Supplement to the *Infant Mental Health Journal*, Volume 29, Issue 3A


7 **Master Lecture 01: Stresses and Supports for Families in the 21st Century**
T. Berry Brazelton (United States)
I first began to develop the NBAS to assess the contribution of the newborn’s behavioral responses to the parent-child relationship. In the 1950’s, 60’s, and 70’s, parents were being blamed for any failure in their child’s development. Even today, the results of Ainsworth’s wonderful Attachment scheme is liable to “blame the victim,” the parents, when the toddler is scored as A or C. But the baby’s contribution is powerful from the first, enhanced by the parent’s passion to understand and do well by him. We need to be aware of the infant’s contribution as early as possible, from the neonatal period. As an intervention when the NBAS is shared with new parents, it becomes a powerful potential for enhancing their success together. We have learned so much about the neonate and how his/her behavior reflects past experience in utero, and predicts to his/her future potential. It is a prime opportunity to offer intervention and insight to passionate new parents.

10 **WAIMH Presidential Distinguished Lecture: Celebrating the Baby**
Hisako Watanabe (Japan)
“AKACHAN NI KANPAI!” literally means “Cheers to the baby!” in Japanese. “Celebrating the Baby: Baby in Family and Culture” is the theme of the 11th World Congress of WAIMH. In this first WAIMH congress to be held in Asia, we aim to discuss and explore ways to build an environment, where every baby, healthy or not, is respected and blessed as he or she is. Across the world, modern families of the 21st century face increasingly stressful lives, which are reflected in such problems as postnatal depression and infant abuse. As Stern, D. pointed out in the 10th Paris Congress, we live in the frame of Chronos (Greek for objective time) while our lived moments are embedded in Kairos (Greek for subjective time). AMAE, a Japanese cultural feeling of empathy and harmony rooted in a baby’s intimate relationship with the mother, will play a vital role in our discussion throughout this congress. By celebrating the baby, we aim for a hopeful future, where genuine warmth and trust are reflected in the shining eyes of a baby. To conclude, I will introduce a short film entitled “Birthday Cake” by Naohiko Umewaka, a renowned traditional Noh player and contemporary playwright. His insight into the ever-deepening alienation of our competitive society sheds light on the embracing role of one’s own culture and his natural environment.

13 **Master Lecture 02: Triangular Communication between Infant, Father, and Mother in the Context of Parental Mental Illness**
Elisabeth Fivaz-Depeursinge (Switzerland)
With increasing data on the dynamics of normative couples as they transition to parenthood and become a triad, the need for greater understanding of the impact of parental psychopathology on this transition has become clear. The goal of this master lecture is to explore this area by describing by means of case examples the relational disturbances found at the family level in a pool of 15 mother-father-infant triads, for whom the mother had been hospitalized conjointly with her infant, due to a post partum psychiatric breakdown. The family interactions were observed as part of a clinical consultation that included a semi-structured play paradigm known as the Lausanne Trilogue Play. While families from a larger clinical sample frequently failed to achieve the goals of play, we noted special features in these families’ interactions: pseudo-mutuality, paradoxical nature of interactions and role reversal between infant and parents` couple. Notable was the infant’s overuse of triangular...
signals in the service of hypervigilance. While some of these difficulties had been seen in the studies of dyadic relationships involving parental mental illness, they were aggravated by the disruption of the co-parenting alliance as well as by the (presumed healthy) father’s seriously disturbed interaction with the infant, so that the infant appeared set on a seriously maladaptive trajectory. We will discuss the impact of these disturbances on the infant’s developing sense of self in multipartite social interactions and explore their clinical implications.

14 **Master Lecture 03: Building Capacity in the Infant and Family through Competency-Based Endorsement Promoting Infant Mental Health**
   Deborah Weatherston (United States)
   This presentation introduces core competencies that have been developed by expert consensus for the infant mental health community. The competencies offer standards that encourage the development of relationship-based preventive intervention and treatment services for children birth to three and their families. After discussing the core competencies, the presenter introduced the Michigan Association for Infant Mental Health Endorsement for Culturally Sensitive, Relationship-Based Practice Promoting Infant Mental Health. This systematic endorsement has been successfully adopted by WAIMH affiliates in partnership with state organizations in the USA. Michigan’s model incorporates knowledge; service skills including observation, assessment and treatment; standards of “best practice” and reflective supervision. This system is inclusive of diverse groups of professionals who work in many different service settings and share a commitment to infant mental health. The plan offers a pathway for professional growth in infant mental health.

15 **Master Lecture 04: The NBAS is the Essential Tool for the Infant Psychiatrist**
   Nadia Bruschweiler-Stern (Switzerland)
   Understanding the parent’s representations of their baby and their interactions is not enough to make adequate sense of what is going on in the early days of life. This lecture shows how the NBAS reveals the baby’s behavioral repertoire so that the clinician is in a privileged position to help the parents find within themselves their own most optimal repertoire for care giving. First I give an overview of the psychological context around birth, then I describe the NBAS, the ideas behind it, how I use it as part of the consultation with the parents and its advantages for supporting the unfolding of the attachment process. Along this process I highlight events called “Moments of Meeting”. They are special moments of contact, in the triad, when there is a click as the mother suddenly sees her baby differently, as her very own, and feels their unique tie under the eyes of the father. The same may happen for the father. Moments of Meeting can also close the gap between preconception of how the baby is seen and the real baby as he is revealed by the Brazelton Scale. Further it can be seen as the very beginning of primary intersubjectivity.

16 **Master Lecture 05: Society's Responsibility for Very Young Children**
   Peter de Chateau (Sweden)
   Societies have very different programs to support and if necessary to help families with very young children. These families may be in need of medical, social, psychological or other forms of aid. Areas that are of special interest in this respect are many and some examples will be given and discussed. It seems that prevention and early intervention also in these areas are of utmost importance, but not always so easy to understand in scientific terms. Some clinical examples from different cultures and societies are presented with special regard to interactional strength within the family. Also priorities made by societies may differ, but still are at times of great value.

17 **Master Lecture 06: Infant Mental Health as a Public Health Issue**
   Mark Tomlinson (South Africa)
   The medical model emphasizes risk and individuals at risk and then treats these individuals, while a public health approach emphasizes prevention. This master lecture will argue that infant mental health falls squarely within a model of prevention, and in fact falls squarely within that of primary prevention. The lecture will then outline the features of what constitutes a public health approach, and end with an interactive discussion regarding the significant obstacles that exist to a more widespread acceptance of the field of infant mental health positioning itself as a public health issue.

19 **Irving B. Harris Distinguished Lecture: Infants' Self-Regulatory Capacities: A Hidden
Resource in Developmental Disorders of Infant Mental Health
Mechthild Papousek (Germany)
Constructs of strengths and self-regulation have become recognized as important topics in understanding and treating developmental disorders of infant mental health. Yet they are still difficult to define, conceptualize and identify, particularly in the midst of early developmental risk, adversity and disorder. The past decades of infancy research have kept enriching our scientific knowledge in terms of the infants’ amazing competencies and emerging self-regulatory capacities; their power to elicit and shape the parents’ intuitive caregiving competence and sensitive regulatory support; parent-infant communication as a biologically based mutual reward system in the facets and functions of the developing parent-infant relationship. Recent clinical approaches have tried to systematically utilize and apply this knowledge in diagnostic assessment, counseling and treatment of disorders of infant mental health. The following aspects will be discussed and illustrated: creating a working alliance with the family based on appreciation and trust in the parents’ intuitive competence and the infant’s regulatory capacities; identifying functional and dysfunctional self-regulatory behavior and patterns of intuitive parenting in video-supported observations in multiple contexts; searching for interactional sequences of positive reciprocity (“angel’s circles” in the midst of vicious circles); using video-feedback in therapy for strengthening the parents’ trust in and positive representations of their child and self-confidence in their intuitive competence; and using video-feedback for identifying “angels” from the parents’ past and dispelling “ghosts” from communicating with their infant.

Mothers, Fathers, Roles, and Regulations: Parents’ Attempts to Influence Each Other in the Family System
Laurie Van Egeren (United States)
Traditionally, and continuing in many areas, work with children experiencing psychiatric or developmental problems has focused intervention on the child or the parent-child dyad typically, the mother-child dyad. However, a growing body of research has provided evidence that family systems beyond the parent-child relationship, and certainly beyond the individual child, contribute in unique ways to positive and problematic child development. Among the many systemic factors to be considered, the co-parenting system is both directly and indirectly linked to child functioning. The co-parenting relationship, or the relationship between two caregivers specifically directed toward parenting issues, can be a sensitive issue, because it is tied to larger social issues such as gender roles, parenting expertise of mothers versus fathers, division of labor, and the balance of power in the family. In this paper, we will examine some of the ways that mothers and fathers specifically attempt to regulate one another’s parenting behavior and access to the child (sometimes referred to as gatekeeping), and the implications of these behaviors for healthy child development.

Considering the Family System in Clinical Work with Children with Psychiatric Problems
Kaija Puura (Finland)
Most infants and children grow up in families their biological parents and siblings, step- or substitute parents, half-siblings or other children. Regardless of kinship, all family members influence each other, optimally functioning as sources of positive and growth-promoting experiences for one another. When developmental, somatic, or psychological problems emerge in one family member, they inevitably affect the life of the whole family. Each family member is forced to try to cope with the situation according to his or her understanding and resources. The child psychiatric department of Tampere University Hospital in Tampere, Finland, offers evaluation and treatment for infants and children with psychiatric problems or disorders according to our own treatment philosophy of integrative child psychiatry. In practice, this means that in addition to the individual assessment and treatment of the child presenting symptoms or disorder, the whole family system is also assessed and included in the intervention. The focus of our work is finding out how the child and other family members see and understand the situation, what contributes to the problems of the identified patient, and what resources the family has to cope with and alleviate the problems. We often also find it useful to focus on different subsystems like those of parents and siblings, since in both subsystems, particular difficulties may need to be identified and addressed in order to help the child identified as the patient. In this presentation, the case of a traumatised 5-year-old girl is used to illustrate why and how we include families in the treatment of children.
24 Clinical Assessment of Family Interactions: Dyadic or Triadic Ports of Entry
Elisabeth Fivaz-Depeursinge (Switzerland)
Historically, variants of dyadic observation have been the mainstay of clinical assessment in infant mental health, in contrast to whole family observations, which have been rarely used. However, the independent influence of the family system on the subsequent functioning of the infant and child points to the need to incorporate family-level assessment in our clinical work with infants. A model of therapeutic consultation is presented which uses semi-standardized methods of observation and moves between the family system as a whole and the various dyads in the family. It allows the clinician to precisely target the most appropriate level for intervention. The example of a family referred for consultation and observed in dialogue as well as in trilogue play will illustrate the importance of multiple ports of entry. Assessments of mother-infant, father-infant, or couple interactions provide information which is somewhat different from that obtained by assessing triadic interactions. In sum, assessing more levels yields more information, all of which is pertinent.

27 The Relation Between a Cumulative Optimality Index and the Quality of Mother-Infant Interaction at Age 3 Months: Mothers with or without a History of Substance Abuse and Mental Health Problems
Vibeke Moe, Lars Smith, Hanne Cecilie Braarud (Norway)
Maternal substance abuse and mental health problems constitute risk factors to children's development. The aim of the present study was to investigate if early mother-infant interaction is related to such risk. The sample consisted of 60 mother-infant dyads, recruited during pregnancy from drug treatment institutions, from a child psychiatric outpatient clinic, and from well-baby clinics. A cumulative optimality index was computed on the optimal versus nonoptimal classification of mothers' self-reported answers to 111 questions about possible use of drugs and alcohol during pregnancy, personality functioning, possible states of depression and anxiety, social network, previous and current relational experiences, and SES. The quality of mother-infant interaction was assessed at 3 months by microanalysis of a 3 min videotaped face-to-face session and a global interaction analysis (PCERA) of 5 min free play on the floor. Generally, the optimality index was related to the quality of mother-infant interaction. Specifically, the optimality index was related to indices of affective functioning and reciprocity during the interaction. The mothers scoring low on the optimality index were less sensitive as interaction partners, and their infants showed less positive affect and looked less at their mothers face. Microanalyses of specific infant and maternal behavioral items converged with the global assessment of attunement, affective mirroring and reciprocity (assessed by PCERA). The present results lend support to the concept of optimality rather than main effect-conceptualizations in the study and treatment of children and their mothers with drug addiction or psychiatric problems.

28 Regulatory Problems and Cognitive Deficits in Children Prenatally Exposed to Opiates and other Substances. Outcome and Prediction from Infancy to Age 4-1/2
Kari Slinning, Vibeke Moe, Lars Smith (Norway)
This study is part of a longitudinal investigation and examines biomedical and environmental factors that contribute to the outcome at 4½ years of early placed foster children prenatally exposed to opiates and other substances. A multi-methodological assessment procedure with several informants was used to create a comprehensive picture of the participants. Firstly, the substance-exposed children, as compared to normal controls, evinced elevated levels of symptoms of the kind commonly observed among young children with regulatory disorders (RD). Secondly, regulatory-related problems were moderately associated visual-motor deficits. Finally, gestational age, severity of abstinence and infant regulatory problems (RD), foster parental SES, and age at permanent placement in foster care all contributed to the prediction of visual-motor performance at age 4½. Despite permanent fosterplacement within the first year in specially selected low-risk families, the substance-exposed children continued to have regulatory-related and cognitive problems at age 4½. The results suggest that biomedical factors associated with drug exposure in utero, as well as environmental factors, specifically caregiver’s SES and age at permanent placement, contribute to later outcome. This indicates that when out of home placement is necessary placement should take place as early as possible in infancy. Another clinical implication is that developmental monitoring into school age is recommended, with particular attention paid to early symptoms associated with RD.
29 Early Motherhood and Substance Dependency: Individual Differences in Outcome of Residential Treatment
Marjaterttu Pajulo, Mirjam Kalland (Finland)

Background: Aim of this study is to explore individual differences and factors related to outcome of a specific residential treatment intervention for substance abusing pregnant and parenting women. Intervention focuses specifically on supporting intensively both maternal abstinence from substances and mother-child relationship. Design: The research setting are live-in units which are part of child protection field in social welfare sector. Participants are 30 mother-baby pairs in treatment from pregnancy or straight after delivery to at least 4 months of child's age. The assessment time points during residential period are in pregnancy, at 1, 3 and 4 months postnatally, and follow-up assessments are made at 1 and 2 years of child's age. Methods: data collection is carried out by the treatment unit staffs, and assessments are made by experienced outside raters who are blind to each others' evaluations and other data. Measures include videotaped play situations to assess maternal sensitivity (Care Index), semistructured interviews to assess maternal reflective functioning RF (PI, PDI), self-report questionnaires for psychiatric symptomatology (EPDS, BSI), and clinical evaluation of child development (BSID II). Interviewed questionnaires are used to explore maternal background factors, somatic data, substance abuse history, and life situation. Results: according to pilot data, more sensitive maternal interaction is associated with higher pre-and postnatal RF and better child developmental. Conclusions: maternal reflective ability seems to play an important role in treatment outcome of substance-abusing mother-baby-pairs, and should be given more emphasis in developing the content of interventions. The results will be described and discussed in the symposium presentation.

