

Proposal Abstracts 449 – 560

- 449** **Workshop 25: Mother and Father-Infant Internal Representations: Gender Differences and Similarities**
Neta Avner-Guttmann (Israel)
Background: Most of the therapeutic interventions that are conducted with parents and infants in the Mother-infant Clinic, at the Tel-Aviv Sourasky Medical Center in Israel, are dyadic and dynamic interventions. Although dyadic in nature, the interventions relate in fact to a triad that entails the figure the father as well. Because relatively little attention has been paid to father's internal representations with regard to their roles as parents, and being attentive to the strong presence of fathers in the Israeli society we have been interested in investigating this matter. Study aims: Comparing fathers' versus mothers' internal representations of themselves as parents, and of their infants in relation to their own parent's internal representations. Method: Study population included a convenience sample of 15 couples, parents to infants who were not older than 6 months of age, couples who sought help at our clinic. Measurements were made as part of an outcome study we conduct and the data is based on our measurements, before and after psychodynamic intervention. Data collection was performed using 'R' questionnaire (Stern's maternal representations). Findings: our findings relate to the association between both parent's internal representations of their parents and their baby, with regard to similarities and differences between genders and their own perceptions and patterns of parenthood.
- 450** **Workshop 26: The Contribution of Esther Bick's Method of Infant Observation to Clinical Practice**
Regine Prat, Pierre Delion, Françoise Jardin, Denis Mellier (France)
The authors discuss the ways in which babies can be a source of learning thanks to the specific kind of training in infant observation that Esther Bick's method provides: weekly observation sessions in the infant's home environment, from birth until two years of age. The three different phases of the procedure can be seen as a methodological model for the thought processes it involves: after the weekly home observation session with baby and family, the observer writes out a report, which is then read to a seminar group led by an analyst trained in the method. The observer's non-interventionist attitude, the attention paid to every detail of the situation, including the observer's own emotional responses, and the working through of all this material in the process group mean that there is a significant movement, thanks to this method, from "seeing" to "thinking". Clinical examples highlight the specific importance of the method in training professionals who work with young children, as well as therapists and psychoanalysts, in setting up care and prevention procedures, and in developing knowledge about and understanding of babies and the baby part of adult personality.
- 451** **Workshop 27: Infant Mental Health: Integrating Theory into Practice within the Irish Health Services**
Catherine Mary Maguire (Ireland)
This symposium documents the journey towards the development of an infant mental service provision within Ireland. The aim of this symposium is to demonstrate the application of infant mental health principles into clinical practice and service delivery. At present in Ireland, there are no dedicated services for infant mental health or structures in place to facilitate the development of expertise in this field. This symposium will document the response that was made to this gap in service delivery. Evidence based practice, theoretical knowledge, reflective practice and consultation have provided the framework for the establishment of a service delivery dedicated to this young population and their caregivers. Three papers will be presented within a developmental context, beginning with the ante-natal period and progressing through to infancy. Each paper will highlight the processes involved in integrating infant mental health principles into clinical practice within the Irish health care services.
- 452** **Workshop 28: Chances for Children - Teen Parent-Infant Project: A Clinical**

Intervention in the Lives of Teen Mothers and their Babies in Inner-city Communities in the USA

Hillary Mayers (United States)

This symposium will focus on the Chances for Children Teen Parent-Infant Project that was created through a collaboration between a psychoanalytic training institute, ICAFS (Institute for Child, Adolescent & Family Studies), and the LYFE program (Living for Young Families through Education) of the New York City Department of Education. Our model was developed in response to the psychological needs of high-risk, poor, minority teenaged mothers and their babies, and informed by recent infant research and an understanding of contemporary psychoanalytic developmental theory, demonstrating the relevance of this theory to the lives of what we call “real children in the real world.” Our project serves primarily African-American and Latino families, without many social or economic resources. Lack of mental health services in minority populations in the United States is a “critical public health concern.” (Surgeon General’s Report). Chances for Children is an on-site program that reaches new moms and their babies within the first years of the baby’s life. The symposium will consist of three papers. The first will introduce and describe the project, its history, rationale, methods and outcomes. In the second, a case presentation of a mother and baby will be discussed and pre and post intervention videotapes will be shown, demonstrating the alterations in the dyad. The third paper will present group process from the mothers’ support groups illustrating aspects of racial, ethnic and class conflicts that emerged.

453 Workshop 29: Assessing Parent-Child Interactions: A Multidimensional Method

Judith Harel (Israel)

Assuming that interactions are the meeting ground of the parent’s and the child’s representations of self, other and the relationship, the goal of this method is to evaluate the relationship of parent-child dyads as revealed in play interactions. The assessment is based on observing videotaped mother-child and father-child dyads on 10 dimensions, yielding appropriate and problematic aspects of the interaction. The method is applicable for infants till early grade-schoolers, for assessment and intervention. Each child is assessed with each parent. The dyads are asked to be together as they usually would for about 20 minutes. Repeated viewings of the tapes enable the assessor to evaluate each dimension at several levels of complexity. The dimensions: 1. secure base for exploration of the outer and inner world, 2. aspects of communication 3. affect- range, regulation, themes, 4. roles-reversals, 5. boundaries- self/other, projections, 6. potential space, 7. play- level, themes, 8. intersubjectivity- one mind/two minds, 9. reflective functioning, 10. real-child - dream child/ nightmare child. Summary- is this relationship fulfilling the needs of the child? The parent? A clinical example will be shown; same child interacting with father and with mother. The participants will be asked to observe and to assess the interaction, as they would usually do. Then the group will be split so that each sub-group observes one dimension. After they report the observations, the group will integrate and discuss their understanding of the relationship and the applications for therapy.

454 Culture, Touch, and Synchronicity: Implications for Infants with Disabilities

Grace Lappin, Claudia Schrader (United States)

The use of touch has been employed by caregivers around the world since the beginning of time. Touch as an intervention is witnessed in cultures as diverse as the Eskimos of the Canadian Arctic and the Ganda in East Africa; it is in evidence in South Asia, Russia, China, Sweden, and South America. Remote South Sea island communities practice it as well as technologically advanced societies. These traditional applications of touch are usually passed down from parent to child and from one generation to the next. This interactive workshop will explore cross-cultural practices of caregiver-infant touch, the effects on synchronicity in caregiver-infant dyads, and the implications for infants with disabilities. Participants will engage in reflective exercises where they will be asked to consider and discuss touch in their own cultural contexts; and identify and describe instances of synchronicity as presented in pictures caregiver-infant dyads. Workshop facilitators will frame the session by providing an overview of cross cultural practices of touch, the concept of dyadic synchronicity, and the implications for caregivers and infants with disabilities.

455 The Gastro-oesophageal Reflux (GOR): A Psychosomatic Reevaluation of the

Syndrome and Treatment

Sylvain Missonnier, Nathalie Boige, Pierre Delion (France)

This video on the RGO is dedicated to the training of the pediatricians, the psychotherapists and all the professionals of the early childhood. The present high frequency of GOR in paediatric clinical raises the question of an excessive medical care. A one-day survey led in the nurseries of the « département » Yvelines pointed out that up to 26% of babies from 3 to 6 months of age receive at least one therapeutic measure against GOR. The authors, a paediatric gastroenterologist and a psychologist, relate their common work on this pathology in a general paediatric care unit. In complement, two liberal pediatricians testify to their protocol of care and the encountered difficulties. Starting from a state of the art about this up to date disease and a critical review of the coexisting paediatric and psychosomatic approaches, they outline sociological, psychopathological and therapeutic original hypothesis. A clinical case illustrates these hypothesis and shows the synergy of paediatric and psychological therapies. The mother in company of her baby tells how it lived treatment unfolding. Clear clinical recommendations are proposed to the pediatricians, to the psychotherapists and with looking after concerned. The defense of a psychosomatic total assumption of responsibility is defended. This video film was directed and produced by the CNAV.

456 Getting to Know You Program - Expanded Film and Teaching Version

Bijou Blick, Beulah Warren, Sarah Mares, Louise Newman, Caroline Stevenson (Australia)

This workshop will present a peri-natal education program based around infant communication and social interaction which aims to enhance parents' knowledge and attunement to their infant. It is an expanded version of the original film "Getting to Know You". Secure attachment and the quality of early interaction are critical to an infant's long-term health. While attunement is influenced by many factors it is strongly affected by early parenting experiences. From birth the baby is an eager participant in interaction, something often not recognised by parents. "Getting to Know You" uses filmed interactions of infants and parents to highlight infant social and emotional skills and cues in the first 3 months of life. The development of the expanded program occurred because an ante-natal controlled trial of the original film indicated that although there were high parental satisfaction ratings (>74%) and significant improvements in knowledge ($F=7.03$, $p=.002$) this was not sustained at 6-10 weeks post-partum and was therefore not adequate for long-term gain. Additionally, requests for such a program had also been received from nurses involved in home visiting who had used the original film. The program consists of both focused film segments, which can be shown over a period of several weeks, and an accompanying manual to guide in its use. The experience to date of using this program in both group and individual settings with at-risk and standard post-natal populations will be demonstrated and discussed.

457 Psychotherapeutic Intervention in Early Childhood

Barbara Kalckreuth, Christiane Wiesler (Germany)

An overview of 150 cases of babies and infants suffering from crying, sleeping, feeding disorders, as well as several case studies will show the necessity and efficiency of psychotherapeutic intervention in early childhood. Improvement of parent-infant-relationship by changing the inner representations of parents, sheltering the developing representations of the child, activation and encouragement of intuitive competence of parenting, enhancing containment, encouraging triangulation and providing new and relieving experiences are achieved.

458 Babywatching: An Attachment Based Preventive Intervention for Aggressive Children in Kindergarten

Karl Heinz Brisch (Germany)

Objective: In a longitudinal prospective study (N= 50) with control and intervention group, baby watching as a new way of attachment based sensitivity training was introduced to kindergarten children once a week during an observation group setting with mother and baby. The observation started soon after the baby's birth and continued during the first 12 months. Children were tested before and after the intervention with the CBCL – Scale, parent and teacher form. Results: In the intervention group, boys showed significantly less aggressive behaviour, better attention, better social interaction, more emotional reactivity, were less anxious-depressive, whereas girls displayed the same changes, and additionally less somatoform complaints at the end of the intervention, both

boys and girls were searching proximity more intensively with the teacher when in a stressful situation. Furthermore, new observational skills developing from baby observation procedure were transferred to social interactions with peers. Discussion: Baby watching in kindergarten can be a preventive intervention for externalizing as well as for internalizing behaviour problems in children of kindergarten age, thus enhancing pro-social and empathetic behaviour towards peers. Teach-In: The presenter has developed a form of sensitivity training and baby observation with children of kindergarten age, and he will be taught by video-demonstration to illustrate how it can be helpfully applied in the prevention of behaviour problems in that age group.

459 Trauma in Early Infancy: The Experience of Multiple Trauma for Two Infants in One Family

Jennifer Re, Dimitra Bekos (Australia)

This clinical paper describes the experience of a single parent refugee family with two infants aged 2.10 years and 14 months at referral. It will focus particularly on the multiple layers of trauma and the experience of these infants. The mother and her children fled their country to escape extreme family violence. The eldest child had witnessed extreme domestic violence perpetrated against her mother and been exposed to sexual experiences. These infants then had to settle in a new culture together with their traumatised mother. Early sessions focussed on mother's containment and finding words for the girls' experiences of trauma. Themes in therapy included the impact of all this on the older child and her struggle to make sense of her new setting, how she dealt with an overwhelmed mother and how the oedipal dilemmas unfolded for her as she developed over this first year. The youngest, referred at 14 months presented with trauma symptoms resulting from early disruption in attachment, rejection at birth, witnessing sexual and physical violence and her own physical abuse from 6 weeks to six months of age. Themes in therapy include the infant's experience of her relationship with a depressed, and traumatised mother and her move from a disorganised attachment pattern to a more secure attachment. The infant's communication of early traumatic experiences through her play, will also be described. Clinical vignettes will be used to highlight these themes and some principles of parent infant psychotherapy.

460 Psychotherapeutic Jointed Consultations

Ouriel Rosenblum, Brigitte Desarmeniens, Caroline Heroux (France)

Psychotherapeutic jointed consultations Psychiatrist/nursery nurse/speech therapist of a 18 months' young girl for two years This presentation aims to show a longitudinal therapeutic follow up combining parent-infant psychotherapy and infant speech therapy. It will detail how a bifocal therapeutic management relationship of an 18 months old girl is centered while developmental issues are maintained in the foreground. Case Presentation M. is the first child of a young couple. She is 18 months at referral. Symptoms consisted of aggressive behavior through biting and language delay. Emotional expressions were poorly manifested. Therapeutic parent-infant consultations took place at the parent- infant consultation "L'Aubier" every two weeks with a child psychiatrist and a nursery nurse. Weekly sessions of speech therapy with both mother and daughter were simultaneously installed. Discussion This specific set up offers 2 therapeutic means: One is centered on parental intrapsychic conflict and how it is projected on the child : the therapeutique consultation. The second is focused on the child in its parent's presence. The technical aspects of the speech therapy staying however secondary vis à vis the emotional communication enhancement between speech therapist and infant in the mother's presence. The manner in which the double therapeutic setting created a synergetic effect will be discussed.

461 Talk to Me Baby, Tell Me What's the Matter Now - A Psychoanalytic Approach to the Infant in the Mother's Presence

Bjorn Salomonsson (Sweden)

Psychoanalytic work with infants and mothers (Norman, 2001, 2004) aims at bringing the infant's disturbance in the focus of treatment. The technique is to encourage the child to develop a working relation with the analyst. This brings the emotional disturbance to surface whereby infant and mother can work it through. It is assumed that the infant establishes a relationship with the analyst in which the baby searches for containment. The analyst communicates with the child assuming that he understands interpretations in their preverbal, emotional aspects. The title caption 'Talk to me

baby' from a Billie Holiday blues refers to this technique metaphorically, but not literally. I will present psychoanalytic work with an 8 months boy and his mother. The boy was sleeping badly and continuously demanding the breast. Mother was exhausted and helpless. My presentation will be accompanied by brief audio-recorded session material. This work is part of a research project, "Infant developmental problems – a treatment study", at the Child and Adolescent Psychiatric Unit of the Karolinska Institute, Stockholm. I examine mothers' experiences of their babies' ailments and, in a second step, compare results of treatments with analysts at the Infant's Psychoanalytic Reception Service in Stockholm and with treatments at the Child Welfare Centres. A qualitative study, examining the specific ingredients of the treatment processes, is also included in the project. The project is done in cooperation with Psychologist Anna Sylvén.

462 Interventions for Parents with Personality Disorder and Infants

Louise Kathryn Newman, Caroline Stevenson (Australia)

This clinical teach-in will review approaches to working with parents with borderline personality disorder who have experienced abuse and early attachment disruption. Many of these parents have unresolved traumatic attachment issues which directly impact on their relationship with the infant and they have core difficulties in responding to their infants dependency and need for nurture. This group of parents experience difficulties in affect regulation and reflective function and may have distorted representations of the infant. Infants of borderline parents may develop disorganised attachment, affective and behavioural dysregulation and vulnerability to depression and anxiety. Intervention approaches need to focus on developing the parent's capacity to tolerate infant affect and recognition of the infants separate psychological existence. Parent- infant psychotherapy and video interaction guidance are both used and may need to be adapted to the needs of this group.

463 Child Psychiatric Liaison with Pediatric Institutions in the Field of Early Feeding Disorders

Miri Keren (Israel)

The abstract is submitted by M. Keren herself.

