on the bond, or on the fantasies? On interactions, or recollections? On the impact of trauma, or on transmissions? On defects of elaboration tied to the mechanisms of pathological mourning, or on ambivalence about becoming a parent? The indirect revelation and mobilization of parental projections whether they be idealizing or limiting is not aimed at making one conscious of them, but rather at integrating these elements into different forms of intersubjective play involving the baby and making possible some changes, where the actual equilibrium is too rigid and is supported by the very symptoms of the baby. These points will be discussed in light of clinical examples.

185 Mother-infant Therapy To Prevent The Effect Of Maternal Depression On Infant's Development

Sandra Maestro (Italy)

The maternal post-natal depression is considered an important risk factor for the child's development even if the role of moderating influences need to be better understood (Murray). Much evidence supports the view that interaction patterns are likely to play a key role in mediating the adverse effect of the disorder (Field 1984 Chon, Matias, Tronick, Connell and Lyons-Ruth, 1986). There have been a number of treatment trials in the context of postnatal depression, some focusing on the mother alone and other focusing on mother-infant relationship. However, the effects of these treatments on the medium outcome of the children remains uncertain. In fact, infants retain their memory for distinctive communicative styles and develop expectancies to interactions based on previous experience. Such experiences and relative defenses, full of emotions and affections, are memorized during the pre-verbal and pre-symbolic phase of development and will become part of the unconscious nucleus of the baby's personality, affect his/her behavior and personality even as adult. We will discuss these concepts through the therapy of a twelve month old child whose consultation has been requested by the mother's psychiatrist, as mother is suffering from a strong depression. We will focus on technique aspects of the therapy carried out on the base of the Geneva's model.

186 The Clinician's Use Of Self As Third

Elizabeth Tutters (Canada)

Using a British Object Relations perspective, I will illustrate how the clinician's empathic inquiring and relating to both the infant and the mother, in the presence of each other, through the metaphor of play and following the infant's lead, positively affects the developing internal reflective systems within each dyad and within the clinician. I will present a case study, using video vignettes of the process of the intervention, with a 17-month-old infant and her mother who present with sleep disturbances.

189 Changes In Mother-infant Interactional Behaviors Following Dyadic Treatment And One Year After.

Daphna Ginio Dollberg, Ruth Feldman, Sam Tyano, Miri Keren (Israel)

The early manifestations of maladaptive behavior in young children have attracted the attention of researchers and clinicians seeking to understand its origins, change over time, and interference with

the normal developmental pathway. In light of research showing that early signs of maladaptive behavior often persist into childhood and adolescence, a number of early therapeutic interventions were developed, which focus on improving the parent-child relationship. Guided by a transactional perspective, the present study examined maternal and infant interactional behaviors before and after intervention with the goal of assessing change in interactive behavior following treatment. Thirty families with children aged 0-3 who were referred to and treated in an infant mental health clinic in Israel participated in the study. Interactive behavior of infants and mothers were videotaped and coded with the Coding Interactive Behavior system (CIB, Feldman, 1998) at three time-points: At the time of referral (T1), at the end of a dyadic psycho-social intervention (T2), and in a one-year follow-up (T3). Results showed a significant improvement on the Maternal Sensitivity, Dyadic Reciprocity, Child Involvement, and Child Compliance factors of the CIB. As predicted, changes in these factors were more pronounced between T1 and T2, and T1 and T3, and less pronounced between T2 and T3. The presentation will include an outline of the changes that were found between the assessments and their contribution to our understanding of the short and long term impact of early dyadic interventions with clinical populations.

190 Treatment Outcome 10 Years After

Didier Rabain, Elisabeth Aidane (France)

The issue of stability of treatment benefits is very relevant to infant mental health professionals, since by definition, many life events and potential changes are still ahead after the termination of the intervention. After the description of our Unit for Infants and Parenthood and of our clinical population of infants and parents, we will present the follow-up of the 200 infants who have been assessed and treated at the Unit. As a first step, all families have been sent questionnaires with five topic-related questions: physical and emotional status, cognitive and school performances, and family dynamics. We also asked the parents to bring up the memories they have of the Unit, and to evaluate our intervention. The second phase of this follow-up study is a clinical meeting with the child and the parents. In spite of the main ethical limitation of this study that is the lack of a control group (i.e distressed infants who have not been taken into treatment), it may throw some light on the long-term efficacy of parent-infant therapeutic programs.

191 What Can Brief Therapy Do For Infants And Young Children?

Jean-Victor P. Wittenberg, Joanne Cummings (Canada)

Rapid developmental change and lifespan implications of undesirable experiences in the first few years of life demand brief effective therapeutic interventions for parents and young children. However, many lifelong disorders of varying severity and aetiology affect parents and some make their appearance in infants in these first years. Infant mental health service providers must decide strategically how to choose from an increasing range of brief interventions in order to support both parents and infants, make crucial changes as rapidly as possible and engage families in longer treatments as needed. This presentation describes results of two studies of brief interventions. One compares the outcomes of two brief interventions (Supportive Expressive Therapy for Parent-Child Relationship Difficulties (SET-PC) and the Incredible Years Parenting Program (IYPP)) applied to parents of young children with disruptive behavior disorders. Outcomes from the application of SET-PC to parents of children with anxiety disorders will also be described. The second study examines the effect of a preventive intervention (Supporting Security) for groups of parents with young infants at risk for attachment difficulties. This presentation will discuss the advantages and limitations of brief therapeutic interventions as they interact with factors such as biological predispositions in infants, parental disorders, environmental supports and challenges, and the characteristics of different therapeutic interventions.

192 The Effect Of A Preventive Infant Mental Health Intervention Over A Five Year Follow-up

Kaija Puura (Finland)

Objective: To examine the outcome of a preventive infant mental health intervention at two and five year follow-up. Method: One hundred and sixty-five families participated in a preventive infant mental health intervention study. The Intervention Group families (n= 93) were seen over two years by well-baby clinic nurses trained to deliver preventive intervention based on problem solving and

selected infant mental health intervention techniques. The Comparison Group families (n= 72) received regular well-baby clinic service. All families were assessed when the infants were 6-8 weeks old with the HOME Inventory. When the children were 2 years old, the families were assessed with the HOME and the Child Behavior Checklist (CBCL). At the age of 5 years, the children were assessed with the CBCL. Results: In the first assessment, the Intervention Group was significantly poorer in maternal verbal and emotional reciprocity (mean scores 9.1 vs. 9.9, Mann-Whitney, $p= 0.02$) and total score of the HOME (40.6 vs 41.8, Mann-Whitney, $p= 0.01$). At the 2 year follow-up, there were no differences between the two groups in the HOME scores. In the CBCL, no differences were found between Intervention and Comparison Groups at two or five year follow-up. None of the children reached clinical range in either follow-up, but 14% had a total T-score above 60. Conclusions: The intervention improved mothers' interaction behavior while it lasted. In the maternal reports at two years, the children in the Intervention Group were similar to children in the Comparison Group, and did not improve after the end of the intervention.

195 Quality In Dutch Child Care Centres : Trends In Quality Between 1995-2005

H.J. Vermeer, Marinus van IJzendoorn, R.E.L. de Kruif, R.G. Fukkink, L.W.C. Tavecchio, J.M.A. Riksen-Walraven, J. van Zeijl (Netherlands)

The quality of child care was assessed in a representative national sample of fifty day care centers in the Netherlands, and compared to the quality of care assessed using similar samples in 1995 and 2001. Results showed a low level of overall process quality - as measured with the Infants Toddler Environment Rating Scale-Revised (ITERS-R) and the Early Childhood Environment Rating Scale-Revised (ECERS-R) - for the 2005 sample. None of the fifty groups provided high quality care, 60% of the groups provided moderate quality of care, and in 40% of the groups, the quality of care was inadequate. At the subscale level, the scores for Personal Care Routines (90% inadequate quality) and Activities (84% inadequate quality) were relatively the lowest, whereas the scores for Interactions were relatively the highest (36% high quality). A significant decline in process quality was found in comparison with the studies of 1995 and 2001, in which the original scales (ITERS/ECERS) were used. Whereas, in 1995 day care of inadequate quality was not observed at all, this percentage had increased to 6% in 2001, and to 40% in 2005. This decline was not found for additional observations that were performed using the Caregiver Interaction Scale (CIS). The caregivers' sensitivity to the children was adequate and at the same level as ten years ago. In an international perspective, it is concluded that the Netherlands has lost its leading position in child care quality compared to ten years ago.

196 Government Policy Contributes To Quality Infant-toddler Childcare: Longitudinal Trends In Australia

L.J. Harrison, Helen Skouteris, J. Watson, J.A. Ungerer (Australia)

Australia's policies for the early years include regulatory and accreditation systems that aim to provide quality, affordable child care for all children. In the late 1990s, a national quality improvement and accreditation system (QIAS) was introduced that tied standards of care to eligibility for subsidies for parents to meet the cost of care. This paper examines the effectiveness of this mechanism in promoting and achieving quality programs, by presenting results from four independent studies conducted before and after the introduction of QIAS. Evaluations of center quality were based on observations using the Infant Toddler Environment Rating Scale. The ITERS uses criterion-based indicators to provide a global rating of quality (1=inadequate, 3=minimally adequate, 5=good, 7=excellent). Pre-QIAS data were gathered by Harrison in 64 centers as part of the Sydney Family Development Project, and by Watson in 19 centers selected for high and low quality. Post-QIAS data were provided by Child Care Choices, which rated 69 infant-toddler rooms in centers in Sydney and regional towns, and by Skouteris who used a short version of the ITERS to rate 65 infant rooms in centers in Melbourne. Similar ratings were noted for the two pre-QIAS studies: overall means were 4.7; minimum scores were 2.7 and 2.6; maximum scores were 5.5 and 6.9. The post-QIAS studies reported higher overall means (5.2 and 6.0) and a higher minimum score (3.3). These data indicate that quality increased over the period of time that an enforced policy of accreditation was introduced for childcare centers.

197 Quality Assessments In Infant Childcare In Australia: Results From The

Longitudinal Study Of Australian Children

L.J. Harrison, J.A. Ungerer (Australia)

In 2004, over 5000 families with a baby under one year were recruited into the Longitudinal Study of Australian Children. Of these, 1374 were using one or more regular non-parental childcare arrangements, comprising informal home-based care (72%), family day care (11%), and center-based care (36%). Quality of center-based care was gathered via carer reports of structural (ratios; qualifications) and process (playing/talking with children, individualized care) indicators at the room level, and global ratings on ten quality indicators at the center level via data linkage to the National Childcare Accreditation Council. The NCAC requires services to meet compliance requirements every three years as part of Australia's childcare funding system. Results showed that carers' engagement in supportive play interactions with children was related to higher ratings at the center level for supportive management practices, respect for children, partnerships with parents, and attention to safety/protective care. Furthermore, the degree to which carers rated their relationship with the LSAC child as positive was associated with 7 of the 10 quality indicators: the above, plus planning/evaluation, staff interactions, and child learning/development. Structural features of the group the LSAC child attended, specifically ratios of children-to-carer, and children-to-qualified carer, were also associated with the proportion of time carers engaged in supportive interactions with children. These data provide compelling evidence that a nationally enforced quality assurance mechanism makes a difference to process quality and outcomes for infant care.

198 Measuring Quality In Dutch Child Care Centers

R.E.L. de Kruif, H.J. Vermeer, R.G. Fukkink, Marinus van IJzendoorn, L.W.C. Tavecchio, J.M.A. Riksen-Walraven, J. van Zeijl (Netherlands)

The critical role of childcare quality for the development and well-being of children stresses the importance of closely monitoring the quality of care provided. Although the number of children attending childcare centers in the Netherlands has increased sharply during the last decade, there is currently no scientifically validated instrument that could be used for such quality monitoring purposes. In response to this need, we developed and are presently validating an instrument to measure quality in Dutch childcare centers. The development of this instrument is based on the premise that there are three critical components that need to be assessed to gain a complete quality picture: process quality, structural quality and child outcomes. Teachers' interactions with children, their influence on the interactions among children and on the physical environment determine largely the quality of children's experiences and therefore children's well-being and involvement in activities. We identified and developed observation scales for six crucial interaction skills needed for high-quality caregiver-child interactions: sensitive responsiveness, respect for children's autonomy, limit setting/providing structure, talking/elaborating, stimulation of development, and facilitating interactions among children. In the Fall of 2004 and Spring of 2005, we visited 49 child-care centers (80 groups) in three cities in the Netherlands to determine the validity and reliability of our instrument. Analyses are in progress and the results will be available at the time of the conference.

201 The Real Father In Mother-child And Father-child Psychotherapy

Hayuta Kaplan (Israel)

The father presents the child with "other than mother" parenthood, validates the child's wish for separation, and has a vital role in transition from dyadic to triadic relations and the development of symbolization. He enriches the child's perception of self, others, and their relations; and facilitates symbolization. His presence in the child's life can potentially ameliorate pathogenic influences that might be present in the mother-child relation. Psychoanalytic theory emphasized that the father's image for the child, is heavily influenced by mother's mediation. In addition, the real father brings along his own personality and fatherhood and his specific relations with the child. The mother-child and father-child psychodynamic therapy for relational disturbances in childhood insists on the father's and the mother's equal participation in therapy, with the same therapist. Until recently, fathers were relatively neglected and few models insisted on their participation in the therapeutic process. We assume that the more the real father is there in the child's life, in addition to the father as mediated by the mother, the better his presence in the child's mind. In therapy we observe differences and similarities among the real and the represented and mediated fathers. We focus on the real father's presence in therapy as an important contributor to the therapeutic process. The

therapy setting enables the therapist to compare the real and the represented father in the participants' minds. The therapeutic processes specific to the father-child and the mother-child dyads will be outlined and illustrated with case material.

202 Comparing The Therapist's Roles In Mother-child And Father-child Therapy To The Father's Role In Child Development

Judith Harel (Israel)

This presentation focuses on a comparison between the father's functions in child development and those of the therapist in the mother-child and father-child psychodynamic therapy model. In this model, the therapist meets the mother-child and the father-child dyads in alternating weeks, and the parental dyad every fortnight. This is one of the more recent models that brought fathers back to the therapy room, not just father in the minds of the participants but also the real father, in order to change the implicit as well as the explicit relations the child has. The model is best suited for pre-lateness children. Psychodynamic theories have attributed important functions to fathers: guardian of the mother-baby dyad, father of separation-individuation, second other, gendered second other, oedipal father, father of symbolic thought, and father of recognition. This multiplicity of roles will be demonstrated and compared to the part that the therapist plays in mother-child and father-child therapy as a third party vis-a-vis the different dyads. The aim of the comparison is to deepen and enrich our understanding of both sets of roles thus facilitating the treatment process. "Good father transference" is one of the change promoting factors in this model, along with the "good grandmother transference" (Stern). With a clinical vignette the therapist's "paternal" functions and the obstacles in the fulfillment of these functions in the family, will be illustrated.

203 The Missing Third

Renate Barth (Germany)

Sleeping problems, difficulties with weaning, anxiousness, excessive temper tantrums, etc. are common parental reasons for contacting infant mental health services. This paper examines the assumption that the underlying issue of these behavioral problems is often a physically or emotionally absent and/or excluded father. Two hypotheses are going to be explored and illustrated by case material: Hypothesis 1) An exclusive dyadic mother-child relationship can serve as a defense mechanism. Hypothesis 2) Fear of triangulation can be a significant reason for premature termination of therapy.