30 Residential Treatment Intervention for Substance-Abusing Mother-Baby-Pairs: Step by Step Enhancing Maternal Reflective Functioning
Mirjam Kalland (Finland)

Parental reflective functioning makes it possible for a parent to open up his mind for understanding a child's intentions and feelings, and to respond sensitively. The specific challenges found in parenting of substance abusing mothers include their inability to keep their baby in mind and stay emotionally connected and present to the baby. At the present time, seven residential units for substance abusing expectant and parenting mothers have started their work in different parts of Finland with the same approach in their work. The two main aims in the treatment are to intensively support the mother in her efforts toward abstinence and to support her relationship with the child by enhancing her reflective capacity. Being able to begin such work prenatally is especially important, because negative perceptions of the infant often begin in pregnancy. After the baby is born, learning caregiving skills must be based on the mother's growing capacity of emotional understanding of her child. However, reflective functioning cannot be thought the way you can teach a mother how to change diapers. In this presentation different ways of enhancing reflective functioning will be presented. Another important aspect of the treatment is to help the mother to structure her daily life, which has often previously been fragmented, non-predictable, and based on the needs of the mother to monitor her drugs. Furthermore, enhancing reflectiveness means working at a level the parent can manage without becoming overwhelmed: step by step.

33 Growth and Activity in Fetus of Depressed, Anxious, Non-depressed and Non-anxious Mothers during Pregnancy
Ana Conde, Barbara Figueiredo, Iva Tendais, Cesar Teixeira, Maria do Ceu Rodrigues, Raúl Nogueira (Portugal)

Background: Empirical studies show that influences during gestational period, such as sociodemographic disadvantage, exposure to drugs and maternal anxiety and depression symptoms, can affect fetus growth and activity. Aims: This study pretended to analyze differences in fetal growth and activity according to sociodemographic disadvantage, exposure to drugs and anxiety and depression symptoms. Method: The sample involved 64 fetus (32 female and 32 male), with an average gestational age of 21.02 weeks, from the Jijo Dinis Maternity Hospital (MJD, Porto). Repeated measures of anxiety (STAI-S/T) and depression (EPDS) were obtained at the 1st and 2nd pregnancy trimesters. A video tape of the fetal behavior was made during ultrasound examination and biometry data were collected from clinical report at the 2nd trimester. Results: After gestational age
control, significant differences in fetal growth were obtained: growth was higher in fetus whose mothers were married, living with the family of origin and employed. Lower educated women had fetus with higher abdominal circumference. Significant differences in fetal heart rate were also found: fetal heart rate was lower in male fetus and in those whose mothers were living with the family of origin and had tobacco consumption. No significant differences in fetal growth and activity related to mothers' anxiety and depression symptoms at the 1st and 2nd pregnancy trimesters were observed.

Conclusions: Fetal development vulnerability to prenatal factors related to the mothers' and fetus' sociodemographic and to mothers' drugs exposure, but not to mothers' anxiety and depression symptoms, was observed. A differential impact of these factors in fetal growth and activity was suggested.

### 34 Mother Versus Stranger Preferences in Infants of Depressed and Non-depressed Mothers during Pregnancy and in Delivery

Alexandra Pacheco, Barbara Figueiredo, Cesar Teixeira, Ana Conde (Portugal)

Background: Maternal depression negatively affects neonatal behavior and development. Aims: Study the impact of mother's depression in babies habituation and preference for mother's versus a stranger's face/voice. Method: Repeated measures of depression (EPDS, Cox et al., 1987) were obtained at the 1st, 2nd and 3rd pregnancy trimesters and in the first 5-days after delivery, in a sample of 50 women. Their newborns (N=50) were evaluate on the first 5-days of live by the habituation and preference for mother's versus stranger's face/voice paradigm (Field et al., 1984). This procedure consists in a: 1) pre-test preference phase, 2) habituation phase, 3) post-test preference phase. The procedure is videotaped for scoring and to establish inter-observers agreement. Results: Depression at the 1st or 2nd pregnancy trimesters isn't related with baby habituation and preference to mother's face/voice, but depression at 3rd pregnancy trimester or after delivery is: 1) Depressed groups babies look less to their mothers both in pre-test and post-test preference phases; 2) babies of non-depressed mothers (3rd trimester) prefer theirs mothers to a stranger's face/voice, but babies of depressed mothers fail in this capacity; 3) all babies look more to their mothers during the pre-test than the post-test, but only the non depressed groups look more to the stranger in the post-test than in pre-test; 4) no differences were found between the groups on the habituation response. Conclusion: Maternal depression is associated with the newborn incapacity of preference of his mother's face/voice, which can compromise mother-baby interaction and the infant development.

### 35 Neurobehavioral Organization in Two-Day-Old Infants of Depressed and Anxious Infants of Non-depressed and Non-anxious Women during Pregnancy

Raquel Costa, Barbara Figueiredo, Alexandra Pacheco, Cesar Teixeira, Ana Conde (Portugal)

Background: Some studies have alerted to the negative effect of prenatal depression and anxiety on neonatal development. Nonetheless, it is not clear yet the influence of the timing of occurrence of these disorders during pregnancy on the neonatal neurobehavioral development. Objective: In this study we intend to analyze whether depressive and anxious symptoms during the 1st, 2nd and 3rd trimesters of gestation predict later neurobehavioral functioning in 2 days old infants. Procedure: Repeated measures of pregnant women's anxiety (STAI-S/T) and depression (EPDS) were obtained at the 1st, 2nd and 3rd trimesters of gestation. After childbirth 2 days-old infants neurobehavioral functioning was evaluated (NBAS). Results: Linear Regression analyses on neonatal neurobehavioral organization with the maternal depressive and anxiety symptoms during pregnancy entered as predictor variables suggested that depression in the 1st trimester predict neonatal range of state (explaining 7.7% of the variance), depression in the 1st and 3rd trimester predict neonatal withdrawal (explaining 22.7% of the variance) and depression and anxiety in the 1st trimester predict neonatal abnormal reflexes (explaining 41.4% of the variance). Conclusion: Depression in the 1st and 3rd trimester, but not in the 2nd trimester and anxiety in the 1st but not in the 2nd or 3rd trimester interfere negatively with neonatal neurobehavioral development. Attending to maternal mental health as soon as the 1st trimester of gestation is essential considering the risk for future neurodevelopmental difficulties that can be identify in 2 days old neonates.

### 36 Social Withdrawal in Infants of Postpartum Depressed and Non-depressed Mothers

Barbara Figueiredo, Raquel Costa (Portugal)

Background: Postpartum depression affects the quality of care and of mother-infant interaction with
adverse effects on infant development and behavior. Objective: In this study we intend to analyze whether 3 months-old infants of depressed mothers (EPDS12) show more social withdrawal compared with those of non-depressed mothers. Procedure: The Alarm Distress Baby Scale (ADBB - Guedeney & Fermanian, 2001) and the Bayley Scales of Infant Development (BSID - Bayley, 1993) were administered to a sample of 130 three-month old infants. Their mothers filled out the Edinburgh Postnatal Depression Scale (EPDS, Cox, Holden, & Sagovsky, 1987). Results: 3 months-old infants of depressed mothers presents more social withdrawal ($X = 1.53; DP = 1.74$) compared with infants of non-depressed mothers ($X = .78; DP = 1.25$) ($t = 2.257; p = 0.05$). Infants with high social withdrawal (ADBB> 5) show low scores in the mental ($Z=2.098, p=0.051$) and behavioral ($Z=2.918, p=0.008$) development Bayley Scales and in the total Bayley Scale ($Z=2.514, p=0.022$). To identify predictors of infant social withdrawal, infant and mother's socio-demographics (age, educational level, cohabiting with partner, professional status, parity and type of delivery) as well as mother's depression entered as independent variables in a linear regression analyse (Enter). The model does not predict infant social withdrawal ($F=1.017, p=.439$); nevertheless maternal depression is the only significant predictor of infant social withdrawal at ($t=2.316, p=0.024$). Conclusion: Infant social withdrawal is associated to maternal depression and poor development and should be targeted as a sign of infant alarm distress.

39 The Communicative Worlds of Infant Friends
Min sun Shin (United States)
Infant friendships appear to be complex and rich, involving active interactions and communication. However, communicative competence and the emergence of social understanding between infant peers have received little attention in the literature. By examining social play among infant friends within a childcare setting in New York City, this qualitative study aimed to provide thick descriptions of how infant friends communicate with each other and engage in successful and playful social interactions based on their mutual social understandings. As the connection between social communication and infant friendship experiences has been overlooked by other researchers, this study creates a forum for discussing both infant's communicative capabilities and implications for practice.

40 Listening to Babies: Giving Voice to New Ideas
Susan L. Recchia (United States)
This study explores the potential power of the infant's voice and describes the ways that infants and caregivers co-construct meaning within a play-based infant childcare environment in New York City. Based on an extensive analysis of videotaped interactive moments between infants and caregivers, the findings from this study portray how caregivers come to listen to and interpret infant's verbal and nonverbal expressions, and respond to the infant's voice respecting the infant's point of view. In giving infants a voice, caregivers learn to create a space for infants to represent themselves in multiple ways of being, knowing, and communicating, challenging current policy and field-based research on caregiver-infant communication.

41 Exploring Infant Caregivers' Beliefs and Practices in Infant Play
Jeesun Jung (United States)
Utilizing qualitative case studies of three teachers in infant care settings, this study explored the ways that infant caregivers enact their beliefs into practice in infants play. The findings showed how infant caregivers got involved in infant play by acknowledging the infants, suggesting ideas, introducing new toys, and reflecting the joy of play through their facial and bodily expressions. Additionally, the caregivers play behaviors were not restricted to certain periods of activity or times of day. Rather, the play was embedded in all kinds of interaction between caregivers and infants, becoming an essential part of the infant-caregiver relationship.

42 The Effects of the Development of Infant-Caregiver Relationships in Caregiver Education
Seung Yeon Lee (Korean Republic (south))
This qualitative study sought to explore the effects of a relationship-based student practicum experience on student-caregivers professional growth. The setting of this study was an infant room of a university-affiliated child care center in New York City that serves as a transdisciplinary training site for graduate students. Three student-caregivers taking the practicum course participated in this study with their key infants. Data were collected through interviews, observations, and documents.
The overall findings of this study reveal a highly positive connection between relationship development with their key infant(s) and their professional development as infant caregivers. For the student-caregivers, the key infants and the relationships with them were a main source of learning, joy, energy, and reward.

43 **Amazing Babies: Caregivers' New Understanding of Infants' Social Competence**
Hye Jun Park (Korean Republic (south))
This qualitative study explored infant caregivers changing perspectives and new understandings of infants' social competence as well as their own professional growth. The participants were 4 infant caregivers in a university-affiliated educare center in Seoul, Korea. Data from individual in-depth interviews and a focus group interview illustrate their unexpected journey in discovering a whole new world of infants who can create their own space as well as actively expand their social relationships with other infants and caregivers. In addition, the caregivers provide insight on the importance of caregiver education and changing views on caregivers as professionals.

46 **Children's and Parents' Exposure to Stress during the Neonatal Period: Implications on Later Stress Responses during Separations**
Blaise Pierrehumbert, Carole Muller-Nix, Margarita Forcada-Guex, Ayala Borghini, Francois Ansermet (Switzerland)
Objectives: Whether the intensity of stress experienced during the neonatal period by very and extremely prematurely born infants and by their parents could influence later children's as well as parents' stress responses, namely in settings involving parent-child separations. Procedure: N = 24 prematures (gestational age <34 weeks) were followed from birth to one year. The Perinatal Risk Inventory was used as a global estimation of the intensity of stress experienced by the infant during the neonatal period, separating low (CLS) from high stressed (CHS) children. The Perinatal Posttraumatic Stress Disorder Questionnaire evaluated the intensity of maternal stress in the same period, differentiating low (MLS) versus high stressed (MHS) mothers. When children were 12 months of corrected age, they were observed in the Strange Situation (SSP) with their mothers. Mothers collected samples of their child's as well as their own saliva; 7 times during that day (i.e. before and after the SSP) The stress responses (cortisol concentrations) of both children and mothers were computed (difference between baseline and uppermost concentrations following the SSP).
Results: This is an ongoing study. Preliminary analysis show that CHS preterms present higher stress responses in the SSP, as compared to CLS (F=7.05, p = 0.015). Mothers of CHS don't differ from mothers of CLS in the magnitude of their stress response. However, there is a tendency of MHS to show higher stress responses after the SSP (F=3.33, p = 0.086), as compared to MLS mothers.
Conclusion: The exposure to stress affects the individual's stress responses later in life. Parents' and children's amplified stress responses during separation episodes may hamper the security of parent-child interactions. Early intervention may alleviate exaggerated stress responses.

47 **Transgenerational Effects of Maternal Violent Trauma as Mediated by Maternal Capacity to Engage in Mutual Emotion Regulation and Joint Attention during Play**
Daniel S. Schechter (United States)
This presentation examines associations between inner-city mothers' violence-related posttraumatic stress disorder (PTSD) to parenting stress, atypical maternal behavior, joint attention with her toddler, as well as child disruptive behavior. Seventy-six inner-city mothers (ages 18-45) and their very young children (ages 1-4) participated in this study. These families had been recruited through community primary care clinics affiliated with the Columbia University Medical Center in Northern Manhattan. Maternal interactive behavior as well as time spent in joint attention, number of times mother and child each initiated and withdrew from joint attention during 8 minutes of free play and upon reunion following separation were coded by blind raters using well-validated measures (i.e. AMBIANCE and the Joint Engagement Scales). Multiple linear regression analyses showed that the number of violent exposures a mother had in her lifetime was robustly associated with the severity of her posttraumatic stress symptoms (PTSS) (b=.55, p<.001) and that the severity of maternal PTSS at the time of observation was associated with subjective parenting stress related to dysfunctional parent-child interaction (b=.30, p<.05). This latter variable accounted for over 20% of the variance of atypical maternal behavior after adjusting for child age (b=.36, p<.01). Higher levels of atypical maternal
behavior accounted for significantly less time than mother and child spent in joint attention ($b=-.37$, $p<.01$). Maternal PTSS was directly associated with increased child externalizing symptoms on the Child Behavior Checklist for Ages 1.5-5 ($b=.33$, $p<.01$). In conclusion, maternal violence-related PTSD/PTSS appear via multiple routes to interfere with mutual regulation of emotion, arousal, and attention within this sample of mothers and very young children.