464 Risk of Language Disorders in Children Suffering from Orality Disorders due to Pediatric Affections

Roberta Simas (France)

This presentation will expose our study of the language bodily and interactive precursors development of babies suffering from disabled orality (pediatric diseases that prevents or strongly interfere with mouth feeding during the first months after birth) verifying if it might interfere with setting up of language. It's an open longitudinal study of children from 3 months until 6 years old. It consists on the videotaping of babies from 3 to 9 months with their mothers and/or fathers, every month, through a simple protocol of 20 minutes (involving free interaction, interaction with a toy and a moment when the mother sings a cradlesong) and the further image digital analysis of their hand and feet movements, their gaze, and an acoustic analysis of their vocalizations by a team of mathematicians. The evolution of this group of children will be followed up to detect any further language disorders, and then compared to that of normal babies to see if there's any disturb already in the early setting up of language. Clinical experience has shown that permanently putting aside the use of the mouth as the feeding route when we are obliged to use a non-oral one (such as nasogastric tube or gastrostomy), often engenders difficulties when time for weaning comes (such as food refusal in varying degrees of severity), and is sometimes accompanied by delayed or impaired language development. Our hypothesis is that the supporting process of orality in these cases is impaired, or incomplete, impairing the proper setting up of language.

465 Infantile Anorexia and Maternal Psychopathology: A Five Years Follow-up Developmental and Clinical Study

Massimo Ammaniti (Italy)

This presentation points out the experience of our team and results of the analysis of the interconnections among maternal psychopathological status (i.e., affective and personality disorders), emotional/behavioral symptomatic characteristics of the child, early risk factors of infantile anorexia and affective-relational experiences in the caregiving system. Furthermore, we

are carrying out a follow-up study to determine whether or not infantile anorectic patients are suffering from persistent failure to thrive and/or from other defined disorders that may account for the original picture. 203 pairs of mothers and children with infantile anorexia were selected in a Pediatric Hospital over a six years cross-sectional study. To date, 50 of the original anorectic patients has been followed at 5-7 years of age through parental interviews, medical reports and clinical assessment on emotional/behavioral problems. The preliminary results of the follow-up study point out that a high percentage (~80%) of the original anorectic patients are at risk of later problems with their eating patterns and behavior; in particular the original patients were found to gain less weight and suffer from persistent feeding disturbances with selective eating patterns, eating excessively slowly at mealtimes, mistrusting of new foods (some children still want to be bottle-fed), separation anxiety, sleep disturbances (dysomnias, co-sleeping in the parent's bed), food and no-food related phobias (i.e. school phobia), moodiness, angry moods, uncooperative behavior and social withdrawn.

466 A Double-blind Gastrostomy-weaning Case

Miri Keren (Israel)

We will present an especially challenging case of a 3yr-old congenitally blind girl who was born with esophageal atresia and underwent gastrostomy at birth. Funduplication was done at 5 months of age, but failed, and repeated surgical procedures were done during her first year and half. Her general development was slow, especially in her speech and social communication skills. Diagnosis of autism had been raised. At age of 3 years, parents asked about the possibility of weaning her from the gastrostomy. They faced very reluctant reactions from their pediatrician and gastroenterologist, who refuted the need to make a change and were very skeptical about the chances to succeed. The child was referred to us for assessing her "emotional readiness". The first encounter evoked a countertransferential feeling of blindness to the way that the child perceives the world. Our more specific question was about how would perceive our attempt to wean her, i.e. to take out the tube that was her mouth. Therapist first observed the parents' ways to make the world "seen" to her, and gradually became less "blind" and developed a sense of how to talk to her about her body, and more especially her mouth. Issues around building a body self, somatopsychological differentiation, and the difficulty of the child to "blindly" trust the medical team, were dealt with the parents as well as with the team along the two-year treatment. Here, we will focus on the therapist's special position and role in the context of a pediatric setting.

467 The Babies' Mouth at the Interface of Feeding and Speech

Maria Rhode (Great Britain)

This presentation focuses on the sensory experience of the mouth as a factor influencing vocalisation and the production of speech. It is suggested that, when development is proceeding satisfactorily, the sensory, rhythmical aspects of vocalisation serve the purpose of communication between infants and their caregivers, as posited by psychoanalysts (Meltzer's song-and-dance level) and demonstrated by developmentalists (Trevorthen). However, the sensations in the mouth provided by words can also be used in the service of self-comforting, sometimes at the expense of meaning. Meltzer has proposed that, in early life, the mouth is the theatre where meanings are generated through the manipulation of parts of the mouth, of food, and of words. An autistic boy who compressed his words to eliminate the vowels was able to tolerate open spaces in his mouth, and produce proper words, following interpretation of his fear of falling into space. Three extracts from infant observations illustrate aspects of the interface between feeding and speech.

468 The Differential Diagnosis of Food Refusal

Irene Chatoor (United States)

The most common chief complaint by parents of infants and young children with feeding problems is "food refusal" by the infant or child. This can be refusal to eat enough food to grow, as seen in Infantile Anorexia, or refusal to eat particular foods, as seen in Sensory Food Aversions, or refusal to eat any solid food and drink only from the bottle after an incident of choking, as seen in Posttraumatic Feeding Disorder, or refusal to continue feeding after drinking an ounce or two, as seen in Feeding Disorder Associated with a Medical Condition. It is most important to differentiate these various types of food refusal, because an intervention which may be helpful for one type of

feeding disorder may intensify the symptoms of another; for example, spacing meal times 4 hours apart is very helpful for a child with Infantile Anorexia in order for the child to experience hunger, but this intervention is completely ineffective for a child with Sensory Food Aversions. The child with Sensory Food Aversions may become even more fearful of eating an aversive food, when kept hungry, and when other favorite foods are withheld. This presentation will discuss the diagnosis and the differential diagnosis of these four feeding disorders characterized by food refusal. In addition, it will briefly address the different treatments which have been found to be effective or ineffective for the specific feeding disorders.

470 **Poster Workshop 9: Impact of Fathers Infancy and Early Childhood Father Depression and Involvement in Play: Direct and Indirect Effects**

Lori Roggman, Lisa Boyce, Gina Cook, K Christiansen, D. Jones (United States)

Father involvement often occurs in the context toy play interactions that offer opportunities for shared attention and communication, important experiences for early cognitive and social-emotional development. Various aspects of father involvement, including play interactions, are likely to be affected by various father characteristics, including their age, education, and mental health. Our study of 74 father-toddler dyads in a local Early Head Start research project integrated an observational rating measure of social toy play (complexity ratings based on the frequency of offer/show, exchange/respond, extend, sequence) at child age 24 months with father self report of age, education, and depression symptoms (CES-D) at program application, before child age 12 months, and experimenter testing of child cognitive development (Bayley MDI) and ratings of child emotion regulation (Bayley BRS) at child ages 24 and 36 months. Although fathers' age and education were not related to their social toy play or to child outcomes, father depression in early infancy predicted poorer social toy play complexity at 24 months, poorer child cognitive scores at 24 months, and poorer child emotional regulation at both 24 months and 36 months. For child cognitive development, the link with father depression was mediated by the quality of father-toddler social toy play, that is, the influence of father depression seemed to occur through the poorer quality of father-child play interactions. For child social-emotional development, however, father depression had a more direct link that was not mediated by this aspect of father involvement.

471 **How Do Fathers Compare to Mothers in Family Trilogue Play?**

France Frascarolo (Switzerland)

Until now studies comparing fathers and mothers have mostly been realized in dyadic situations, father-infant versus mother-infant. The aim of this study (N=42 families) was to bring to the core similarities and differences, between fathers and mothers, in terms of performance in a triadic context. Indeed paternal and maternal behaviours have been assessed in family interaction during transition to parenthood, from prenatal to 3 months. The first two parts of the prenatal and the standard Lausanne Trilogue Play (LTP) situations have been used. Father, mother and baby, seated in a triangular formation were invited to play as usual: first, one parent played with the infant (a doll at prenatal) and the other was participant-observer, and then they reversed their roles. The interactions were video-recorded. At prenatal the presence of intuitive parenting behaviours were noticed among fathers as well as mothers. At 3 month no differences were observed between fathers and mothers coding in terms of being available, keeping their assigned roles, sharing a common focus of interest and co-creating games with their infant. However a difference emerged when the order in which parents began as active parent versus third party parent was taken into account. Mothers who played first had higher scores as active partners, than first player fathers, for keeping roles, sharing focus and co-creating games; and fathers who were first third party parent scored higher than third party mothers for sharing a common focus. These results will be discussed in the lights of paternal role.

472 **Adolescent Fathers in Low-Income Families: Risk for Parenthood and Risky Parenting**

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

Developmental outcomes for children of teen fathers in low income families were investigated in a sample of 86 fathers over 20 and 99 fathers under twenty years of age. Ethnically, the fathers represented Caucasian, African American, and Hispanic/Latino disproportionately, whereas other

ethnic groups were too small for meaningful data analyses. Results suggested no differences in the scores of 36-month-old children on measures of cognitive, language, or socio-emotional development. However, differences in parenting, paternal mental health, and father-child interaction were demonstrated, typically with teen fathers having less optimal outcomes. Data suggest that there are barriers to positive parenting practices among teenage fathers.

473 Low-income Fathers' and Mothers' Engagements with their Young Children: Associations to Socio-emotional Development from Toddlerhood to Pre-kindergarten

Natasha Cabrera, Allison Tarkow, Jacqueline Shannon (United States)

In this presentation, we examine father- and mother-child engagements in relation to children's socioemotional development at 24-, 36-, and 54-months. The sample comprised racially/ethnically diverse low-income resident fathers and their partners from the National Early Head Start Research and Evaluation study (n=290). Father- and mother-child engagements were videotaped at home and parents' supportive and overbearing behaviors were assessed. Parents' depressive symptoms were measured using the CES-D. Children's socioemotional behaviors (e.g., emotional regulation, engagement) were measured using the Bayley Scales of Infant Development and the Leiter-Revised. Our study examines: (1) How do fathers and mothers engage with their young children? (2) How do parent characteristics relate to fathers' and mothers' engagements? (3) How do parent characteristics and earlier engagements uniquely and jointly predict children's development at 36- and 54-months? Preliminary findings indicate that fathers and mothers received significantly higher scores on supportive parenting and lower scores on overbearing parenting. Parents' education and marital status were associated to supportive parenting and children's socioemotional functioning. Father depressive mood had a negative effect on their parenting and their partners'. Regressions indicate that fathers' supportive parenting at 24 months uniquely contributed to children's emotional regulation at 36 months, over and above demographics, parental depressive symptoms, and mothers' engagements.

474 Risk for Paternal Alcohol Use Disorders and Child Outcomes in Low-income Families

Hiram Fitzgerald, Lorraine McKelvey, Rachel Schiffman (United States)
need to get

475 Emotional Availability in the Family: Meanings of Behavior in Distressed Family Systems

Susan Timmer, Dianne Thompson (United States)

Children's externalizing behavior problems may be a consequence of disrupted parent-child relationships. However, because of contextual differences in the meanings children give to mothers' and fathers' parenting behaviors, qualities of the mother-child relationship may affect a child differently from the same qualities in the father-child relationship. The purpose of this study is to investigate the relationship between the observed quality (e.g., sensitivity, hostility, intrusiveness) of fathers' and mothers' relationships with their children and children's positive engagement with them. The sample consists of 40 U.S. preschool-aged children and their parents referred to Parent-Child Interaction Therapy for treatment of the children's externalizing behavior problems. Results showed differences between children's positive engagement with each parent, and fathers' optimal sensitivity scores. When fathers had low sensitivity but mothers were in the optimal range, their children engaged more positively with their fathers than if both parents had low sensitivity, suggesting that mothers' sensitivity may buffer the effects of fathers' lack of sensitivity on their relationships with their children. These findings are discussed with respect to the differential meanings of mothers' and fathers' behavior for their children in a distressed family system.

476 Young Fathers and their Children: Influences of Family Context on Emotional Availability

Ann Easterbrooks, Cynthia Davis (United States)

Positive father-child relationships are enhanced by knowledge of contextual factors that influence their development. The present investigation interviewed young fathers and observed them

interacting with their children in order to assess emotional availability in father-child interactions. A racially diverse sample of 93 young American men (mean age 20 at fatherhood, range=15-24) and their children (mean age=17 months) was observed in their homes. Interactions were coded with the Emotional Availability Scales (Biringen, 1998); father sensitivity, structuring, nonintrusiveness, nonhostility; child responsiveness and involvement. Men were interviewed about their father involvement and completed questionnaires about the father-mother relationship and depression. There were four different patterns of father-child emotional availability: 1) "traditional", 2) "disengaged", 3) "hostile/ insensitive father-average child, and 4) "positively engaged" dyads. These patterns of father-child interaction were associated with fathers' life circumstances and contexts. Key contextual factors included a) the nature of the father-mother relationship (e.g., level of commitment, positive engagement, and disagreement with parenting; b) fathers' symptoms of depression; c) the amount and distribution of time fathers spent with their children; and d) external stressors such as work and educational commitments. These data highlight the impact that relationship factors and other external life factors (such as employment) have on developing father-child relationships.

477 Fathers and Toddlers in Play: Effects of Fathers' Interactive Behavior on their Children's Social and Explorative Competence across Child and Adolescent Development

Karin Grossmann, Klaus Grossman, Heinz Kindler (Germany)

Using an attachment-based perspective, Bowlby suggested that early father-child experiences shape later development. Interactions with fathers who were encouraging, supportive, and cooperative should give the child a sense of worth, a belief in the helpfulness of others and a favorable model on which to build future relationships. In a longitudinal study of 47 German families from toddlerhood until early adulthood, we examined links between early father-child interaction and later socioemotional functioning. When children were two, father-child interactions were observed at home and coded for fathers' sensitive and challenging interaction. When children were ages 6, 10, 16, and 22 years measures assessed "the belief in the helpfulness of others", indicating attachment security, and the child's sense of worth, or "security of exploration" (e.g., teachers' ratings of social competence, fluency of discourse in an interview, and peer ratings of healthy self-assertiveness). Representations of trust in future relationships were assessed with the 22-year-olds (Current Relationship Interview). Regression analyses revealed significant contributions of the quality of early father-child interaction to the later measures of socio-emotional development in childhood and into early adulthood. Discussion will be based on a wider view of attachment. The most important role of the father, in addition to being a haven of safety and a secure base, may be that of a trusted companion and mentor.

478 Fathers, Infants and Family Leave Policies

Margaret O'Brien (Great Britain)

As the benefits of father involvement for child wellbeing have become known, expectations for active fatherhood have heightened, and the compatibility of fathers' working and family lives has come under scrutiny. The response in some modern economies, particularly in Europe, has been to be open fathers' access to parental leave and flexible working arrangements. Currently eight of the EU countries have a paternity leave entitlement ranging from two days in Spain to three weeks in France and several Nordic countries have developed paternal incentive schemes. This paper will review policy and empirical evidence to examine: a) fathers' preferences and practices regarding family leave support, and b) the impact of parental leave on father involvement in families with infants and pre-schoolers. Use of paternal leave and flexible working practices can be conceptualised as a form of paternal availability with the potential for direct paternal interaction and benefit for children. It will be suggested that implementation of child-friendly family employment support should be sensitive to the specific societal and personal conditions of mothers and children as well as fathers, including breastfeeding and the availability and quality of infant child care. The paper uses the policy review and secondary analysis of the Department for Education and Employment (DfEE) first Work-life Balance 2000 Survey The WLB2000 Employee Survey 2000 London: Equal Opportunities Commission.