206 The Prevalence Of Infant's Withdrawal Symptoms In Finland

Kaija Helena Purra (Finland)

Objective: To examine the prevalence of infant's withdrawal symptoms in a random normal population sample. Method: A random sample of 512 families with four, eight and 18 month-old infants were asked to participate in a study assessing social interaction skills and activity level in infants. The infants were examined by GPs during routine check-ups in well baby clinics, and their withdrawal symptoms were assessed with the Alarm Distress BaBy Scale (ADBB). The score of five or more in the ADBB in two subsequent assessments within two weeks interval, is regarded as a sign of infant withdrawal. Both parents were asked to fill in a Edinburgh Postnatal Depression Scale (EPDS) and a questionnaire on demographic variables. Results: Of the original subjects, 366 families (71%) agreed to participate and the infants were rated with the ADBB. Twenty-six infants scored above the cut off point in the ADBB, and of these infants eleven (11/26 =55%) scored above the cut off in the second assessment as well. The prevalence rate of infant withdrawal was 3% (11/366). There were eleven infants who scored high in the first assessment and whose parents refused to continue in the study. If assumed that 55% of them would have scored above the cut off, the corrected prevalence rate would be 17/366, coming up to 4.6%. There were no sex or age differences in the prevalence rate of withdrawal symptoms. Conclusion: Measured with a relatively simple observation method 3-4.6% of infants suffer from withdrawal symptoms that are not transient.

207 Longitudinal Follow Up Of The Mother - Baby Dyads With The Adbb Scale In Well Baby Clinic: A Tool For Screening Infants 'suffering Within The Bonds'

Kaija Helena Purra (Finland), Joelle Rochette (France), Jorge L. Tizon (Spain), Antoine

Guedeney, Antoine Guedeney (France)

The Alarm Distress Baby scale (ADBB) may be used to give an indication of the level of relational withdrawal behavior of an infant during a routine physical examination. We have used it to see if ADBB could be used to assess mother-infant relationship. Seventy infants were assessed at birth at 3, 6, and 12 months during the nurse's examination. Maternal depressive state was assessed with Cox's EPDS, and the quality of the interaction was assessed with Fiese's PIPE. Results show the variability of the symptoms of trouble between mother and child, and confirms that the scale is useful for screening and prevention of early interactive disorders.

208 Experiences Using Adbb-arbb In A Poor Barcelona Districts

Jorge L. Tizon (Spain)

The ADBB scale has been validated in different countries. We began using it in our functional unit of attention to early years, in a district of Barcelona, Spain. The scale is being validated on a sample of 84 infants, and has been used with LISMEN as the gold standard. LISMEN is a test for detection of parental severe mental disorders. The intervention will describe the surroundings, the use of the scale, and its effects. Despite numerous psychosocial risk factors, the participation rate was high, reflecting the interest of the families in having specialized attention and services..

209 The Adbb Scale In 650 18 Months Olds Parisian Infants

Antoine Guedeney (France)

The Parisian Departement des examens periodiques de sante de l'enfant (DEPSE) is a public institution offering free check-ups for children aged 18 months old. During a half day, children are offered a developmental history taking with a nurse, who also takes physical measures (height, weight, BP, CP) and checks feeding and sleeping patterns. Children meet a pediatrician, an ophthalmologist, and an ORL specialist. They have a psychological testing with the French validated Brunet Lezine II test. A blood testing is also made. Finally, all information is gathered and examined by the pediatrician, who makes recommendations and an eventual referral to specialized clinics. Such a setting is particularly interesting to test the Alarm Distress Baby scale (ADBB, Guedeney & Fermanian, 2001) as a screening instrument for infants. Three voluntary child nurses from the CBSE have been trained with ADBB, until they could achieve inter-rater reliability (Kappa.8). All 17-18 month infants whose parents accepted the study were included. Assessment with the scale was made by the nurses right after their examination. Six hundred and fifty infants could be included in an eighth month period. The poster describes the sample, with the mean ADBB scores, confirmatory factor analysis and correlation with physical examination, family characteristics and psychological testing. The scale was found very useful by the nurses to grow aware of discrete withdrawal behavior they would not have screened otherwise.

210 Workshop 31: Mellow Babies - An Intervention for Women with Postnatal Depression and their Infants

Christine Puckering (Great Britain)

Post-natal depression has an adverse effect on infants' development, which is not automatically averted by treatment of the mothers' depression alone. Interventions are needed to address both maternal depression and the mother-infant relationship directly. Mellow Babes was derived from the well-established Mellow Parenting intervention that has been shown to improve maternal wellbeing, child development, child behaviour, and observed mother-child interaction. The full-day programme (one day a week) lasts for twelve weeks. It includes time for mothers to reflect on their own experiences and address their current depression while the children are cared for in a crèche, video workshops and time for mothers and babies to work face to face on their interaction, through play, baby massage, interaction coaching and book reading. The theoretical underpinning of the intervention is attachment theory, and cognitive, behavioural and psychodynamic ideas are used. Uncontrolled results of the programme have shown a statistically significant improvement in positive and negative observed interaction and in mothers' mood measured by the Edinburgh Postnatal depression Scale. It is hoped that by the time of the conference a waiting list control study will be producing results. The workshop will present at the methods used in the group including sample worksheets and video analysis and results of the intervention. Participants will be asked to try out worksheets and to take part in video analysis based on their own understanding of parent-

child interaction.

211 Workshop 14: THE PARENT-INFANT RELATION AS THE PATIENT: ABOUT DIAGNOSING AND TREATING BABIES WITH FAILURE TO THRIVE

MGJ Schmeets (Netherlands)

Early experiences are being built into the structure of the developing brain. This makes the quality of the parent-infant relationship of direct importance for the development of the growing individual and eventually for the development of psychopathology in later life. Failure to Thrive, an eating disorder of the baby, is a serious threat to a normal healthy development. The consequences for the baby, mother and father and their mutual relationship can be dramatic. In this symposium the department for children and adolescents of the Dutch Psychoanalytic Institute, in collaboration with the department for Paediatrics of the Amsterdam Academic Medical Center (AMC/EKZ), De Bascule, Center for Child and Adolescent Psychiatry in Amsterdam and the University of Brabant, Tilburg, will present a treatment module for these infants. We will discuss diagnosing parent-infant couples, the quality of their relationship by using the EAS (Biringen et al 2000), and the specific integrative way of treatment we think these infants need. In this transdisciplinary, in contradiction to the multidisciplinary, treatment, paediatrician, psychiatrist and psychologist work together using the same theoretical and technical framework. The treatment is focused on improvement of the mother/parent-infant relationship. Modern understanding of the working of the genetic material (Kandel 2001) makes it possible to integrate nature and nurture on a higher level. As a consequence medical/neurological and psychological ways of thinking can better be integrated (Rutter 2005). The treatment for eating disorders of infancy should also be scheduled on a more integrated design.

212 Workshop 15: Remembering the Pain of the Past: Adult Representations of Childhood Experiences and Related Caregiving Behaviors

Jude Cassidy, Susan Woodhouse, Kent Hoffman (United States)

In her classic article, "Ghosts in the Nursery," Selma Fraiberg asked why it is that some mothers with painful childhood experiences repeat negative parenting behaviors with their own babies, whereas others with equally painful experiences are able to break the cycle and to respond to their infants instead with empathy and sensitivity. Fraiberg's answer: "Our hypothesis is that access to childhood pain becomes a powerful deterrent against repetition in parenting." The goal of this workshop is to demonstrate support for Fraiberg's hypothesis that access to childhood pain helps parents more sensitively respond to their own infant's needs. The workshop will begin with a brief review of theory and research about links between adult attachment representations and parenting. We then focus on two in-depth case presentations of mothers of infants. Both mothers experienced painful attachment relationships during childhood. One mother recalls and coherently describes the pain, and is sensitively responsive to her own infant's needs. In the second case, access to childhood pain is missing, as is an empathic response to the infant's distress. In both case studies, extensive segments of AAI transcripts will be presented, with an emphasis on how these transcripts reflect ways in which the affects of childhood experiences are currently represented. In addition, participants will view videotapes of mother-infant interaction which indicate the ways in which these representations are associated with the mother's caregiving responses to her own child's attachment bids.

213 Workshop 16: Doulas: First Connections Leave Lasting Impressions

Nick Wechsler, Portia Kennel (United States)

Women helping women during childbirth is a natural and time honored tradition throughout the world. The role of child birth assistants, doulas, has been professionalized over the last 30 years in the US. Research pioneered by John Kennel and Marshall Klaus has demonstrated the effectiveness of this perinatal intervention in yielding healthy birth outcomes for mothers and newborns and positive bonding and attachment through studies conducted in a number of countries. Searching for new ways to engage teen parents during pregnancy, a statewide agency in the US with 23 years of experience designing and delivering innovative services for teen parents and their young children partnered with funders and others in 1995 to develop and pilot a unique doula intervention as part of a comprehensive early childhood development program. The successful pilot intervention has been expanded to 18 publicly-funded sites in rural communities, small towns, and cities across our state.

The innovative and successful adaptation of a long-standing perinatal intervention for a challenging population is unique. It is designed specifically for teen parents; spans 5 months from the third trimester to the first 2 months after birth; and is embedded within a long-term community-based home visiting program. Doulas are trained women from the local communities they serve. This interactive workshop will discuss development and expansion of the intervention, its unique characteristics, and successes and challenges to date.

214 **Workshop 21: Strategies for Improving Orphanages**

Christina Groark, Robert McCall (United States)

This workshop will consider a variety of issues pertaining to improving caregiving in orphanages to promote children's development and mental health. First, should we invest in improving orphanages, primarily in developing countries, or put our energies into developing foster care and adoption? Second, are there people in positions of responsibility who recognize the need and are willing to improve the orphanages? Third, it helps to conduct a logic model procedure with all relevant stakeholders, considering what is needed for optimal development (e.g., reared in a family), what is lacking in the orphanages, and what could be done to correct the deficiencies and approach the ideal of family life? This discussion is likely to focus on smaller groups, fewer caregivers who are more consistent in the children's lives, and promoting better relationships between caregivers and children. A video showing orphanages in St. Petersburg, Russian Federation, before and after such changes will be shown and evidence that such changes can produce improvement in children's development will be presented. Then the workshop leaders, who are engaged in two such projects in different countries, will promote discussion of how these changes might be implemented with modest cost and maintained at no additional cost.

215 **Workshop 18: Investigating a Music Therapy Intervention for Medically Fragile Newborns: The Art of Intersubjectivity**

Helen Shoemark, Stephen Malloch, Campbell Paul, Carol Newnham, Margot Prior (Australia)

This workshop will provide instruction in the implementation of interventions and assessments in the real-world setting of the Neonatal Intensive Care Unit (NICU). The environment of the NICU, mostly non-contingent with the infant's social needs, impacts negatively on infant development and recovery. The 'Music Therapy for Vulnerable Infants' study (MTVI) assessed the efficacy of live singing with an infant as measured by developmental outcomes. The multi-disciplinary research team ensured we had the expertise to implement and assess the intervention, as well as investigate the infant-therapist communicative interactions. Results exemplify the resilience of newborn infants, and their responsiveness to an interpersonal intervention that supports them to achieve self-regulation despite adverse experience in a largely unsupportive environment. The complex medical environment of the NICU and its population of infants with complex medical conditions are not well-suited to quantitative research and the production of the much-sought "evidence". However, our research design shows that sound quantitative research is possible in this difficult 'real-world' environment, and implications will be discussed for future work in this area. The workshop will briefly set-out the theoretical underpinning of our research, engage participants in the realities of implementing an interpersonal intervention in a hospital setting, describe our infant behavioural assessments, and explain our methods for synchronising our video and physiological data collection.

216 **The Art of Intervention: Looking and Listening**

Christine Ann Hill, Anna Molan (Australia)

The beyondblue National Postnatal Depression Program in Australia found that 23% of mothers with significant depression ignored advice to seek help. What can be done for these mothers? This project grew out of the "Babies and their Mothers" project presented at the 2003 World Congress. The researchers wondered if they could use art as the basis for an intervention. 20 first time mothers and their babies were photographed while the mother was asked how she feels about her baby and about being a mother. The responses were audio-taped. 2 weeks later, when the mother was given a photograph of her choice to keep, she was asked how she felt about the experience of being involved in the project. The researchers wanted to know if: 1. the mothers are comfortable with this

approach 2. this careful looking and listening help the mothers see and hear for themselves when things are going well or not? 3. any mothers who feel things are not going well seek help. The Powerpoint presentation will display a selection of photographs, babies' and mothers' comments, and a summary of the findings.

217 **Mother-Baby Joint Hospitalization Unit in Montesson, France: Video Presentation of the Different Phases of Inpatient Treatment of Early Relationship Disorders and their Consequences for the Baby**

Patrick Chardeau, Carmen Da Mota Mattonoet (France)

The Unit, which is part of the child psychiatry department, is one of the oldest mother-baby in France as well as the largest (capacity 8 pairs). It is specifically intended to provide care for early problems in mother-baby interactions and their functional effects on the baby, when the problems stem from maternal psychiatric disorders : post-partum depression and psychoses, and acute decompensation in schizophrenia. The Unit treat the maternal psychiatric disorganisation, which is related to impediments to mothering processes, and at the same time the first stages of the baby's psycho-affective development. The fathers are included in the treatment. This work can require an hospitalisation of up to several months, justified by its prevention of subsequent disruptions. subtitles in english.

218 **Fathers' Perceptions of Raising Young Children: An Analysis of Problems and Rewards**

Lindsay A. Schroeder, Margaret K. McKim (Canada)

Parent perceptions affect how parents function on a daily basis (Greenberger & O'Neil, 1990), in addition to how they behave toward their children (Fox, Platz, & Bentley, 1995). These perceptions or attributions of behaviour have been found to change as a function of age (Mills & Rubin, 1992), birth order (McKim, 1993), and childcare arrangement (McKim, Stuart, & O'Connor, 1996). Unfortunately, the majority of research on parent perceptions has tended to focus solely on the perceptions of mothers and the difficulties they experience raising children. The purpose of this study is to gain a better understanding of the perceived rewards and problems of raising infant and preschool age children by fathers. A community sample of 95 fathers of children aged two to 30 months agreed to record the problems and rewards they encountered 6 months following the onset of an out-of-home or parent care arrangement. The data was analyzed using a series of between-subjects ANOVAs. Results reveal that fathers attribute the majority of problems to their children rather than to themselves. Further, fathers of first- born children reported significantly more problems overall than fathers of later-born children. No differences in rewards were found with respect to birth order, age, or type of care. Results are compared to a parallel study on mothers. Theoretical and practical implications of these findings will be discussed.