48 Parental Psychological Functioning, Child Development and Mother-Infant-Interaction at 12 Months in Term and Very Preterm Infants

Carola Bindt, Axel Von der Wense, Nadine Helle (Germany)

Background: Survivors of very preterm birth are at increased risk of subclinical and clinical disturbances of behavioural and emotional development throughout their childhood and adolescence. Biological as well as psychological determinants, e.g. impairment in early parental psychological functioning, may contribute to this outcome. Objectives: The study is part of a long term, multi-centre survey in Hamburg, Germany on the sequelae of very preterm birth. The cohort consists of all preterm children with birth weights < 1500g born between July 2006 and December 2007 who are admitted to three tertiary-care Neonatal Intensive Care Units. Primary goal is to confirm a linear structural model which explains the interaction of bio-psycho-social determinants in the children's development and parental psychopathology following very preterm birth. It is hypothesised that parental psychological distress in the first year postpartum moderates the effect of somatic risks on child developmental outcome, especially in the domains of psychosomatic symptoms and mental health. Procedure: N= ca. 120 very premature children and their parents are followed over a 3-year period, controls are n=120 families after birth at term recruited from the same Hospitals. Consecutively, children's somatic risks (Crib-Score, pediatric examination), developmental outcome, temperament, psychosomatic symptoms / mental health status (BSID-II, Questionnaires) as well as parental depression, anxiety, posttraumatic stress, parental and family functioning (Questionnaires, SCID) and mother-child-interaction (CARE-Index) are assessed. Results: This is an ongoing study. At the time of presentation, first results will be available to describe correlations of parental psychological functioning in the first year postpartum, children's somatic risk, motor and mental developmental, temperament, psychosomatic symptoms and the quality of mother-infant-interactions measured at 12 months.

49 Longitudinal Study on Postnatal Neurobiological Risk and Attachment, Neurological, and Cognitive Outcome in Very Low Birthweight Preterm Infants up to the Age of Six Years

Karl Heinz Brisch, Ch. Kern, S. Luber, L. Speer (Germany)

Objective: A longitudinal prospective study N=79 followed up the development of very low birthweight preterms (birthweight: $M=943 \text{ g}$, $SD=284$, weeks of gestation: $M=27.6$, $SD=2.7$). Methods: Neonatal risks were measured with the Nursery Neurobiologic Risk Score (NBRS) (Brazy et al, 1991), which scores biological risk factors and complications arising from neonatal treatment. Attachment quality with mother was measured with the Strange Situation (Ainsworth et al., 1969) at 14 months (corrected for prematurity), and at 6 years with the Preschool Strange Situation (Marvin, 1995). Neurological and cognitive development were measured at the same time points. Results: At 14 months, infants exhibited 60.3% secure, 23.5% insecure-avoidant, 2.9% insecure-ambivalent and 10.3% disorganized attachment quality with the mother; another 2.9% of infants could not be classified. At the age of 6 years, only 39.1% of the children had a secure quality of attachment with their mothers, but 47.8% had an avoidant and 13.0% had a disorganized quality of attachment. The neonatal risk factors were significantly correlated with the attachment outcome and were valid predictors of neurological outcome. Discussion: Attachment quality may be more influenced by cerebral risk factors than by mother-infant interaction. Disorganized attachment behavior patterns in particular may be triggered by specific postnatal neurobiological risks that affect brain development. Minimizing the risks of neonatal treatment may be of benefit, for both the neurological and emotional development of these preterm infants.

50 Stress and Coping Styles in Mothers of Prematurely Born Infants

Joy V. Browne (United States)

The stress experienced by parents of premature hospitalized infants is well documented. However, there is little understanding of how mothers cope with the stressful events surrounding preterm birth and hospitalization and in particular, how individual coping styles impact mothers’
perceptions of parenting relationships with their infants. Individual coping styles were examined in 84 mothers of high risk preterm infants. The Repression Sensitization Index, the Marlow Crowne Social Desirability Index and the Manifest Anxiety Inventory were administered to all mothers prior to discharge of their infant from the neonatal intensive care unit (NICU). These instruments yielded information regarding four coping categories: high anxious, defensive high anxious, repressor; and low anxious. The Parenting Stress Index (PSI) was administered one month after discharge from the NICU. There were consistent differences between mothers in the high anxious (n=28) and repressor (n=22) coping style categories with defensive high anxious (n=16) and low anxious (n=18) responders scoring between the two (F (3, 83))=20.60, p = 0.0001). Mothers in the high anxious category scored higher on the PSI than did those in the repressor category (F (3, 78) = 2.73, p = 0.0510). This was most apparent on the child related subscales of child domain, demandingness, mood, reinforcement and parent competence. Overall, 38% of mothers scored outside the published high and low normative scores on the PSI. Almost all higher scores (70%) were attributable either to the high anxious or defensive high anxious mothers. For the parent domain, 81.25 per cent of the high anxious and defensive high anxious mothers scored higher than the upper published cut off score, and 76 per cent scored higher than the upper score for the child domain. These data indicate that the experience of having a prematurely born infant is perceived to be stressful regardless of the severity of infant illness, especially for mothers who have a high anxious or defensive high anxious coping style. Most mothers also see parenting their infants as more stressful up to a month after discharge. These perceptions of difficult parenting may then impact the relationship between mothers and their infants. Identifying mothers' coping styles early in the NICU experience may assist in individualizing approaches to therapeutic intervention, and give insight into the needs of individual mother infant dyads in terms of supporting parenting relationships.

52 **Analysis of At-risk Factors in the Neonatal Period with the NBAS**

Carme Costas-Moragas (Spain)

The activities of the NBAS Training Site in Barcelona are focused on teaching and dissemination of the Neonatal Behavioural Assessment, Scale, NBAS and Research, using the NBAS. Among our teaching materials we have had a translation into Spanish of the NBAS manual 3rd. edition and a teaching video, in Catalan and Spanish. Our research areas are divided in two groups: behavioural studies of at-risk newborns (low birth weight, prematurity, etc.) and statistical analysis of the NBAS obtained in a sample of 220 normal neonates. Our current works are focused on the elaboration of two specialized techniques for pediatricians and nurses, based on our data: Neurobehavioral Assessment Tool for the Premature Newborn and a Simplified NBAS for at-term newborns.

53 **Psychosocial Risk Determination using ADBB-ARBB in a Cohort of Newborns of Catalan Quarter with Risk Factor Accumulation**

Laia Catala, Jorge Luis Tizon, Magdalena Delgado (Spain)

Main objective: To watch the presence of psychosocial risk factors and offer tools of detection and early prevention of emotional disturbances in young childhood. Under this aim a study was undertaken on the pediatric revisions of all newly born along 6 months in La Mina (a psychosocial high risk quarter of metropolitan Barcelona). The babies were detected through a program ad hoc about a plan of urban remodelation of La Mina quarter and followed with the criteria of the Spanish Paediatric Healthy Child Program. Methodology: A sample of newly born children (n=94) was evaluated in this study of prospective and longitudinal character. This sample was composed of 50 boys and 44 girls. Two questionnaires were used: ADBB-ARBB (Alarme dttresse bb, Guedeney, 2000) and LISMEN list of Mental Health (Tizn, Artigue 2002) (a screening questionnaire to detect risk of ulterior severe or psychotic disorder) in two periods of time, the first one within the first month of life and the second at 6 months. The psychomotor development under criteria of Spanish Paediatric Healthy Child Program was also evaluated in this last period. Results: The ARBB showed 23,5% children with positive results in both evaluations, 7,4% of them showed positive results in the second, 16% showed positive the first but negative the second and finally, 53,1% of the cases were negative in both administrations. Comparing the results in the two questionnaires a positive correlation was detected between the total punctuation of ARBB and the sum of risk factors evaluated in the LISMEN (c=0.27, p=0.014). Significantly positive correlations were also detected between some of the items of ADBB and some dimensions of LISMEN. The children that obtained a negative punctuation in both
administration of ADBB got significant lower factors risk accumulation, described by LISMEN, in reference to the ones who showed an emotional withdraw in any administration of ADBB (4.58 vs. 2.53; p=0.008). Conclusion: ADBB-ARBB shows good screening capacities of at risk babies but its un-correlation with Health Child Program results makes we think in ulterior studies and a specific study about the use of Early Child Program by de nowadays Paediatric teams. These results point out that the ARBB questionnaire which evaluates the emotional withdraw in babies is useful for the early detection of emotional suffering. The positive correlation between them demonstrates that a greater accumulation of psychosocial risk factors meet a greater alteration and emotional withdraw in early childhood. This study also demonstrates that both questionnaires are efficient as an objective measure for the evaluation of emotional alteration in newly born babies and useful for the programs of prevention in early childhood. This relation opens a new path to the research and brings us with a new knowledge between the relational role of psychosocial risk factors and the emotional suffering in the early childhood.

54 Risk Factors for Psychoses: Their Detection with LISMEN (Mental Health Items List for Preschool and School Ages)
Jordi Artigue, Belen Parra (Spain)
Main objective: To present the design and the first tests of an exploration and screening instrument of alarm signs and risk factors of severe mental disorders, and especially psychoses. The LISMEN (Mental Health Items List for pre-scholar and scholar ages) is an instrument applicable in the first years of life on the part of the services of primary attention of health and the equipments of mental health linked with them. Methodology: 5 different samples, so much of infantile age as of adults. The WAIHM presentation is centred in the sample A of the LISMEN Project: It is a retrospective descriptive study of the patients who have developed a psychosis (N=838) and who had been visited previously, already during the childhood, in the same Unit of Mental Health (N=120). Results: The results of the other samples previously studied are used to frame the topic and to present the first results of the sample A: A constellation of risk factors is pointed out in the histories or clinical dossiers of the childhood of the patients that will develop a post-pubertal psychosis. Risk factors are: Very impoverished maternal functions, Aggressiveness, Relationship difficulties and Growing and learning difficulties. Conclusions: Although today we possess a wide wealth of knowledge about the risk factors of the schizophrenia and other psychoses, that doesn't imply that we can predict the disorders based on the same ones. The LISMEN is our instrument to go ahead in that way.

55 Workshop 02: Benefits of Appropriate Environmental Design on Infant Mental Health and Early Childhood Development
Carrie Lynn Mori, Keith M. Christensen, John C. Ellsworth, Issa Hamud (United States)
The purpose of this interactive workshop is to 1. Demonstrate knowledge regarding the importance of the environmental context on the developing infant-parent relationship and early childhood development; 2. Identify key elements of landscape architectural environmental design that enhance infant mental health and early childhood development; and 3. Incorporate well-designed and appropriate landscape architectural environmental design principles and concepts into an infant and early childhood mental health system of care. Behavior, environment, and healthy infant and child development and mental health are inseparable. While generally neglected, the physical environment plays a vital and unique role in infant and early childhood development. Natural and properly designed exterior environments enhance the child's language, cognitive, motor, social, and emotional development while permitting adults to be creative and to have fun. Facilitating healthy infant and early childhood development through evidence-based outdoor environmental design allows children to discover that they are competent, capable, and able to take risks, and reach out to others. This session will look beyond the structures found in a typical infant/early childhood exterior environment (play areas and structures) to the settings, especially how the design of these exterior environmental settings supports infant and child development and mental health. Case studies in the United States (Utah, Idaho, and others) will be discussed, including the incorporation of appropriate environmental design settings for support and nurturing of infant and early childhood mental health at an environmental education center in Cache County, Utah.

56 Workshop 03: Parenting and Caregiving: How Hard Can This Be?
Rosa Sousa Amaral, Mafalda Correia, Ester Santos (Portugal)

Objectives: Implementation of a model of services for the caregiving families, which combines occupational therapy (OT), community intervention (CI) and a systemic approach attending to the family’s needs. Method: Subjects recruited from the CADIn center, went through an assessment, resulting in the identification of needs. Combined intervention was initiated. Goals of the intervention were: assist the family in order to develop a satisfactory performance in their significant occupations; build a social network; and integrate the new capacities, improving the quality of life. Lastly, the families went through a second assessment to evaluate their progress. Results: Needs - The family counselor identified several emotional needs (e.g.: grief regarding the diagnosis; life changes due to the disability; family crisis). The needs identified by the families/OT were, e.g., filter and adequate the information about the problem; incapacity to communicate adequately; daily burden; no satisfaction in their performances or roles. The CI identified other needs: difficulties in finding supports for specific problems; difficulty in balancing social, family and personal lives; economical difficulties. Measures and Techniques: The family counselor worked with, e.g., clear communication; find individual time; find some peace regarding the diagnosis; address and identify guilt. The OT implemented: demystifying the problem; individual contracts; behavioral reinforcement. The CI intervened by: finding resources on the community, reinforce empowerment, and advocacy. Conclusion: The families felt an increase sense of support, and the larger impact was felt on their communication and on the alleviation of their sense of burden. This multidisciplinary approach, for these families, resulted in an overall sense of well-being, an improvement on their communication, and an increase of their perception of family supports, as well as, a superior sense of empowerment.

**Workshop 04: Comorbid Regulation Disorders of Sensory Processing: The Experience of Ste-Justine’s Specialized Clinic for 0- to 5-Year-Olds**
Mutsuko Emond-Nakamura, Martin St-Andre, Sylvain Palardy, Louise Boisjoly, Julie Dupont, Louise Fleurent (Canada)

In our clinic, we have observed a growing number of children with comorbid regulation disorders of sensory processing (DC:0-3R) in association with a variety of behavioral and emotional problems. The symptoms of this disorder frequently have a major impact on social and family functioning and sometimes dramatically influence the clinical manifestations of the primary disorder. Over the past several years, our team has adopted multimodal assessment and intervention methods, particularly in close collaboration with occupational therapists, often leading to improvement in the presenting behavioral problems. Teach-in objectives are: To discuss 1) the impact of regulation disorder on the clinical problems of infant psychiatry, 2) the necessity of evaluating regulation disorder in the clinical problems and 3) the importance of interdisciplinary intervention for cases comorbid with this disorder. We will present three representative cases from our clinic: a 4-year-old girl with a clothing compulsion, a 4-year-old girl with trauma-related anxiety, and a 4-year-old boy with ADHD, language delay and social peculiarities. All cases present a regulation disorder and motor difficulties. Cases will be discussed mainly in terms of 1) assessment, 2) diagnosis (DC:0-3R and DSM-IV, if needed), 3) impact of regulation disorder on clinical picture, and 4) intervention. Video and case illustrations will be provided during the teach-in.

**Workshop 05: Why Teach Babies and Children their Native Language?**
Dalila Rezzoug (France)

Bilinguism has become a common and important issue in our multicultural and multilingual societies. There are many possible representations of the benefits brought by mother-tongue transmission to migrants' children and to children evolving in a multicultural context at a stage of their development. This assumption underlies current approaches, the outcome of which has an impact on health care strategies and educational discourse. In fact, language transmission cannot merely be thought on a linguistic level. Language transmission also involves conveying one's culture and history, as well as it is linked to the parenthood construction on the one hand, and to the shaping of a child's personality and affiliation on the other hand. Based on a study of a group of migrant's children who live in the French department of Seine Saint Denis, Ile de France, we will analyse the role played by language, cognition and emotions in babies and young children practicing their mother tongue.