479 Psychosocial Assessment of Fathers Antenatally

Richard John Fletcher (Australia)

Psychosocial risk factors for poor birth outcomes and for postnatal distress and impaired parenting have been identified for mothers. As a result, comprehensive antenatal psychosocial assessment of mothers prior to the birth is established in many areas. While the influence of fathers on infant and maternal well being is also recognised to begin before birth, the early identification of risk factors among expectant fathers has not been addressed. This paper takes the questions commonly asked of mothers as a template for the development of a set of psychosocial questions relevant to new fathers. A summary of the evidence linking paternal risk factors to family-based outcomes is provided and the implications for antenatal service delivery are discussed.

481 Poster Workshop 10: Infant Mental Health in Different Cultural Contexts Past and Present Relationships and Mothers' Postnatal Parenting Stress

Kaija Puura, Mantymaa Mirjami, Tuula Olkinuora, Raili Salmelin, Tuula Tamminen (Finland)

Objective: To study how stressed European mothers are and which issues maternal postnatal stress is associated with. Material and Method: In the European Early Promotion Project we measured the level of postnatal stress in mothers in five different countries (Cyprus, Finland, Greece, Serbia and United Kingdom), and studied factors associated with it. In each country primary health care professionals (PHCP) recruited infant families 6 to 8 weeks after birth giving. The intention in each country was to recruit 200 families with 100 families with need for extra support, and 100 families with no special needs as judged by the PHCPs. After the parents had given their informed consent, independent researchers immediately contacted them to schedule the EEP and SCID interview and to deliver the Parenting Stress Index. Results: The total sample of the study came up to 824 families. Interestingly the level of mothers' parenting stress was roughly similar in all five countries, and mothers in the upper social classes (professionals and managerials) were having most support from both partner and from their own parents. Serbia was an exception, where mothers in the lowest social class were most satisfied with their partners. Differences were also found between Southern and Northern cultures in the frequency of mothers' experienced harsh or abusive parenting and its effect on current closeness with grandmother. Conclusions: Customs and attitudes in different countries affect experiences of parenting and of being parented.

482 A Longitudinal Study of Attachment in a Dyad of a Depressed Mother and Her Young Infant

Ika Widyawati (Indonesia)

Objective: To evaluate mother-infant interaction of a depressed mother and her young infant, every three weeks during the first 40 weeks of post-natal period by video-camera. Methodology: 1) The mother-infant interaction was analyzed by Conditional probability analysis with a lag sequential concept. 2) Maternal depressive symptomatology was measured by Hamilton Rating Scale for Depression (HRS-D). Result: (1) there was clear difference between the mother-infant interaction of the depressed and the non-depressed mother; (2) the number of mother's movements was also different between the depressed mother and the non-depressed mother; (3) the behavioral responsiveness of the non-depressed mother was very clear in comparison with the behavioral responsiveness of the depressed mother. Conclusion: there is a qualitative and quantitative difference between mother-infant interaction of a depressed and a non-depressed mother. Keywords: Mother-infant interaction; Depressed mother; Longitudinal study; Conditional probability analysis; Lag sequential concept; Hamilton Rating Scale for Depression (HRS-D).

483 Specific Risk Conditions & Their Implications For Infant Development

Ika Widyawati (Indonesia)

A cognitive & perceptual developmental defect: the disturbances of body image (denial of emaciation), disturbances in perception (lack of recognition or denial of fatigue, weakness, hunger) & sense of ineffectiveness being caused by untoward learning experiences. Personality traits: an obsessional, perfectionistic personality – (a risk factor for the restricting type of AN) – obsessional & inflexible thinking, social introversion, greater interpersonal insecurity & minimization of affect, excessive conformance & more regimentation of behavior. Family interactions: contributing to the

maintenance of the ED

484 DSF: A Program of Psychological Support for Children in Armenia

Gerard Robin, Gerard Robin (Armenia)

This poster describes a child mental health programme initiated by the French N.G.O., D.S.F., in Armenia. 15 years after the intervention of some of its members with children survivors of earthquake, this programme is directed towards infants and their families, using adbb scale as a screening instrument and a training tool for professionals, and developing diversified therapeutic approaches..

485 Argahatik, Armenian First Tooth Ritual

Leila Allaly (France), Leila Allaly (Armenia)

In Armenia the community prevails over the singular person; on a patriarchal family pattern and a “matrifocal” family system, the grandmother taking a large place in all family’s decisions, being a real co- mother. When the first child’s tooth appears, she’ll be responsible for a specific ritual, gathering the wide family: she has to cook a characteristic and symbolic dish. Then, the child is set on the ground with symbolic items around him. A portion of the mixture is placed on the baby’s head, while the grandmother says ritual words. Afterwards, the baby chooses an object which will determine his future job. From a psychoanalytic point of view, the aim of this pagan ritual is to affiliate symbolically the baby to the fatherly line when he is strong enough to enter in the life’s drive, leaving his previous brittle period, between life and death. Sharing the mixture, in a symbolic way, the whole group thanks the creator for baby’s safe life. It’s like a cannibalism moment, everyone eating the previous weak baby body envelope. This ritual has also, a therapeutic aiming, focusing on baby-mother’s attachment, embodying a paternal function, a third separator person: now the baby belongs to the social group leaving the exclusive relationship with his mother. It gets a fantasy, imaginary and unconscious group dimensions: the imaginary infant crystallize the family’s desire of child. How the real child can takes place killing his parental desire, playing again the native murder?

486 Attachment-Based Resilience of Children in French Family Refugee Centers

Jean-Francois Bouville, Laetitia Atlani-Duault, Felicia Heidenreich, Marie Rose Moro (France)

The aim of this study on the parent-child attachment relationships in refugee-seeking families is to better understand child resilience factors in the altered family and sociocultural environment of French family refugee centers. Child attachment patterns were assessed based on open-ended interviews with families of 16 children 15 months to 15 years of age in 4 family refugee centers. These families were mostly African and East European, children were 7 years old on average, and parents and children were seen separately for most children over 5. Simplified versions of the Attachment Story Completion Task (Bretherton, Ridgeway and Cassidy, 1990) and EDICODE (Pierrehumbert, Dieckmann, Milkovitch de Heredia, 1999) were also used to evaluate attachment patterns. Results suggest four main types of parent-child relationships closely associated with the age of the child, the family’s transcultural experience and type of restructuring: The children of “close parents” (secure), young children of “isolated mothers” (insecure resistant / ambivalent), first-born solidarity with parents (insecure avoidant), children who are “still frightened” (attachment disorder). A better understanding of these specific – and often implicit – stress and/or trauma-induced parent-child relationship patterns could benefit attachment-based intervention strategies for children in family refugee centers.

487 Consultation in the Development of National Early Childhood Guidelines in Maldives: A Psychosocial Approach

Helena Duch (United States)

This poster will present the consultative role of a psychologist in the development of integrated guidelines for early childhood services in Maldives. The poster will review the systemic and constructivist approach of consultation, engaging a myriad of stakeholders in a dialogue about how to bring about policy development and change in this small island country. This poster will review the consultative process with families, providers, administrators and policy-makers as they

Supplement to the *Infant Mental Health Journal*, Volume 27, Issue 3A

collaborate to create National Guidelines for Integrated Early Childhood Development. A special focus on the importance of collaboration between the health/nutrition, psychosocial and child protection systems when devising guidelines for infants and young children will be presented. The poster will focus on guidelines related to psychosocial interventions for infants and their families. The poster will also present the changes and challenges to the original guidelines that were posed by the Indian Ocean earthquake and Tsunami of December, 2004.

488 The Uthando Project - Dolls for Vulnerable Children offer an Opportunity to Talk about Infant Mental Health in a South African Rural Community Devastated by HIV-AIDS

Julie Stone (Australia), Tamsen Rochat, Khulakahle Hlabisa (South Africa)

In the Hlabisa District of northern Kwa-Zulu Natal in South Africa, family and community life has been ravaged by the HIV-AIDS pandemic. 40% of the women attending antenatal clinics are HIV positive. One in five children dies before his or her 5th birthday mostly from preventable illnesses. In the face of such loss and poverty and the overwhelming demands for physical survival, it can become difficult to see young children and their complex needs. The Uthando (Isi-Zulu for love) Project was born from a conversation between three infant mental health practitioners talking about the fact that infants and young children attending the crisis clinic at the Hlabisa District Hospital often wanted to take the toys used in the assessment and therapy home with them. Most of them have never owned a toy of their very own. Securing a supply of dolls so every child could be given a doll of their very own seemed like a possible practical solution. Doll makers from many places around the world are responding to the invitation to make a doll for the children living in the Hlabisa District. The flood of 100s of hand made dolls arriving in Hlabisa has not only brought a smile to the face of the children who receive them, the dolls have opened a place for discussion about the infant mental health and the importance of the opportunity to play in children's development. For some mothers and other care takers, a doll to give to a child has opened an avenue of hope and new possibilities.

489 American Indian Multi-care Center

Zohreh Zarnegar (United States)

Building a transdisciplinary, transcultural mental health services Model is the basis of this program. The relationship-focused model integrates family systems principles within a multigenerational transactional preventive intervention. One of the goals of the proposed intervention is to improve the child/caregiver relationship, thus reducing risk factors and strengthening the dyad interaction. A multi-systems, transdisciplinary, family-centered, strength-based, child safety-focused service delivery model, utilizing parents/caregivers through intensive training, on-going consultation and clinical support, is a promising and effective way of helping the relationships between the child/caregiver, reducing behavioral problems, and facilitating understanding that becomes an important component in helping vulnerable children. Caregiver/parent participation in planning for the intervention and follow-up is a significant component of MULTICARE Program. Through this teach-in, the model will be described, the developmental and structural processes will be discussed, the cultural, social, and community factors will be reviewed, and the implementation processes will be presented.

490 The Influence of Gentle Music (Classical and Gamelan) on the Emotions of Newborns in Indonesia

Johanna Natalia (Indonesia)

Two studies in two different times were conducted on 120 newborns in Indonesia. Each study has 60 newborns (30 Ss for the experimental group and 30 Ss the control group). The experimental group listened to the music for 2 days continuously (Classical or Gamelan) while the control group did not. t-test statistical analysis was used to compare the heart rate, respiration rate, sleeping pattern, crying pattern, and weight. Results showed that the emotion of the experimental group tended to be better than the control group.

491 Satellite Babies

Yvonne Bohr (Canada)

Infant mental health programs in both Canada and the United States are increasingly faced with culture-specific challenges. A growing number of immigrant families in large North American urban centers are forced to make difficult childrearing choices, and are beginning to request assistance with these choices. Many parents originally from mainland China, for example, opt for a practice that can have complex repercussions: in line with age-old traditions, young children are sent to China to be cared for by relatives, later to be returned to the biological parents in time to begin formal schooling. This poster describes an empirical study of the decision-making processes in a group of immigrant mothers who attended a psycho-educational parenting group at a Canadian children's mental health center. All participants were struggling with the decision of whether or not to send their infants back to their country of origin, to be raised by relatives. Individual interviews were analyzed using a Grounded theory approach. The paradigm used is a social constructivist model, which draws on Attachment theory and cross cultural psychology to explore the strengths and risks of this custom for these "satellite babies", the youngest players in the growing trend of trans-nationalism.

492 Clinical Teach-in 10: From Missing to Mixing: The Growth of Intersubjectivity during Work with a Mother with Learning Disability and Her Baby

Robin Balbernie (Great Britain)

The presentation uses the concepts of 'containment' and 'holding' as initially proposed by Bion and Winnicott, linking these the achievement of intersubjectivity and examining their relevance to the (different) process of 'reflective function' and how this affects the relationship between mother and baby. In the course of the therapeutic intervention these became aspects of the caregiving relationship and the interaction between baby and mother improved. This change, visible in mutual play, was sustained. Initially, at 2 ½ months the baby appeared to actively avoid looking at mother's face (a missing of contact); but by 11 months mother and baby could play together (a mixing of pleasure), a dialogue of mutual enjoyment. The work addressed mother's past in an attempt to see how her traumatic childhood was affecting her immediate relationship with her baby. The mother was convinced that she was not "good enough" to meet the needs of her baby, perhaps because her own needs had been pushed to one side when she was of a similar age. In order to tackle this they were filmed playing together. As well as using the video feedback to reinforce positive aspects of interaction, it was a means of encouraging mother to think about what might be going on in baby's mind and also to recall how she herself might have been feeling and thinking at the time. This was in an attempt to encourage the "reflective function" that, when it is present, is a basis for the development secure attachment.

493 Clinical Teach-In 11: A Third Party in the Relationship Mother/Baby: The Importance of Bridging to Settle a Bond

Veronique Lafont, Jean-Luc Couchot, Patrick Chardeau (France)

Our Unit treat the maternal psychiatric disorganisation which is related to mothering processes and at the same time the first stages of the baby's psychoaffective development. A medical team takes over several cares which the mother attends to. We will set out the analysis of our observations concerning the mother and the baby in the feeding process, when a third party was prescribed.

494 Clinical Teach-in 12: Ultrasound Consultation during Pregnancy: Bringing Infant Mental Health to Obstetric Practice

Zack Boukydis (United States)

This workshop will show development of an Ultrasound Consultation(UC) used during routine obstetric screens. Depending on the country, screens vary from 1-2 during the pregnancy, to monthly. The presentation will show: 1. development of the UC; 2. provide data; 3. a videotape of a mother & fetus during UC; 4. work with women experiencing significant depression; and 5. implications of using UC in prevention/intervention. UC effects mothers' feelings and representations of their fetus'. In the initial stage, observations were done of sonographers doing routine screens in a clinic. The next stage involved developing the UC. The consultation includes 'looking together' at the fetus; 'personalizing' the fetus; watching behavior, observing the fetus' responses to maternal 'interactive' behavior, and 'debriefing' afterward. The purpose was to expand the routine screen into a consultation which could be meaningful to mother and family,

'personalize' the fetus, enhance understanding of fetal behavior and development, and strengthen mothers' investment in the health and 'specialness' of their pregnancy. A manual was developed and a sonographer trained. A randomized control study was done comparing mothers who received the standard screen versus the UC. Next, a program was developed using UC as initial contact for women experiencing significant depression during pregnancy. Afterward, women have home visits from an IMH trained home visitor, perinatal consultation based on the NICU Network Neurobehavioral Scale (NNNS) and postpartum IMH home visits.

495 Clinical Teach-in 13: A Triple Perspective: Applying an Under Fives Service Model to Community Need

Louise Emanuel, Lynne Cudmore, Martina Gartner (Great Britain)

This presentation, by members of the multi-disciplinary team running the Under Fives Service at the Tavistock Clinic, London, will describe three approaches to their clinical work. It aims to illustrate ways in which the Under Fives model of intervention can be applied to different contexts and can respond to the clinical needs within the local community. These include: a description of a parents group, run within a community centre in a disadvantaged inner London housing estate; the perinatal work undertaken with bereaved parents when there has been a stillbirth or death of a baby; and description of a family seen within the clinic, to illustrate how the brief model of work can help parents understand their children's communications through their play and behaviour, thereby enabling parents to provide greater containment for their children's distress. Concluding comments will pull together these different approaches within the framework for thinking within the Service.

496 Mme. Tade's Uterus

Sylvain Missonnier (France)

Mme T is a young woman, aged 29 years. When she consulted me because of phobic characteristics that had recently worsened, her only child, a daughter, was a year old. These disorders had first appeared during her pregnancy. Her own mother had had two miscarriages before her birth, for which her gynecologist had prescribed diethylstilbestrol, which resulted in Mme T's "DES uterus" or T-shaped uterus. Her mother had taken this synthetic estrogen widely prescribed in France from 1950 through 1977 against miscarriages. Awareness of its multiple side effects, especially as a risk factor for cancer in the daughters of women who took it, led the US medical community to decide in 1971 that DES is contraindicated for pregnant women. It was nonetheless long prescribed throughout the world. When she was 15, her mother's gynecologist informed her of her risks as a DES daughter, and this information strongly marked her adolescence. During her pregnancy, Mme T. read all that she could find on the Internet on the subject of DES and miscarriages ... Based on this clinical report, the question of the generational transmission of maternal capacity will be discussed. An original theoretical hypothesis will be proposed: a virtual uterine object relation.