219 **Paternal Characteristics Predicting Adjustment of Infants in Different Care Arrangements**

Leah Hatton, Alissa Schactman, Margaret K. McKim (Canada)

As a result of increases in rates of maternal employment over the past 25 years, researchers have been studying the effects of out-of-home care characteristics on young children's adjustment (Belsky, 1988, 2002). A major criticism of this body of research has been the exclusion of family characteristics that may impact child behaviour problems regardless of care placement (Richters & Zann-Waxler, 1990). Therefore, research has more recently focused on maternal characteristics that impact adjustment (NICHD, 2001; McKim, Stuart, & O'Connor, 1996). To date, paternal characteristics have largely been ignored. The objectives of this study were: to determine whether child care characteristics predict child adjustment six months after beginning out-of-home care; and to determine whether pre-care paternal characteristics predict child adjustment six months later. Seventy-eight fathers completed questionnaires related to paternal characteristics. A measure of infants' behaviour/emotional problems was used as an outcome variable. Results showed that care characteristics did not predict child behaviour problems, therefore the relationship between children's adjustment and paternal characteristics was considered. Fathers with less education, poorer health status, higher depression scores and less role satisfaction were more likely to have children with internalizing problems. The only significant predictor of externalizing problems was

poorer health status of fathers. Results reflect the importance of considering father characteristics in the examination of behaviour problems in young children.

220 The Processes of Going into Fatherhood: A Clinical Approach

Despina Naziri, Lotta de Coster, Thalia Dragonas (Belgium)

In this poster the authors propose to discuss the problematic of going into fatherhood within a transient European society, Greece. The main goal of this study was to describe the social and psychological dynamics and long term dimension of the phenomenon through analysis of clinical interviews with young men becoming fathers for the first time in their lives. The theoretical framework and the social context of the research are presented, together with the analyses of the accounts by 25 fathers interviewed each three times, before and after their child's birth. This clinical material serves as an illustration of the psychodynamic processes of going into fatherhood and points out two dimensions: one is intrapersonal (essentially marked by identifications to parental images) and the other interpersonal (essentially marked by the relationships with the companion/wife). An analysis of the subjects' affects and representations shows that resolution of conscious and unconscious conflicts which take place during the process of going into fatherhood are dependant on the process of disengagement from the family of origin on the one hand and on the ability of both partners to construct a "conjugal space" on the other hand. Men (and fathers to-be) when faced with the situation may either confine themselves to culturally established schemes of their own history, or find a new meaning to their personal and relational life.

221 Parenting Stress in Fathers of Children with Special Needs

Lorraine McKelvey, Lauren Barton, Andrea Hart, Leanne Whiteside-Mansell, Hiram Fitzgerald (United States)

The diagnosis of a developmental disability in a child can generate a variety of emotional stressors for parents and families. Using longitudinal data collected through a study of the efficacy of early intervention for low-income families in the United States, the purpose of this study was to examine the parenting stress of fathers with typically developing children and those with special needs at age five. Child developmental disability status was defined by three variables; parental report a congenital anomaly, a developmental delay, and an at-risk category indicative of special health care needs. Interestingly, results suggest that parenting distress was not higher for fathers with special needs children, but was related to children at risk for delay who have special health care needs. Perhaps by their child's fifth year of life, fathers have adapted to their child's health status. Findings regarding parent-child dysfunctional interaction are worrisome in that dysfunctional interaction was elevated for fathers of children with a known delay and those at risk. This raises special issues for interventionist, particularly when most programming is provided to mothers. Implications for intervention may be related to helping fathers identify ways to better interact with their child at and prior to school entry.

222 When Daddy is Sad: Relations between Father Depression and Child Behavior

Katie Christiansen, Lori Roggman, Lisa Boyce (United States)

Fathers play an important role in children's development. When fathers are depressed, they may not be able to provide the support for children's development that fathers who are not depressed provide. It is important to explore how children's behavior is affected when fathers are depressed so that intervention programs can find ways to help. Father depression, mother depression, and child behavior were measured when children were 24 and 36 months old. Correlations between father depression and child behavior were first examined and showed concurrent and predictive relations between father depression and child total behavior problems and aggression. Regression equations were then modeled to predict child behavior using father depression, mother depression, and previous child behavior. Father depression was a significant predictor for total behavior problems and aggression. Mother depression was not a significant predictor of either total behavior problems or aggression. The regression models were then tested separately for boys and girls. Father depression was not a significant predictor of either outcome for boys, yet was a significant predictor of aggression for girls. These results indicate that father depression can compromise children's behavioral outcomes, making children more vulnerable to behavior problems throughout life. It is important for intervention programs and the mental health field to focus on father depression to help

alleviate behavior problems that could compromise children's well-being.

223 Fathers' Representations before and after the Birth of the First Child

Carla Candelori, Alessandra Babore (Italy)

Maternal representations have been studied in many investigations, but in recent years researchers have increasingly turned attention also to the role of the father (Barrows, 1999) underlying his relevant contribution to infant mental health. The influence of mothers and fathers on the development of their infants has been studied with the focus on interactional, transgenerational and representational dimensions (Von Klitzing, 1999). The aim of our study was to explore fathers' representations in the period of pregnancy and after the birth of the child. Father representational dimensions describe images and fantasies that they have about themselves, their parents and their own children and can have influence on the future of father-infant relationship. The subjects of our research were 50 men recruited in maternity care centers, attending courses to prepare couples for delivery. As measures we have used IRPAG, a semistructured interview (Ammaniti, Candelori et al., 1991, 1995), to study fathers' representations during pregnancy and IRPAN, to assess father representations after the birth of the child. Ratings of narrative interview transcripts were scored using seven content-free dimensions of representations of self and of the infant. The results show that our subjects have a clear representation of themselves as fathers, which is distinct from the representation they have of their child. Useful comparisons between fathers' and mothers' representations were made, in order to have a general descriptive framework of parents' representational world.

224 WHAT FATHERS HAVE TO SAY

Natalie Boyle (Australia)

BACKGROUND: Fathers are taking a more participatory role in childrearing. It is important for health professionals in an acute health setting to support fathers at a time of crisis for the benefit of both the infant and family. In a Neonatal Intensive Care Unit (NICU), parents experience a personal crisis at a time when the arrival of their baby is expected to be a joyous experience. For many, the experience interferes with their developing bond with their infant. Anecdotally, fathers are preoccupied with feelings of responsibility for their baby, partner and other children, particularly at the time of admission. Fathers have stated that they value information and support offered by professionals yet these services are usually focussed on the mother. **AIM:** This poster will present the preliminary results of an exploratory study conducted in the NICU, Royal Children's Hospital, Melbourne. The aim of the study was to explore whether the experiences described above are common to most fathers and how services can be developed to meet fathers' needs. **METHODOLOGY:** The study was exploratory, with twenty-five fathers and mothers recruited, and using a combination of standardised questionnaires and a single semi-structured interview schedule. The mothers participated in a semi-structured interview exploring their view of their partner's experience. Data collection took place at approximately fourteen days post admission. The quantitative data from the standardised questionnaires was descriptively analysed and subjected to non-parametric statistical analysis to explore significant relationships between variables. The qualitative data from the interviews was thematically analysed for recurring themes.

225 A National Project to Promote Fathering - The Canadian Experience

Jim Howes (Canada)

The professional literature is unequivocal regarding the critical significance of the role that men can play in the development of their children. The literature related to fathering will be reviewed under domains such as: influences of father involvement on child development outcomes; emotional development and well-being; and, effects of father absence on child development outcomes. However, it is equally clear that communities and social service agencies are lagging behind in their promotion of services to fathers. The Canadian project "My Daddy Matters because. . .", funded by the Public Health Agency of Canada, examined the experience of fathering in Canada from a number of perspectives. The project produced a social marketing campaign that developed television, radio and print ads in both English and French that promoted fathering in a number of contexts (attachment, learning, play). These ads built on the father-friendly booklets and poster series that were developed by an associate organization. The project also created a 'toolkit' that

offered practical suggestions and ideas for agencies on how to develop father-friendly programs and services. As well, the project produced a directory of fathering resources and programs throughout the country and an evaluation report of the activities of the project. The successful outcomes of this three-year project as well as the lessons learned will be shared with conference participants in order to further promote and guide the development of supports and services to fathers and their children.

226 The Government of the Mother-Infant Interaction

Ana Laura Godinho Lima (Brazil)

Nowadays, much specialized knowledge are offered for mothers that search to learn how to take care of their babies. Information produced in the fields of pediatrics , child psychology, pedagogy and correlated areas are spread in manuals that bring orientations about the whole process of becoming a mother. The research that will be presented seeks to answer the following questions: How did pediatricians in try to govern the mother-infant interaction during the first decades of the twentieth century? Which were the patterns of prescriptions formulated by these specialists related to the care with the infant, the organization of the home and the family's routine? Which were the knowledge and the theoretical frames that supported the orientations gave to mothers about how to take care of their infants? How was the scientific knowledge about the development of babies made accessible for mothers? The analysis focuses on Baby books released in Brazil between 1918 - when a book collected for the first time the lessons on Child Hygiene taught through the radio by the famous Brazilian doctor Moncorvo Filho – and 1941, year of the first edition of the most famous Baby Book released in Brazil, titled *The Baby's Life*, by Dr. Dellamare. The investigation is based in texts from Michel Foucault on “governmentality”, the “bio-power” and the “pastoral power”, and in texts from Nikolas Rose in the fields of psychology, health and politics.

227 Preventive Pediatric Mental Health Care for Infants and Toddlers

Rahil Briggs (United States)

In a community health center in the Bronx (the poorest borough of New York City), we have implemented a program by which an infant/toddler psychologist is co-located within a pediatric practice to address the social-emotional and developmental needs of young children via screening, consultation, and direct service. The program has been remarkably successful, as over 400 infants and toddlers have been screened since March 2005 using the Ages and Stages: Social- Emotional Questionnaire, 97 have been seen for extended evaluations, 24 seen in ongoing therapy, and 43 referred to another service. Additionally, education regarding infant brain development within a relationship context, postpartum depression, and attachment theory has been delivered to 10 attending physicians, 40 pediatric residents, and eight 4th year medical students. The program is undergoing evaluation, including a process evaluation, a clinical qualitative review, and a quantitative review of screener scores. Results will be presented accordingly. Factors key to our success have been the focus on prevention and early detection and the cooperation and support of all providers, including nursing staff. Indeed, both patients and pediatric providers have remarked that the program is critical to the ability to effectively address young children's presenting problems within their medical home, and to expand their capacity to protect and support young children's social emotional development.

228 A State Wide Early Intervention Program - Working Together to Make it Work

Pamela duRieu Linke, Sharyn Galwey (Australia)

The South Australian government has introduced a state wide early intervention program called Every Chance for Every Child. The main component of the program is a two year nurse home visiting program. The success of this program is closely related to a network of other programs with which families can be linked. This network adds value to the program and provides a pathway into future options for when the 2 year program ends. All new parents are offered a home visit from a community child health nurse at which parenting and family needs are assessed. They may be offered the 2 year program or linked straight into other appropriate services. This involves services for families with extra needs including Aboriginal families, refugee families, young parents and parents who have difficulties in parenting. A key to this is child development centres attached to primary schools - Children and Families Everywhere (CAFÉ). The presentation will present the first of these centres where early childhood education services, primary health care, parenting programs

and parents work in partnership to meet children's needs. Preliminary evaluation of the services shows significant improvement in parent child relationships, parent involvement with their children's education and parent self efficacy as well as parenting skills. This presentation will outline how the components of the network work together and will discuss some of the processes and outcomes from particular aspects of the program including young parent groups, refugee programs and Aboriginal groups.

229 Early Head Start Participation, Family Routines, Parenting Stress, and Child Literacy
Rachel Schiffman, Lorraine McKelvey, Thomas Reischl, Hiram Fitzgerald, Lixiong Gu, Holly Brophy-Herb, Shelley Hawver, Mary DeLuca (United States)

Most interventions for families with young children, including Early Head Start (EHS), aim to promote the optimal growth of infants and toddlers in many domains. Therefore, a primary objective for many EHS programs in the US is to enhance the quality of parenting and family environments. The EHS program in this study was developed based on an Infant Mental Health Model and focused on relationships between the mother and infant/toddler as central to the establishment of healthy development for children. The purpose of this study was to examine the association of program participation to family and child outcomes. The amount of program participation was a significant predictor for a number of salient outcomes. Higher number of home visits was related to higher level of daily reading to children, bedtime routines, and having a regular bedtime. In addition, a higher number of home visits was related to higher scores in language stimulation and vocabulary production and lower scores on parenting stress. This combination of outcomes emphasizes the importance of engaging parents in the goals of the program. Developing routines in the home provides a structure for children and parents to interact and to perhaps reduce the parent's stress; however, these routines may take time and effort to put into place particularly when there are many competing demands. Perhaps parents who remained in the program were better able to work with their EHS specialists to achieve these behaviors - behaviors that have the potential for longer-term impact on the children.

230 Early Childhood Professionals, Hidden Actors of Risk Behaviors Prevention: A Participative Study in Rhone-Alps Region (France)

Denis Fontaine, Jean-Francois Vallette, Denis Mellier (France)

Many professionals work with under five years old children. Their contribution to risk behaviours prevention can be essential, regarding to a bibliographic review. It is a good-treating attitude to develop with both children and parents. A qualitative study shows that the professionals are sensible to this attitude, but they call it education rather than prevention. Moreover, they often minimize their skills and their impact on children. A focus group of professionals identified 5 axes to improve their mental health promotion function : 1- To establish a preventive atmosphere, 2- To be helped when the professionals encounter difficulties, 3- To establish a partnership with the parents, 4- To establish preventive working conditions, 5- To transform the image of the early childhood jobs.

231 Supporting Babies and their Families in Major Disasters: Emergency Psychotherapeutic Interventions for Repatriate Babies in Roissy Charles de Gaulle Airport during the Ivory Coast Conflict

Dalila Rezzoug, Helene Romano, Frederic Adnet, Marie Rose Moro, Thierry Baubet (France)

In november 2004, during a sudden outburst of violence in Ivory Coast, hundreds of french people were threatened and witnessed violences, many of them have been physically or sexually abused, or taken hostage. French government decided to help the thousands of french people living in the country to fly back to France. In seven days, 5.434 people arrived in Roissy- Charles-de-Gaulle airport, 1.560 were under eighteen years old, lot of them were babies. In France, a network for psychiatric and psychological interventions in case of collective emergencies has been set up from 1995, following the Paris tube's bomb attacks. A « Cellule d'Urgence Médico-Psychologique » (Medico-Psychological Emergency team) exists in each french departement, and is activated by administrative authorities in case of catastrophic events. During seven days and nights, a large team professionals (psychiatrists, psychologists, psychomotrician, nurses) worked in Roissy airport with a special focus on babies and their families. We provided different levels of care, from psycho-

educational interventions to psychotherapeutic interventions addressing babies, their parents, and their interactions. We will describe some of these interventions. Catastrophic events can affect deeply babies, parents, parenting abilities and interactional processes in the family. Taking this problem into account from the first moments is the beginning of a therapeutic process. It can relieve suffering, and probably facilitate help-seeking.