The Integration of a Community Capacity Building Framework with Clinical Interventions to
Deliver Collaborative Infant and Early Childhood Mental Health Services
Elisabeth Gudrun Hoehn (Australia)
Future Families is a collaborative and interdisciplinary infant and early childhood mental health program that couples a culturally informed community service delivery framework with a series of integrated treatment modalities to build more secure attachment relationships in high risk families with severe and complex needs. It has been developed to help parents understand the importance of the early years of their child's life, and to understand their child's emotional needs and how to nurture them. Future Families assists parents to understand their internal working models of relationships and enhances their parenting skills to allow them to develop more secure attachment relationships with their children. The program maximises a child's developmental potential and enhances parents' competency, while supporting families to build a wider range of relationships within their community. This occurs in the context of trusting relationships that have been developed between families, clinicians and community service providers. In this way the program can assist families to optimise the security of the attachment relationships between parents and their children, and to provide a safe and stimulating environment for their children's exploration and development. To build an understanding of the efficacy of this infant and early childhood mental health program, a clinical outcome study within the community setting, has been developed.

Building Capacity: Community Development within an Infant and Early Childhood Mental Health Program
Elizabeth Ann Morton (Australia)
This presentation will discuss how community development principles and practices have been integrated into Future Families, a collaborative infant and early childhood mental health program, in order to develop a community of interest and influence amongst service providers working with families who have infants and young children. The community development program runs as a concurrent process to the Future Families clinical program, recognizing that a responsive and supportive community supports the development of secure attachment relationships between infants and their parents. A strategy has been developed and implemented to increase awareness amongst professionals who work with families in universal and at risk populations of the importance of the early years and of the development of secure attachment relationships. Training, ongoing support and mentoring is offered to increase their skills and understanding in holding the baby in mind, whilst working with the family. The challenges presented in taking a whole of community approach to infant and early childhood mental health, the strategies used and the outcomes will be discussed. The strategies which will be outlined include concepts and underlying principles common to both community development and infant mental health practices.

Collaborative and Interdisciplinary Practice within an Infant and Early Childhood Mental Health Program
Andrea Murray (Australia)
Future Families considers infants and young children in the context of their families, has a long-term preventive orientation and aims to be comprehensive, responsive and flexible. Future Families delivers a series of integrated therapeutic interventions, incorporates the skills and knowledge of a range of disciplines, and implements service delivery through the formation of collaborative partnerships. In this way the expertise of a range of service providers from varying disciplines is brought together in Future Families to build a multiagency collaborative focus in working with families. This presentation will use clinical experiences from Future Families to illustrate and demonstrate the benefits and effectiveness of having a collaborative and interdisciplinary approach to service delivery within an infant mental health program.

Workshop 07: Supporting Security: A Preventive Group Intervention to Promote Adaptive Attachment Relationships in Caregivers with Young Babies
Jean-Victor Wittenberg (Canada)
Supporting Security is a 12-week group intervention led by public health nurses or other community professionals for caregivers and young babies. Its roots are based in attachment theory and empirical data from parent training, psychoanalytic, problem solving, group and mindfulness literatures. Goals of the intervention are to foster more secure and less disorganized attachment in babies. The
intervention focuses on improving parental sensitivity to infant insecurity and knowledge of attachment and its significance; improving parental awareness of disruptive (FR) behaviours; increasing parental knowledge of infant cognitive and emotional development; improving caregivers' reflective functioning and awareness of their infants' minds; improving parental problem solving abilities to reduce parental experiences of stress and stressed responses to infants; promoting caregivers' social support networks. Feasibility studies in an at-risk urban setting and in an isolated aboriginal community in northern Ontario show that the intervention can be delivered with brief training and weekly supervision. Supervision can be provided by videoconferencing. Thus Supporting Security is an economical and readily exportable intervention. This workshop will offer participants the opportunity to discuss the development of the intervention, feasibility studies with at-risk populations, expansion of the program to train leaders to run groups in multiple sites and the design of an outcome study.

65 Experience with Infants Develops the Parenting Brain of the Adolescents - A Functional Brain Imaging Study of First-hand Learning about Infants
Akio Nakai, Ayako Sasaki, Hirotaka Kosaska, Ken-Ichi Matsuki, Michiko Tanabe (Japan)

Purposes: To identify the development of the brain circuitry underlying parenting by experience with infants in adolescents. Methods: The study was approved by the Ethical Committee, and all subjects provided written informed consent. Group 1 (6 males and 7 females) is Experience group, who experienced the program of first-hand learning about infants, for three months in a nursery school, and Group 2 is the Control group (9 males and 7 females), which did not attend this program. Functional MRI was conducted, before and after program (Group 1) or simply 3 months later (Group 2). We compared them with nine mothers. Subjects viewed and listened video clips of the unknown infant's crying during scans. The functional MRI data was analyzed, using SPM5. Results: In comparison between mothers and adolescents before experience, mothers showed the significant activations in the brain lesions associated with mentalization, face processing, and emotional arousal. In Experience group, the program evoked significant changes of responses to infant's video in the prefrontal cortex and cingulate gyrus after experience. Controls showed no change between two fMRI scans with three-month interval. The Experience group showed the significant activations in the superior temporal sulcus, fusiform gyrus, cingulate gyrus, prefrontal cortex, as compared with controls. Discussion: Our preliminary data suggest that even in adolescents, the continuous experience with infants develops the changes in the neural circuits, and there could be the experience-dependant aspect of human parenting. Acknowledgements: This study was supported, in part, by Grant-in-Aid for Scientific Research 17592240 from the JSPS.

66 Quality of Interaction between Adolescent Parents and their Babies
Eva Lehmann, Michael Kroll, Annette M. Klein, Kai von Klitzing (Germany)

The study that we are presenting here examines the specific associations between adolescence as a developmental phase, the ability to cope with the resulting developmental tasks and adolescent parents' capacities for triadic mother-father-child relationships on the one hand and the quality of interaction between teenage mothers and their infants on the other. Thereby, different methods are applied: Semistructured interviews, questionnaires, tests as well as video-supported observation of mother-child- interaction. The aim of our ongoing study is to assess potential risks for early parent-child- interaction, in addition to established risk factors, already during pregnancy. Another aim is to offer individualised help as a supplement to existing offers of counselling and assistance which are, in general, used rarely or very late by the adolescent parents. In view of recent research showing that underage pregnancies put at risk the personality development and future prospects of young mothers as well as the development of their children, it is necessary to acquire differentiated knowledge about the psychological associations between adolescence and parenthood.

67 What Accounts for the Quality of Mother-Infant Interaction? A Longitudinal Study with Adolescent Mothers and their Three-Month-Old Infants
Carla Martins, Barbara Figueiredo, Isabel Soares, Ines Jongenelen, Maria Joao Carvalho (Portugal)

The focus of this poster is on the quality of mother-infant interaction and its predictors in the context of adolescent motherhood. Adolescent childbearing tends to be associated with a string of problems, such as unfavorable social and economic conditions, low educational level, limited job opportunities,
few early prenatal care, and postnatal health risk for mother and baby (e.g. Borkowski et al., 2002), which, in turn, can have an effect on the quality of the interaction that adolescents establish with their offspring. Fifty six adolescent mothers were filmed while in face-to-face interaction with their 3 month-olds in the context of a broader longitudinal study aimed at exploring the effects of teen pregnancy and motherhood on infant development. This low SES sample was recruited during the last trimester of pregnancy and followed up at 3 months of infants’ age. Mother-infant interaction was assessed using The Global Ratings of Mother-Infant Interaction Scoring System (Gunning, Fiori-Cowley, & Murray, 1999). Maternal (e.g., prenatal care, adaptation to pregnancy and motherhood), infant (e.g. gestational age, weight at birth, developmental level at 3 months), and contextual (e.g., perception of social support) predictors were used to try to identify factors that account for the quality of the dyadic interaction. Preliminary analyses suggest that both individual (maternal and/or infant variables) as well as contextual variables are associated with the quality of interaction.

68 Adolescent Mothers Providing Massage to their Zero to Three Month-Old Infants
Mariana Sousa Amaral Bianchi De Aguiar, Barbara Figueiredo (Portugal)
Adolescent mothers and their infants are at risk for poor health and developmental outcomes. Massage is a relatively simple strategy to improve mother’s sensibility to the infant's cues. The aim of the study was to analyse how massage can improve infant’s sleeping habits and reduce their teenage mothers' psychopathological symptoms. A sample of 30 adolescent mothers and their infants were recruited at the Jlio Dinis Maternity Hospital (Porto, Portugal) just after delivery. A socio-demographic Questionnaire was completed at the time. Premature infants (gestational age < 37 weeks or weight < 2.500) and infant with chronic illness (impeditive of regular sleep habits), as well as mothers with twins, and mothers that do not know how to read and write in Portuguese were excluded from the study. Two weeks after recruitment, the Children's Sleep Habit Questionnaire (Owens et al., 2000), the State-Trait Anxiety Inventory (Spielberg et al., 1970) and the Edinburgh Postnatal Depression Scale (Cox et al.) was administrated to the mothers (pre-test). A Massage Instruction Manual and a Massage Booklet were also provided. The massage was taught to an experimental group of 15 mothers. At 3 months postpartum the mothers completed again the Sleep Chronogram, the CSHQ, STAI and EPDS. Results: Infant's receiving massage by their mothers show better sleep patterns and better sleep habits, and the mothers who provided the massage show less anxiety and less depression at 3 months postpartum. Conclusion: Adolescent mothers providing massage to their 0 to 3 months-old infants present less postpartum anxiety and depression and their infants seem to sleep better.

69 The Use of the DC:0-3R Diagnostic System in Alcohol-Exposed Children
Mary Motz, Patricia A. Freeman, Margaret Leslie (Canada)
Prenatal alcohol exposure causes a range of cognitive, behavioral and physical abnormalities. Comprehensive developmental and diagnostic assessment of children exposed to alcohol is a critical means of preventing misunderstandings in regards to the behaviors, capacities, and abilities of these children as well as provide a basis for appropriate and supportive interventions. Mothercraft's Breaking the Cycle (BTC) program is a comprehensive and integrated mother-child early intervention program for mothers with substance-use problems and their young children. Many of these children have been exposed to alcohol and other substances in utero (Motz et al., 2006). Given the importance of early assessment and diagnosis, we will present a description of the symptoms and diagnostic profiles of 20 infants and young children at BTC who have been exposed to alcohol prenatally using the Diagnostic Classification: 0-3 Revised (DC: 0-3R). To date, there are no studies published which have described the use of this diagnostic classification system in alcohol-exposed children. The clinical utility of the DC: 0-3R for alcohol-exposed children will be discussed with regard to intervention planning.

70 Stress, Coping, and Mental Health among Substance-Abusing Women in Transition to Motherhood
Ritva Belt, Raija-Leena Punamaki, Marjaterttu Pajulo, Tuula Tamminen (Finland)
Motherhood represents for substance-abusing women both an opportunity for profound change and an accumulation of life stressors, fears and distress. Our research focuses on the question of whether a psychodynamic therapy can promote substance dependent women's healthy transition into motherhood. Our first aim is to examine pregnancy-related stress and support, coping responses and
mental health, with a group of substance-abusing mothers and a control group. The second aim is to assess therapeutic intervention designed to alleviate distress in pregnancy and thus prevent depression and anxiety in post-partum period. Methods. The participants were 35 substance-abusing women, who received psychodynamic group therapy (n=25) or psychosocial support (n=10), according to their willingness. Control group included 50 women visiting prenatal clinic. Participants filled in self-report questionnaires regarding life stressors, social support, coping responses, depressive symptoms and hostility in the last trimester (T1). They made self-reports regarding depression and anxiety again when the baby was four months (T2). Preliminary results. Substance-abusing women reported higher levels of pregnancy-related stress, depressiveness and hostility than their controls. Substance-abusing women reported less social support. They also used inadequate strategies in coping with traumatic stress, characterized by high levels of denial and avoidance and low level of cognitive meaning giving. In both substance-abusing and control groups, the mothers were more probable to show depressiveness in post-partum if they had depressive symptoms in pregnancy. Using cognitive restructuring as coping mechanism decreased probability for depressive symptoms in post-partum in both groups. Findings and clinical importance will be discussed in the presentation.

71 Regulation in Three-month Old Infants Exposed to Methadone or Buprenorphine in Utero
Monica Sarfi (Norway)
As part of a larger, prospective longitudinal study of the Norwegian population of infants born in 2007/08 of mothers in opioid maintenance treatment (OMT), 36 drug exposed infants and 38 infants from a non-exposed comparison group were studied at three months of age for their ability of state regulation. The indicators of regulation ability were measures of the amount of crying/distress and wakeful/alert time, recorded on a 24-hour basis. Manual registration were carried out by parents and coded with different colours throughout the 24-hour period on a clock-shaped drawing (a diurnal clock), visualizing the distribution of sleep, alert wakefulness and distress. Sleep was assessed by total sleeping time and the total number of sleep episodes, distress was assessed by number and length of distress episodes (crying, fretting or whimpering). Based on these primary measures an index of self-regulation was calculated. The results showed no differences between the infants in the clinical group and the comparison group on any of these measures. Since the mother's serum level of methadone or buprenorphine was monitored during pregnancy and illicit drug use was controlled by regular urinary control, this results strongly suggests that use of methadone or buprenorphine in pregnancy does not by itself produce regulatory disorders in 3-months old infants as indicated by distress and sleep patterns. The lack of differences between the two groups encourages the continued practice of strict monitoring of pregnant women in OMT, in combination with extensive counselling and psychosocial treatment programs after the baby is born.

72 A Study on the Influence of Different Types of Abuse on a Child’s Behavioral Characteristics
Taro Fukue, Kako Inoue (Japan)
The objective of this study was to quantitatively investigate what sort of behavioral characteristics abused children manifest when they are initially taken into custody. We also examine what sort of influence different abusive circumstances, such as neglect and physical abuse, have on a child’s behavioral characteristics. The Child's Record of Temporary Care Homes were used as survey. Firstly out of these Child’s Record that are classified according to different types of abuse, by age, and by sex, the records of 36 children were selected, as samples. The 36 children's records were itemized and classified into groups using the KJ method. Based on the results obtained by this method, we drew up a Behavioral Characteristics List. Secondly we used this List to classify the conduct of 300 children. Out of 300, the effective samples were 287, giving us a rate of concordance between this survey and the follow-up survey, of over 90%. We then converted the items of all the 287 samples into categorical data (0 or 1), and analysis of Quantification Method Third Type was conducted. As the characteristics of behaviors among different types of abuse, the following may be concluded: Subjects in the Neglect Group show immature formation of interpersonal relationships and have strong nonsocial aspects. Those in the Physical Abuse Group often show ambivalent speech and behaviors, and those in the Multiple Abuse Group have antisocial tendencies such as either dominance or submissiveness.