497 Clinical Teach-in 16: Who Ate My Porridge? - A Glimpse To The Mother-Infant Bond Through The Feeding Scene.

Elishiva Susz, Zipporah Kalish, Irit Kushilevitz, Ruth Orenstein, Anat Raviv (Israel)

Abstract This paper is based on infant observations carried out over one year. Through descriptions of feeding episodes, the paper presents various aspects of the maternal-infant bond. Feeding was chosen because it is rich in detail, and is a manifestation of maternal- infant bond on both the concrete and the metaphoric levels. Feeding can conceptualize processes that enhance or obstruct the development of the maternal- infant bond during the first year of life. The paper examines the facilitating and obstructing factors that could describe the events in the bond during these first months. Our expectation was that at the end of the first year of life mutual changes and adjustments would take place between mother and baby. Adjustments may enhance development if they take into account the dialectics of foreign vs. familiar, transformation of anxiety, and formation of intermediate space axes. These axes allow us to describe a spectrum of maternal- infant bonds. The spectrum includes a good-enough style, which enables normal development and various forms of relations where obstruction and formation of development-arresting, pathogenic factors were observed.

498 Clinical Teach-in 9: A New Beginning is a Promise for the Future

Marja Rexwinkel (Netherlands)

A NEW BEGINNING IS A PROMISE FOR THE FUTURE We will highlight a case of a one year old Turkish boy from different perspectives. The course of the parent-infant psychotherapy will be discussed supplemented by video fragments. Abdullah is the first born son. During the first year of life he is admitted several times to a children's ward because of severe feeding problems. The mother becomes very anxious about his well-being, but also angry. In the second part of the presentation we will discuss indications, technique and setting of psychodynamic parent-infant psychotherapy. Eating problems can seriously disturb the physical and emotional development of the baby and may have a profound impact on parenthood. Changes in early patterns of relating can have life-long effects. Psychodynamic parent-infant psychotherapy focuses on the evolving relationship between parents and their infants. Our last perspective on this clinical case will be the cultural background of this case and the psychological consequences of migration. What will be the impact of losing your home country, your native language, supporting relatives, professional career and raising a child in a foreign country on the parent-infant relationship? What is the meaning of food and food refusal in the Turkish culture. At the end of this clinical teach-in we hope there will be a lively discussion about the presentation and the different perspectives. De Boer-Zoet, G.J. Van der Schoot, W.C.M, MD Sampaio de Carvalho, F.M.

499 Neurophysiological Roots Of Empathy: Is Neuro-psychoanalytical Model Relevant?

Lisa Ouss (France)

This part of the symposium concerns some findings in the field of empathy, it's cerebral and neurophysiological roots, different theories of brain functioning, and different hypotheses. Is empathy a mental simulation of the other's subjectivity (Decety, 2004)? Which are its links with motor resonance through mirror neurons (Rizzolatti and al, 1996), or with intentionality, or imitation? We will try to integrate those points in a neuropsychanalytical model.

500 Empathy And Psychoanalytical Frame

Daniel Widlocher (France)

We will develop the question of the place of empathy in psychoanalytical theoretical frames and streams. Is empathy considered as a general concept underlying the relationships between patient and psychoanalyst, or as a specific one in the process of co-thinking construction between them? We will develop those points and their links with neurophysiological models of empathy.

501 Empathy From The Baby To The Clinician: Which Models?

Daniel Stern (Switzerland)

We will evoke how empathy takes place in the key stages of infant's development. What are the links between intersubjectivity and empathy? What do neurophysiological findings teach us about those points? How does empathy interfere with the development of baby's self? What role does it have in infant-mother interaction? Is this concept useful to question other theories such as attachment? How do those neurophysiological findings shed light on those processes, and on our clinical work?

502 Empathic Brain, Empathic Baby, Or Empathic Therapist? A Transdisciplinary Model.

Golse Bernard (France)

Empathy concept is questioned in the frame of infant's construction of it's own mental processes, from sensation, emotion to thinking and language building. From it's bodily and brain roots to it's place within relation to others (mother, therapist), we have some proposals to articulate different models, from neuroscience to psychoanalysis.

503 The Expression of Negation in the Language of Children from 16 to 24 Months: Clinical Effects and Applications

Marie-Odile Perouse de Montclos, Marie France Bles (France)

Negation is illustrated diversely in all languages. This phenomenon has captured the attention of numerous researchers in the field of human sciences and has resulted in many studies. Understanding how young children integrate negation into their language raises a fundamental question because its expression cannot be separated from the acquisition of language in

general. Negation, defined by conceptualization as opposed to a general “cognitive” reflection, cannot be reduced to a footnote in the child’s language production. The child does not acquire negation but a system of negation. This sense of “the negative” constitutes the “nucleus” which is composed of several markers. The distinctive feature of these markers is their effect on language and cognition. The question raised is how these above mentioned points can be considered interesting in a clinical application. The authors have proposed a response to this question by setting up a clinical observation grid centered around the uses of negation. This is complementary to a more general pedopsychiatric approach in child evaluation. Three clinical applications are presented here, citing the child’s infra-verbal and verbal communication and evaluating the general quality of the language system. The attention given to this evaluation grid sheds light on the linguistic semiology of negation and the manifestation the phenomena of language limits. The connection between the negation system and the symbolic, linguistic, and cognitive registers in the young child is hereby highlighted.

504 Post-traumatic Distress in Israeli and Palestinian Infants and Toddlers Exposed to Political Violence

Ruth Feldman, Eyad Hallaq, Miri Keren (Israel)

Although infants across the globe are repeatedly exposed to traumatic experiences, including domestic and political violence, natural disasters, and accidents, very few studies examined post-traumatic distress in young children using a multi-dimensional ecologically-informed methodology. The present study examined 70 Israeli and Palestinian toddlers aged 1.5 to 4.5 exposed to political violence, carefully matched to 50 non-exposed controls. Mothers were interviewed for DC 0-3 criteria of PTSD, mother-child and stranger-child interactions were videotaped, children were observed in trauma-related narratives and fear regulation procedures, cortisol and genetic markers for stress response were assessed, and self-report measures collected. Exposed children showed more post-traumatic symptoms in the avoidance, hyper-arousal, fears and aggression, and re-experiencing categories, and higher functional impairments and behavior problems. Older (36-50 months) children showed more disturbed behavior than younger (18-36 months). Interactions between exposed children and their mothers were characterized by lower reciprocity, less symbolic play, and more negativity. Exposed children had lower cortisol levels with little reactivity to stressors and higher behavioral reactivity in the fear paradigm. Mothers of exposed children reported more anxiety and depression. Social support buffered against post-traumatic symptoms in mother and child. Findings underscore the need to devise and implement comprehensive assessments for infants and toddlers exposed to war and violence

505 Project of Validation of Alarm Distress Baby Scale (Short Version) in a Sample of Argentine Children

Monica Beatriz Oliver, Maria Jose Correa, Jose Mendez, Horacio Yulita, Viviana Sanchez, Marina Khoury, Alejandra Tomasi, Marina Blasco, Ines Jacobs (Argentina)

BACKGROUND: Alarm Distress Baby Scale (ADBB) detects level of withdrawal in children. Withdrawal is the low social interaction among child and caregivers. If it is sustained a long period of time, organic, non organic and attachment disorders could be diagnosed. Short version (SV) of ADBB scale could be sensitive method of screening, easier to use and trained in. In Argentine, there isn’t a scale to detect withdrawal. OBJECTIVE: To validate the ADBB SCALE (SV) in Argentine children. MATERIAL AND METHODS: POPULATION: 80 physically healthy children, aged 2-24 months old, during a clinician’s routine examination in the Pediatric Department of Hospital Aleman, Argentina. METHODS: Research team: 4 pediatricians, 1 psychiatrist, 1 psychologist, 2 speech therapists. Training on ADBB scale (SV) and PRUNAPE. (Prueba Nacional Pesquisa) 1- interrater reliability using videos. 2- written informed consent. 3- first evaluation of the child by pediatricians: ADBB (SV). 4- fifteen days later, second evaluation. 5- mental health professional evaluation: PRUNAPE and psychiatric evaluation (0 to 3 Classification). Prunape (screening test to detect developmental disorders validated in Argentina) 6- pediatricians prepare report for parents. Children with disorders will be evaluated. 7- Six months later pediatricians evaluate children.

506 Psychiatric Consultation for Infants (0-4 Years) by a Mobile Consultation Team in

the Netherlands

Maren C. van Niel, Elisabeth Marlies van Dijk, Hedwig J.A. van Bakel, Coby Vreugdenhil (Netherlands)

The past years psychologists and psychiatrists in the Netherlands have become more acquainted with infant- research. In several specialized Units for Infant Mental Health early intervention projects were set up. Nevertheless, only few parents of infants and toddlers are finding their way to the Infant Mental Health Units. Reasons for this are, among other things, lengthy waiting lists and referral- procedures. Also shame and hesitation to ask for help was found to be an important reason. As many researchers indicate, early intervention offer an opportunity to prevent escalation or even diminish problems of infant and his parents (Fenichel 1994, Slade, 2002). In this poster we present a clinical diagnostic project for psychiatric assessment of infants and their families. The assessment- procedure is especially organized as opportunity to immediately visit the family with infant and communicate with general practitioner of the family. Theoretical vision of the team is similar to the Infant Mental Health Vision: a transactional and developmental approach to psychiatric disorders in young children (Sameroff, 1997; Emde, 1989). Since the start of the Unit (2000) 100 infants were assessed. We will report: purpose and background of the consultation project, procedures of consultation (referral, assessment procedure partly set up at the child's home, treatment plans and communication with referrers); descriptive statistics about first 100 referred infants and their families and benefits of the infant-psychiatric consultation for infant development.

507 Validation of the Child Behavior Checklist as a Screening Tool for PTSD in Infants and Young Children

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

Traditionally, it was believed that young children did not experience negative effects from a traumatic experience. Many professionals continue to assume that the effects of trauma on infants are transient and that intervention is unnecessary. However, research has shown that infants and young children can develop posttraumatic stress disorder (PTSD; Scheeringa, et al., 2001). Limited understanding and minimal treatment options for young children exposed to traumatic events lead to infants in the community not receiving services for symptoms of PTSD. The ability to identify these children with a quick, reliable and efficient screening measure is important for the appropriate treatment of infants. Participants included a clinical group and a community group of young children (between 12 & 47 months). The Child Behavior Checklist (CBCL, Achenbach & Rescorla, 2000), which is a measure of children's behaviour/emotional problems, includes items that represent the majority of symptoms of infant PTSD. Parents were interviewed with the Infant PTSD Interview, developed by Scheeringa and Zeanah (1994), which identified those children with PTSD. A chi-square analysis demonstrated that infants who meet criteria for PTSD on the Interview also meet criteria using the CBCL. A comparison of the symptom profiles captured by the CBCL and Interview will be discussed. Results show the CBCL to be an effective screening tool for PTSD symptoms. Due to ease of administration, use of the CBCL will assist in identifying children not receiving services for trauma-related problems.

508 Standardization of the Neonatal Behavioral Assessment Scale on a Sample of Neonates Born in Barcelona, Spain

Carme Costas-Moragas, Albert Fornieles-Deu, Francesc Botet-Mussons, Elisabet Boatella-Costa, Maria Luisa de Caceres-Zurita (Spain)

This study analyses the data obtained from a sample of 220 healthy neonates, all born full-term and evaluated between two and three days of life using the Spanish version of the Neonatal Behavioral Assessment Scale, NBAS. Standard scores are obtained for each of the 34 behavioral items in the scale (average and typical deviation). Analysis was also performed of the main components of all the systems and clusters that make up the test. Unlike the original version, the group of Supplementary Items was also included. Similar to the original version, the following factors were obtained: Autonomic and Motor Systems; State Systems (Habituation, State Regulation and State Organization) and Social Interaction System. The analysis of the reliability of these groupings reveals that it is between moderate and high: Cronbach's Alfa coefficients with standardized items vary between 0.52 in State Organization and 0.93 in the Social Interaction System with an average of 0.78. The results of these analyses indicate that the scale is highly sensitive for evaluating the

neurobehavioral organization of neonates, on the basis of the factors integrated in the scale. In conclusion, this research data represents an extremely interesting contribution, both for researchers in our area and for those in other countries, given that we did not have complete NBAS normative data before. This study was financed by the Ministry of Health and Consumption, and partially by the Ministry of Education and Science, both of the Spanish Government.

509 **The Assessment of Parenting Competency in Women with Postpartum Disorders: Clinical Experiences at an In-patient Psychiatric Mother-Baby Unit and Outcome at Discharge**

Elvira Rave, Erika Hohm, Christiane Hornstein (Germany)

Parental psychiatric illness is a major risk factor for the development of a child and often has an impact on parental competencies. Consequences may be separation of parent and child and custody loss. For mothers with postpartum psychiatric diseases the capacity of parenting is often questionable after delivery, and the youth welfare office requires parent assessment. Components of parenting competencies are an extensive psychiatric assessment, information about the previous caregiving, insight into illness, medication compliance and individual concept of disease, the impact of symptoms and medication on mother-baby interaction and information about psychological and physical status of the child. Appraisal of interactions by direct observations during everyday life and the management of daily tasks are observed. Long-time observations with therapeutic interventions permit to find out resources and limits of the parenting competencies. Changes and criteria can become evident. At a mother-baby unit 153 were treated since 2000. Upon the recommendation of us most children could stay with their mother any longer, a seventh part should live on condition with professional support and in 6% we gave a favourable opinion to separate mother and child at time of discharge. From our experience the following criteria proved to be relevant for bad parenting outcome at discharge: lack of cooperation, severe psychosocial risk factors, no medication compliance, no insight into illness, comorbidity, disturbed interactions and severity and chronicity of maternal disorder.

510 **The Edinburgh Postnatal Depression Scale (EPDS) at 3, 9, 18 Months after Birth**

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

Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987) is a 10-item self-report questionnaire for the screening of postnatal depression (PND). It is well known in the clinical field and research and considered adequate to assess postnatal depressive symptomatology (PPDS). While its use is diffused during the first months after birth, rarely EPDS is administered in more distant periods. This work represents a prosecution of a pilot study about administration of EPDS in periods beyond 3 months, to analyze whether 3 months EPDS score might be related to 9 months and 18 months EPDS score. Results from the pilot study on a sample of 53 women showed that percentage of women with PPDS was (EPDS Italian version, Benvenuti et al., 1999; cut-off score 8/9): 37.7% at 3 months, 35.8% at 9 months and 24.5% at 18 months. Concerning the beginning of PPDS, 3 months was the period in which PPDS appeared more frequently, although PPDS was found to begin at 9 and 18 months too. With regards to the duration of PPDS, types of duration, either short or extended, were equally distributed among women with PPDS. Analyses on EPDS raw scores showed that values tended to be similar across the three follow-up and regression analysis put in evidence that 18 months EPDS score was associated to previous scores and particularly to 9 months score. This work will analyse EPDS scores at 3, 9, 18 months on a sample of 167 women and will confirm or undermine the above-mentioned results.