232 Study of the Therapeutic Effects of Two Attachment-based Intervention Modalities with Infants in Chile

Veronica Undurraga Perez, Felipe Lecannelier Acevedo, Ana Maria Olivares Barahona, Nancy Goldstein Avdaloff, Catalina Larrain, Marianela Hoffmann Soto (Chile)

Although early intervention strategies designed to promote the optimal attachment of infants have been actively studied and enthusiastically implemented with various techniques and approaches, in Chile this is an area that has hardly developed. The present research studied the therapeutic effects and efficacy of two early intervention modalities: one named “attachment workshop” and the other “massage therapy”. The design consisted of implementation of these intervention strategies and follow up three months later, with a control group. Our sample consisted of 55 dyads from a low socio-economical status from the city of Santiago, Chile. First, the caregivers were evaluated in terms of the quality of attachment toward the infant, presence of postpartum depression and other symptoms when the infant was 2 to 3 months of age. Then they were randomly assigned to three groups (control, attachment workshop or massage therapy). The interventions lasted an average of six sessions each. The results showed that both the massage and attachment groups showed a significant increase in security of attachment between the pre and post treatment phases and at follow-up, compared with the control group where no changes were observed. The attachment workshop group had a significant decrease in the frequency of postpartum depression in comparison with the other groups ($F(5, 234), p=0.338$). We discuss the implications and limitations of the study.

233 The Moderating Effect of Parental Warmth and Sensitivity on the Association between Physical Discipline and Child Behavioral Outcomes: A Longitudinal Approach

Ann Stacks, Jean Gerard, Toko Oshio, Jacqueline Guzell-Roe (United States)

Parental discipline, particularly physical discipline and its long term impact on children’s behavior, is perhaps one of the most debated issues in child clinical and developmental fields of study. It is becoming increasingly apparent that much of the findings to date are the result of studies that are cross-sectional and do not control for earlier child behavior and/or studies that do not take into consideration possible moderators of the relationship between physical discipline and child behavior problems. Using the Early Head Start Research and Evaluation Study, we utilize longitudinal data to increase understanding of the way in which infant temperament at 14-months influences the frequency and severity of parental discipline techniques and how, in turn, parental discipline influence child behavior problems at 24- and 36-months. This study also examines the moderating influence of parental warmth and sensitivity on the association between parent discipline and child behavior.

234 Promoting Attachment Security in Primary Prevention using Video Feedback
Per Olof Svanberg (Great Britain)

It is well established that sensitive, attuned care-giving, warmth, empathy and consistency in the parent’s interactive behaviour in the very early years, predict secure attachment in infancy and early childhood. Secure attachment predicts resilience and resilience predicts emotional health and well-being. The presentation will briefly describe the Sunderland Infant Programme, which aimed to provide a targeted primary prevention approach by screening for vulnerable parent-infant interactions using a brief video-clip, identifying potential problems before they occurred and providing an innovative and flexible range of interventions including video feedback and interaction guidance as well as tailor-made therapeutic interventions if appropriate. The presentation will then report the main findings following the conclusion of a 12 month evaluation of the programme, showing that it clearly achieved what it set out to do e.g. to increase the proportion of children with secure attachment strategies. Outcomes in terms of cost-benefits of the interventions will also be presented.

- 235 Research Basis for Integrating Social Emotional and Intellectual Development**
Ellen Galinsky (United States)
Families and Work Institute has translated the latest neuroscience and other research for early childhood giving equal prominence to social-emotional and intellectual development with a strong emphasis on relationships and the process of learning in a new training program entitled, The Mind in the Making Learning Modules for Early Childhood Teachers. This presentation will focus on the research behind successful school readiness and why social emotional and intellectual development are inextricably intertwined. Video clips of the research will illustrate the foundation of the training.
- 236 Intentional Learning Communities in New Mexico Pilot through Community-based Program Partnership**
Lois Vermilya (United States)
The New Mexico pilot created community-based partnerships to work with teachers, caregivers, home visitors and other early learning specialists in both rural and urban communities serving a large number of Hispanic and Native American children. They have been documenting through case study the process of Mind in the Making learning engagement to explore the dynamics of teacher learning. Qualitative analysis is also tracking the “shifts in thinking” that teachers notice through a self-reporting series of questionnaires. Experience from New Mexico will underscore the core premise about the importance of cultivating learning communities where early childhood teachers are continuously reflective about their own learning, and where they are increasingly attentive to how they develop authentic relationships with young children to further goals for early learning.
- 237 Systemic Transformations in Pennsylvania, North Carolina, Oklahoma, and Illinois**
Nina Sazer O'Donnell (United States)
This presentation will focus on the systemic changes that resulted across the pilot sites. Significant changes were seen in the empowering childcare directors to train their staff; early childhood communities were brought together across disciplines, and quality of programs were improved.
- 238 Increasing Motivation for Professional Career Ladders**
Craig Jones (United States)
This presentation will focus on the ways in which paraprofessionals experiencing the modules were motivated to further their professional development and the ways in which higher education can benefit from this experience. Format and content for a credit bearing approach is included.
- 239 Quality Improvements in Child Care**
Mimi Graham (United States)
Highlights from Florida’s pilot will show outcome data on how caregivers trained in the modules showed dramatic improvements in their responsiveness to children’s needs and in the quality of their classrooms environments. Pre/post scores on environmental rating scales and measures of caregiver interaction will illustrate how effective the Modules were in improving quality.
- 240 Through the Looking Glass: An Attachment-based Parenting Project Based in Child Care**
Sally Watson, Pam Murphy (Australia)
Through the Looking Glass (TtLG) is an innovative attachment based parenting project based in child care sites. The project is a health, education and welfare collaborative early intervention strategy that utilizes the universality of child care settings to intervene with families where there is an identified compromised attachment relationship between the primary carer (mother) and child/ren. The program provides intensive psychosocial support, therapeutic intervention and childcare as a package for families in order to develop and support more secure attachment relationships between parent and child. The intervention has multiple components and draws heavily on the ‘Circle of Security’ graphic supporting parents and child care staff to understand and integrate attachment theory to practice. The program works directly with families focusing on their particular defenses that are directly impacting on their attachment relationship with their child/ren. The primary caregiving model of care provides the secure base for both child and parent. The child care worker provides an alternative attachment figure to the child. It is this aspect of secure base

care which ‘holds’ the family within a safe, supportive environment whilst targeting the specific aspects of their relationships, which has delivered positive outcomes for families participating in the program. The project demonstrates the integration of attachment concepts into practice within community based settings.

241 Using Attachment Understanding to Promote Teacher-Child Relationship and Build Community among the Children

Robyn Mary Dolby, Naomi Illiffe, Belinda Swan, Judy Croll (Australia)

This abstract describes how an understanding of attachment processes was used to promote the teacher-child relationship and to help the teachers help the children to connect with each other. It is an attachment-based program in a preschool (ongoing program in its fourth year) where many of the children have emotional and behavioural difficulties and come from distressed relationships at home. A Circle of Belonging was incorporated within the Circle of Security graphic to make attachment processes meaningful for staff, especially their role in supporting the children to build relationships with other children. The Circle of Belonging describes how children learn to negotiate needs with each other around play and acknowledgment, still supported within the safety of the Circle of Security that the adult provides. This “map” was put into place at the start of the preschool day, by implementing “play spaces” with staff members staying in the one place and trusting the children and parents to come to them. The evaluation (through filmed observations) showed that children found it easy to get to staff in “play spaces” and that this was a congenial environment in which to stay and learn to play with other children. This project demonstrates how an understanding of attachment functioning can be used in a community-based setting to enable staff to meet children’s and parents’ attachment needs around separation and to promote the children’s confidence and competence in play with peers.

242 Reflective Conversations: A Model for Clinical Support for Child Care Staff

Elizabeth Warren, Robyn Mary Dolby (Australia)

This paper describes how an understanding of attachment processes was used to promote reflective practice in a child care setting. Child care staff work in a field that involves intense emotional relationships but often do not benefit from the informed support or “reflective consultations” that other professionals have access to. The project is the result of an ongoing 7 year collaboration of childcare staff and child psychiatry trainees who come together weekly in a clinical mentor group to observe and reflect upon children’s emotional development at the child care centre where the child care staff work. Video-clips are used for this purpose, so the teachers have the opportunity to reflect on what they see themselves experiencing with the children and on how the children interact with each other. The paper uses a case study to describe the framework for the reflective conversations that took place within the mentor group and that gave the teacher a secure base of her own as she worked to give the same to a child. The case study (across a year) also tracks the teacher’s developing relationship with the child and shows how, from the safety of this relationship, the child became more successful in connecting with peers.

243 Parent Cognitions and Parent-Infant Interaction: The Relationship with Development in the First 12 Months

Melissa Ferrier-Lynn, Helen Skouteris, Geraldine Abdilla (Australia)

This study examined Parent Cognitions (in particular, those relating to Infant Characteristics, Children in General, and Parental Functioning) and Parent-Infant Interaction (Affect Within the Dyad, Activity Within the Dyad, and Communication Within the Dyad) in terms of their contribution to Infant Development (Mental Skills, Psychomotor Skills, and Quality of Behaviour) in the first 12 months. With a sample of 95 mother-infant dyads, results using structural equation modelling confirmed the expected finding that Parent-Infant Interaction mediates the association between Parent Cognitions and Infant Development. An unexpected finding was that the direct association between Parent Cognitions and Infant Development was stronger than the direct association between Parent-Infant Interaction and Infant Development. These findings will be discussed with regard to the implications for preventative and early intervention models. This paper will conclude with an overview of longitudinal data with regard to a follow-up study of these infants between two and three years of age. Particular emphasis will be on the two complementary

approaches used for assessing parent-infant interaction.

244 **Helping High-risk Infants: Preventative and Early Intervention Practices**

Jan C Smith, Melissa Ferrier-Lynn (Australia)

Based on the findings of Presentation 1, it is apparent that there are specific variables that are relevant with regard to preventative and early intervention practices with 'high-risk' parent-infant dyads. This symposium will outline a number of clinical strategies that can be regarded as a starting point for facilitating change with respect to parent cognitions, parent-infant interaction, and child development over the first 3 years of life. Given that parent-infant interaction represents an immediate point of contact for intervention, it makes sense to base interventions around the parent-infant interactional relationship. This affords the opportunity to examine and assist with the modification of parent cognitions in the context of the actual parent-infant interactional relationship. The strategies outlined can be used with individual parents or in a small group setting as with the Parents and Infants Relationship Support (P.A.I.R.S) group programme. Areas of emphasis will be with regard to: mutual attentiveness, pleasurable engagement, turn-taking, parental pausing, infant use of signals, and parental sensitive responsiveness. The various strategies will be presented within the context of current psychoneurobiological research.

245 **Maternal Postpartum Adjustment in Victoria's South West: A Rural Perspective**

Melissa Ferrier-Lynn (Australia)

This study examined the concept of postpartum adjustment in the first 12 months, particular to rural mothers and their infants in the South West region of Victoria, Australia. We examined a range of parent cognitions relating to Parental Functioning (perceptions of Wellbeing, Social Support, Role Relationship) in the context of Maternal Interaction Profile (Withdrawn, Intrusive). With a sample of 180 mothers from four regions within the South West, results will be discussed with regard to the education of primary health groups around postpartum adjustment, methods for refining current postpartum adjustment screening tools, and the development of recommendations for primary and secondary mental health personnel around preventative and early intervention practices particular to an Australian rural setting.

246 **The Chances for Children Teen Parent-Infant Project: Why, What, Where, and How?**

Ava Siegler (United States)

The first paper in this symposium will describe the Chances for Children: Teen Parent-Infant Project, an ongoing early intervention program designed to meet the psychological needs of poor, minority teenaged mothers and their babies. Chances for Children was developed in collaboration with a psychoanalytic child institute (Institute for Child, Adolescent & Family Studies) and the LYFE (Living for Young Families through Education) program of the New York City Department of Education. The project offers clinical support for the mothers and their babies as well as for daycare staff. Individual, dyadic and group therapies are used in the project to engage these young mothers. The theories that inform this project as well as its historical and social context will be explored and the project's rationale, methods, structure and outcomes will be summarized. Some ideas about the tasks of adolescent development and the ways in which pregnancy obstructs the developmental trajectory of these young women will be articulated. Psychoanalytic developmental theories are proposed as both meaningful and useful ways to conceptualize, understand and intervene in the lives of these young mothers and their children.

247 **Bridging the Gap: Looking at how Teen Mothers use Group Process**

Elizabeth Buckner (United States)

This presentation will take the perspective of group process and will describe the group component of the Chances for Children Teen Parent-Infant Project. It will address the challenges that arise working with poor, Latina and African-American teen mothers who live in low socio-economic, racially-isolated, often violent communities, and who live lives in which many of their important relationships are disappointing, destructive and/or dangerous. This presentation will illuminate lessons learned about group make-up, the development of trust, the intensity of rivalrous conflicts among group members, and the difficulty of accepting and trusting a leader who was outside of their community. We will discuss the varied transference issues that were stimulated in the

teenagers, who frequently had had poor mothering themselves, and in turn were having difficulty mothering their children. In addition, we will discuss the therapist's use of her own countertransference feelings as she tried to understand and manage the losses and traumas these young mothers had experienced, and continued to experience, in their lives. Illustrative anecdotes from the ongoing group process will be presented. Finally, we will discuss how the therapeutic group was eventually able to provide a safe and unique forum for the teen mothers to share their experiences, worries, and concerns about their children, their families, and their own relationships.

248 Psychological Effects of Early Food Allergies on the Development of Young Children

Lalia Castro de Souza, Noelle van de Castele, Mathieu Zannotti, Delphine de Boissieu, Christophe Dupont (France)

Along the last ten years the increasing frequency (four to six percent) and the earlier diagnosis of children food allergies lead the authors to take interest in the psychological aspects of this disease. Far from the hypothesis of a link between food allergies and emotional or behavior problems, they want to assess the consequences on personality and on psychic defenses. The methodological choice use a retrospective study among children from three to seven years old who present early food allergies. The authors focus on the psychological effects through two groups. The research pilot group of six people and the clinical action group of twenty children. In the research group the authors use an interview, a battery of projective tests and a free drawing. In the clinical group they use a psycho-analytic interview. Results appear to be the same in both groups : all the child presenting food allergies have a psychic disturbance : they show a high level of anxiety with a behavior made of dependence toward the care-giver. They seem to be non secure with an anxiety of separation and two complementary way of dealing with environment : psychic inhibition or desire of mastery. Some way of thinking are highlighted : a high level of the investment of thought, a repression of the affects, a huge increase of vigilance. The type of mechanism of psychic defenses described, owned by the earlier developmental stage of children, help the authors to conclude, about an earlier disturbance of psychological development in food allergies.