73 Promoting Permanence and Well-Being for Infants and Toddlers in Foster Care: The Role of
Placement Decisions and Childrearing Environment
Ann Michele Stacks, Ty Partridge (United States)
Utilizing data from waves 1-3 of the National Survey of Child and Adolescent Well-Being (NSCAW), this study examines the impact that foster care placement type has on the duration of a child's stay in foster care, the quality of the child rearing environment, and child outcomes. The assumption of many in the field has been that kinship placements increase the length of time the child is in foster care. While increased length of stay is certainly not optimal from a program cost perspective, there is very little data regarding the relationship between the length of time a child is in foster care and the child's well-being over time. This study empirically addresses the question of kinship care placements increasing the time in foster care as well as the secondary question of whether these longer lengths of stay; particularly in the context of a kinship placement, are necessarily bad for the child. We will then further evaluate the whether the child rearing environment moderates the association between type of foster placement and child outcome 2-years after placement.

The Prevention of Infant Abuse in the Perinatal Period and beyond Interventions in Families by Health Visitors and Hospital Staff
Tomo Sawada, Miho Kawashima, Tae Abe, Tae Sukemura, Yoshihiro Kikuchi, Keiichi Okamoto, Setsuko Okada, Yukiko Sawada, Noriko Dalrymple, Kei Sawada (Japan)
There is a danger that infant abuse will cause death or long-term physical or mental damage in a child. According to statistics from the Ministry of Health, Labour and Welfare in Japan, 28% of babies, who were abused and died, were under three months old. We believe that it is very important to discover parents who might abuse their infants and intervene early. Therefore we carried out research into the prevention of infant abuse in the perinatal period and beyond in Shimanto City, Kochi. We believe that there are two reasons for infant abuse, parents have confused infantile representation and/or present and past troubles. We created a checklist for pregnant mothers to find who is at risk, based on these reasons. Public health visitors asked all pregnant mothers to complete the checklist when they registered their pregnancy at their city health center. We found that the rate of pregnant mothers at risk was 12%. We supported these mothers before and after birth to resolve their present problems and to change their confused infantile representations into positive ones. From 1387 babies who were born during the study, we had only one mild abuse case. Figures from professionals working with preschool children after the four years covered by this study show that 22% of parents and children were at risk. We conclude that it is necessary to start the prevention of infant abuse from the perinatal period and continue it after birth. Especially we must support mothers at risk constantly and carefully.

Pre-Assessment for Child Abuse Prevention (PACAP)
Reiko Ueda (Japan)
Purpose: To investigate caregivers' perception of children's developmental needs, parenting competence and family environmental factors for child abuse prevention, a pre-assessment tool was made and was introduced to multidisciplinary health and welfare workers. Subjects and Method: Adults caregivers for children aged 0 to 3 in two cities (a suburban city in Tokyo and an island in Okinawa Prefecture), and health workers who participated in this study. A questionnaire named PACAP was made and the reliability and validity were tested. Results and Discussion: The PACAP has been accepted by adults caregivers and health workers in both cities, Japan. The result suggests that the model of three steps - from PACAP by caregivers, to initial assessment interview and diagnostic assessment (if necessary) seems to be effective from the standpoint of population strategy as well as risk strategy for child abuse prevention.

Chronic Stress in Infants and Young Children
Barbara McCarroll (United States)
This presentation will argue for the inclusion of a diagnosis of Chronic Stress in the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised (DC: 0-3R). At a therapeutic childcare center diagnoses for 121 children from 103 families were made over a six-year period. The children included 47 girls and 74 boys ages 2 months to 5 years. The children who attended the center qualified for therapeutic care through their parents' participation in substance abuse recovery programs, mental health services, child protective services and welfare to work programs. Clinical observations, family history, multidisciplinary team input and
screening tools contributed to diagnostic impressions. A cluster of behaviors observed in children from chronically unpredictable and disorganized living situations is not currently addressed in DC:0-3R. For example an 11-month-old whose care had been chaotic and unsafe had been placed in foster care when her mother, a methamphetamine addict, was incarcerated. A reunification plan that included supervised visitation was established when the infant's mother was released from jail. Visits were irregular and frequently aborted by the parent. The child's behavior was disorganized, she had sleep disturbances, ate poorly and at times appeared to dissociate. When her mother visited the center the infant exhibited stilling behavior. Although some of the criteria are met by a DC:0-3R diagnosis none of the current categories are accurate portrayals. Tables will describe proposed criteria for chronic stress and will illustrate the lack of fit between the cluster of symptoms observed and DC:0-3R diagnoses.

77 Mother-Report Questionnaires of Infant Social-Emotional Functioning: What Do They Actually Measure?
Michelle Sleed (Great Britain), Bjorn Salomonsson (Sweden)
Mother-report questionnaires of infant social-emotional functioning are increasingly used to screen for clinical referral to infant mental health services. In a validation study of one such questionnaire, the Ages and Stages Questionnaire: Social Emotional (ASQ:SE), we found that it was a poor predictor of how trained observers rated infant responsiveness and involvement on the Emotional Availability Scales (EAS). Infant ratings on the EAS, however, related well to maternal psychopathology and sensitivity. We then compared clinically depressed with non-depressed mothers. We found that depressed mothers' reports of infant dysfunction did not relate to how their babies interacted with them. Rather, their ASQ:SE ratings related to how they interacted with their babies. This link between ASQ:SE and depressed mothers' behaviour held true even after we had controlled for infant responsiveness and involvement. We concluded that for non-depressed mothers, the ASQ:SE was not a useful predictor of potential infant psychopathology. As for depressed mothers, the ASQ:SE did predict potential problems but these related more to non-optimal maternal behaviour toward the infant than to infant social and emotional problems per se. We discuss our findings in relation to clinical assessment and diagnostic instruments.

78 When There is No Celebration: Postpartum Depression - A Frequent Disorder Infrequently Diagnosed
Barbara Kalckreuth, Wolfgang Kalckreuth, Christiane Wiesler (Germany)
In our Baby Clinic, babies and children from 0 to 3 are presented for crying, sleeping and feeding disorders, separation anxiety, opposing behavior, and developmental retardation. Between 2003 and 2007, we saw 177 parents and their children. We found postpartum depression (PPD) in 43 individuals (24%), 40 mothers and 3 fathers (40/3). 25 parents (58%, 23/2) came to us for problems of their baby, while 18 parents (42%, 17/1) came for themselves or were referred for depression, compulsory thoughts or severe sleeping disorders. Of the 43 parents, 38 (88%, 37/1) received a combined treatment for PPD consisting of antidepressants (mainly SSRI), psychotherapy and household assistance. 22 parents (51%, 22/0) had suffered from mental disease such as depression, eating disorder, anxiety and compulsory disorder, psychoses and borderline personality before pregnancy and birth. 34 parents (79%, 33/1) reported a conflict-burdened relationship with their parents or partners, or bereavement of close persons. The mothers' symptoms were often regarded as normal and unspecified of depression, even by health professionals. However, the above babies' symptoms should prompt an assessment of the parents' psychic status. A depressive parent's impact on child development, partnership and family should encourage all health professionals to obtain the parents' complete mental status and history. The combined treatment showed prompt and enduring improvement.

Martin Maldonado-Duran, Charles Millhuff, Pamelyn Macdonald (United States)
In this presentation the findings of the clinical evaluation of 350 cases of infants and family are examined. Infants and caregivers were assessed at an outpatient infant mental health clinic. In each family, an inventory of infant symptoms was completed, this comprehends 11 "symptom areas"
(excessive crying, feeding and sleeping difficulties, sensory integration and motor control problems. Also, emotional symptoms such as depression, anger control, anxiety, communicational and relational challenges as well as those of gender typical behavior). Parenting problems in each of these areas were noted. Infants were also assigned a diagnosis using the multiaxial Zero to Three classification system. Demographic information, number and type of stressors and parental psychopathology were assessed for each child. Through statistical techniques, the diagnostic categories are confronted with the "symptom clusters" in which the problems manifested themselves. The results suggest a validation of diagnostic categories such as posttraumatic disorder, anxiety disorder, multisystem developmental disorder, adjustment disorder and regulatory disturbances (motorically disorganized and hypersensitive types). Data are presented on the most common diagnostic categories encountered in this referred population and their correlation with parenting strategies, parental psychopathology, socioeconomical data and parental psychopathology. Presenters discuss the implications of these findings for the diagnostic classification system, and for the distinction between disturbances, as well as their correlation with relationship disturbances or caregiving strategies. Also, we examine the implications for systematic assessment of infants and their caregivers.

### 80 The ADBB Scale: What's New? Recent Applications
**Antoine Guedeney** (France)
This poster will present some new validations of the 8 item observational scale, the Alarm Baby Distress scale (ADBB, Guedeney, & Fermanian, 2001) and some recent clinical/ research applications. The Modified short version will be displayed (Matthey, Crnic, & Guedeney, 2005). The scale will be presented both in English and in Japanese.

### 81 Drawing as an Indicator of Depression and Suicidal Ideation in Children
**Heikki Juhani Merimaa** (Finland)
To assess what kind of features in Human Figure Drawing (HFD) could point to depression or suicidal tendencies. Additional aim is to develop the method so that it could be used as a diagnostic method for evaluating young children's depression and possible suicidal tendencies. (HFD) is a simple projective method where children are given two blank papers of definite size. Children are asked to draw two pictures of humans: one of their own sex and one of their opposite sex. Drawings are assessed by clinicians to find out whether there are features that point to depression or suicidal tendencies, such as general impression of drawing, slashes on body parts, or oddities in eyes or ears. The results will be compared to clinical diagnosis given after the child psychiatric evaluation. The sample for the study will be taken from children who have been admitted to Child Psychiatric Clinic during November 2007 to May 2008, because of depression, or suicidal tendencies (expected N= 40, 25 boys, 15 girls). Age range will be from 3-14 years. Same kind of features in the HFD are expected to be found in both suicidal and depressed young children's drawings. Application of this method with different age groups will be discussed.

### 82 A Basic Study on the Relationship between Perception of Emotions in the Pictures of Infants' Facial Expressions (The Japanese IFEEL Picture) and Style of Defense
**Atsuko Uchida, Yoko Hamada, Chiyo Chiba** (Japan)
We have continued the Japanese IFEEL Pictures (JIFP) studies, including relationship assessment categories based on the concept of emotional availability (Nagaya, Fukatsu, Hamada, and Inoue, 2006). Emotional availability is influenced by various factors including mother's style of defense. In this study, therefore, we examined the relationship between the perceptions of emotions in JIFP and the style of defense. We conducted JIFP and the Japanese edition of the Defense Style Questionnaire (DSQ42) to the 33 unmarried female university students. Their JIFP responses were classified into one of the eight relationship assessment categories, and twenty defense style scores are obtained from DSQ42. For each category, we performed a ‡-test on the defense style and on the numbers of responses to JIFP. The results show that the high-score group for the âumor-type defense style significantly gave more responses categorized under Attentive/concentrated states than the low-score group; the group who had high scores for Autistic fantasy and Undoing significantly gave more responses categorized under Simple description of picture than the low-score group; and the group who had high scores for Displacement significantly gave more responses categorized under Physiological states more frequently than the low-score group. These findings may suggest the
possibility that the several characteristics of a person's defense style affects her perception of emotions shown in photographs of infants' facial expressions, which may have an influence on the emotional availability between care-giver and its infant. We are continuing a similar survey with mothers with infants.

83 Play of Children Referred to Therapy: A Comparison of Free Play Characteristics between Referred and Non-Referred Preschool Children with their Mother and Father
Judith Harel, Mor Shapira, Yochanan Eshel (Israel), Saralea Chazan (United States)

Play is widely used as an assessment as well as therapeutic tool; still there is little research on children's play, and even less on play with a parent. The present study compared mother-child and father-child free play of referred and non-referred preschoolers. Sixty children and their parents were studied; twenty-five children were referred for treatment and thirty-five children were drawn from a population of mainstream children. The Children's Play Therapy Instrument (CPTI) was used to measure play activity, the children's level of adjustment was assessed using the Children's Behavior Checklist (CBCL). Among the referred children, ratings on the CPTI were negatively correlated with ratings on the CBCL. As ratings of play activity declined, ratings of behavioral disturbance increased. Referred children demonstrated a more abrupt transition between affective states; they were more likely to express boredom, jealousy, sadness and lower levels of curiosity. Referred children demonstrated a significantly diminished capacity to sustain play activity over time, their play was more fragmented and discontinuous. They engaged more frequently in play activity incommensurate with their chronological age. Negative feelings expressed while playing were predominant in this clinical sample. The importance of affect regulation for the sustainment and content of play was highlighted. These empirical findings provide an important complement to existing documented clinical observations of children with emotional problems and contribute to the practice of child therapy in diagnosis and the setting of therapeutic goals. In our next study the facilitating role of parents for the child's capacity to play will be addressed.

84 Parental Assessment after Laparoscopic Surgery in Children: Improvement in the Quality of Life and Lasting Satisfaction
Atsuyuki Yamataka, Tadaharu Okazaki, Tsubasa Takahashi, Yoshifumi Kato, Geoffrey J. Lane, Kazuhiro Kaneyama (Japan)

The feasibility of laparoscopic surgery in children has been established. We evaluated the postoperative quality of life and parental satisfaction after laparoscopic surgery, focusing on high type anorectal malformation (ARM), short segment type Hirschsprung's disease (HD), gastroesophageal reflux (GER) in neurologically impaired children, and prenatally diagnosed small bowel atresia (SBA). Total 91 patients who underwent laparoscopic surgery for ARM (n=24), HD (n=22), GER (n=35), and SBA (n=10) were assessed. Patients were routinely followed-up at out patients' department after discharge, and their parents were interviewed by the same individual expert nurse. All parents were extremely satisfied with postoperative abdominal small scar. In ARM and HD, continence status was improved yearly. Parental satisfaction increased gradually according to continence status and the improvement in the quality of life in their children. 21 of 24 parents in ARM and 18 of 22 parents in HD totally accepted the postoperative outcome. In GER, laparoscopic Nissen's fundoplication with or without gastrostomy was performed. Soon after surgery, nasogastric tube was able to be removed and daily care by parents was lightened. Although GER recurred in 3 patients, all parents except one were significantly satisfied. In SBA, abdomen was left almost scar-free and bowel function was normal postoperatively in our 10 patients. All parents expressed satisfaction with postoperative outcome. The positive impact of laparoscopic surgery on both functional improvement and cosmetic reasons was obtained, and their parents were satisfied markedly. These findings indicate that laparoscopic surgery might contribute to parent satisfaction whose children have congenital surgical anomalies.