511 **Developing a Model for using Videotape in Consultation to Institutional Caregivers in Third World Countries**

Alexandra Harrison, Sarah Measures (United States)

This on-going project will develop a consultation model using videotape to develop recommendations to caregivers in institutions at remote locations and in other cultures. Following an initial consultative visit, applications of the Lausanne Triadic Play Model (Fivaz et al) and videotape microanalysis (Downing) are used to make observations of infant- caregiver interactions and peer interactions in response to caregivers' consultation questions. These observations generate

ideas for suggestions to caregivers. Additional videotape taken by the caregivers is then used in follow-up e-mail and phone consultations. The poster presentation will present the evolution of a widely applicable consultative model including (a) a rationale for using videotape micro-analysis; (b) a description of an exploratory consultation to an orphanage in El Salvador (Phase 1); (c) a discussion of the evolving consultative process (Phase 2); and (d) presentation of examples of follow-up video tape and analysis (Phase 3). Examples of the written reports from Phase 1-3 of the consultation, and illustrations of videotape follow-ups will be presented.

512 The Development of an Open Primary Nursing Model in Parenting Assessment

Matti Johannes Nasi, Marjo Veima, Ilona Luoma, Mika Virtanen (Finland)

Näsi M, Veima M, Luoma I, Virtanen M The Family Ward in Tampere University Hospital is a child psychiatric unit focusing on the assessment and treatment of developmental, emotional and behavioral problems in young children. Family interactional problems, parenting problems and parenting assessment are areas of expertise in the Family Ward. There was a need to improve cooperation with parents and child welfare workers. The aim was to develop a more systematic and open working model to be used by primary nurses during parenting assessment. The development of the model started in autumn 2004 and the model was implemented on the family ward on autumn 2005. At the beginning of the development of the model the essential elements of parenting were outlined. These elements were chosen according to practical and theoretical knowledge. On the basis of these elements the written reporting was developed for use in work with the families. The feedback from the families and child welfare workers was encouraging. An open nursing model provides parents and workers with a shared view of the children's situation in an ongoing life stage of the family. In the co-operation relationship with the family we seek opportunities for an individual's own growth. On the other hand the necessity for the local welfare authorities to take the child into care is assessed. Extensive co-operation between child welfare experts and child psychiatrists in parenting assessment is in the interests of the child. Patients and relatives should be well enough informed on their own affairs.

513 Assessing Withdrawal Behavior in 650 18-Month Old Infants: Results of a Transversal Study

Antoine Guedeney (France)

The Parisian Département des examens périodiques de santé de l'enfant (DEPSE) is a public institution offering free check-ups for children aged 18 months old. During half a day, children are offered a developmental history taking with a nurse, who also makes physical measures (height, weight, BP, CP) and checks feeding and sleeping patterns. Children meet a paediatrician, an ophthalmologist and a ORL specialist. They have a psychological testing by a psychologist using the French validated developmental test. Finally, all information are gathered and examined by the paediatrician, who makes recommendations and eventual referral to specialised clinics. Such a setting is particularly interesting to test the Alarm Distress Baby scale (ADBB, Guedeney & Fermanian, 2001) as a screening instrument for infants. The 8-items scale has been built to assess relational withdrawal behaviour in infants aged 2-24 months, as such a behaviour appears to be an important alarm signal in infancy. Three voluntary child nurses from the DEPSE trained with ADBB, till they could achieve inter rater reliability(Kappa.8). 650 infants could be included on a 8 months 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 behaviour they would not have screened otherwise.

514 Working with DC 0-3: A Nine Year Clinical Experience

Pedro Caldeira da Silva, Paula Bravo, Paula Vilarisa (Portugal)

The knowledge about infant mental health development has grown exponentially in the last decades and much of this is due to the use of systems of diagnostic classification. The system of classification for psychiatric disorders in the paediatric ages is in permanent development and evolution. The use of diagnostic classifications in infancy and early childhood has come a long way since the landmark introduction of DC 0-3. This multiaxial classification system permits a comprehensive evaluation of children and their families. The authors describe an Infant Mental

Health Unit in Portugal that attends a large population of infants with several mental health problems. In 1997 it was introduced the systematic use of the DC 0-3 and a database was constructed. In the present work the authors intend to present the results of the experience of application of DC 0-3 from 1997 to 2005 (n=1370). We intend to understand the evolution of the population that attend the Unit, the motives of referral and the diagnosis applied. We believe this information can serve as a basis for a reflection on our clinical practice and diagnostic classification experience. The authors also intend to identify possible associations between the socio-demographic characteristics of the population and the DC 0-3 diagnosis. This can help us to identify the risk factors of the early beginning of psychopathology.

515 Parenting Stress Index Short Form: Psychometrics across Early Childhood

Leanne Whiteside-Mansell, Lorraine McKelvey, Andrea Hart (United States)

Parenting stress is a complex construct that involves behavioral, cognitive, and affective components and believed to be associated with poor developmental outcomes for children (Deater-Deckard, 1998). The Parenting Stress Index-Short Form (PSI-SF; Abidin, 1995) is a commonly used tool for both research and clinical assessment. This study examines the psychometric properties of the PSI-SF for parents of children from 10 months to 54 months in a secondary analysis of two large, ethnically diverse, U.S. studies. The PSI-SF items are conceptualized by the developer as representing three broadly defined latent constructs with 12 items each: Parental distress (PD, items 1-12), Parent-Child Dysfunctional Interaction (P-CDI, items 13-24), and Difficult Child (DC, items 25-36). This study demonstrated that, whereas the PSI-SF scales PD and PCDI were reliable and valid for this sample of low-income parents, the decomposition of the scales was equally useful and might prove to have enhanced utility. The benefits include shorter more focused scales that may be used separately but based on the validity coefficients are similar to the longer versions in their ability to predict key indicators. However, just as the frequently used total score of the PSI captures a broad array of aspects of parenting stress, these subscales together capture multiple aspects of parenting distress and parent-child interaction.

516 The Alarm Distress Baby Scale (ADBB): A Reliability and Validity Study

Vincenzo Curra, Emilia de Rosa, Maria Lucia Maulucci, benedetta focarelli, Silvia Maulucci (Italy)

The Alarm Distress Baby Scale (ADBB) has been devised by Guedeney and Fermanian to assess the early signs of withdrawal in infants. The early social withdrawal behaviour has been described in infants of depressed mothers, in autistic children, in depressed or anxious infants, in some attachment disorders. This paper will report the psychometric properties of ADBB in a sample including 80 infants, aged between 2 and 24 months, from the paediatric ambulatory in the university Polyclinic A. Gemelli in Rome. Two paediatricians and one psychologist used ADBB during routine physical check-ups. The examiners made a training to learn the ADBB use in order to find a mutual judgement agreement. The pediatricians' and the psychologist's evaluations were compared with the psychiatric examination and with the Diagnostic Classification 0-3, which were considered a gold standard. This study is valuating the specificity, the sensibility, the percentage of false negative and false positive, and the positive and negative predictive values of the ADBB, for different cut-off of the scale. The aim of this statistic study is to confirm the validity of the ADBB as an useful method to disclose, during pediatric practise, early psychopathological signs in infants.

517 Diagnostic Classification and Psychopathology in Infancy: Categorical Systems and CBCL 1,5-5 in Contrast

Andreas Wiefel, Verena Komanek, Klaus Lenz, Ulrike Lehmkuhl (Germany)

Wiefel, A., Komanek, V., Lenz, K., Lehmkuhl, U. DIAGNOSTIC CLASSIFICATION AND PSYCHOPATHOLOGY IN INFANCY: CATEGORICAL SYSTEMS AND CBCL 1,5-5 IN CONTRAST There is a vast debate about categorical and dimensional approach in infant psychiatry. All referrals of our psychiatric infant consultation age 1,5 to 5 years from 2003 to 2005 which completed diagnostic procedure were evaluated. Any kind of extrafamilial caregiving was evaluated with the CTRF Form. Diagnostic classification was made with ICD-10, DC 0-3 and RDC-PA. Data for SES and intensity of recommended measures were collected. The correlation between CBCL and CTRF will be presented. We wanted to prove, if the instrument shows

children with diagnosis of autism having higher scores on subscale "withdrawn" and those with ADHD on subscale "attention problems" and "aggressive behavior". Finally we wanted to know, if the total problem scale correlates with the data for the SES and predicts the intensity of recommended measures.

518 The Narrative Evaluation Scales (NES): A New Tool to Assess Family Narratives

Elodie Abbet, Nicolas Favez (Switzerland)

The scenario in four parts of the classic LTP (Lausanne Trilogic Play) is also taken up in the situation of the Narrative LTP. The parents are invited here to help a five years old child to tell a story, with little dolls, about a child left in two persons' care for a week-end during which his parents take time together. Assessment of the Narrative LTP is done with a new grid called Narrative Evaluation's Scales (NES), which contains 22 Likert scales in 5 points; e.g. the organization of the family, the participation, the co-parental relationship, the degree of intersubjectivity between the parent and the child, his involvement in the task, the capacity of verbalization of positive or negative affects, themes and chronological events, etc. These scales evaluate (i) the family play in terms of "trilogue" or family functioning when parents and child co-constructing a story, (i) the "form" of the narration and (i) the "content" of the co-constructed stories. Our results show the link between the development of the family alliance (Favez & Frascarolo, 2002) and the narratives of an emotional event at 5 : the families in difficulty during the first two years of the life of the child have as well difficulties in the organisation of the story, three years later. The contents of their stories show that they are less able to integrate positive or negative affects and to mention psychological states in their narrations than the other categories of families.

519 Ages and Stages in the Netherlands: A First Impression

Hedwig J.A. van Bakel, Anneloes L. van Baar, Sabine Hunnius (Netherlands)

It has been generally acknowledged that experiences during the infancy years have a significant effect on children's subsequent development. Early identification of infants with delayed or atypical developmental trajectories is essential to correct or attenuate developmental and behavior problems. Also in the Netherlands, the interest in early identification and monitoring of infants who are at risk for future developmental and socio-emotional problems increases. Up until now few appropriate screening instruments are available to identify at-risk infants. One promising instrument is the Ages and Stages Questionnaire (ASQ: Squires, Potter, & Bricker, 2001). The ASQ is a screening questionnaire designed to be completed by parents of infants 4-60 months. The questionnaire contains 30 developmental items divided into five areas: communication, gross motor, fine motor, problem solving and personal-social. In this pilot-study we present the results of the validity of the Dutch version of the parent completed ASQ in a group of infants at risk (n=30) and a control group (n=30). Thirty parents with a history of neglect or psychopathology and 30 healthy control parents completed the ASQ. Their infants (range 4-12 months) are administered the Bayley Scales of Infant Development-II. At this moment, data collection is in progress. Results will be presented and compared to the validity of the English version of the ASQ and will be discussed in terms of utility of the AQS in Dutch infant programs for prevention and intervention purposes.

520 Validation of an Evaluation Measure of Family Functioning: The Picnic Game

Nevena Dimitrova, France Frascarolo (Switzerland)

Nuclear family functioning and coparenting are essential for the understanding of the early family socialization processes and the early child development. Following the literature, a link between observed family functioning and parent's own representation of coparenting is expected. A new observational situation called the PicNic Game, designed to evaluate family interactions, will be presented. In the PicNic Game, family members are invited to imagine being in a park and having a picnic. At the end, doll's tea set and toys, given at their disposal, should be cleaned up. This situation reflects experienced situations from the daily life and allows an evaluation of the family functioning. The coding system consists of eleven Likert scales: Participation and cohesion, Task repartition, Game pleasure, Task structure and transition, Configurations, Co-parenting, Marital exchanges, Laxity, Authoritarianism, Family warmth and Autonomy of the child sub-system. We proceed on a construct validity by comparing the PicNic Game scores on the one hand, and answers given by the parents on the self- evaluation coparenting scale (McHale, 1997), on the other. This

scale measures the frequency of parental behaviors promoting or undermining children's sense of family. Preliminary results, confirming the construct validity and showing correlations between observed family functioning and parent's internal representation of coparenting, will be discussed.

521 The Predictive Validity of Screening Infants for Disturbances in Contact and Attention

Alexandra Vang Jakobsen, Anne Mette Skovgaard (Denmark)

The BOEL test (Blik orienteret efter lyd/ gaze orientation towards sound) is a standardized clinical test developed to screening for hearing impairment and disorders of attention and contact skills. The test is currently used in Denmark, Sweden and Norway, and a modified version called distraction test is being used in Great Britain, Australia and Netherland. The validity of the BOEL test regarding hearing loss is currently questioned, whereas the validity in the screening of mental health disturbance is unknown. This study aims to investigate the potential of the BOEL test to screen for childpsychiatric disorders with disturbances of attention and contact as key symptom. Method: Copenhagen County Child Cohort is a longitudinal study of mental health problems in a birth cohort of 6090 children born in 2000. Psychopathology at 1½ years was investigated in subcohort of 211 children. Results: The sensitivity of BOEL test at 8-10 months was 16,7 %, the specificity was 97,3 % and the predictive validity of positive test was 28,6%. The predictive validity of negative test was 94.8 %, the odds-ratio was 7,32, (p-value 0,059). Conclusion: The preliminary results regarding the efficiency of the standardized test, BOEL, as a screening tool points to the possibilities for usage as a tool to detect mental health problems in children. At present the BOEL test seems to be a good and available screening tool for attention and contact disorders in children as young as 8-10 months.

522 Detecting Feeding Difficulties in Early Childhood in Two Community Samples with Brief Screening Instruments

Maria Ramsay (Canada), Martin Maldonado-Duran (United States), Mafalda Porporino, Chantal Martel, Catherine Zygmuntowicz, Linda Helmig (Canada), Charles Millhuff, Chris Moody (United States)

Two research groups developed screening instruments to identify young children with feeding difficulties and or failure to thrive (FTT) in a non-clinical population. The first group gave 340 parents of infants (2-24 months) from well-baby clinics a screening instruments (32 questions related to appetite, weight gain, mealtime behaviors, vomiting and eating ability). Prevalence of FTT was 7%. Three questions were highly predictive of FTT. Data on the sensitivity and specificity of the scale will be presented. The second group gave a feeding scale (15 items related to appetite, feeding ability, mealtime behaviors, and parental reactions) to parents of children (6 months- 6 years). Items were rated on a Likert scale for frequency or severity of symptoms. Excellent discriminant validity was established using responses from 110 mothers of infants in the feeding clinic and 210 mothers in community pediatricians' offices. Distribution of normalized T scores to identify feeding problems in the non-clinical group will be presented. Clinical implications of both studies will be discussed.

523 Systematic Mediatization of Parental Visits in Nursery: A Device Supporting the Protection of the Placed in Care Babies and Support of the Parentality

Patrick Cauvin, Claudine Garcia, Claire Robin (France)

We account for the evolution of the device of work with parents in our nursery, set up there is nearly ten years. The put question is to ensure the maintenance of the bond with the parents in a baby placed on administrative or legal decision, following serious negligences in the care or ill treatments. Starting from clinical illustrations, we will expose our protocol of support of the families visits. It is a question of framing the visits by including a member of the team systematically there, in a context limited in space (room of specific visit) and in time (on go). Thus, as we will show it, the parents are waited and supported and the babies are assured that in the event of major interactive dysfunction with the parents, a helpful third is in the vicinity to limit the noxious effects of the visit. The mediating person of the parental visit is selected among the team members except for those which ensure the daily care of the baby (auxiliaries of child welfare) and the device includes a systematic recovery with a psychoanalyst. In spite of great differences in the origin of the parental

failure, we noted each time some benefits rewarding the significant effort made in the installation and the maintenance for this protocol of mediatization of the visits: level of parental support, protection of the child, participation in the project of continuation of the placement thanks to better a reciprocal comprehension between the parents and the professionals.