249 How Attachment Theory informs Infant Mental Health Practice with Toddlers and Parents in a Community Care Center

Nicole Guedeney, Anne-Sophie Mintz, Marie-Odile Perouse de Montclos (France)

This workshop will present in French three clinical applications of Attachment theory concepts particularly relevant to toddlers and their parents. The first clinical case will illustrate the concept of Goal Corrected Partnership applying the theoretical construct to toilet training. The clinical application will be illustrated by a case of encopresis. The second clinical case will illustrate the concept of conditional strategies and of Attachment disorganisation in the treatment of late adopted children and their parents' guidance. The third clinical application will illustrate how the possible meanings of angry through Attachment theory can inform in a new way the clinical practice with preschool children particularly to understand oppositional disorders

250 The Home Visit and the Medical Student

Lasia Martins Nudelmann, Salvador Hackmann Calia, Carmen Martins Nudelmann (Brazil)

THE HOME VISIT AND THE MEDICINE STUDENT Nudelmann, L. M.; Célia, S. H.; Nudelmann, C.M. The aim this work is to describe the care provided by a medicine student during home visits to a poor family. The home visits programs occurred at ULBRA (Lutheran University of Brazil), where, second-term medicine students have been looking after a pregnant woman on a mother and her baby by visiting them at home. The families live in a slum near the university and the students visit them once a week. The students are given support by the professors. The objective of such home visit is to make these families, who are often running affective and social risks, feel supported and strengthened to overcome their hardships and improve the quality of interaction with their babies and the others members of the family. This is achieved through psychoterapeutic techniques based on empathy. A clinical case is reported about a baby and her family who have been looked after by a medicine students, which helped her to achieve positive results in mother-baby interaction, which was reflected in a good development of the baby and of the family.

251 Relationships among Parental Knowledge of Infant Development: Complexity of Reasoning about Development and Quality of Home Environment in an Early Head Start Population

Jacqueline Guzell-Roe, Ann Stacks (United States)

Home visitation services that are offered to infants and their families through Early Head Start are designed to support children's optimal development and healthy adult-child relationships. Parent education programs have traditionally sought to improve the quality of children's home life by increasing parents' knowledge about age-appropriate child development and behavior. However, home-based services are more relationship focused. They aim to increase parental reasoning and understanding of multiple, integrated influences upon development as the vehicle through which the home environment and the parent-child relationship can be influenced. Complex reasoning about development is a long-term skill which may influence parents' decisions about how to handle challenging caregiving situations and their ability to respond with sensitivity to the needs of their babies. This study, which is part of a larger evaluation of an Early Head Start Program, examines relationships among parental knowledge and complexity of reasoning about infant/toddler development, parental discipline strategies, and quality of home environment.

252 A Parents-Baby Club as a Therapeutic Containing and Preventing Milieu

Orit Aviram-Nitzan (Israel)

Post-partum period is characterized as a time when a woman constructs the first bonding and attachment with her infant. This complex task requires certain concessions. A significant number of women may experience social isolation during this period, which seems to be aggravated in the afternoons. Such an experience may affect the quality of the mother-infant attachment, and may even be more prominent among low-income classes. Due to the economic recession experienced these days in Israel, there is a growing population of 'normative' young couples that may be 'at-risk' for becoming abusive or neglecting parents. Mothers and fathers of babies (<2 years) are invited to take part in social meetings with other mothers and their infants, on regular days, where they can benefit from support, sharing of common difficulties, mutual consultation, learning and being together. This framework is conducted by mental health professionals that take advantage of the setting in order to identify mothers in severe distress or in need of professional preventive intervention. This setting enables the containment and integration of the positive and negative aspects of becoming a mother during a period of difficulty. If mindfully conducted, many therapeutic processes can occur in this setting without formally declaring it to be a 'psychotherapeutic' one. In the presentation, we will make use of case illustrations in order to exemplify the settings' operating modes and strategies.

253 The Karitane Residential Family Care Clinical Program - Sydney, Australia

Deborah Nemeth, Cecily Barton, Jane Phillips (Australia)

The Karitane Residential Family Care Unit (RFCU) provides mother-infant intervention to families with children 0-4 years who are experiencing complex early parenting difficulties. Previous research has identified that although mothers may be referred to a Residential unit for infant behaviour management problems, the challenges to these families are complicated by the psychological distress, mood disturbances and severe fatigue commonly experienced by the mothers. The principles underpinning the RFCU program include a strengths-based and family centred approach and the implementation of the family partnership model. The RFCU utilises strategies aimed at enhancing protective factors that contribute to effective parenting, preventing adverse child and parent mental health outcomes, and aiding healthy emotional and social child development. Additional aims of the program include improving parenting confidence, knowledge and skills, and facilitating the development of a positive parent-child relationship. The multidisciplinary RFCU program addresses identified child-centred goals of admission, whilst also providing individual and group centred interventions to address maternal psychological health problems and attachment difficulties. Clinicians working at the RFCU provide a model of sensitivity, flexibility & dependability in dealing with the needs of others that parents are supported to mirror in their relationship with their infant.

254 Evaluation of Child and Maternal Outcomes associated with the Karitane Residential

Family Care Unit Program

Deborah Nemeth, Jane Phillips (Australia)

This study aimed to (i) provide a detailed description of the characteristics of women and children admitted to the unit and (ii) evaluate longer term child and maternal outcomes associated with admissions to the RFCU. A consecutive series of 151 clients admitted between October 2004 and February 2005 were recruited and followed up prospectively at 4 weeks and 3 months post-discharge from the unit. On these three occasions, participants completed a series of standardised mental health, parenting and individual/personality measures, monitored their child's behaviour patterns and provided feedback about the program. Results showed that although most women came to the unit with child-focussed goals (for example sleep difficulties), a significant proportion also experienced clinically significant levels of depression, anxiety and parenting stress. Significant improvements were seen at one-month post discharge, and were sustained at three months. By providing clear characterisation of the presenting problems and issues for clients admitted to an Australian RFCU, this study builds upon previous research to increase our understanding of the impact that various psychosocial factors and personal characteristics can have on the nature of difficulties faced by families with young children. The study also highlights the effectiveness of a residential mother-infant intervention in bringing about positive outcomes for mothers, infants and families who are experiencing early parenting difficulties.

255 Implementation and Evaluation of Parent-Child Interaction Clinic (PCIC) at a Residential Mother-Infant Service

Jane Phillips, Deborah Nemeth, Cecily Barton (Australia)

The Parent-Child Interaction Therapy (PCIT) clinic was established at Karitane Residential Family Care Unit (RFCU) in response to an identified need for additional clinical interventions for toddlers. The clinic utilises Eyberg's PCIT, a short-term intervention for young children who are displaying behavioural, emotional and developmental problems. Based in developmental theory, PCIT draws from theories of attachment, learning and traditional child psychotherapy, and seeks to facilitate positive changes in child behaviour by intervening in the parent-child relationship. At the Karitane PCIT clinic, mother-child dyads are seen for weekly outpatient therapy sessions in which parent-child interactions are observed and parents are coached in new ways to interact with their child. The reasons for referral commonly include child non-compliance, verbal and physical aggression, destructive behaviour, whining, hyperactivity, and mood or anxiety disturbances. This paper will give a description of the clinical population and program provided at the Karitane PCIT clinic, and will report clinical outcomes (child psychopathology, parental perception of problematic child behaviours, toddler attachment, parenting stress and maternal mood) associated with this intervention. Discussion will highlight the difficulties and challenges encountered during the establishment of the clinic, and will comment on the role of a PCIT clinic within a Residential Unit service. Of interest is the impact of the PCIT clinic and subsequent training for all RFCU clinicians on clinical practice within the RFCU program.

256 A Community Development Approach to Cross-sectoral Initiatives for Early Infant and Family Development

Jean Hughes, Elizabeth Kay-Raining Bird (Canada)

It often takes numerous stakeholders (health, social services, education, justice, and housing) to assist early infant and child development in high-risk families. To be effective, stakeholders must find ways to work across sectors and provide integrated and seamless services – a substantial challenge for traditional government agencies. This presentation describes the realities of one such cross-sectoral initiative involving an early intervention program of services, Growing Together, delivered by multiple-agency service providers, out of a not-for-profit organization situated in a high-needs community with high-risk families. We discuss the unique challenges of moving beyond case management to building real commitment among independent agencies to a community-development model. We describe how in Growing Together families are active partners and families, not providers, have the final say. Services concentrate on family strengths rather than problems, and are tailored, responsive, practical, integrated and seamless. We also examine the solution strategies employed around critical governance issues (among agencies and within community) involving provider roles (professional/lay), scope of practice (distinct/overlap),

authority and reporting structures, and information sharing/database implications. The impact of this initiative is discussed in terms of families (buy-in, access, service utilization), stakeholders (trust, collaboration), and information management (common database, types of data collected/tracked over time/shared among stakeholders).

257 The Lay Home Visitor Role: Linchpin to Enabling a Cross-sectoral Approach to Early Infant-Family Interventions

Jean Hughes, Denise Sommerfeld (Canada)

There is much debate concerning the relative merits of lay (usually parent) versus professional (usually nurse) home visitors. We argue that both lay and professional home visitors play critical, yet distinct, and overlapping roles in assisting high-risk families, particularly when embedded in a community development model. This presentation will discuss the selection, NCAST training, trans-disciplinary support strategies, and impact evaluation (at 3 months, & 2 years post-training) of the parent home visitor role in an early intervention program, Growing Together (GT). The parent home visitors perform three critical functions: 1) they access families by making contact, prenatally or post-birth, fostering safe, trusting relationships, and serving as a link to the community; 2) they celebrate all births and the family's capacity to grow, by delivering a celebratory bag of program-related gifts for each family member; 3) they empower families, particularly mothers, by modeling-to-coaching to connect with services/resources around family-identified needs. This presentation will include discussion of the impact of the role on (a) accessing and engaging high-risk families, (b) facilitating families' use of services (internal and external to the GT program), (c) trans-disciplinary relationships with GT professionals (nurses, psychologist, social worker, speech-language and early childhood specialists) and community agencies, and (d) perceived relevance and suitability of the home visitor role by families.

258 When the Destination becomes the Journey: Viewing Research Progress and Outcome Measures from the Families' And Community's Perspectives

Jean Hughes, Elizabeth Kay-Raining Bird, Denise Sommerfeld (Canada)

Just as strong mutual and reciprocal interactive relationships between parent and infant enable strong child and family outcomes, so too do such relationships between families and service providers enable the growth of strong collaborative communities over time. There is no end point but rather outcomes are seen as an evolving complex spiral of strengths and challenges day-to-day, year-to-year. The traditional research markers that enable the evaluation of longitudinal progress will be discussed including measures of infant/child development (physical, psychological, social, cognitive, speech/language and literacy); parent competence and confidence (parenting and childrearing attitudes and psychological well-being), parent-infant/child interaction in teaching situation (sensitivity to cues, response to distress, cognitive and socio-emotional growth fostering); nature of home environment for childrearing, level of chronic family problems, and ability to manage in the community. Outcomes will also be discussed in terms of parent relationships with lay home visitors use community resources, the frequency of use of other non-GT health services (tracked through the publicly funded health care system on linkable databases) made by Growing Together families compared to non-Growing Together families within two study communities. Finally, a perspective on each of the communities and changes visible in each that, while they continue to be seen as relatively high-risk settings by the external environment, those living in the environments see and know the small victories that have made the real differences.

259 Babies' Helplessness, Practitioners' Helplessness: How Teams can contain the Babies' Anxieties?

Denis Mellier, Patrick Mauvais (France)

Our objective is to transmit our experiences and to bring useful references for thinking about institutional work. Professionals are particularly impacted by the sufferings of babies, mothers or parents with whom they work. This has consequences on the atmosphere of work and the team capacity to adapt its responses to babies' needs. We will develop a model of psychodynamic understanding of these problems. The team is initially considered in its receptacle function for anxieties, which are coming from babies. So the professionals have recourse to institutional defenses to protect themselves and to continue to work. Refusals are thus commonly instituted

faced with desires and anxieties, which concern the relationship with the babies and their family. They print their marks on the team organization, its alliances with the families and its partners. If the crisis corresponds to a rupture of these defenses, any inclination of change encounters these defenses. We will underline some key concepts to understand these phenomena and will give three detailed case vignettes to discuss: the evolution of a day-nursery team over 10 years, the emotional evolution of professionals during a follow-up of a baby in a nursery, the engraved situation of an institutional crisis related to team conflicts.

260 **Becoming Parents: Couple's Attachment on Marital Quality during the Transition to Parenthood**

Rosetta Castellano, Patrizia Velotti, Giulio Cesare Zavattini (Italy)

The transition to parenthood is a period in which attachment issues are extremely important, since it stimulates a rethinking of past and present experience with attachment figures. This transition determines remarkable changes in couple's relationship, as shown by wide research in this field. Recently, adult attachment has been conceptualized in two organizational elements: the generalized representations of attachment, developing through experiences of childhood with attachment figures; the specific representations of attachment, developing over the daily interaction with the romantic partner. This study is part of an ongoing longitudinal project on 50 couples. Our aim is to investigate the role of adult attachment on marital quality during the transition to parenthood. Methods: During the 7th month of pregnancy each partner was administered the Adult Attachment Interview, the Current Relationship Interview, and a set of questionnaires evaluating marital quality. Then, when the child was six months old, each partner answered a set of questionnaires evaluating marital quality. Discussion and conclusion: On the basis of the correspondence/discrepancy between the "generalized" and the "specific" representation of attachment, we analyse the role of the resulting four configurations in discussing the changes in marital quality, supposing that security of specific attachment could be a main resource for the couple's adjustment during this challenging event, giving a perception of the partner as a "secure base" in times of stress.

261 **Assessment of Depressed Mother-Father-Child Triad Interaction of Japanese Families: Preliminary Case Studies**

Mihoko Oba, Kaori Okada, Satomi Murase, Hitoshi Kaneko, Yasuko Sasaki, Haya Sechiyama, Takahiro Yoshizumi, Masae Ninomiya, Yukari Hibino, Shoko Hamada, Erika Maruyama, Shuji Honjo (Japan)

Many studies have indicated that depressed mothers show difficulties in interacting with their children. Moreover, it has been said that fathers' mental health is also influenced by their depressed partners, which might have impact on the interaction with their children. However there are no studies examining actual triad interaction of depressed mother-father-child in Japan. In the current study, we assessed 2 Japanese families—one included depressed mother (family A) and the other not (family B) —by using Child and Parents' Interaction Coding System in dyads and triads—CPICS—for the first time in Japan. Dyad and triad interaction was videotaped when the child was 18 months and coded by CPICS. Each parent was asked to answer 3 questionnaires—the Edinburgh Postnatal Depression Scale (EPDS), the Marital Love Scale (MLS), the Postpartum Maternal Attachment Scale. The results indicated that in family A, because depressed mother could not respond to and affirm child's contributions, the dyad interaction was interrupted more often. In addition, depressed mother tended to over-stimulate the child, their interaction was disturbed by the child's crying. Furthermore, in family A, marital love score was low, and father-mother dyad or father-mother-child triad interaction scarcely appeared. Maternal depression could be the factor to determine whether the family can develop and continue dyad, triad interaction. Moreover, marital relationship might relate to the occurrence of triad interaction. More cases will be needed to confirm these points in future.