85 Play Narratives in Diagnostic Assessment of Young Children
Tarja Sorvali, Reija Latva, Palvi Kaukonen, Raija Salminen, Ilona Luoma (Finland)

The aim of this study is to explore what play narratives could add to the diagnostic assessment of young children. Methods: The sample of this study consists of 3-6 year-old children who were referred to the Department of Child Psychiatry in Tampere University Hospital during the time period
2000-2007 (n=40-50). The assessment of the child includes family observation and interview, Achenbach's Child Behavior Checklist (CBCL) and Teacher's Report Form (TRF) questionnaires and play narratives (MacArthur Story Stem Battery, MSSB). The MSSB is a standardised method consisting of dramatic story beginnings to be completed by the child through play narratives. The MSSB play narratives were videotaped and coded using a clinical adaptation of the research-orientated coding manual by Robinson and colleagues (2004). Results: Preliminary results (n=23) show associations between children's play narrative themes and diagnostic categories. Dissociation themes were common among children suffering from affective and post-traumatic stress disorders. Three quarters of these children showed dissociation themes in at least one half of their narratives. There was no significant correlation between age and the presence of dissociation themes. Conclusions: The MSSB play narratives offer valuable child reported and observational information to be used in clinical evaluation of young children.

86 **Mother-Child Emotional Availability in Autism Spectrum Disorders**
Simona deFalco, Gianluca Esposito, Paola Venuti (Italy)
The current study aims to investigate mother-child Emotional availability in children with Autism Spectrum Disorders (ASD). Emotional availability is a relationship construct, theoretically and empirically linked to attachment that can be considered a global index of the quality of parent-child interaction. Very few studies have investigated the quality of affective interaction between mothers and children with ASD, although there is a broad consensus that parent-child interaction represents an essential frame for children's growth in both typical and atypical development, and there is no reason to assume that this is untruth for ASD children. A group of 10 children with ASD aged 3 to 6 years (M VMA = 20.41 mo) and their mothers took part to this study. MLU and language age matched Down syndrome (n=10) and typically developing children (n=10) with their mothers served as comparison groups. For each dyad we coded a 10-min free-play session using the Emotional Availability Scales (EAS, Biringen, Robinson, & Emde, 1998). Mothers in the three groups were equally emotionally available to their children. Children in the ASD group were significantly less Responsive and Involving to their mothers compared to both control groups. Bivariate correlation showed a positive association between maternal Nonhostility and child language level in the ASD group. The results of this study highlight the clinical utility of the EAS for assessing relationships between parents and their ASD children.

87 **A Comparison Study of Screening Instruments for Detecting Depression during Pregnancy**
Linda Emilie Jensen, Glen A. Palmer, Tanya Rasher-Miller (United States), Camilo Charron (France)
Perinatal depression is a serious mental disorder frequently diagnosed during pregnancy (prenatal) and the year after childbirth (postpartum) that has been shown to affect approximately 12-15% of childbearing women world-wide. Perinatal depression has the potential to have a significant effect on the health of the mother and the psychological development (social-emotional and behavioral health) of the child. Perinatal depression frequently goes undiagnosed; therefore women often do not receive necessary treatment. Several survey instruments are available to evaluate maternal mental health. However, little research has been done on the accuracy of these tools during the prenatal period, and there is no measure with acceptable predictive validity to accurately identify depression prenatally. This study examined a sample of women in the last trimester of pregnancy referred to obstetrical speciality clinics. Women who met DSM-IV-TR criteria for major depression were compared with pregnant women without major depression on three commonly used depression screening instruments: Zung Self-rating Depression Scale (SDS), Edinburgh Postnatal Depression Scale (EPDS), and Center for Epidemiological Studies Screening for Depression (CES-D). Women meeting DSM-IV_TR depression criteria scored significantly higher on all three instruments when compared to matched controls. However, recommended cutoff scores on all three instruments were found to lack proper sensitivity for women with depression. The findings suggest that current cutoff scores might be too conservative in correctly identifying women with prenatal depression, and lowering of cutoff scores might be necessary in order to correctly identify and treat women with depression during pregnancy.

88 **Relationship between a Wife's Consciousness of Fatigue and a Husband's Cooperation in Infant-rearing**
Chieko Tazaki, Kyoko Kubo, Saori Hoshino, Kaoru Sakanashi (Japan)
This survey was conducted by questionnaires to mothers with infants about their family structure, difficulties in rearing, their consciousness of fatigue to reveal the relationship between the respondents' consciousness of fatigue and their husbands' cooperation in infant-rearing. The questionnaires were collected at a ratio of 46.6% and the average age of the respondents was 31.9 years old. With respect to the question about the degree of husbands' cooperation in infant rearing, 109 of the respondents answered that their husbands are very or relatively cooperative; and 30 of them answered that their husbands tend to be uncooperative. When the respondents' consciousness of fatigue in the group where their husbands are cooperative in infant rearing is compared with that in the group where their husbands are not cooperative, the former group showed significantly less consciousness of fatigue in terms of the symptoms of sleepiness, absentmindedness and depression. Further, the respondents who are conscious of the symptoms of fatigue such as oppressiveness and irritability were found to suffer from many other symptoms mentioned in the questions, i.e., systemic fatigue. Although the way to appreciate the husbands' cooperation in infant rearing is based on the subjective judgment of the respondents, it is possible to say that the symptoms of fatigue of which the respondents are conscious can be relieved if they realize that they can get much cooperation from their husbands. It is considered that a strong partnership in infant rearing is associated with the key to keeping the wives' good condition.

89 The Impact of War on Children: A Survey of War Orphans in East Timor
Kikuno Monju, Mikio Monju (Japan)
A survey was conducted in East Timor to assess the impact of war conditions on children. The Baum Test and S-HTP were given every year from 2002 to 30 orphans whose parents had been killed in the upheavals. The results showed that, while interpersonal relationships grew as living conditions became secure, psychological scars (PTSD) were not healed, remaining internalized.

90 Clinical Support for Children with Attachment Problems: The Present Situation and Issues at Child Welfare Institutions in Japan
Kyoko Minamiyama, Kikuyo Aoki, Eri Kimura, Reiko Baba, Susumu Hanta, Yoko Yomo, Takashi Masuzawa, Saori Ota (Japan)
In Japan, infants and children are looked after in child welfare institutions such as infant-homes and children's-homes when they are maltreated at home. After they enter the institution, the institution care workers become attachment objects. We report the present situation and issues of the children with attachment problems at child welfare institutions in Japan. We administered a questionnaire to 87 care workers and 49 psychologists at infant-homes and children's-homes about clinical experiences with the children with attachment problems and the presence of participation experience in specialty training regarding attachment. The results showed that more than 70% of both care workers and psychologists had met the children with attachment problems and recognized their problems. We conducted a factor analysis (maximum likelihood promax rotation) with 13 items regarding attachment problems behaviors, and extracted three factors, namely, "over-dependency/ indiscriminate sociability", "avoidance of relations", and "aggressive and provocative behavior toward the care worker". In addition, despite the need for specialty training regarding attachment, less than 50% of both care workers and psychologists had participated in the program. In the child welfare institutions, it is important that the experts of many disciplines collaborate, and should care the children. Especially, for children with attachment problems, we should maintain coherency and constancy. Thus, specialty training for experts should be planned with the view of the collaboration across many disciplines.

91 Clinical Support for Children with Attachment Problems: The Present Situation and Issues Regarding Problem Behaviors and the Approach Adopted Toward Them in Japan
Eri Kimura, Kikuyo Aoki, Kyoko Minamiyama, Reiko Baba, Susumu Hanta, Yoko Yomo, Takashi Masuzawa, Saori Ota (Japan)
In Japan, when infants and children are maltreated at home, infant-homes offer care for children aged 2 or younger, and children's-homes offer care for children aged 2 or older. In this research, we compared infant- homes with children's-homes regarding the behavior of children with attachment problems, and the approach adopted toward them. Then, we reported the difference in the behavior and content of the approaches, based on children's age in Japan. We administered a questionnaire to
47 care workers at infant-homes and 39 care workers at children's-homes regarding the actual condition of the children with attachment problems and the approach adopted toward them. A multivariate analysis of variance was conducted based on three factors extracted in (1) from the behavior checklist of the children with attachment problems; the institutions were set as between-subjects factors. The results of the multivariate test were significant (Wilks'Λ = .857, F(3,51) = 2.836, p < .05). The results of the univariate test showed significant differences in “aggressive and provocative behavior toward the care worker” (F(1,53) = 7.903, p < .01). The children in children's-homes exhibited more problem behaviors than did those in infant-homes. The chi-square test showed no significant differences between the approaches adopted in infant-homes and children's-homes. Thus, no difference was observed in the institutions in terms of approach. It is believed that in children's-homes, the approach adopted may lead to the promotion of attachment formation in light of the greater occurrence of and understanding of the aggressive and provocative behavior from an attachment framework.

A Newly-Developed Projective Method Assessing Adult Attachment in Japan: Reliability Examined by Relations with AAI and the Japanese Version of ECR
Megumi Kitagawa, Hiromi Matsuura, Miyuki Kazui, Yuko Motoshima (Japan)
The purpose of the present study is to test reliability of a newly developed projective method, examining associations with AAI, and Japanese edition of Experiences of Close Relationships (ECR). In this study, we have selected eight scenes which consisted of attachment activating stressful situations in Japanese culture (Pictures of attachment relevant situations; PARS), and asked participants to write down freely on the answering sheet by looking at each picture stimulus, how they felt on the situation, how they thought of the persons, and how they thought what would be. One hundred four college students (28 males, 76 females) participated in PARS assessment, and it was found that male students reported more conflictive stories than female did for scenes that included father taking care of child, suggesting males' traditional gender role view. Seventy one students participated both in PARS and ECR. The relation between PARS and ECR were not significant, so that we suspected that PARS and ECR might have been assessing different aspects of adult attachment. Twenty-six students were assessed with both PARS and AAI. Although the relations between PARS and AAI were not fully analyzed yet, for now, by examining case by case, answer patterns in PARS such that adult responds to child's need, adult understands child's mind, and child's stress is settled by adult were unlikely to be obtained among students with Ds classifications.

AMAE Nursing at Kochi Misono Baby Home
Kei Sawada, Kazuo Shingu, Kuriki Kazue, Kyoko Tanimoto, Noriko Dalrymple, Koju Uemura (Japan)
"AMAE Nursing" is a uniquely Japanese parenting culture. At Kochi Misono Baby Home, where caregivers look after small children who are two and a half years old and under the caregivers have treated 95 children (including 38 abused children) with AMAE nursing during the five-year period of this study. In their earliest infancy, the babies were held by their caregivers as if in a womb-like embrace. And the caregivers talked to them with eye-to-eye contact. As the children grew older, caregivers responded to the children's request for such AMAE nursing as holding, talking, carrying children on their backs, co-sleeping, co-bathing and playing together. With good synchrony of their mind, children can develop stable attachments, a secure base and develop their own positive feelings. When they were discharged from the baby home, 4 children still had mild trauma symptoms and the others were growing normally. As a result of the caregivers support and nursing, children could become attached to their own mother, and therefore their mothers could accept their own children and take good care of them. AMAE nursing makes children's minds rich and can heal trauma. As a result of AMAE nursing, mothers can come to accept their children.

Experience of a Reattachment Therapy: AMAE Therapy for Anorexia Nervosa in Childhood
Ichiro Fujita, Yoshiyasu Ogata, Yuhei Hamasaki, Noriko Dalrymple, Kei Sawada (Japan)
Eating disorders in childhood are gradually increasing in Japan. It has been suggested that an insecure style of attachment may be one of the risk factors. Most of our patients experienced very little emotional relationship with their parents in infancy. We proposed and tested a model of a re-attachment therapy, Japanese AMAE therapy, for patients with a diagnosis of the restricting form of
anorexia nervosa. AMAE therapy is a family-based treatment that strengthens mother-daughter interactions by encouraging touching, holding, playing, and co-sleeping. The participants were 8 girls (10-14 years old), and the degree of obesity ranged from -18% to -35%. Significant gain of body weight occurred in 6 patients, and was most evident in patients with a short history and mild degree of anorexia nervosa. Six of the patients were hospitalized to separate them from stressful lives at home. For the two patients who did not gain weight through AMAE therapy, an ordinary behavioral therapy and tube feeding were applied. The most successful case was a ten-year-old girl who had a hostile relationship with her younger sister. After being separated from a pathological family system by admission to our hospital, her mother looked after her diet, bathing, and playing every day. She gradually expressed her own feelings towards her mother, such as anger and joy. Her appetite increased alongside her improving mother-daughter relationship, and her degree of obesity moved into the normal range. We think that AMAE therapy is a fundamental and effective treatment for anorexia nervosa in childhood.

95 The Meaning of Primitive Gesture in Infancy
Ryuji Kobayashi (Japan)
Problems with communication noted in the developmental disorders have basically been captured as a disability pertaining to the individual capability of the children themselves, with modes of support being designed from the standpoint of how to enable the child to acquire the capacity for communication. Normally, communication is divisible into the verbal and non-verbal forms of communication, functioning through the media of the spoken word and gesturing. Various methods have been developed to date as strategies for supporting communication to endow children with verbal language and gesturing. However, in such endeavors, examination of the developmental process of how such media for communication is acquired through the accumulation of interpersonal exchange between the child and other persons starting with the immediate caregiver has been left untouched for most part. The purpose of this manuscript is to examine the meaning of primitive gesture that appeared in the case of a boy with developmental disorder. The subject selected for the review is a 12-month-old boy and his caregiver with severe problems in attachment formation between mother and child and high risk of pervasive developmental disorder. Capturing the case as a relationship disorder between mother and child, the authors became clinically involved from the standpoint of supporting relational development.

96 Long-term Prognosis Concerning Children Who had Trauma in Infancy
Kazue Kuriki, Kyoko Tanimoto, Kazuo Shingu, Tomo Sawada, Noriko Dalrymple, Kei Sawada (Japan)
At Kochi Misono Baby Home, caregivers look after children who are two and a half years old and under. We researched the lives of 56 children who when placed at the baby home had trauma as a result of abuse. The caregivers treated these children's trauma with AMAE nursing (AMAE therapy) for example, by holding them affectionately, carrying them on their backs, co-sleeping, co-bathing and co-playing. These children are now aged between 9 and 20. When they were discharged from the baby home, most of their symptoms had ceased, but 5 of them, who had had severe abuse and who had been over one year old when placed in the baby home still had some symptoms. 10 children were subsequently brought up in their own families, 2 children in foster families, 22 children in orphanages, and 23 children moved between orphanages and a family home many times. The rate of problem behavior (delinquency and domestic violence etc.) was respectively 20%, 0%, 10% and 52% in these four groups. It seems that whether or not they had symptoms of trauma when they were discharged, infants who had received enough AMAE nursing grew into normal adolescents, and infants who had not received enough AMAE nursing grew into juvenile delinquents. We conclude that AMAE nursing was very effective as a treatment for infantile trauma and for ensuring the development of a healthy mind. However after they are discharged, it is important that children have a caregiver who can continue to provide AMAE nursing.