524 A Theoretical and Methodological Framework of Clinical Intervention in Child Abuse and Neglect

Giampaolo Nicolais, Massimo Ammaniti, Anna Maria Speranza, Francesca Ricceri (Italy)

Tetto Azzurro is the Province of Rome multidisciplinary centre for the diagnosis, treatment, and residential intake in child abuse and neglect. The "Diagnosis and Treatment Unit" of Tetto Azzurro provides clinical intervention in terms of child and family diagnostic assessment and psychotherapeutic treatment. Within a broader developmental psychopathology perspective (Cicchetti, Cohen, 1995), the framework of clinical intervention is rooted in the theory of attachment (Bowlby, 1973, 1980) as infant-parent attachments are considered in the light of the intergenerational transmission of maladaptive parenting patterns (Belsky, 1984). Thus, the intergenerational transmission construct has a pivotal role in the actual diagnostic methodology, as child and adults attachment data are confronted in order to get a comprehensive picture of the relationship main themes in the family. A thorough diagnosis of the context allows the therapist to understand the relationship(s) trauma, making it possible to move towards focused treatments. As a consequence, the Unit provides treatments for individuals (children, parents) and for "relationships", as a relationship trauma is the core mechanism of child intra familial abuse. The authors present rationale and methodology of their model of clinical intervention in child abuse, where different treatment approaches are devised.

525 Effects of Prenatal Stress on Child Development at 3 Months

Rozenn Graignic-Philippe, Marina Gianoli-Valente, Emmanuel Devouche, Annick Le Nestour-Crivilla, Gisele Apter-Danon (France)

Abundant research has been carried out on the effects of prenatal stress on pregnancy outcomes, specifically on birthweight and prematurity. More recently, the effects of prenatal stress on the fetus have interested some authors. They highlighted that stress seems to have a direct effect on fetal brain growth, independently from its effect on birthweight. Some authors have also focused on the relationship between prenatal anxiety or stress, and psychomotor and emotional development in children. They suggest that emotional maternal state during pregnancy could have a direct effect on the development of the fetal brain, and consequently on the development of the child's behavior. In this research, we specifically wanted to study the impact of prenatal stress and anxiety during late pregnancy on infant psychomotor development. 52 women were recruited at the beginning of the third trimester of pregnancy. A prenatal interview was conducted at the end of the third trimester to assess anxiety (STAI) and perceived stress (PSS). A postnatal interview then assessed the psychomotor development of the infant at 3 months on two parameters: gross and fine motor function (BL-R). Main result consisted of lower developmental quotient of the high stress-anxiety group babies versus the low stress-anxiety group babies (89.3 ± 24.1 vs 95.3 ± 22.11 for gross motor function; 87 ± 11.71 vs 96.1 ± 14.23 for fine motor function). Different hypothesis such as neurobiological fetal issues, birth outcomes and mother-infant interactions will be discuss.

526 A Window of Opportunity: Enhancing Healthy Parent-Infant Interaction of Mothers with Mental Illness

Lihl Geva-Lisser, Lihl Geva-lisser (Israel)

Studies have shown that a mother's mental illness may result in a serious disturbance to healthy parenting, resulting in adverse consequences to the infant's physical and psychological development. Most of the clinical treatments offered today by different psychiatric and social services focus mainly on the woman's mental health status with less attention paid to her interaction with her baby, and her functioning as a mother. The Parent-Baby Clinic offers an innovative clinical intervention for mentally ill mothers and their infants (0-2 years of age) focusing on the enhancement of healthy attachment and parent-infant interaction. One of the main emphases of the program is collaborative work with different community agencies in an attempt to achieve earlier detection and referral of these women to the clinic. The intervention led by a multidisciplinary team

is based on the dyadic model and is performed at home. The home intervention entails 2-4 sessions, during which initial rapport is established and an evaluation of the parent-infant interaction, as well as the woman's and infant's mental state, is performed. An integrative treatment plan is then offered which consist of: a) building a foundation of support for these mother-infant dyads in the community and b) continuation of psychotherapy in our clinic. In our presentation we will present case studies through which we will describe the program, its advantages as well as challenges and discuss our operative conclusions

527 Supporting Practitioners in Identifying and Intervening with Early Adjustment Difficulties in Child Care Settings

Kofi Marfo, Mari Fernandez (United States)

This workshop is intended primarily for the benefit of practitioners in early childhood development and care program settings who are interested in identifying and addressing young children's transitional adjustment difficulties (e.g., during the transition from parental care at home to center-based care or from one age-based placement to another in the same care setting). However, it will also be of interest to infant mental health researchers and personnel training specialists with interest in transitional issues for young children and their families. Designed explicitly for front-line practitioners with limited formal training in child development or infant mental health, the Early Care Adjustment Rating by Educators (E-CARE), is a field-inspired tool developed collaboratively by researchers and community-based early care professionals as part of a university-community partnership initiative. The tool grew out of a practical need to minimize the adjustment problems that can arise as infants, toddlers, and preschoolers make the transition from one care setting to another. The E-CARE has two components: (1) a simply written 10-item rating scale and (2) an Action Plan with guidelines on how to go from identification to systematic problem solving. The objectives of the workshop are to provide a hands-on introduction to these two key components of the E-CARE and to present for discussion and input data emerging from the ongoing field-testing of the instrument.

528 THE SHARED STORY: COLLABORATIVE WRITTEN FORMULATIONS AS AN APPROACH

Seonaigh Stevens, Denise Guy, Terri-Anne Patton, Sylvia M Bagnall (New Zealand)

Engaging parents into a commitment to therapy can be sensitive and delicate. The working alliance made with the family during the assessment process can determine this commitment. This paper explores the value of using a written collaborative formulation to assist in engaging parents of infants and pre-schoolers into the therapeutic process with the central goal of improving the relationship between parent and child. The process this team uses in developing the collaborative formulation will be discussed with reference to clinical material. The working together by clinicians and parent(s) to produce the written document is potent in parents feeling heard, witnessed and deeply understood. This process appears to give evidence that the parent has been heard and understood in their story in a more trustworthy fashion than the more usual verbal formulation that a therapist presents prior to contracting for therapy. Approaching formulation in this way requires the therapist to be keeping the parent in mind which in turn is supportive of the parent's task in keeping the infant/toddler in mind 'attending to observable interactive behaviours and internal subjective experiences.' [Stern 1995]

529 Longitudinal Research on Clinical Indicators of Risk for Child Development for Use in 0-3 Children Primary Care Health Services

Maria Cristina Machado Kupfer, Rogerio Lerner, Maria Eugenia Pesaro (Brazil)

Some Clinical Indicators of Risk for Child Development (IRCDs), observed in the first 18 months of a child's life, were developed from the psychoanalytical theory. It is hoped that these clinical indicators (IRCDs) can be applied by paediatricians and other health professionals of basic care in consultations in health centres and/or basic units, for the early detection of psychological and psychiatric disorders of child development. With the intention of validating these hypotheses, a research is on going – funded by the Health Ministry and by FAPESP (Foundation for the support of research in the State of São Paulo) and conducted by a group of academic researches and specialists– for verifying the capacity of IRCDs in predicting psychical disorders in childhood. The

method used is of a longitudinal study with a random sample of children from 9 Brazilian cities, followed throughout 36 months. In the initial sample of 700 children, the incidence of absent indicators (which signs a risk for development) was of 17,9% of the children (with 1 absent) and 55,5% (with 2 or more). After three years of follow-up, 308 children are being evaluated for the identification of psychological disorders and the establishment of associations with IRCDs. The partial results already point towards a change in the posture of paediatricians before manifestations of psychological order. The first qualitative analysis of children evaluated at the age of three years-old will also be presented.

530 Early Relationships: From Developmental Psychology to Psychoanalysis

Marie Claude Fourment (France), Rinaldo Voltolini, Leandro de Lajonquire (Brazil)

It has been verified more often that first experiences are essential for the demarcation of life destiny. This premise is shared by both developmental psychology and psychoanalysis, in relatively different perspectives. Somehow, this premise is also corroborated by the interpretation of some findings in the area of neuroscience that demonstrate how much language models the developing body. The advances in these research fields suggest the necessity of a view that articulates these new findings, breaking up, in this way, with a tradition that supports the obscurantism by avoiding the dialogue between fields marked by epistemological differences. The main advantage of this articulating view resides in the possibility of enriching the interpretation of these specific research data, through the debate among these different epistemological points-of-view. We thus propose to discuss in this work the premise of the importance of first experiences in the constitution of the subject through the articulation of research results and different epistemological perspectives, such as: psychoanalysis, developmental psychology, neuroscience and ethology. We aim to develop further a consistency and delimitation of this new premise which has been fundamental as a justification for the elaboration and installation of preventive proposals for developmental disorders.

531 Challenges and Obstacles in Qualifying Pediatricians for Monitoring Child Mental Health

Leda Marisa Fischer Bernardino, Sandra Josephina Ferraz Ellero Grisi (Brazil), Graciela Cullere Crespin (France)

Our proposal is to discuss two research experiences realised by psychoanalysts with paediatricians - one of those in Brazil, involving 11 centres in many areas of the country; and the other one in France comprehending the Parisian area and some French provinces. These experiences consist of the qualification of paediatricians and doctors from Child Maternal Protection in France and paediatricians from child care units of national health system in Brazil, using psychoanalytical concepts. Some aspects will be considered from the French experience: the intention of qualifying paediatricians for researching into early communication disorders and turning them capable of detecting severe developmental disorders; and of taking part in a continual professional qualification. Regarding the Brazilian experience, the perspectives consist of developing a method of qualification of paediatricians based not only in medical semiology. We intend to qualify doctors to identify, in mother-baby relationship, indicative signs of the beginning existence of an appropriate relationship for the emergence of a psychological subject. Moreover, we intend to constitute a group of indicators - that have been evaluated through a multi-centred research - for building up the item of psychological development (absent up to now) in file of the Development Guide used by all paediatricians of national health system. We shall discuss the sources we used in Brazil for this qualification as well as the results obtained by both the French and the Brazilian team and the problems meet by the two teams.

532 Contemporary Psychopathological Models in Aetiology and Prevention of Autism

Mario Eduardo Costa Pereira (Brazil), Alfredo Nestor Jerusalinsky (Argentina), Jean Jacques Rassial (France)

Recent findings in genetics, neurosciences, psychology and psychoanalysis changed the clinical practice in the area of mental disorders. We know that resilience and mental diseases are due to complex causality that articulates genetic, psychological and neurological matrixes which, because of neuroplasticity, don't act in an autonomous manner. Before the growing evidence of the participation of genetic factors in the appearance of autistic cases, the questioning of the role of

symbolic interaction with others in the organisation of this psychopathology. The mind-body relations reappear with great impact in the field of psychopathology under the light of neuroscience and genetic psychiatry findings. The recognition of multiple aetiology, which combinatory manner we are yet to research poses the problem that prevention can not be formed upon a fixed psychopathological scheme or upon a predictive picture of diseases. Thus, prevention in first childhood needs to be formulated in the way of a generical way, without defining a specific way of anticipated affection in the detected signs, excepting the cases of unequivocal determinations when the signs match with a restrict pathognomic semiology. This work proposes to review the most important contemporary theoretical-philosophical points-of-view on the theme, showing their incidences in recent models of the psychopathology of autism. Our main interest is to establish the basis of an epistemology for modelling in psychopathology, taking into account that it is an inextricable field – a Gordian knot – in propositions of first and third person.

533 Building Statewide Capacity to Support Infant Mental Health: Training and Policy through Partnership

Martha Erickson (United States)

As programs reaching out to new parents and infants have proliferated, many service providers have found themselves underprepared to address the complexity of issues they encounter – parental mental illness, substance abuse, domestic violence, and other family trauma. Particularly in rural and sparsely populated areas, resources for providers often are limited. This presentation will outline ongoing initiatives to bring infant mental health training up to scale across the state of Minnesota (USA). This has involved a partnership of the University of Minnesota, the state's Departments of Human Services, Health, and Education, and other community organizations, working toward three broad goals: 1) to prepare front-line workers (e.g., nurses, parent educators, and social workers) to better address the mental health needs of infants and parents they serve; 2) to engage mental health professionals who have not typically worked with infants or parent-infant relationships to expand their knowledge and skills in infant mental health; and 3) to build the capacity of mental health professionals across the state to provide reflective consultation to front-line workers within their region. Discussion will address successes and challenges in providing cross-disciplinary training, using new technologies, securing funding for indirect services, and bringing about policy change to support and sustain this work.

534 Education, Workforce Reorientation and Policy Development Working Together for Infant Mental Health

Nick Kowalenko, Cathrine Fowler (Australia)

A range of activities involved in going to scale in a state of Australia, New South Wales will be described. This has involved assisting the development of Integrated perinatal and Infant Care Health Policy. Early in the process of policy development, early intervention clinical guidelines were developed. These were linked to the development of education materials for statewide workforce development. The Statewide workforce development program will be outlined and the policy framework driving workforce reorientation described. Family Partnership Training, developed by Hilton Davis, is the core component of the initial wave of training. As the implementation of the education, various initiatives begins, a growing demand for infant mental health skills, particularly for consultative skills is emerging in the primary care workforce. The nexus between statewide training, policy implementation & partnering with linked initiatives has been critical to sustain the development of integrated perinatal & infant health care services. For example, links with initiatives for children of parents with a mental illness within the mental health sector allow for a focus on the needs of 0-3 yr olds. Reorienting specialist health providers' usual work to identify & address the needs of infants will require additional tailored workforce development & training initiatives.

535 Credible and Accessible: The Evolution of Infant Mental Health Education in Australia

Beulah Warren, Sarah Mares (Australia)

This presentation will outline the growth and development of Infant Mental Health education in NSW Australia, including most recently the process of translating a training course into a text book.

Formal education in Infant Mental Health in New South Wales (NSW) Australia began in July 1998 with the Post Graduate Diploma in Infant Mental Health Course, at the NSW Institute of Psychiatry. The Course was the result of collaboration between the Institute and the Australian Association of Infant Mental Health Inc. (NSW Chapter). This collaborative effort gave the course professional credibility within the field of infant mental health and mental health services. Within two years the course was accredited by the Education Department of the Government. The following year, with additional increased depth, the Master of Infant Mental Health was also accredited. Accessibility was initially addressed by making the Graduate Diploma Course a distance education course, followed by the Master's course. Currently, students from 4 states of Australia and New Zealand are enrolled in the Course. Graduates of the course are providing specialist infant mental health knowledge and skills in a variety of disciplines within the perinatal field. The latest step in making the course accessible is the publication of 'Clinical Skills in Infant Mental Health'. This book is designed for those who work with babies, infants and their families to direct their attention to the significance of the relationship between infants and their care givers, and those who are ,not currently interested in further formal education in our field.

536 Combined Therapies for Schizophrenia: Add, Mix, and Confuse, or Rather Deconstruct and Combine?

Jorge L. Tizon, Belen Parra, Jordi Artigue (Spain)

Paper points out a reflection on the current state of the therapeutic programs or combined therapies using diverse types of biological, psychological therapies and psycho-socials. The topic is illustrated with clinical examples from the treatments of agoraphobics or schizophrenics patients. The fundamental conclusion is that, nowadays, with some exceptions, more than combined therapies we are practising aggregations of therapies or indeed mixed and more or less confused therapies. Among other reasons, because we have not enough account about the approaches of quality of a therapy, a consideration epistemologically stricter of those that it should be a combination of therapies, and the necessity of of-building the previous therapies and those combined and of investigating the effectiveness, efficiency, accessibility, and so on, of their components. With the purpose of facilitating tools for the reflection, I expose several thesis and principles for the organization of this therapies and I mention some intents in such a sense.