262 **Sleep: Predictors from 18 Months to 42 Months**

Alissa Schactman, Leah Hatton, Marnee Maroes, Margaret K. McKim (Canada)

Families with infants commonly report sleep disturbances and these can be long lasting, leading to future problems. A systems model of infant sleep was used to examine the sleep problems of a group of infants at 18 months, and those same infants at 42 months. The objectives of this study

were: to examine stability of sleep patterns from 18 to 42 months, to compare the predictors of sleep difficulties at 18 and 42 months, and to determine if there are factors that can be seen at 18 months that predict the maintenance of sleep problems through to 42 months. Participants consisted of 184 families who completed two mail-out surveys at 18 and 42 months. Results indicated that sleep behaviours remained consistent in this group of infants from 18 months to 42 months, indicating that sleep problems do not resolve themselves. At 18 months, feeding the infant during nightwakings, moving the infant to the parental bed following a nightwaking, difficult infant temperament, and increased parent stress were significant predictors of sleep problems. At 42 months, feeding the infant during nightwakings, difficult infant temperament, and lower socioeconomic status (SES) were significant predictors. Results indicate that factors that maintain sleep problems in infants from 18 to 42 months include difficult infant temperament, low SES, and high parent stress. Early intervention is essential for the prevention of future sleep problems.

263 Predictors of Parents Physical Disciplinary Practices: The Influence of Psychopathology and Cultural Beliefs

Ricardo Barroso, Miguel Goncalves, Carla Machado (Portugal)

Understanding factors that influence parenting practices, particularly physical discipline, can clarify how abusive behavior occurs. Literature about this thematic alleged that some factors could be of historical nature (e.g. practices related with social attitudes), partner- contextual (e.g. poverty), cultural (e.g. tolerance to the violence), of the parental domain (e.g. psychiatric symptoms) or, until, the particular behavior of the child (e.g. difficult temperament). We can refer that the cultural perspective (practices determined by the legitimacy of the culture about punishment) and the psychopathological perspective (influence of the psychiatric symptoms in the parental practices) remain, in the theoretical field, in opposing lands. The present study has the objective to observe the effect of cultural and psychopathological variables in the disciplinary practices. Through the corresponding analyses of regression we look explanations in the analysis of the ratio of variance for the most predictor. For the accomplishment of the study, we requested to a sample of 126 citizens (parents or mothers) the schedule of Violence Beliefs Scale, Parenting Inventory, CBCL 4-18 and the Brief Symptom Inventory. The variables Obsessive-Compulsive, Anxiety and Hostility have greater ratio in the prediction of the potential occurrence of physical abuse in the children. Also, we verified some predictors of child psychological maladjustment, like punishment practices, physical abusive practices and inadequate (but non abusive) practices.

264 Parental Characteristics, Abandonment, and Placement of Children in a Child Care Institution

Grigori Abatzogchlou, Christina Chatzidimitriou (Greece)

Purpose: The aim of the present study was to identify the characteristics of parents of children placed in children care institutions as a means of better understanding the factors leading to child abandonment and/or placement in an institution. Among the features studied were the socio-economic characteristics of parents, the presence of a mental health problem in one or the two parents, the type of mental illness, the role of the illness in the abandonment and the placement of their child/children, the time of the abandonment in association with other parameters.

Methodology: The research sample was composed of the parents of children placed in different child care institutions and referred to the Unit of children and adolescents. A questionnaire constructed by the pedo- psychiatric team was completed retrospectively based on the information available on the child's parents. The sample contains the parents of 80 children residing at a child care institution. Results: The findings of this study confirm the lack of data concerning the biological parents of children placed in institutions and indicate the lack of a multi-disciplinary approach, as the destiny of children with serious psychosocial problems is in most cases decided by social services alone. Foremost the study indicates that the mental health of the parents and their socio-economic status is a crucial factor leading in the placement of a child in a child care institution.

265 The Special Circumstances of Mothers in Japan whose Children go to Bed Late

Hiromi Kawasaki, Eleanor Kane, Mika Nishiyama, Hiroe Tsushima (Japan)

Background Japan faces the twin problems of pubescent children's nonattendance at school and a

reclusive inability to leave the home. From our survey of bedtimes of children from kindergarten to third grade, it was seen that the prepubescent third graders went to bed later. Therefore in this paper we will examine the special circumstance surrounding mothers whose children go to bed late.

Method The subjects of this study were 117 mothers of third graders in 2003 and 2004. They were divided into two groups; one group consisted of children who went to bed late (L.G.). To compare the two groups by mothers' situation and habits, chi-square test and logistic regression were used. **Results** The mothers of L.G. were in their 40s ($p < 0.01$). The mothers thought that their children's bed times were unsuitable ($p < 0.01$). After the logistic regression, children's late bedtimes were related to the mother being in her 40s, her belief that the child's bedtime was unsuitable, and her looking at the school notebook every day. **Conclusion** To this kind of L.G. mother, conducting the type of survey which has been used up to now in Japan asking "Is your child's bedtime unsuitable?" may simply lower the mother's GSE and increase insecurity in the child. For mothers who are already aware that their prepubescent children's bedtimes are unsuitable, it is necessary to provide guidance so that when these children do enter puberty they are able to control their daily lifestyle.

266 Pregnancy as a Trauma Repetition Compulsion: How to Prevent it? How to Sustain the Mother-Child Couple?

Maria Lucia Maulucci, Emilia de Rosa, Riccardo Cocchi, Giovanni Hassan (Italy)

This paper reports two clinical cases to show how women who had passed through either physical or sexual abuse or violence, could act such traumas through an unwanted pregnancy. Since the repetition compulsion is not a conscious process, patients relate their psychological uneasiness mostly to family privations or to a lack of social assistance. The close association between the mother experience of trauma, post-partum depression and the infant psychical development, will be also examined. In our opinion, children are often unaware victims of this trans-generational violence. In order to protect their psychological balance, a network of apt and efficient prevention should be set to find out such unconscious process.

267 Child Homicide caused by Repeated Child Battering

Anne L.M. Kauppi (Finland)

This study is a series of investigation of fatal child abuse in Finland during 25 years. In 12 cases repeated battering was detected in forensic autopsy, police and court reports, mental examinations of the parent and other health care reports. Mother was the perpetrator in 8, father in 3 and stepfather in one case. Of 8 male and 4 female victims 5 were under 6 month and 6 from 2½ years to 4 years. Riskfactors like prematurity, teenage childbearing, separation from the child and low economic status were found. The injuries caused by battering were mostly bruises and the battering had lasted for days or even years. The final assault was often more violent, causing often intra-cranial hemorrhaging. None of the parents aimed to kill the child. Parents had had psychological difficulties hinting of personality disorders. none of the parents were psychotic. As a parent they were helpless and they didn't enjoy taking care of the child. The spouses didn't stop the battering although they were aware of it. Daycare authorities, health care nurses and social workers had noticed the bruises or the change in child's behavior in most cases. Child battering could have been suspected only in three cases but was not detected.

268 Some Methodological Problems in Longitudinal Studies with Infants and Toddlers in the Foster Care System

Rob Clyman, Dong Pan, Christina Little, Heather Beil (United States)

Certain methodological problems may occur in longitudinal developmental risk or prevention studies of infants in foster care. **Sampling:** Representative surveys typically sample only one child per family. However, some foster parents predominantly foster sick babies. If only one baby is randomly selected, the sample will no longer be representative because medically ill infants will be under-sampled. Multi-level modeling techniques can be useful here. **Three Types of Placement Trajectories:** (1) Children may remain in the same home during a study, (2) change caregivers but all caregivers receive a research assessment, or (3) may change caregivers but not all of the caregivers receive assessments. In the latter two situations, it is unclear how to test hypotheses about the impact of family variables on child outcomes over time -- hypotheses central to developmental research. **Potential Over- or Under- Reporting of Child Characteristics by**

Caregivers: Different types of caregivers may over- or under- report symptoms, perhaps to influence child welfare decisions. Whenever hypotheses are tested with samples of children who live with different types of caregivers, as we do when we are studying outcomes of children who entered foster care, the results are not easily interpretable due to the potential of under or over reporting. Observational data helps, but the caregiver reporting problem remains. Conclusion: These critical problems need to be addressed to understand better the development of children in the child welfare system and the impact of intervention efforts.

269 **Description of the Treatment of Small Children and their Families in the Family Ward in the Department of Child Psychiatry, Hospital for Children and Adolescents, University Hospital in Helsinki**

Eeva-Liisa Palomaki (Finland)

This poster will describe the clinical work done in the family ward in the Department of Child Psychiatry at the Helsinki University Hospital. The principal goal of this work is to treat interactional problems in families with children displaying psychiatric symptoms. The structure, main elements, aims and results of the work are described. The family is met in the family ward outpatient clinic three to seven times before they are admitted to the ward. The outpatient clinic work includes meetings with the family network, functional visits and a home visit. Once admitted, all members of the family remain in the ward for one to three weeks, and two nurses are engaged with them all the time. The theoretical basis of the treatment is a model that integrates psychodynamical and system-theoretical thinking and attachment theory. Some of the main features of the work are openness, confidence, clear and concrete aims, functionality, and awareness of the resources of the family. Daily record of the activities of the family members as well as of staff observations are maintained and made available to the family. These activities include conversations, drawing a family tree and time line, and a variety of other activities designed to promote better interaction, including role plays, games, drawing and performing everyday tasks together. The treatment in the family ward is often followed by some sort of additional treatment, either in the form of an additional shorter period in the ward or outpatient treatment at a suitable location.

270 **Longitudinal Study of Pregnancy After Infertility**

Laetitia Marclay, Joelle Darwiche, Marc Germond, Patrice Guex (Switzerland)

Introduction: This study aims to evaluate the transition from infertility to parenthood for couples who obtained a pregnancy after in vitro fertilization (IVF). The specificity of the research's design is to include the stage before the IVF treatment into the evaluation of the transition to parenthood, in addition to pre- and post-natal measures. Methods: Couples are encountered before their first attempt of IVF (T1). Couples who obtain a pregnancy are seen at the 5th month of pregnancy (T2A) and when their child is 9 months old (T3). Couples who do not obtain a pregnancy are seen one year after the first IVF (T2B). At each research session, couples participate in a semi-structured interview about their infertility history and complete questionnaires based on couple adjustment and infertility-related stress. Results: N= 37 couples have been encountered at T1 and 15 of them have participated at the second session: 10 at T2A and 5 at T2B. Preliminary data concerning the difference between the first (T1) and the second time (T2A/B) of the research shows that: 1) the couple's adjustment remains stable and 2) the infertility-related stress tends to diminish. Conclusion: Preliminary results concerning N= 15 couples at T2A/B show that the dyadic adjustment is stable whether the couples are experiencing a pregnancy or treatment failure. These results are different from the decrease of conjugal satisfaction underlined in the literature. Interestingly, couples without pregnancy are also less stressed by the infertility situation even if confronted with treatment failure.

271 **Evaluation of Families with Adolescent Parents in the Urban Periphery of Porto Alegre, Brazil**

Angela Maria Polgati Diehl, Olga Falceto, Elena Metcalf, Carmen Fernandes (Brazil)

A multi-phase study of children with adolescent parents was carried out in the urban periphery of the city of Porto Alegre, Brazil. During the first phase, from March 1999 to March 2000, the parents' ages, schooling, marital status, relationships with families of origin, social networks, pre

and postnatal care, breastfeeding attitudes and parent-child relationships were studied. In the second phase, from January to December 2004, marital status, social networks, parent-child relationships and child development (using the Denver II Test) were studied. Research findings revealed that pregnancy during the teenage years is dealt with more naturally in poorer social classes and that couples had steady relationships in the second phase of the study. In this population, the children of adolescent mothers demonstrated better development at four years than the children of adult mothers.

272 Risk Exposure in Toddlers of Low-income Families: Links to Child Functioning at Five Years of Age

Lorraine McKelvey, Hiram Fitzgerald, Rachel Schiffman (United States)

Low income children are exposed to higher levels of violence than are children in middle and upper income levels, including violence that occurs in the home and in the neighborhood. This study sought to identify the impacts of exposure to these risks for 3- year-old children in low-income families on subsequent child development outcomes at age five. Participants were 425 mothers, resident fathers (or father figures), and children recruited to participate in a study of the efficacy of an early intervention for low-income families with young children. Findings suggest that the most salient predictor of child development at age five, apart from the child's cognitive scores when they were three years old, was maternal depression, which was positively related to aggressive, hyperactive, and withdrawn behaviors. Paternal antisocial behaviors were found related to increased sustained attention. These findings seem to indicate that, at least for maternal report of child development, that paternal characteristics are less predictive than maternal depression, but they also demonstrate the importance of including multiple types of assessment in longitudinal studies of child development. Maternal reports would suggest that there is a long term effect of maternal depression on child development outcomes, but indicators from direct assessment suggest no relationship. It may be that mothers suffering from depression exaggerate all of their children's behaviors, or may see them as problematic.

273 Increasing School Readiness through Parent Involvement and Education: One State's Experience

Celeste Sturdevant Reed, Laurie Van Egeren, Laura Bates, Betty Tableman, Hiram Fitzgerald (United States)

For three years one state department of education experimented with a school readiness program emphasizing: Parents' roles as their child's first teacher; the school's responsibility for programming aimed at children ages birth to five years; universal service; and a collaborative community approach to service delivery. The required services included: home visits; families' group meetings; periodic screening; a community resource network; connections to quality preschools. Despite the goal of universal services, a number of factors contributed to the likelihood that some demographic subgroups received particular services more than others. Early predictors of school readiness served as indicators for improvement. The evaluation described change as a function of participating in ASAP-PIE services and, when possible, of the dosage service. Significant numbers of children were identified as not initially meeting developmental expectations. Because there is no policy for developmental screening, most of these children are unlikely to have been identified without the ASAP-PIE program. Family and parent characteristics, as well as two service patterns were associated with developmental improvements. Sample sizes were too small and too inconsistent to evaluate whether the outcomes for particular demographic groups differed depending on the services received. The findings from this experiment suggest that significant benefits could accrue from intentionally targeting services or providing levels of service based on need.

274 Effects of the Training Program for Mother-Infant Interaction in Infancy: Looking through Mother-Infant Interaction Style, Touch Pattern, and Joint Attention

Keumjoo Kwak, Sunghae Park, Yoonkyung Jeong, Sujung Kim, Yumi Choi (Korean Republic (south))

The present study was to develop the effect of training program that focused on mother-infant interaction and to examine its effects on social development such as mother -infant interaction

styles, touch pattern, and amount of joint attention. Participants included 120 twenty-four months olds infants (boys: 63, girls: 57) who were selected randomly from 450 infants who participated at the nationwide longitudinal study carried out on the basis of their developmental scores from a month to twenty-four month in South Korea. They are randomly divided into control and training group. Infants in training group were observed with our 8-session- program during pre-test and post-test sessions for measuring interaction styles. Touch pattern was analyzed to 32 touch pattern styles for measuring touch pattern. Five minutes of video-taped observation was coded to both free-plays with toys and without toys for the amount of joint attention. As results of this training program, negative mother- infant interaction styles such as verbal control was decreased significantly in training group than control group. It is significantly increased in touch pattern of soft and dynamic styles in post-test than pre-test. The amount of joint attention significantly increased in training group than control. These results indicate that the training program facilitated infants' social development thorough tapping the important aspects of interaction with their primary caregivers. Further studies are needed to investigate whether the efficacy of our program persist for later development.