97 Mother-Child Relationship in a Child with an Elimination Problem: A Case Study
Anneke Rachmat, Ika Widyawati, Adeline Saulinggi (Indonesia)
According to the psychosexual developmental theory the toddler will enter the anal phase. In this phase the child will develop sphincter and muscular control and practice the social modalities of
holding on and letting go by retention and eliminating his feces. The feces become something valuable for the child because it is the only one product that he can control to retain or to expel. The quality of the mother child relationship has a lot of influence to pass the anal stage. Conflicts over anal stage can arise if the anxious and unsympathetic mother dominated the process defecation with harsh and uncompromising manner. The relationship between mother and child become pathologic and the child has fixation in this phase. In this case report we present the case of a child with the defecation problem. Method: Developmental history and the history of the illness of a 37 month-old-male patient who had a problem with defecation since 19 months ago, was assessed at personal interview and observation, with concerning in relationship between anxious mother and her child. Result and Discussion: Initially we improve the quality of the mother and child relationship. We make some intervention with antidepressant and behavior therapy for the child and psycho education and pharmacotherapy for his mother.

A Case of a Girl with Serious Acute Stress Disorder Treated with AMAE Therapy and Sand Play
Yuka Okamoto, Kei Sawada, Noriko Dalrymple, Tomo Sawada (Japan)
A six-year-old girl, ‘A’ was playing with her four-year-old sister ‘B’, when B accidentally fell from the sixth floor of an apartment building and died. Afterwards, A firmly rejected her mother and began using offensive language and violence. Her mother cried all day and was unable to sleep. When the mother heard an ambulance siren or saw a tall building she had heart palpitations and felt breathing was difficult. The mother’s and child’s symptoms increased for a month before they came to the Center. Mother and child were treated at the same time. The mother talked mainly about her anxiety concerning A and her shock after the accident. She talked of her memories of B and her grief at losing her. ‘T’, a female therapist treated A with AMAE therapy and sand play. During the first session the theme of death emerged in the sand play and gradually this led to a positive atmosphere. At the same time A began showing AMAE by holding T’s hand, and clinging to her legs, T carried A on her hip and back before and after sand play. A talked to T many times during sand play and gradually A began to show AMAE towards her mother, who accepted it. Then the mother began talking about her trauma. Five weeks after the fourth session, A’s symptoms had completely disappeared and she was expressing her AMAE towards her mother a lot. The mother’s symptoms had almost disappeared too, and she could accept A’s AMAE happily.

Mothers Representations of their Infants during Pregnancy and their 18-Month-Old Infants Attachment Security: A Short-term Longitudinal Study in Japan
Yuko Motoshima, Megumi Kitagawa, Toshihiko Endo (Japan)
This was the first study in Japan to examine the relation between prenatal maternal representations of the infant and subsequent 18-month old infant's attachment security. 44 Japanese pregnant women were enrolled in a short-longitudinal study. We used the Working Model of the Child Interview to assess mothers' representations of their unborn infants during the third trimester of pregnancy and the Attachment Q-set to measure their infants' attachment security at 18 months. Results showed that the infants of mothers with balanced representations during pregnancy were more securely attached than the infants of mothers with disengaged or distorted representations. Most previous studies in western cultures (e.g., USA) revealed the impact of prenatal maternal representations on mother-infant attachment, but the present study in Japan also confirmed that pregnant mothers' representations of their unborn infants could predict their subsequent infants' attachment security.

Supporting the Growth of Children and Mothers in Preschool
Yuko Yamaoki, Tomo Sawada, Noriko Dalrymple, Kei Sawada (Japan)
Because of the increase in two-generation families at the expense of three-generation families and the weakening of human relationships, childcare has become more isolating and mothers who are anxious and confused about it, have become more widespread. In our preschool, we try to make an environment in which children can be loved and grow up as social beings, not as isolated individuals. The following are some examples of our approach: When mothers and children come to preschool, they come into a room together and talk to other mothers and to childcare nurses. Through various events during the year, we try to encourage the parents to bond as a group, which can continue after their children graduate from preschool. We distribute public relations magazines to the neighborhood,
and ask local people to help in our childcare provision. When mothers can build up relationships of trust with us, their anxiety about looking after their babies and children can be alleviated through talking. In severe cases like domestic violence or child abuse, we can refer them for support to other appropriate professionals. We try to support mothers with people from the local community to enjoy Japanese traditional childcare.

**101 Supporting Parents and Children in Preschool: How Talking can open Mothers' minds**
Tomiko Maeno, Tomo Sawada, Noriko Dalrymple, Kei Sawada (Japan)

These days, the role of preschool is not only in helping the development of children, but also in giving support and comfort to parents (mothers) and children. But serious problems that mothers have which cannot be resolved, come to the surface, in the isolation of childcare. If the mothers are confused by unsolved present and past troubles, their confusion can make them reject their children. So it is important for them to receive mental support to ease their confusion. For example, childcare nurses who have contact with mothers and children daily, can, when they find confused mothers, provide support and sympathy in a friendly atmosphere. I am a director of a preschool. I try to greet, see off and communicate with mothers and children every day. Many mothers have gradually come to trust me and have begun to talk about their troubles which they cannot talk to anyone else about. I have found that as a result, many of their symptoms disappeared. A good and reliable relationship between mothers and childcare nurses can reduce mother's problems and therefore prevent child abuse. The most important thing is for childcare nurses to identify problems in the relationship between parents and children early. Then to support the parents with care and kindness.

**102 The Infant Health Examination in Japan**
Chigusa Masumura, Sachiko Saito, Akira Takano (Japan)

The health examination for infants has been carried out based on Maternal and Child Health Law of 1965 and other laws in Japan. Main examinations are health examination for infants, 1Y6M child health examination, and 3Y child health examination. The purpose of them was medical examination of the physical growth and development, and early detection of the abnormality or illness at first, but the child care support, the prevention of the child abuse, and the detection of the slight developmental disability came to be regarded as important. I examine the ideal method of the health examination for infants in the new times in the study group of Ministry of Health, Labor and Welfare. The role of the public health examination system for the infant mental health is very important. So we have to reconstruct our health examination system for infants. When do we check their health? How many times during their infantile period? How do we check their health? I hope that multiple and multidirectional examination will be done in various situation and we will be able to make all infants as healthier as possible.

**103 Parent-Infant Psychotherapy in the Situations of Exile and Migration: How to Build a Therapeutic Alliance?**
Taieb Ferradji, Marie Rose Moro (France)

How to build a therapeutic alliance with immigrant parents and theirs babies? The applied of transcultural approach to the construction of a therapeutic alliance will be evaluated. Our technique is formed by the association of psychoanalysis and anthropology to approach the understanding and treatment of situations in which a family or parent/child group have moved from one culture to another. The importance of cultural myths, taboos and modes of understanding relationships, child development and needs, and manifestations of dysfunctions will be discussed. We will analyse in special the therapeutic consultations during the perinatal period in situations of migrations. This period is particularly vulnerable for children and families. During this time cultural and family myths acquire great importance, they could be denied or abandoned due to the requirements of the "new" culture, while being vividly present in the mind of the parents, even if unconsciously. The use of transcultural principles as complementarity (the importance of anthropological understanding of clinical manifestations) and a therapeutic model of group consultation will be illustrated. The address to these consultations are numerous: difficulties during pregnancy, difficulties in feeding of the infant, failure to thrive, excessive irritability in babies The construction of a specific therapeutic alliance is the main parameter of the efficacy of this kind of clinical work. The data of a research done in this setting about the representation that the patient has of this alliance will be discussed.
Development of Action Understanding in the First Year of Life
Annette M. Klein, Claudia Beckert-Zieglschmid (Germany)

Babies in their first year of life spend much time observing other people acting in their environment. In doing so, they can learn a lot about actions and the goals other people pursue. Possibly, this information may then be utilized in their own actions. The goal of the presented studies was to investigate what 6- and 9-month-old infants understand when they observe another person acting upon objects in their environment. Specifically, we were interested in whether 6- and 9-month-old infants learn which specific action elicits a specific effect and whether and at what age they use the observed relations for their own action control. We used different paradigms suitable for this age group: a looking paradigm (Study 1) and a reaching paradigm (Study 2). The results of Study 1 show that both the 6- and 9-month-old infants were able to relate two specific actions to their effects during observation of the familiarization phase and to detect changed action-effect contingencies in the test phase. The results of Study 2 show that the 6-month-olds were not able to use the observed action-effect relations for their own behavior which was the case in the 9-month-olds. Taken together, the results demonstrate that 6-month-olds start to focus on actions and their effects in their environment. Between 6 and 9 months of age infants' action understanding and their own performance improves considerably. The knowledge about early action understanding helps us to create a developmentally appropriate environment which meets the infant's cognitive capacities and needs of understanding.

The Baby Signs Program: Applications in Child Care Settings Across Cultures
Chamarrita Farkas (Chile), Claire DeAnne Vallotton (United States)

The Baby Signs Program is the systematic use of symbolic gestures to promote communication between preverbal children and their caregivers (parents, educators), offering the infants an alternative form of communication until verbal language is possible. This Program had been developed and implemented with normally hearing children for two decades, and several studies have shown its benefits to the caregiver-child relationship, and children's cognitive, linguistic and socio-emotional development. This Program began in United States and has been generalized in many countries, applied with parent-infant dyads or childcare settings, with families from different socio-economical levels, including high social risk families. Research from both the United States and Chile presents interesting results about the program's adaptations, considering differences in settings and cultures, and the benefits to children and caregivers. This workshop will focus on the applications of the Baby Signs Program in childcare settings. The agenda will include presentations from both countries, which together will provide: (a) Cultural context of the childcare settings; (b) How the interventions were implemented to be sensitive to cultural context; (c) How Baby Signs were used in the classrooms by children and by caregivers; and (d) The benefits to children, caregivers and the caregiver-child relationship. Discussion with the workshop participants will focus on the program applications, cultural and social aspects, and the implications of its benefits. A resource folder provided to participants will include handouts on the relevant research, Baby Signs teaching tips, the principles of using this Program in childcare and a list of further resources.

Are Abusive Caregiving Tendencies Related to Mother-Child Bonding or Caregiver's Anger Trait?
Saeko Sakai (Japan)

The purpose of this research was to examine how the caregivers' anger trait and mother-child bonding relates their caregiving behaviors, abusive tendencies in particular. This study has been carried out after implementing a pilot study. Caregivers who have at least one child aged one and a half participated in the questionnaire research. Abusive Tendency Scale and four scales to measure caregivers' traits, Bonding Questionnaire, Trait Anger Scale, Anger Expression Scale, Self-Esteem Scale, have been administered. Nine hundred fifty-five caregivers' data were subjected for analysis. In Abusive Tendency Scale, two factors, Behavior and Cognitive aspects, were extracted from factor analysis. In order to examine the effect of caregivers' traits on two abusive tendency sub-factors, multiple regression analysis were conducted. Whereas Anger Trait and Bonding had significant portion of variance of both dependent variables, Self Esteem was only significant on Cognitive aspect. Not only the mother-child bonding, but also anger trait plays an important part on abusive tendency. Therefore, interventions such as anger management would be a preventive approach for child abuse. Another point is that there have been many discussions that those who have abusive tendency often
have cognitions that can be derived from negative information processing, which is strongly related to self-esteem. Therefore, Cognitive aspect needs careful support on enhancing self-worthiness. Whereas, Behavior aspect may need more attention to the tendency of easily getting angry, which is not influenced on the expression style. Necessary points on how to support caregivers will be discussed.

107 Responding to the Needs of Siblings and Parents of Children in Palliative Care: A Retrospective Analysis
Lynette Barbara Joubert, Frances Salo, Jinsu Lee (Australia)
The death of an infant has far reaching implications on the family system including the parent sub-system and developmental stages of the siblings. Despite this, the needs of siblings and parents are often ignored. This is particularly so in an increasing brief opportunity for palliative care professionals to respond not only to the dying child, but to include a focus on the emotional needs of their family, within the parameter of services offered by palliative care. The aim of this study was to explore retrospectively the needs of parents, siblings, and extended family members of infants receiving palliative care within a specialized palliative care service for children in Melbourne, Australia.

Methodology: A retrospective data-mining methodology (Epstein 2004) was implemented to audit the files of a consecutive sample of infants and their families referred to a palliative care service in Melbourne (N=50). An audit tool was developed and the files analysed in relation to needs expressed by both the parents and siblings, the response by members of the palliative care team and any follow-up contact with the family. The results of the audit were thematically and quantitatively analysed from both a psychodynamic and family system perspective. The discussion focuses on the need within palliative care, to respond to infants within the systemic framework of their family, and to include the impact of the palliative care process on the psycho-developmental stages of the siblings as well as the marital and family system. A framework for the palliative team response is suggested.

108 Reviving Play and Companionship in Japanese Families
Takashi Hayakawa, Hisako Watanabe (Japan)
Recent studies in infancy highlight the importance of play and playful interaction from early life. (Trevarthen, C. Call, J) Children in Japan today are increasingly deprived of experiences of play and playfulness since infancy. Parents themselves have great difficulty playing, as most of them have failed to inherit traditional forms of play in their childhood due to industrialization and other factors. In addition, children’s play has become completely commercialized and traditional forms of play have nearly died out. This lack of play and playful interaction is one factor yielding serious psychological problems in children. In 1983, I bought a house in Yatsuo-machi in Toyama Prefecture, and created a play space for children named the Naughty Children’s Village. Further in 2004 I established an NPO called Let-Children-Play with the aim of providing children with a natural environment for playing. Over the past three years we held 44 playing camps. 171 families and 386 people participated including 44 infants and preschoolers. In our camping events, parents and children just play to their heart’s content facilitated by our staff who foster a playful, relaxed atmosphere. As a result, the parents become aware of the joys of playing and begin to play more interactively with their kids. Among our participants, 16 children diagnosed as having ADHD, school refusal and others became happier and more confident after the camp. Thrilling enjoyable time shared with their parents and friends boost self-confidence and impetus for a meaningful life.

109 Breastfeeding and a Cooperative Partner Promote Maternal Bonding
Kazuo Sato, Etsuko Sakai, Norio Kubo (Japan)
Objectives: To verify the effectiveness of breastfeeding on maternal bonding in our own cases.
Materials & Methods: We carried out a questionnaire survey by mail to 869 mothers who had delivered healthy babies weighing more than 2500g from 2004 to 2007 in our hospital. Several factors were asked such as, gender of a baby, whether the baby is a singleton or a twin, presence of sibling, attendance to a day-care center, whether the mother has her partner’s cooperation, and whether the mother is breast-feeding, mixed-feeding, or bottle-feeding the baby. The maternal bonding was measured by using the Bonding Questionnaire. The relationship between maternal bonding and the several factors was analyzed statistically using bivariant analysis (Mann-Whiteny U test, Kruskal-Wallis test) and multivariable analysis (logistic regression). Results: High maternal bonding is
associated with a singleton, the presence of sibling, attendance to a day-care center, the presence of a cooperative partner, and breastfeeding by bivariable analysis. High maternal bonding is associated with the presence of a cooperative partner, the mixed feeding, and breastfeeding by multivariable analysis. Conclusion: Our study has shown that breastfeeding (not breastmilk) and the presence of a cooperative partner promote maternal bonding.