537 Schizophrenia in Primary Health Care

Jorge L. Tizon, Jordi Artigue, Belen Parra (Spain)

Objectives: To contribute to the knowledge of the alert signs and precursors of the schizophrenia, just as they can appear in the childhood, and of the prodromic signs other ages. Design: Five descriptive studies: three retrospective, one transversal and one longitudinal study, based in the revision of clinical histories of an Community Mental Health Unit closely linked with the APS, additional revisions of the clinical histories of Family Doctors and Peadiatrics of Primary Care, and structured interviews with patients, patient's offspring, and PHC professionals. Two prospective studies: one, with schizophrenic's children; other, of children with alert signs detected in the first childhood. Location of the Project: USM-MHU of Sant Martí – La Mina (Barcelona). Participants: 1. Schizophrenic patients and relatives detected by the USM-MHU. Schizophrenic patients and relatives not detected by the USM. 2.MHU-USM assistance staff and assistance staff of 5 ABS and of the Functional Unit of Attention to the First Childhood (UFAPI). 3.Children with alert signs detected in the UFAPI and children with alert signs or risk factors detected in the EAP and in the Pediatric Teams of PC. Methodology and instruments: Diagnoses DSM-IV. Structured interviews SCAN and IRAOS. Scales of positive and negative symptoms . Scales or screenings for the first childhood: ARBB, CBCL and LISMEP. Structured interviews to determine precursory and prodromic signs: FETZ (Colony), ERIE-IRAOS (Hamburg-Barcelona), ERIE-red (reduced version of the IRAOS, adapted by the investigating team).

538 Schizophrenic Disorders Evaluated in Primary Care Facilities in Barcelona

Jorge L. Tizon, Jordi Artigue, Belen Parra (Spain)

Background: Evaluations of the effects of psychiatric disorders, with respect best health-care provision for the patient and its social-economic costs, are hampered by the lack of systematic evaluation of patient data. Incomplete data result from methodological difficulties in identifying the

potential patient at an early stage within the community, relying on institutionalised-patient data, incorrectly diagnosing the illness and failing to maintain contact with the patient. As such, a mental-health-care provision within primary health-care general practice should overcome most of these limitations. Aims: To determine prevalence and incidence of schizophrenia and other psychoses within the community using the resources of Primary Health-care centers in Barcelona Methods: A retrospective study using the computerised case records of all the patients with psychopathology identified in a defined area for 103,615 inhabitants. Results: Overall, there were 21,536 patients in the records up to the year 2000, of whom 838 fulfilled the strict criteria defining "schizophrenia" (476) or "other psychoses" (362). The prevalence of schizophrenia was 0.45% with respect to the general population (GP) and 0.80% with respect to the at-risk (AR) age group. The incidence in this area varies between 35.6 and 59.90 per 10,000 (GP or AR). Conclusions: The Community Mental Health / Primary Health-care Centre interface can be considered a good site at which to identify and study schizophrenia and other psychoses, provided that specific criteria for health-care provision and of investigation are fulfilled.

539 Cross-cultural Reliability of the Parent-Child Early Relational Assessment (PCERA) Method in a Group of Substance-dependent Mothers

Sari Ahlqvist-Bjarkroth (Finland), Roseanne Clark, Erica Anderson (United States), Elina Savonlahti, Marjaterthu Pajulo, Jorma Piha (Finland)

The parent-child early interaction appears to have a special role in child development. To assist in assessing this process, a numbers of parent-child interaction rating scales have been developed. The majority of scales have been developed in research projects in the USA for specific populations. However, many of these rating scales are widely used in research as well as in clinical work with different populations and cultures. Therefore, more psychometric information from the scales is needed. This is a report of the cross-cultural reliability rating process with the PCERA method in a group of substance-dependent mothers and their controls. The sample was 26 native Finnish mother-infant pairs, 14 substance-dependent mothers and 12 low-risk mothers. They were videotaped in feeding and in free play situations at three and six months after birth. The situations (104) were evaluated randomly by two blind raters, one Finnish and one American. For the interrater reliability 23% of the sample, six randomly selected mother-infant pairs (24 situations), were evaluated by both raters. The interrater accuracy and possible cultural differences were studied from these evaluations. The accuracy of the ratings between raters ranged from 85.3 to 90.6 for the same category of scores (mean 89.1%) and from 72.7 to 85.7 for the same exact score (mean 81.1%). These preliminary results show that the degree of agreement between Finnish and American raters was considerably high and the cultural differences were not significant. More results will be presented at the symposium.

540 Stability and Change in Mother-Infant Interaction during the First Two Years of Life in a Group of Prematurely Born Infants and their Mothers

Pia Risholm Mothander, Elinor Oberger, Jenny Sima, Sara Widen, Eva Marianne Gerner (In Memoriam) (Sweden)

The aim of this study is to prospectively examine the impact of premature birth on the developmental quality of mother-infant interaction. According to attachment theory, the development of attachment takes place during the child's first year of life; however, no scales are available for measuring attachment of infants under 1 year. Precursors for attachment might be seen before 12 months and methods for assessing affective and adaptive development among infants under 1 year has been requested. The PCERA (Clark, 1985) was developed to assess the concurrent contribution of both mothers and infants from an early age and was chosen in our study as a way of tapping the ongoing transactional process. Two groups were studied, one group of 20 prematurely born infants with birthweights <1500g, (686-1482 g) and one group of 20 infants born at full-term. Mother-infant interaction was recorded when infants were 3, 18, and 24 months-of-age. Dyads were recorded in a free play situation and 4 blind coders coded the interactions. Results show no significant differences in the developmental of the interaction depending on gestation, but indicate a pattern of behavioural synchronization between mothers and infants visible over time in both groups. At 3 months the mothers are more affectively involved, inviting their infants into interaction, but later when the infants' affective and adaptive behaviour becomes more developed,

the mothers reduce their activity. Results indicate that the PCERA captures the ongoing development of the mother-infant relationship, a process characterized by flexibility rather than stability.

- 541** **The Connections between Mother-Infant Interaction Behavior and Maternal Representations in a Group of Preterm Infants: A Methodological Viewpoint**
Riikka Korja, Elina Savonlahti, Sari Ahlqvist-Bjarkroth, Suvi Stolt, Leena Haataja, Helena Anderson, Jorma Piha, Liisa Lehtonen (Finland)
Preterm infants have been suggested to be at higher risk for problems in early parent-child interaction. According to recent knowledge, the mother-infant relationship may be conceived as an open system of infant and mother interactive behavior and infants' and mothers' internal representations (Stern, 1995, Zeanah, 1997). Therefore, the assessment of mother-infant relationship should include attention to observable interaction behavior and to internal subjective experiences (Zeanah, 1997). The aim of this study is to evaluate the connections between mother-infant interaction behavior and maternal representations in prematurely born infants and their controls. In this study we compare two different early relational assessment methods. The mother-infant interaction behavior will be analyzed by the Parent-Child Early Relationship Assessment (PCERA; Clark, 1985). Maternal representations are studied using the Working Model of Child Interview (WMCI; Zeanah, DATE). Study groups include 35 very-low-birth-weight (VLBW) infants (birth weight <1501 g or gestational age <32 weeks) and 40 healthy full term infants. All infants are native Finnish, their mothers' firstborns and singletons. Free-play mother-infant interactions analyzed by PCERA are recorded at 6 and 12 months of corrected age. The WMCI is conducted with the mothers at 12 months corrected age. Interviews will be analyzed using the WMCI coding system. The results of the relations between PCERA scales and WMCI subscales will be presented at the symposium.
- 542** **Multi-method Assessment of the Quality of Mother-Infant Relationships Pre and Post Treatment for Postpartum Depression: Associations between Observational (PCERA), Self-report (PSI), and Interview (AAI) Measures**
Linnea Burk, Erri Hewitt, Kathleen Hipke, Roseanne Clark (United States)
For a more comprehensive portrait of the mother-infant relationship prior to and following mother-infant psychotherapy, it is important to conduct a multi-modal assessment to gather maternal perceptions as well as an observable sample of relationship behavior. The mother's psychiatric functioning and her mental representations of her own early childhood experiences may contribute to her affective availability, sensitivity, and responsiveness during interactions with her infant. The Parent-Child Early Relational Assessment (PCERA) is a structured assessment of the affective and behavioral quality of interactions developed for use in both research and clinical settings. Data from an ongoing treatment efficacy study of major depression in the postpartum period including the Adult Attachment Interview (AAI), the Parenting Stress Index (PSI) and the PCERA pre and post treatment will be presented (N=45). Preliminary results show distinct relational profiles on the PCERA associated with differences in maternal mood, personality and stress. Additional analyses examine the association between attachment style and mother-infant interaction quality. The PCERA documented areas of strength and concern pre-treatment and change at post-treatment interactions. Different profiles emerged for women with depression alone versus those with depression and co-morbid anxiety or personality disorders. These findings illustrate the clinical utility of the PCERA in focusing intervention efforts, determining ports of entry based on individual differences, and documenting change in the quality of mother-infant relationships following treatment.
- 543** **The Impact of Medical Illness and Invasive Treatment Procedures on Early Parent-Child Interaction among Infants with Esophageal Atresia assessed by PCERA**
Anne Faugli, Kristin Bjornland, Geir Aamondt, Ragnhild Emblem, Trond H Diseth (Norway)
Serious medical illness occurring in infancy may create adversities in the infant and emotional responses in parents, representing challenges to the parent-child interaction. It is essential to use a reliable and valid standardized instrument such as PCERA in assessing the quality of the parent-child relationship. Esophageal atresia (EA) is a congenital anomaly requiring neonatal surgery.

Typical symptoms include frothing and bubbling of saliva, coughing, and respiratory distress. Feeding exacerbates these symptoms. Invasive procedures may be necessary to prevent nutritional problems. Little is known about the long-term psychosocial functioning of children with EA or the emotional response the parent brings to the parent-child interaction and relationship. The aim of this study was to assess the nature of the parent-child interaction in infants with EA, comparing them with infants with minor urological diseases admitted to the surgical ward. The sample consists of 39 one-year-old infants with EA born in 1999-2003, and their mothers and fathers. The comparison group consists of 10 infants healthy at birth, admitted to the surgery unit with urological diseases, matched for age and gender, and their parents. The GHQ and STAI were used to assess parental well-being, depression and anxiety. Registration of medical data was done prospectively from first admission. Similarities and differences between the Parent-Child Early Relational Assessment (PCERA) and the CARE-Index in documenting the parent-child interaction quality will be presented at the symposium.

544 FORENSIC CHILD PSYCHIATRY AT TAMPERE UNIVERSITY HOSPITAL

M. Ilkka, Merja Maki, M. Jerkku, M. Sinisalo, P. Kaukonen, Kaija Puura, Tuula Tamminen (Finland)
null

545 YOUNG CHILDREN AND ASSESSMENT OF SUSPECTED CHILD SEXUAL ABUSE AT FORENSIC CHILD PSYCHIATRY TEAM AT TAMPERE UNIVERSITY HOSPITAL

Merja Maki, M. Ilkka, M. Jerkku, M. Sinisalo, P. Kaukonen, Kaija Puura, Tuula Tamminen (Finland)

Objective A special forensic child psychiatry team for children started in 2001 at the Department of Child Psychiatry, Tampere University Hospital. The team was the first of its kind in Finland. Reasons for referrals were suspected child sexual abuse (CSA) and assessment of parenthood in custody disputes and children placements. This poster aims to evaluate the work done by the team with young children on investigating CSA. Method The team has developed specific but flexible assessment program of CSA. This program includes a meeting with the authorities, interviews with the child, child psychiatric assessment, pediatric/ gynaecological examination of the child and interviews with the adults. The interaction between the child and his/her parents is evaluated with young children in suspected intra familiar CSA. The interviews of the child are done with police co-operation and they are videotaped. Results 85% (N=80) of 94 patients were referred for assessment because of suspected CSA. 35 of the children in suspected CSA cases were 1 to 6 years when they were referred. There were 29 girls and 6 boys. Over 60 % of these assessed cases confirmed the suspicion of CSA. Conclusions The experiences of the team indicate that specializing in interviewing the child in suspected CSA cases is necessary. The assessment of CSA entails not only the forensic perspective but also the child psychiatric view, which is considered important in expert reports and treatment recommendations. Close co-operation with the police, the courts and child welfare agencies is seen important.

546 Predictors of Postpartum Depression and Anxiety in Pregnant Adolescents

Kathryn Gilson, Sandra Lancaster (Australia)

Research on postpartum depression and anxiety has been restricted to adults with little attention given to adolescent mothers. However, the additional challenges and stressful nature of early parenthood may further increase the risk for depression and anxiety for this age-group. Large gaps exist in the literature examining risk factors of postpartum depression, with studies examining risk factors for anxiety virtually lacking. This prospective longitudinal study, explored psychosocial risk factors for both postpartum depression and anxiety (as measured by the EPDS and HADS at six-weeks and six-months postpartum) among 79 Australian adolescent mothers. Primiparous adolescents were recruited from The Young Women's Clinic at Monash Medical Centre, Melbourne. During pregnancy background information was collected as well as depression and anxiety measures. The psychosocial predictors of postpartum depression and anxiety as well as the contribution of antenatal depression/anxiety on postpartum symptomatology are reported and the opportunities for early intervention are discussed.

547 Maternal Postnatal Depression and Subsequent Child Adjustment

Ilona Luoma, Palvi Kaukonen, Tuula Tamminen (Finland)

As part of a longitudinal study, depressive symptoms of 201 first-time mothers were screened using the Edinburgh Postnatal Depression Scale (EPDS) antenatally, after delivery, at 2 months and at 6 months postnatally. Twenty mothers scoring high on the EPDS were interviewed using the Present State Examination. Seventeen mothers were diagnosed to have a depressive disorder. The control group consisted of mothers who did not score above the cut-off at any of the screening points. The social competence as well as emotional and behavioural problems of the firstborns at the age of 8-9 years were screened using the Child Behavior Checklists completed by both parents. Thirteen postnatally depressed and 74 non-depressed mothers participated in the follow-up. Fathers' reports were available for 8 and 50 children, respectively. Maternal depressive disorder was associated with child's internalising problems according to mothers' reports and low social competence according to fathers' reports. Postnatally depressed mothers' children tended to have higher scores also on other problem scales according to both parents' reports and lower social competence according to mothers' reports, but these associations were not statistically significant. Postnatal depression seems to expose a child to emotional problems and lower competence, but there are differences in parental perceptions. Mothers may be particularly sensitive concerning the emotional symptoms in their child whereas fathers may be more prone to observe competencies rather than problems in children.

548 Attachment and Regulation: The Role of Theory of Mind, Emotional Regulation, Effortful Control of Attention and Temperament in Chilean 12-36 Month Old Infants

Felipe Eugenio Lecannelier, Monica Kimelman Jacobus, Livia Gonzalez del Canto, Carlos Nunez Medina, Marianela Hoffmann Soto (Chile)

From John Bowlby's early formulations, attachment theory has included the notion of "regulation" as one of the main functions of the attachment system. Recent advances from various approaches regarding the development of regulation and self-regulation (at cognitive, affective and temperamental levels) have opened the pathway to a widening, higher specificity and improvement of the Bowlby's original contributions. Through a longitudinal study from 12 to 36 months of age, we attempted to evaluate the relationship between temperament and attachment in 12 month old infants, and then their abilities regarding theory of mind, emotional regulation and effortful control of attention at 24 months and 36 months of age. For these purposes we only used observational measures in the infant lab. The study consists of 150 dyads from the city of Santiago, Chile, of low socioeconomic status. The mothers had no history of psychiatric disturbance and there were no medical conditions in the babies. The study is now in its second phase of evaluation, and the data are in the process of analysis. We discuss preliminary results of this investigation, together with the specific methodologies to evaluate the aforementioned processes and functions. One of our goals is to evaluate and or replicate empirical studies on infant development with children from different cultures and using observational measurements.