275 Child and Maternal Outcomes following Admission to the Karitane Residential Family Care Unit in Sydney, Australia

Jane Phillips, Deborah Nemeth (Australia)

Background: The Karitane Residential Family Care Unit (RFCU) provides a 5-day inpatient program for families with children 0-4 years coping with complex early parenting issues. The RFCU aims to enhance protective factors contributing to effective parenting, prevent adverse child and parent mental health outcomes, and aid healthy emotional and social child development. Aims: This study aimed to provide a detailed description of women and children admitted to the unit and to evaluate child and maternal outcomes associated with the intervention. Design and Method: A consecutive series of 151 clients were followed up at 4 weeks and 3 months post- discharge. Participants completed standardised mental health and parenting measures, monitored their child's behaviour patterns and provided feedback on the program. Results: Although most women came to the unit with child-focussed goals (for example, sleep difficulties), a significant proportion were also experiencing clinically significant levels of depression, anxiety, and parenting stress. Significant improvements were seen at one-month post discharge and were sustained at three months. Conclusion: This study provides clear characterisation of the underlying issues for clients admitted to an Australian RFCU and builds upon previous research to increase our understanding of the impact of various psychosocial factors and personal characteristics on difficulties faced by families. The positive outcomes highlight the effectiveness of this intervention for these families.

276 Medical Termination and Prenatal Psychological Process

Vronique Mirlesse, F. Perrote, Monique Bouchilloux, C. de Vigan, Marie-Jose Soubieux, Francois Sirol, Linda Morisseau, Fernand Daffos (France)

Medical termination has always been considered as a devastating event in a woman's life. Its consequences on the relationship with the husband and children is of main concern to the professionals. Five years after our first inquiry, we decided to start a second study in our fetal Medcin ward in the Institut of puericulture and Perinatology. We include all patients having had a pregnancy termination over a year ; the study is based on EPDS and questionnaire and semi directive "entretien" realised at Day 2, Month 2 and 4, and Years 1. We here, wish to present the elaborative phase of our study and preliminary results.

277 Assisted Reproductive Technologies, Psychological Management, and Couples with HIV Infection

Ouriel Rosenblum, Sylvie Viaux, David Cohen (France)

Medical-psychological interviews are systematically proposed to couples in which at least one partner is HIV positive and who desire to have child, to help assess the difficulties involved without stigmatizing the couple. We remain available to the couple at the various ART stages and during the pregnancy and the post-partum period. We look at the emotional dynamics of parenthood and its transformations to throw light on the decisions by the multidisciplinary team (child psychiatry, infectious diseases, gynecology and reproduction biology) handling the patients, their ART, and

their HIV disease. Methods : From May 2002 through September 2005, we interviewed 250 couples undergoing ART. We evaluated their affective stability in the face of this long and uncertain process, their ability to deal with the difficulties inherent in this situation, and the psychological changes of the parents-to-be during the course of this high risk pregnancy. Results : During these interviews, the couples can move forward from discussing the HIV issues to tackle the complex trajectories that have led them to attempt parenthood. Conclusions : A psychodynamic approach during the preconceptional period allows these couples to reappropriate their own history as a prelude to working through their guilt feelings.

278 A Comprehensive Preschool Day Treatment Program

Mona Segal, Susan Ward, Linda Aspler (Canada)

A COMPREHENSIVE PRE SCHOOL DAY TREATMENT PROGRAM Mona Segal (Canada), Susan Ward (Canada), Linda Aspler (Canada) An overview of a three pronged model of working with preschool aged children and their families in a therapeutic environment being used at the Montreal Children's Hospital will be presented. Child group psychotherapy, parent child dyad art therapy, and parent training program delivered by a multi disciplinary team within the comprehensive model will be presented and discussed. Currently the program services are directed towards the study, treatment and prevention of a wide array of behavioral and developmental problems. Group activities, including therapy, for small groups of children are designed to address children's behavioral difficulties, emotional expression, and developmental delays. Family participation in the form of parent training and family counseling is considered an integral part of treatment, and is one criterion for acceptance and continuation in the program. Included will be a brief presentation illustrating each of the components of the three pronged model, as well as video vignettes to enhance the focus of discussion. Discussion during the workshop will be valuable for disseminating knowledge and providing a model of a comprehensive approach for working with preschool aged children and their families.

279 High Risk Pregnancy and Sexual Abuse in Childhood

Mylene Garo, Ouriel Rosenblum (France)

The study took place in a maternity unit specialised in high risk pregnancies. The notion of child sexual abuse had never been mentioned by these women to the obstetrical team. A pregnancy can recall the suffering linked with sexual abuse during childhood. Even more so in the case of a pregnancy The aim of this study is to identify and describe the repercussions of sexual abuse during childhood on the experience of pregnancy with obstetrical complications leading to hospitalisation. It is important to be able to identify the need for psychological support. The disclosure of the baby's sex has a very large impact for these women. The psychological response varies according to the sex of the foetus. In such a context, what the mother fears is to give birth to a daughter who may relive what she has experienced herself or a son who could in turn become a potential abuser. The situation of being pregnant with a male reinforces feelings of ambivalence or hatred towards the male sex. The diagnosis of a serious malformation of the foetus can also have complex repercussions. Pre-natal examinations may be perceived as persecutory and reignite sentiments of physical bodily intrusion, without protection. Delivery may thus constitute a traumatic scene combining fear of death, physical bodily intrusion, pain, loss of control and personal intimacy. In addition, they may feel protected by the unit's personnel, a feeling which they did not get from either their own mother or family

280 Dynamics of the Consultation of Clinic Psychology in Medical Aid to Procreation with Gametes Gift: Questions about How to Work the Roots of Parentality in Therapeutic Consultations

Patrick Cauvin (France)

We expose a 7 years reflexion about therapeutic consultations with petitioning infertile couples of AMP with gametes gift. We are convinced by the need for having a comprehension model of the gametes gift situation, making it possible to open the discussion with couples on standby of answers, on fantasmatic bases having good lucks to be divided. This work tries to highlight the broad outlines to lead the consultation: intrication of practical reflexions (to take time to think when dominates the impression of to have lost too much) and of theoretical concerns (to preserve the

coherence of the metapsychologic reflexion on the fantasmatic life without denying underlying biological reality). Starting by clinical illustrations, we expose our heuristic assumption : 1.The spermatozoons gift is carried out of man with man. The unfertile man searches the oedipal father figure, fearing to disappoint his own father like not being able to compete with that of his father, then seeks her support, not in maternal dimension but as the closest incarnation of oedipal father, so the woman risk to meet the distressing figure of the stranger, incarnate by the donor. 2.In oocytes gift appears a woman exclusion and worries about the oocyte donor. There symmetry stops, because the man is also excluded from the start for manifest reasons (the oocyte remains a part of woman body despite of in vitro fertilization bypass) and fantasmatic reasons (because the no sex difference dimension of the primary mother bond phantasm, true stake of the oocytes gift).

281 A Comprehensive Preschool Day Treatment Program

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A COMPREHENSIVE PRE SCHOOL DAY TREATMENT PROGRAM Mona Segal (Canada), Susan Ward (Canada), Linda Aspler (Canada) An overview of a three pronged model of working with preschool aged children and their families in a therapeutic environment being used at the Montreal Children's Hospital will be presented. Child group psychotherapy, parent child dyad art therapy, and parent training program delivered by a multi disciplinary team within the comprehensive model will be presented and discussed. Currently the program services are directed towards the study, treatment and prevention of a wide array of behavioral and developmental problems. Group activities, including therapy, for small groups of children are designed to address children's behavioral difficulties, emotional expression, and developmental delays. Family participation in the form of parent training and family counseling is considered an integral part of treatment, and is one criterion for acceptance and continuation in the program. Included will be a brief presentation illustrating each of the components of the three pronged model, as well as video vignettes to enhance the focus of discussion. Discussion during the workshop will be valuable for disseminating knowledge and providing a model of a comprehensive approach for working with preschool aged children and their families.

282 Paiga - Twenty and Two Years of Experience with Pregnant Adolescents

Angela Maria Polgati Diehl, Angela Horn Pegoraro, Maria Estela Peccin Soares, Maria Geraldina Vicosa, Vanessa Galarraga (Brazil)

The Program of Integral Attention to Pregnant Adolescents (PAIGA) stemmed from the verification that some children at Presidente Vargas Hospital, whose mothers were adolescents, were also victims of mal-treatment. This Program was organized taking in consideration that pregnancy in teenage years is a situation of enormous emotional complexity and special cares. The admission to the Program happens during the prenatal period. At the first moment, the pregnant adolescent is also evaluated by the Psychologist and guided to participate in the Group of Pregnant Adolescents or to an individual psychological care. The childbirth happens at Presidente Vargas Hospital. After the birth, the family might participate in the Group "Parents and Babies". The babies have a monthly revision with a pediatrician of the team. Results: (n=65): Non-planned pregnancy: 85%. Normal labor: 84,6%. Birth weight $\geq 2500g$: 87%. Breast-feeding: 98%; 19% older than six months. Teenage mothers take care of babies in 95%; 66% of the parents live together; 20% are separated, but involved with the babies. 27% of the grandmothers had a pregnancy during their teenage years. Conclusion: Our Program has been offering differentiated and specialized prenatal cares. As a result of that we have observed steady couple relationships, prevention of new gestation, as well as prevention of obstetric pathologies, premature babies, precocious weaning, malnutrition, mal-treatment and abandonment of children in the followed population.

283 Cotherapy in Seriously Disturbed Infant-Parent Interactions

Didier Rabain, Ludovic Duverge, Francine Couetoux, Marcela Montes de Oca, Jacqueline Wendland (France)

Our purpose is to underline specific aspects of cotherapy we use in the Unite Petite Enfance et Parentalite Vivaldi (a small infant care center of the Infant psychiatry Service of Professor David Cohen of La Pitie-Salpetriere Hospital) in very difficult situations. We define cotherapy as the intervention of both a psychotherapist and a psychomotricist in the same setting. Most of the time

the psychomotricist focuses his attention on the infant and the psychotherapist on the parents. This collaboration allows for conditions that favor not only the development of improved exchanges between the parents and their child but also the elaboration by parents of their own past history including conflicts, mourning, traumatic experiences often “forgotten” but “recalled” when they become parents themselves.

284 Antenatal Diagnosis: Pregnancy and Parent-Infant Relations

Linda Morisseau, Linda Morisseau, Marie-Jose Soubieux, Francois Sirol, Anne Brisson, Marie-Anne Lepez, Michele Marillaud, Jeanne-Marie Schuller, Christine Arato (France)

Becoming a parent is the result of a long psychic process involving numerous factors related in great part to the history and pre-history of the future parents themselves. The personification process of the baby and nowadays of the foetus, linked to the evergrowing progress of foetal medicine, personifies the foetus who thus becomes a sick baby for whom the law allows the parents a right of deciding between life and death. This difficult responsibility awakens fundamental violence and primary hate, all the more in the pregnant mother. It is the opportunity for a psychic working through which may open the way for later psychotherapy. For the mother, the physical approach due to frequent hospitalisation of these patients whose pregnancy is medically difficult, leads to questions where sexual and bodily issues are at the forefront. Furthermore, in Child Psychopathology consultations, one often finds an antenatal diagnosis which clouded the pregnancy and later the mother-baby relationship. The specificity of this dual-approach guidance in perinatal units in punctual interventions and in longterm psychotherapies of young children and their families has although about new questions and modified the practice of psychoanalytic psychotherapies. We will present our work based on three clinical cases and open the discussion around our psychotherapeutic practices.

285 Depressed versus Non-depressed Mothers Reading a Picture Book to their Infants: An Analysis of Nonverbal Behaviors

Nadja Reissland (Great Britain)

Background: Book reading, especially at a young age, plays an essential part in learning to read, (e.g. DeBaryshe, 1993). However, parents who themselves do not enjoy reading may be unable to support their children's interest in reading (e.g. Bus et al, 1995). Depressed maternal mood might be one factor, which influences maternal ability to read constructively to her child (e.g. Tamis-LeMonda, 1999; Reissland et al, 2002). The purpose of the present study is to relate maternal mood to maternal and infant non-verbal behaviours while reading a picture book. Method: Sixty-one mothers and their infants, 38 boys and 23 girls, were observed twice at a mean age 6.8 months (32 mothers with depressed mood) and at a mean age 10.2 months, (17 mothers with depressed mood). Results: The analysis of nonverbal behaviours showed a significant association between maternal mood state and mother and infant type of touch and gaze direction during book reading. Infants of mothers with depressed mood significantly more often tried to “close the book” or “push the book away” while the mother was trying to read the book, compared with infants of non-depressed mothers. Mothers with depressed mood significantly more often tried to “restrain” their infants' engagement with the book, by preventing them from touching the picture book. The length of depressive mood had an effect on mother and infant touch behaviour during book reading. Conclusions: These differences in maternal and infant nonverbal interactions might be important predictors of later enjoyment of book reading.

286 Questions about the Place of Therapists between Neutral and Acting Position

Meret Vallon, Meret Vallon (Switzerland)

Observation of a spectacular clinical evolution of a girl of 9:8 years with severe psychotic trouble, six months after a social intervention, three months after she entered a day hospital for children from 4 to 13 years suffering from psychotic troubles. Presentation of the situation of this girl who entered the day hospital for psychotic children at the age of 8:9 coming from ordinary school, having no therapy and issued from a multicultural family with a serious mentally ill mother. The issue of the presentation of this clinical case is to think over the early relationship of the mother with her child and relationship of the mother with the many therapists who tried to help without success, and what impact it might have had on the clinical evolution of the child. How come that not enough help

could be provided before she entered the day hospital?

287 **The Peek-a-Boo Club: An Infant/Mother Treatment Group to Address the Effects of the Experience and Exposure to Severe Family Violence**

Lindy Henry, Bez Robertson, Wendy Bunston, Kate Enderby, Naomi Audette, Frances Thomson Salo (Australia)

This poster will describe a 2-pilot early intervention treatment group work program for infants and mothers affected by severe family violence. Created as an inter-agency initiative in the Western Suburbs of Melbourne, Australia, the Peek A Boo Club was established as a joint mental health and local neighbourhood community centre partnership in an endeavour to interrupt the cycle of family violence through building healthy responsive and safe attachments between mothers and their infants where the relationship has been damaged by a culture of fear and violence. Evaluated using the Parent-Infant Attachment Scale (Condon 1988) and consumer satisfaction surveys, the poster will present the results of these two groups, including our six month follow up. The poster will also summarise the therapeutic modalities utilised within these two treatment groups, provide descriptive data collected from the 'working model of the child interview' (Zeanah, Benoit, Barton & Hirshberg 1996) as well as outline the subsequent initiatives undertaken by the Peek A Boo Club post this stage of trialing the intervention.

288 **The Reason for Rhyme in the Mother Infant Relationship**

Siobhan Aidene Hannigan, Anne Cumming, Christine Steentyes (Australia)

In this poster we explore the benefits of rhyme and songs in a mother infant therapy group. We are interested in the use of rhymes and songs in enhancing the mother and infants search for each other when the relationship is difficult. We will examine how this simple intervention can assist mothers to learn to read their babies cues including eye contact, activity level, touch sensitivity, voice recognition and gentle movement. We hope to highlight some of the relationship changes observed in the 10 week PAIRS group and the mother's reported benefit of the rhymes and songs in assisting her to know and understand her baby.

289 **The 24 Hours Care Unit in the Child Psychiatric Clinic in University Hospital of Tampere**

Pirjo Rantanen (Finland)

The 24 hours care unit in the child psychiatric clinic of University Hospital of Tampere has started in September 2004. In this one year period we have been caring for children from 6 to 13 years old. This unit focuses on the psychiatric examination, the assessment and treatment of developmental, emotional and behavioural problems. The unit consist of a multidisciplinary team including two doctors, one specialized in the child psychiatry, psychologist, social worker and nurses. The unit is planned for 8 children who need the psychiatric help in a hospital. The focus of the care is to find out what kind of troubles child has in various situations in everyday life, and how those could be eased. Parents and network presence is essential for planning and carrying out of the care. Every child has her/his primary nurse. With the help of this relationship the child can solve some problems and develop in practical situation. The primary nurse is the link between the unit and the family. The base of this unit is to work as a community. The children and adults make plans and decisions together in weekly community and everyday meetings. In the groups the children are practising how to get along with each other. The relationships between a child and other members of the community are under consideration and used in the care. The purpose is to present a study where the earlier phases of these children are examined using documents of their problems and their treatments. These results will be presented in WAIMH congress -06.

290 **Exploring the Concept of Emotional Availability in the Infant Childcare Setting: A Comparison of Infant Interactions with Mothers, Fathers and Professional Caregivers**

Sharne Annette Rolfe (Australia)

The importance for infants of secure attachment relationships with mothers, fathers and professional child care providers is now beyond question. Attachment theory delineates the key features of caregiving that promote security, these being sensitivity, responsiveness and consistency. Biringen

(e.g. 2000) describes the core features of emotional availability such as structuring, non intrusiveness and non-hostility. She also identifies two child dimensions, responsiveness to parent and involvement of parent, as central. The present study explores elements of the EA construct within the infant child care context. Using measures of adult sensitivity, structuring, non intrusiveness, enjoyment and restrictiveness, and measures of infant responsiveness to adult and positive affect, the study compares the interactions of mothers, fathers and professional child care workers with the same infants. Results show no significant differences between mothers, fathers and professional caregivers in tempo of play, restrictiveness, sensitivity and intrusiveness. However, highly significant differences emerged on two measures – enjoyment and structuring. Parents showed significantly more enjoyment than caregivers and mothers and fathers were more structuring, with mothers the most structuring of all. Among other things, results are discussed in terms of the impact of high caregiver:infant ratios and the possibility that professional carers become so desensitised that even in one-to-one uninterrupted play, as was observed here, aspects of emotional availability remain compromised.

291 The Efficacy of the World Health Organization (WHO) Care for Development Intervention on Improving the Home Environment of Young Children

Ilgı Ozturk Ertem, Gulsum Atay, Derya Dogan Gumus, Bahar Emine Bingoler, Asuman Bayhan, Dolunay Sarica, Hanife Ozdemir, Gulden Ozturk, Canan Gul Gok, Gonul Erdogan, Nermin Sezer, Habibe Dilsiz (Turkey)

In developing countries, health care visits are often the only opportunity to influence child development. The WHO and UNICEF Care for Development Intervention (CDI) trains health care providers to enhance caregiver-child play and communication. We aimed to determine if the CDI delivered during an acute health care visit enhances stimulation in the home. A clinical trial was conducted with the comparison arm completed first; then CDI training was provided to the pediatricians, followed by the intervention arm. Children ≤ 24 months of age, coming to Ankara University Pediatrics Department with minor illnesses were enrolled: 113 in comparison and 120 in the intervention groups. Two pediatricians blinded to hypotheses provided standard health care for patients in the comparison group and standard health care plus the CDI to the intervention group. One month after the visits, an adapted version of the Home Observation for Measurement of the Environment (HOME) Scale was administered in the subjects' homes by researchers blinded to hypotheses. The intervention group scored higher on the 'provision of play materials' and 'variety in daily stimulation' subscales of the HOME. Home made play materials were observed in 43% of the intervention vs 11% in the comparison group ($p < 0.001$); 20% of families in the intervention vs 3% in the comparison group reported reading to their children ($p < 0.001$). The CDI when used during health care visits may be an effective method of supporting caregivers' efforts to provide a more stimulating environment for their children.

292 The First Steps: Preventive Developmental Guidance in Multicultural Environments

Patrick Meurs, Lorenzo Jullian (Belgium)

The First Steps program is a program of preventive developmental guidance and educational support for immigrant families living in multi-ethnic quarters and poverty. The program is evidence based since its goals are set after research on the early risks and vulnerabilities in the developmental profiles of minority children in the first year of life. Also, its effects are registered by follow-up studies in the grade school period of the children and on the later professional adaptation of the parents. The program is psychoanalytically informed: key concepts like 'conflict', 'ambivalence', 'separation-individuation', 'transitional space', 'containment' are translated into the domain of multi-ethnic populations. The program is culture sensitive: cultural scripts - from diverse origin - on the early parent-infant relation are included in the program. The guiding figures of our work are: Dolto ('les Maisons (Ou)vertes'), Emde & Spicer ('development in the midst of variation'), Fraiberg ('developmental guidance').

293 Listening to Preverbal Children: Symbolic Gestures as an Intervention to Enhance the Caregiver-Child Relationship

Claire Vallotton (United States)

How would our interactions with infants and toddlers be different if they could clearly and

explicitly express their feelings, thoughts, and desires to us? What would an infant's separations from her parents be like? How would conflict between toddlers be handled? What kind of changes would we make in the subtle ways we respond to young children? Since the discovery that preverbal children can use symbolic gestures, the UC Davis laboratory school has been using Baby Signs® as part of their infant/toddler program and the curriculum for child development student caregivers. Other parent education and infant development programs have begun to use signs as well. Two applied studies examined the effects of this intervention on caregiver-child interaction. Study One describes change in the responsiveness of non-parent caregivers (at a university lab-school) in daily interactions with the children in their care. Study Two, an applied experimental design, describes change in several aspects of the parent-child relationship in Early Head Start parents and their children, including (a) changes in parent stress related to their children, (b) changes in parent responsiveness to children's affect and other communicative signals, and (c) changes in children's communicative behavior. Results show that the use of sign language with preverbal children encourages caregivers to pay closer attention to infants' communicative signals, provides children with a tool to actively participate in their own care, changes the way caregivers think and feel about children, and reduces children's distress.

294 **Introducing Infant Mental Health to Childminders and Nursery Nurses: The Solihull Approach**

Hazel Douglas, Samantha Day, Mary Rheeston (Great Britain)

The Solihull Approach was initially developed in the late 1990s for use by health professionals who work with children, but it rapidly extended to social workers, education professionals and Sure Start programmes. However, it was always intended to adapt the materials for childcare workers i.e. childminders, nursery nurses and after school workers, as these practitioners in the community are a key part of the infant's relational world. The Solihull Approach is an integrative model using core concepts from psychoanalytic theory (containment), child development research (reciprocity) and behaviour theory. It is supported by a resource pack that also functions as an accredited distance learning resource. It provides a model through which the relationship between the adult and infant can be facilitated and promotes infant mental health. At least in the UK, training for childcare workers does not coherently focus on the importance of the relational world of the child or on infant mental health. The presentation will highlight the issues the project team had to consider in adapting the Solihull Approach. The project team included childcare workers. It will show how elements of the resource were adapted to the needs of childcare workers in order to better meet the infant mental health needs of infants in their care.

295 **Promoting Mental Health in the Preschool Setting: Building Resilience and Relationships through Supporting Motor Skill Development**

Naomi Priest (Australia)

This poster will describe a community based occupational therapy program working with children at risk, their families and kindergarten staff, within disadvantaged communities in the outer south of Adelaide, South Australia. As well as supporting children's motor development, the 'Motor Magic' program has had a strong emphasis on building resilience and relationships between children, parents and staff. It is suggested that these two aspects of child development are intertwined and that programs addressing both aspects are important to promoting positive mental health for children. The poster will describe the program and outcomes identified by a rigorous evaluation conducted through Flinders University. Outcomes included increased developmental skills for the children, as well as strengthened relationships between children, parents and staff. The evaluation used a realist approach, exploring what worked in the program, as well as for whom the program worked and why. For example, results suggest that this program produced positive outcomes for those children who were experiencing mild to moderate attachment and relationship issues, but that other strategies are needed alongside the program where these issues are more severe. It is suggested that supporting children's motor skills and ability to participate in age appropriate activities at kindergarten are useful strategies for strengthening children's resilience and relationships, as well as for engaging with parents who may be otherwise reluctant to explore attachment and relationship issues regarding their child.

296 Nurture or Neglect: Does what You get Determine who You will Become?

Rosalie Woodside (United States)

This poster presentation will compare efforts to incorporate the principles of best practice into the design and implementation of programs for young children and their families at two sites, serving homeless and middle class populations respectively, in New York City. While program staff at each site share a commitment to best practice, other factors affect program progress and outcomes. Particular attention will be paid to challenges often associated with services for the homeless that confound program development and compromise opportunities for primary stakeholders: children, parents and teachers.

297 The Infant, Toddler, Preschool Resilience Program: Responding to the Effects of Terrorism and Natural Disasters in New York, Israel, and Maldives

Claude Chemtob, Robert Abramovitz (United States), Shmuel Lahad (Israel), Helena Duch (United States)

This workshop will present the Infant, Toddler, Preschool Resilience Program (ITP) that is being implemented in three countries as a prevention/intervention model to help families with young children exposed to terrorism and/or natural disasters. The ITP program was developed in New York to respond to the needs of children ages birth to five and their primary caretakers who were impacted by the World Trade Center attack. The program has now been adapted to service the community needs of young children in an Israeli town suffering from continuous missile attacks and to service children birth to five who were displaced by the Indian Ocean earthquake and tsunami of 2004 in Maldives. This workshop will present the ITP model and describe its multiple components: a) training of providers and community members, b) universal screening of young children and their primary caretakers, and c) community and dyadic interventions. Adaptations of the model for Israel and Maldives will be discussed, with particular emphasis on cultural considerations. The workshop will describe the use of screening and assessment techniques to identify the effects of trauma on very young children and their families, and describe in depth training, community and dyadic intervention models developed at each site. This workshop will also present preliminary results of incidence of trauma-related difficulties in each of these communities and impact of training and interventions.

298 Parent Infant Psychotherapy in Situations of Exile and Migration

Marie Rose Moro, Benoit Dutray, Dalila Rezzoug, Thierry Baubet (France)

The ethno-psychoanalysis as a part of transcultural psychiatry applied to infant mental health problems will be analysed. This discipline is formed by the association of Psychoanalysis and Anthropology to approach the understanding and treatment of situations in which a family or parent/child group have moved from one culture to another. The importance of cultural myths, taboos and modes of understanding relationships, child development and needs, and manifestations of dysfunctions will be discussed. We will analyse in special the therapeutic consultations during the perinatal period in situations of exile and migration. This period is particularly vulnerable for children and families. During this time cultural and family myths acquire great importance, they could be denied or abandoned due to the requirements of the "new" culture, while being vividly present in the mind of the parents, even if unconsciously. The use of ethno-psychoanalytic principles as "complementarity" (the importance of anthropological understanding of clinical manifestations) and a therapeutic model of consultation, for instance the clinical work with a group of therapists will be illustrated with a case. The addresses to these consultations are numerous: difficulties during pregnancy, difficulties in feeding of the infant, failure to thrive, excessive irritability in babies...

299 Supporting Infant Mental Health in Center-based Child Care

Porcia Kennel, Rima Malhotra, Mary Chainski (United States)

SUPPORTING INFANT MENTAL HEALTH IN CENTER-BASED CHILD CARE: IMPLEMENTING CONTINUITY OF CARE Rima Malhotra (United States), Mary Jane Chainski (United States) The goal of this workshop is to share the case for an approach to center-based, infant care that supports social and emotional development and to discuss the challenges encountered, strategies employed and the benefits seen during 4 years of planning and successful

implementation of Continuity of Care in a center-based, full-day infant family program in the US. Research demonstrates that the quality of child care has a powerful and lasting influence on children's overall development. What kind of program best supports children to develop social and emotional health, as well as cognitive development? One clear answer, supported by research, is that children develop optimally in secure, trusting relationships with minimal transitions. Continuity of Care (CoC), is a program model designed to meet this need. It includes primary care giving, small group size, and minimal transitions. Although CoC is widely accepted as best practice for non-parental care giving contexts in the United States, there are significant challenges to developing and sustaining it in center-based infant programs. This workshop will include opportunities for participants to share their own experiences through interactive dialogue and to take part in discussions of strategies for successful implementation. It will also include individual children's stories, as well as discussion of outcomes data from the program.

300 Parent-Child Relationship in the Context of Sickle Cell Disease (SCD) and Hematopoietic Cell Transplantation (HCT)

Elise Drain (France)

Our report deals with the parent-child relationship in the context of a chronic disease and its cure. SCD is an hereditary hemoglobinopathy which only potentially curative treatment is HCT. We attempted to discern the patterns of parent-child relationship that may be related to child's psychopathological aspects and interfere with his or her recovery. Our data comes from a study that we conducted with children with SCD and their families. 28 patients (17 males, 11 females) with SCD treated in France with HCT and their families were evaluated with two semi-structured interviews, at least one year (median 5 years, range, 1-14 years) after HCT at the median age of 14 years (range, 4-24 years). 27 patients were free of symptoms and one had rejected. 4 patients were under 6 years old. We present the results in chronological order : disease, transplantation and recovery. Some aspects of the parent-child relationship are common to any chronic disease and others, specific and linked with the characteristics of the SCD. The transplantation represents an emotionally difficult experience, potentially traumatic for the child and his or her parents. The familial relationships are confronted with deep changes after the transplantation. Parent-child relationship is therefore complex and faces many challenges. The quality of the interactions is essential for the development of the child and to help him or her to face with the difficulties he or she meets. Therefore, attention should be paid to all the family surrounding the sick child and to the speech of each one.

301 Migration, A Risk for the Identity?

Taieb Ferradji, Dalila Rezzoug, Marie Rose Moro (France)

Which relationship between sociocultural changes and psychopathology? The transcultural private clinic, through the example of the maternal depression, underlines how much, in the migration can be more than elsewhere, this pathology questions the identity and the bond of filiation.

302 Attachment and Cultures

Stephane Boussat, Quirot Benoit (France)

Resolutely transdisciplinaire and in particular bringing together specialists in the observation of the infant and anthropologists of the early childhood, this workshop would propose to put in tension the theory of the attachment, founded on an attentive observation of the early interactions mother-child, and the "theories" of the attachment by which many traditional cultures, through their practices and representations surrounding the birth and the first moments of the child in the world, register this last in their centre and more largely in the human community. Being explained to some extent by the bulk-heading existing still between two disciplines, but detrimental according to us with research as with a better comprehension of the disorders of the attachment observed in situations of acculturation or cultural saddle-oyster, a hiatus indeed seems to us to exist today between this rich person phenomenology of the early relations, on which above all the theory of the psychological attachment will have rested, and this not less plentiful anthropology of the cultural attachment,

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made rites and myths marked of the sign of the collective. Based on a review of the literature like on clinical examples, such as the kwashiorkor, favourable with the dialogue, our workshop would thus aim at supporting a salutary between these two glances, private clinic and anthropological confrontation, that the new-born baby requires.