549 Life Story of Mothers with Malnourished Children: Study in a Public Health Basic Unit - Porto Alegre, Brazil

Carmen Martins Nudelmann, Carmen Martins Nudelmann (Brazil)

LIFE STORY OF MOTHERS WITH MALNOURISHED CHILDREN, BRAZIL NUDELMANN, C. R. M. The aim of this study is to describe the life story of mothers with malnourished children and their possible associations psychological aspects. This work was carried out in a public health basic unit in Porto Alegre, Brazil, with a total of 82 malnourished children mothers who participated in a Nutritional Recovery program. A structured questionnaire was used to determine the life story of these mothers and their feelings. They suffered bad treatment, negative experiences with alcoholic parents (67%) and affection privation during their childhood (65%). They rejected the undernourished baby pregnancy (70%), and about 40% had abortion thoughts. This work also showed a lack of partners support during pregnancy and postpartum period, 70% of them related depression during the pregnancy and 60% of them had postpartum depression. The study showed a difference of proportion between the mothers who suffered bad treatments in childhood and rejection of the pregnancy ($p < 0,001$). These women understand that to take care of babies, they need support of someone. A lack of partner support during the pregnancy was related with unfortunate person and depression ($p < 0,0001$). This study identified and associated mother's life

stories, with factors that, beyond the poverty and social conditions situation, provide a weak interaction between mother-baby that could contribute a malnutrition state. E-mail: carmen@cofip.com.br Adress: Rua Dr. Jorge Fayet 324 casa 2 Porto Alegre - RS Brasil CEP 91330-330

550 Models of Attachment, Interactive Styles, and Emotional Regulation: Risk Indicators for the Relational Development of the Child

Cristina Riva Crugnola, Alessandro Albizzati, Claudia Caprin, Margherita Moioli, Samanta Sagliaschi, Mauro Walder (Italy)

With the objective to detect risk indicators, we videotaped 41 mother-child pairs during the first year of life (at 3, 6 and 9 months) to examine their interaction and emotional regulation with a coding system for regulation based on Tronick's ICEP, as well as the mothers' attachment models using the Adult Attachment Interview and the children's attachment patterns through the Strange Situation. We considered the relation of such variables with possible development disorders evaluated by the DC: 03 System from 36 to 48 months. The analysis of the preliminary results revealed significant associations: a) between the mothers' attachment models and their interactive styles and emotional regulation at 3 and 6 months; b) between the mothers' interactive styles at 6 and 9 months and the children's attachment patterns at 16 months; c) between the steadiness in the mothers' interactive styles and the children's attachment patterns; d) between the mothers' and the children's attachment patterns. The preliminary analysis of 15 dyads showed a significant association between the children's attachment patterns and the clinical or subclinical problems in the mother-child relationship evaluated after the third year of life with the PIR- GAS scale (DC: 03).

551 Reflective Parenting: A Program for Expectant Parents

Melanie Hope Moore (Canada)

A program enhancement to community prenatal childbirth education is described. Reflective function, which includes understanding of the mental states underlying behavior, is a parental cognition associated with secure infant attachment. The enhancement aims to develop expectant parents' reflective function through two primary activities: a reflective parenting workbook for participants to complete individually, and facilitated group discussion. A pilot of the program enhancement was conducted with 28 expectant parents at 3 sites within the Capital Health Region in the City of Edmonton. The results of paired sample t-tests indicated that the reflective function of participants with low pre-program reflective function (n=9), as measured using the Insight subscale of the Self Reflection and Insight Scales (SRIS), increased significantly by the end of the 5-week program. As well, there were statistically significant changes in expectant parents' self-reported understanding of: infant emotions, infant attachment, childhood emotions, parents' emotions and parents' behavior. The results suggest that short-term enhancements to prenatal education have the potential to be effective in developing expectant parents' reflective function. Further studies are recommended to examine the longer-term effects of the reflective parenting program on parents' cognitions about children and parenting, parent-child interaction, and infant attachment outcomes.

552 The Nature of Interaction in the Home of Mothers and Infants in Disorganized Attachment Relationships

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

THE NATURE OF INTERACTION IN THE HOME OF MOTHERS AND INFANTS IN DISORGANIZED ATTACHMENT RELATIONSHIPS Moran, G, Forbes, L., and Pederson, D.R. (gmoran2@uwo.ca) Attachment Disorganization is linked to developmental problems and maladjustment. Unlike Organized attachment, Disorganized relationships have been little studied in the home. Theoretical accounts have portrayed Disorganization as a breakdown of an infant's underlying organized strategy under conditions of attachment-related stress in association with atypical/frightening maternal behaviour. The discrete behavioural indices of infant Disorganization and atypical/ frightening maternal behaviour are, therefore, unlikely to be a persistent feature of less stressful home interactions. The present study examined home interactions of adolescent mothers and their 12-month-old infants. Distinctive patterns of interaction were observed even under these relatively low stress conditions. These distinctions involved behaviour more typically used to

describe normative mother infant interaction rather than the anomalous indices of Disorganization, i.e. interactive behaviour normally used to assess maternal sensitivity and infant attachment security. These findings suggests a need for some elaboration of the current conceptualization of the nature and origins of Disorganized attachment relationships to encompass relatively pervasive behaviour beyond that typically employed to identify Disorganization.

553 Trustful Bonds: A Key to Becoming a Mother and to Reciprocal Breastfeeding - Stories of Mothers of Very Preterm Infants

Renee Flacking (Sweden)

A preterm birth and subsequent hospitalization of an infant at a neonatal unit implies an extraordinary life situation for mothers. Descriptions of how women experience "becoming a mother" and breastfeeding during the hospital stay and after discharge are sparse and these questions were addressed in the present study. In this qualitative study, inspired by the grounded theory approach, in-depth interviews were conducted with 25 mothers of very preterm infants. Findings indicated the importance of quality in social bonds with the infant, father, staff and other mothers at the NU, for "becoming mothers" and experiencing mutually satisfying breastfeeding. Three themes comprised a structure for descriptions of experiences, social bonds and mediated emotions during the hospital stay: 1) 'loss' of the infant and the emotional chaos - "putting life on hold"; 2) separation - a sign of being unimportant as a person and mother; and 3) critical aspects of becoming more than a physical mother. The qualities were described as trustful or distrustful, characterized by accompanying feelings of pride/trust or shame/distrust. After discharge, mothers struggled to repress their emotions or reconcile with their neonatal experiences. Their ability to "become mothers" and to have a reciprocal breastfeeding were impaired; breastfeeding becoming dutiful and not mutually satisfying.

554 The Relational World of Infants Growing Up in Deprivation: Intergenerational Transmission of Attachment in a Subculture of Extreme Poverty

Greet Geenen, Jozef Corveleyn, Karine Verschueren (Belgium)

Most important findings are presented of a Ph.D. research on the intergenerational transmission of attachment in a Belgian sample that has been living in grinding poverty for generations. Participants form a small minority, living on the fringes of society in a developed country, without much entrance to the broader community and culture. They have often even only limited access to their own family. The multitude of problems these parents are faced with is transferred to the children in an almost unbreakable chain, and the relational and developing representational world of the infant is highly coloured by this transmission. A lot of research has documented the negative effects of poverty on psychological child development. This Ph.D focused on some psychological aspects of the intergenerational reiteration of problems on the basis of attachment theory and psychoanalysis: the transmission of attachment and some mediators in this transmission, viz. maternal sensitivity and representational level. Poor infants aged 1 to 2.5 and their mothers were visited at home several times. Research methodology consisted of interviews (AAI, ORI), observations (AQS, videos of play, to score on EAS) and questionnaires (CBCL & CTRF). Because of specific interest in mentalization as mediator, RF and DR Scales were applied to AAI and ORI. By this focus on interactions and representations, guidelines for prevention and intervention can be given to break through the ongoing chain of multi-problems, foster resilience in the infant and enrich his relational world early on.

555 Transmission of Attachment across Three Generations: A Longitudinal Study of Two Normative Samples in Finland concerning Mechanisms of Continuity and Discontinuity

Airi Anita Hautamaki (Finland)

Transmission of attachment across 3 generations was examined in a longitudinal study of 34 infants, mothers, fathers, and maternal grandmothers. The Adult Attachment Interview, AAI was used to assess attachment in mothers during pregnancy, and of fathers and grandmothers. The Infant Strange Situation (SS) was used to assess attachment in infants at 12 months (with their mother), and, at 18 months (with their father). Preschool Strange Situation, PAA was used to assess attachment of children at 3 years. The distribution of attachment classifications among infants was

biased toward Type A attachment (3- category: 60% Type A). Even if the results indicated a continuity of attachment classifications across three generations, the correlations were weaker than those got by Benoit & Parker (1994) in their three- generational study, probably due to the swift cross- generational change in the living conditions in the Finnish sample. The mothers' AAI classifications during pregnancy predicted 1-year-old infants' SS classifications in 67% (3- category) of cases. The maternal grandmother's attachment classifications predicted that of her grandchild's at the age of 3 in 69% (3-category) of cases. The highest level of continuity of attachment across generations was associated with Type B. There was only a moderate stability in children's attachment classifications from 1 to 3 years. The rates of Type A and B attachments declined and the rate of Type C attachments increased.

556 Custody Determination Procedure

Fernando Pego, Ana Luisa Fernandes, Maria Gabilondo Azpiri, Isadora Santos Pereira (Portugal)

In the Forensic Psychiatry Seminar of a training course for Child and Adolescent Psychiatry, the authors have reviewed the subject "Children of Divorcing Parents and Custody Dispute". American Guidelines for Evaluation of Parents Behaviour emphasize the need for divorcing parents to respect their children's interests. Still, there are cases in which parents seem unable to work together for the interest of the child; Gardner's Parental Alienation Syndrome is one such example. Child and Adolescent Psychiatry knowledge may be a helpful tool to Courts on custody dispute matters (Brazelton and Greenspan emphasize the need for continuity of child affective relationships in case of divorce; T. Ferreira defined several "categories of mothers" unable to respond adequately to a child basic needs; etc). Child Psychiatry evaluations required by court on this context are often based on measures that do not provide sensitive information on the psychological inner world of parents and child. The authors think that attachment is a fundamental aspect of the quality of the parent-child relationship; furthermore, there are valid and reliable evidence- based measures of attachment. They propose themselves to apply an adaptation of the Strange Situation procedure to a sample of 10 infants on custody assessment, and to compare the obtained results with the outcomes of the parent-child interaction evaluation usually made; furthermore, they propose to assess if there is benefit in using the Adapted Strange Situation Procedure as a regular step of the formal procedure.

557 A Family Perspective on the Parental Internal Representations of the Relationship with the Child

Anneloes van Baar, Hedwig van Bakel, Dorine Heiden, Dominique Meijssen, Sabine Hunnius (Netherlands)

From a family perspective the relationship between the mothers' and fathers' perception of the relationship with their firstborn child is studied. Do both parents coincide in this perception? Is it affected by the quality of the marital relationship, or by the temperament or mental and motor development of the infant? A sample of 15 families (of whom the mothers participated in an earlier study) is selected for absence of maternal depressive complaints during pregnancy, a first born child and term delivery. The internal representation of the child is assessed for both parents separately, using the working model of the child interview (WMCI, Zeanah et al.,1994). Both parents answer a questionnaire concerning the quality of the marital relationship (NRV, Barelds, Luteijn & Arrindell, 2003). The mothers answer the Infant- Toddler Checklist (ITSC, DeGangi et al., 2000) and the Kent Infant Development Scale (KID-N, Schneider, Loots & Reuter, 1990). It is expected that most parents in this healthy sample, fathers as well as mothers, have a balanced representation of the relationship with their child. In addition unbalanced couples are expected to have children with more attachment-emotional functioning problems and to indicate less satisfaction with their marital relationship.

558 Infant-Mother Attachment, Family Alliance and Development of Theory of Mind

Nicolas Favez, Myriam Therese Cuennet (Switzerland)

This study is part of a longitudinal research on the development of three-way affective communication (Father-Mother-Child), and on the affective, cognitive and social development of the child within the family. The theoretical background and our hypothesis refer to the theory of

mind theory, theory of attachment and research on family context. We are interested in investigating the influence that both the child-mother attachment, and the family alliance have on the children's performances at the theory of mind tasks. The link between theory of mind and attachment has been explored by many researchers. Our aim is to compare the predictive value of attachment and family alliance on theory of mind acquisition, and to test their interplay. Family alliance, pattern of attachment, theory of mind and cognitive abilities are evaluated. On the one hand preliminary results (linear stepwise regression) showed no significant link between mother-child attachment and theory of mind scores. On the other hand, we found an important link between family alliance and theory of mind abilities at age 5.

559 The Importance of Maternal Teaching/Talking and Responsiveness to Later Attachment: An Examination of the Piccolo Measure of Maternal-Child Interaction with Attachment in the First 3-years of Life

Lori Roggman, Gina Cook, Mark Innocenti, Vonda Jump (United States)

Parent responsiveness in the context of physical care-giving is emphasized in the research as a critical predictor of infant security, but other aspects of parenting may become more important as children develop. We examined multiple domains of parenting in relation to attachment security in children from low-income families. When children were 14 and 36 months old, mothers completed the Attachment Q-set (Waters, 1989). Mother-child interactions were videotaped when children were 14, 24, and 36 months. These videotapes were scored using the Parenting Interactions Checklist of Observations Linked to Later Outcomes (PICCOLO) measure of four parenting domains: affect/affection, responsiveness, encouragement of autonomy, and teaching/talking. Although the literature suggests responsiveness as the parenting domain most critical for early attachment, in this sample the domains of teaching/talking and responsiveness at 24 months were most predictive of attachment security at 36 months, even when controlling for earlier security. The interactive communication tapped by the teaching/talking domain may indicate an aspect of sensitivity appropriate for children's developmental needs at age two. The results suggest that practitioners should look beyond physical care-giving and nurturance needed for security in the first year and consider other developmental needs as children grow older. As toddlers acquire language and initiate verbal communication, the verbal responses of primary caregivers may become as critical as physical comfort to infants.

560 Toddler Attachment and Maternal Interactive Behavior Predict Attachment-related Behaviors in the Preschool Years

Jacqueline Roche, Heidi N. Bailey, David R. Pederson, Greg Moran (Canada)

This longitudinal study examined whether infant and maternal attachment-related interactive behavior at two years of age predicted children's cooperative versus controlling interactive behavior toward their mothers at four years of age. Because children classified as controlling in the preschool years are at increased risk for psychopathology, it is important to identify earlier patterns of interactive behavior that influence the development of controlling relational strategies. A high-risk sample of adolescent mothers and their children completed assessments when children were two and four years of age. Toddlers' attachment behavior was assessed following home and lab observation. Maternal sensitivity was assessed following home observation, and maternal atypical behavior was observed and scored during a lab paradigm. At four years, children's cooperative and controlling interactive behavior toward their mothers was coded. Toddlers' secure base behavior predicted their cooperation at four years of age ($r=.33, p<.05$): this association was stronger for boys. Maternal role-reversing behavior at two years predicted preschoolers' use of controlling behavior with their mothers ($r=.30, p<.05$): this association was stronger for girls. These findings underscore the influence of mother-toddler interaction on children's subsequent use of cooperative versus controlling relational strategies. Systematic sex differences highlight the possibility that mother-toddler interaction impacts children's developing relational strategies differently for boys and girls.