110 Groups for Parents of Children with Regulation Disorders and Sensory Problems  
Pratibha Nitin Reebye, Annie Wolverton, Nicole Bruce (Canada)  
We studied the effectiveness of parent support group in changing and improving the behaviors of children with regulation disorders with sensory processing problems (RDSP). The subjects in this study are children aged birth to five, eleven months who have been diagnosed with RDSP. We hypothesized that there was a decrease of problems as reported by the parents and the treating psychiatrist in the areas of feeding, sleeping and behavioural / emotional regulation capacities. The outcome measure was reducing frequency of the entrance complaints in the children whose parents have attended the RDSP Parent Support Group. The comparison sample included children with the diagnosis of RDSP whose parents did not attend the Group. Results indicated that there was no shift in the final diagnoses of children as measured by the frequency and stability of symptoms but parent satisfaction increased in the group attendees.

111 Child-Raising Information for Parents with Children Three Years of Age and Under: Survey Results in Shinjuku Ward, Tokyo  
Naoko Tomita (Japan)  
Objective: To elucidate the degree of awareness concerning the availability of child-raising support information among parents currently raising children Subjects: 104 mothers visiting two childcare facilities in Shinjuku Ward, Tokyo with children aged 3 and under. Method: Survey handing out and collecting questionnaires on the same day. The questionnaires asked: 1. Whether they are aware of child-raising support services available to residents of Shinjuku Ward, and if yes, how they obtained the information. 2. Where they get information they need for child-raising (e.g. toilet training). 3. Whether they think child-raising support information is easily obtained from municipalities (free comment). Results: 1. It was found that many mothers collect information on standard support chiefly from ward newsletters, ward employees, and brochures published by health centers. The rate of awareness and actual use of vaccinations and infant medical checkups made compulsory by law was found to be particularly high as notices are sent by postal mail to homes with infants. 2. Public administration is rarely the source of information, and mothers use various information sources/channels according to their needs. 3. Information is available if they go to facilities such as childcare centers, but not if they stay at home. The results suggest that, instead of merely increasing the types of publications for parents, there is a need to reexamine the means to improve ward newsletters and the website so that existing information sources may be made more readily accessible to residents.

112 Mothers' Responsive Behavior to their Children's Diseases  
Izumi Takahashi, Hiroko Tanaka, Masako Yoneyama, Hideko Kitaoka, Junko Nonaka (Japan)  
This study reveals mothers' responding behavior to their children's diseases and discusses the mother-oriented instructions for coping with their children's diseases. A survey was conducted by distributing self-administered questionnaires to 84 mothers with infant(s)/toddler(s) living in Y city and collecting them using the mailing method. The results showed that: (1) nearly half of the mothers gave fever as the disease having upset them, and most of them took their children to medical institution; (2) 40% of the mothers taking action of consultation had their children see a doctor outside consultation hours; (3) 30% of the mothers took an immediate action of consultation, the children's disease being fever in one-half the cases; (4) there is no connection between mothers' response to their children's diseases or their action of consultation and the age of their children; (5) when mothers faced their children's diseases, they felt insecure about their decision of whether they should have their children see a doctor or not. Also, they were worried about the response and system of medical institution, the family system for nursing, and the absence of place to find out information about the diseases. Nowadays, the number of nuclear families is increasing and the birthrate is decreasing. Mothers' insecurities about their decision and response to their children's diseases have been getting stronger. Especially, they
have become sensitive to fever. There is a need to reduce mothers' insecurities and help mothers develop their potentialities for properly coping with their children's diseases.

113 **Perception of Mothers during Feeding and Mother-Infant Interaction**  
Masami Usui, Mami Sonobe, Taiko Hirose, Aki Kawamura (Japan)  
The aim of this study was to investigate the relationships between changes in the perception of mothers towards their child during a one-month post-natal period and mother-child interactions at one month. Method: Subjects were 22 puerperant women who had given birth in hospitals in Tokyo. A questionnaire survey on lactation was conducted during hospitalization after birth as well as during home visits at one month postnatally. Mother-child interactions were observed during home visits. The perception of mothers towards their child during lactation was evaluated using 21 items of the Mother and Baby Scales (MASB). Assessment of mother-child interactions during lactation was carried out using the Nursing Child Assessment Feeding Scale (NCAFS). Results: At one month post-natally, scores on the MABS, Alertness during Feeding and Irritability during Feeding, subscales did not change, while rating on the Lack of Confidence in Feeding Scale increased significantly (p=.012). Between the two assessment time points, significant correlation was found in rating on the Irritability during Feeding and Lack of Confidence in Feeding Scales (p<.01, p<.01). At one month post-natally, the rater's assessment of Irritability during Feeding and Lack of Confidence in Feeding remained unchanged. Significant positive correlation was also observed between scores on the Irritability during Feeding and several NCAF subscales (p<.05), demonstrating the perception of mothers that feeding is often terminated due to high irritability of their babies or because their babies are cranky and crying is associated with mother-child interactions, especially how the mother treats her child.

115 **Infants Impact on Changing Identities in Becoming Mothers for Bangladeshi, White, African and African**  
Cathy Urwin (Great Britain)  
Becoming a mother can create profound changes for a woman's sense of who she is. This poster presents findings from a study on mothering identity involving 20 first-time mothers from a range of ethnic and cultural backgrounds interviewed about their experiences before the baby's birth and during and at the end of the first year. 6 mothers and infants were also observed weekly at home for one year using the psychoanalytic infant observation method developed by Bick (1964). Each observer adopts a friendly but neutral stance and writes an account of what was observed immediately afterwards. Observers' accounts are discussed in weekly, supervised seminars. Here, particular attention was given to the accounts' emotional impact in understanding the meaning of cultural differences. As a whole, the study confirmed the importance of support provided by mothers' own mothers. Infant observation was particularly effective in illuminating how babies' demands and development pace the internal reorganisation necessary to moving from being one's parents' child to also being a mother oneself. Extended families, traditionally particularly present in some cultures, could provide valuable emotional as well as practical help. Across all families the negotiation of separateness mobilised by weaning and the infant's developing attachment were crucial to the mother's emergent sense of herself as "mother." The paper highlights difficulties arising when practices adaptive in one cultural context are unsupported within the host environment.

116 **The Transition in the Early Years: The Effects of Transition Preschool Program on Childrens' Behavior**  
Anna Kienig, Elwira Krynska (Poland)  
The process of transition in early years requires cooperation between two settings: family and pre-school settings. The academic and social goals of the pre-school environment are different from those of the family. The teachers in many Polish pre-school settings prepare early transition programmes. These programmes contain special entry activities for children and their parents. The aim of this study was to examine the effects of transition programmes on children social competencies during transition to preschool setting. The sample included 34 children aged 3. We compare the level of social competencies and children's behaviour during transition process to preschool setting in two groups of children - only one group (10 children) took a part in special transition programme before the entry to the preschool group. The data included results of children observations (children's activities and interactions with peers and teachers) and interviews with parents and pre-school
The social competencies level of children was assessed with the aid of Schaefer and Aaronson’s Classroom Behaviour Inventory Pre-school to Primary Scale (CBI). The results show that it is necessary to develop special programs to make transition to pre-school setting less stressful for children and their families.

**117 The Migration: A Risk for Identity?**
Taieb Ferradji (France)
Which relationship between sociocultural changes and psychopathology? The transculturelle private clinic, through the example of the maternal depression, underlines how much, in the migration can be more than elsewhere, this pathology questions the identity and the bond of filiation.

**118 A Comparative Study of Maternal Awareness Regarding Child Care in China, Japan, United States, and Sweden**
Masako Saito, Toshiko Kaneda, Yoko Ito (Japan), Satomi Izumi Taylor (United States), Keiko Mizuno, Mariko Ichimi (Japan)
The relationship between maternal instinct and childrearing can be perceived differently by people in different countries, and in Japan people consider it to be an important component of childrearing. Japanese government reports on childcare have changed from the accepted notion that children under the age of three must be raised by their mothers at home to the idea that there is no scientific evidence that supports this. However, many people still believe this notion in Japan. For these reasons, in 1987 and 2000 we conducted research projects regarding child care for children under the age of three by asking child caregivers to respond to the surveys. In 2005 we asked American, Chinese and Japanese college students majoring in early childhood education to respond to the survey on maternal awareness. Factor analysis indicated that there are different factors related to maternal awareness among these nations’ students, and that there is no evidence of the Japanese notion existing among American and Chinese samples. In 2007 we conducted a research project examining the awareness of parents who have children under the age of three in China, Japan, the US, and Sweden by asking about their maternal instinct in terms of child rearing. The results of this study showed that there are many different factors associated with maternal awareness among these four nations’ samples. Each country’s child rearing at home, the provision of child care for working parents, and support systems for parents of young children in the community are different. We will present our findings according to each country’s current conditions regarding child care.

**119 Every Child Can Learn**
Katrin Stroh, Thelma Robinson (United Kingdom)
Functional Learning is an integrative therapeutic approach, developed over many years of clinical practice. It makes links with the exploratory play of the child under two and the development of learning based on the concept of Learning Tools, mental or cognitive tools used by all children cross-culturally. The central focus is on helping children with developmental delay to play and learn, while recognizing the importance of the emotional life of the child and relationships within the family. Once the earliest Learning Tools become established, through a progression of developmentally appropriate activities, parents can provide their child with many opportunities within the home environment for ‘doing’ and exploring, and play becomes a pleasurable, shared experience. Functional Learning has proved to be successful cross-culturally. It can be used by child specialists and practitioners anywhere working with children in the early years; and the learning materials can easily be adapted so that they are culturally appropriate. Since many of the activities use common everyday objects, along with custom-made equipment and cards, they are suitable for those with limited resources. The poster presentation will include illustrative material showing a range of learning activities and children working and learning in Functional Learning sessions. Our new, fully illustrated book, Every Child Can Learn: Using Learning Tools and play to help children with developmental delay, and accompanying CD which includes a video and examples of learning materials, will be available at the Congress, and describes the Functional Learning approach in detail.

**120 Korean Clinical Preschoolers Temperament and Dysfunctional Emotion Regulation**
Jinah Park, Kyung-Sook Lee, Yee-Jin Shin (Korean Republic (south))
The purpose of this study is to investigate differences of temperament and dysfunctional emotion regulation between preschoolers having clinical problems and ordinary preschoolers. Subjects were
preschoolers (4 to 7 years old; Mean of age=5.2(±1.3) who had behavioral and emotional problems. The MacArthur Story Stem (MSSB) to assess dysfunctional emotion regulation using MSSB emotion regulation scale (Fonagy & Target, 2000). The temperament of the subjects was assessed based on their mothers' reports using the Korean Junior Temperament and Character Inventory (K-JTCI). Compared with the subjects having no clinical problems, the subjects having clinical problems sought more novelties, avoided harm more actively, and depended on rewards more significantly, while they showed less persistent temperamental characteristics. Also, the subjects having clinical problems showed higher dysfunctional emotion regulation in stressful situations than those having no clinical problems. In particular, the subjects having both externalizing and internalizing behavior disorders showed higher failure-of-regulation than other psychopathological subjects. The subjects, who had clinical problems and were less dependent on reward and showed less persistent temperamental characteristics, presented higher dysfunctional emotion regulation.

Mental Representation and Dysfunctional Emotion Regulation of Korean Institutionalized Preschoolers
Kyung-Sook Lee, Jinah Park, Hyun-Sook Kim, Ji Soung Lee (Korean Republic (south))
The purpose of this study is to investigate the differences of metal representation and dysfunctional emotion regulation between institutionalized preschoolers and those brought up in ordinary households. Subjects were 55 institutionalized preschoolers and 30 preschoolers brought up in ordinary households (5 to 7 years old; Mean of age=6.3 (SD=.43). The MacArthur Story Stem (MSSB) was used to assess mental representation and dysfunctional emotion regulation. The institutionalized preschoolers showed higher dysregulated aggression, avoidant strategies, interpersonal conflicts than those brought up in ordinary households. Whereas, the institutionalized preschoolers showed less moral theme and coherence in their narrations than those brought up in ordinary households. The institutionalized preschoolers showed more positive and more negative parental representation at the same time than those brought up in ordinary households. Also, the institutionalized preschoolers showed higher distress, stronger anxiety and less joy in stressful situations than those brought up in ordinary households. In stressful situations, the institutionalized preschoolers presented higher dysfunctional emotion regulation, including exaggeration, down-regulation and failure-of-regulation.

Stress Regulation in Children of Clinically Depressed Mothers
Schale Azak (Norway)
Based on a prospective, longitudinal study of children (N=50) with clinical depressed mothers (DC) at age 6 months, as compared to a group of children with healthy mothers (HC) (N=50), this presentation discusses how to measure the children's stress responses at ages 6, 12, 18 and 36 months and suggests levels of cortisol reactivity and regulation at the same ages. The study is designed to investigate relations between maternal depressions, parents' sensitivity, self reported parental stress, the children's cognitive development, child temperament, attachment status, child behaviour, cortisol and behavioural regulation of stress in laboratory situations and circadian cycle of cortisol. It is predict that at ages 6 and 12 months the DC-group will have higher baseline level of cortisol, lack of cortisol reactivity and regulation 20, 30 and 40 minutes after a stressor, as compared with HC-group. Parental sensitivity is expected to moderate the baseline, reactivity and regulation. Cortisol elevation and regulation of stressors at 18 and 36 months will in both groups of children be influenced by child temperament, attachment security and parental sensitivity. The circadian rhythm of cortisol is expected to be higher in the evening in the DC-group than in the HC-group. It is also expected that the participants from both groups who showing high baseline levels of cortisol, using longer time to down regulate or having an altered circadian level at 6, 12, 18 or/and 36 months, will have increased risk for a psychiatric diagnosis when they are 36 months old.

Is a Gender Differentiation Needed in the Association between Prenatal Maternal Emotional Complaints and Child Behavioral Problems?
Anouk De Bruijn, Hedwig Van Bakel, Anneloes Van Baar (Netherlands)
Animal studies found sex differences concerning the relationships between maternal prenatal stress and later outcome of the offspring. Most human studies are not differentiated for both sexes. Associations between prenatal emotional complaints and behavioural problems of toddlers and
preschoolers according to the view of both parents are studied separately for boys and girls. Healthy pregnant women (N=465, M age= 30.7 years, Sd 3.7) answered questionnaires about depression (EDS) and anxiety (STAI, SCL). Both parents filled in questionnaires about their current emotional complaints (EDS, SCL) and behavioural problems (CBCL) of their children (age range 14-54 months, M=29.4, Sd 10.5). Small to moderate significant correlations are seen between prenatal complaints and behavioural problems of both boys and girls. Associations are slightly greater for girls, as assessed by the father. Controlling for potential confounders (current emotional complaints and education of both parents, prenatal smoking, age of child), hierarchical regression analyses showed a significant effect of prenatal anxiety (STAI) on total and externalizing behavioural problems of girls, as assessed by the fathers. Support for increased externalizing behavioural problems of girls after exposure to prenatal maternal emotional complaints was found. Quality of parent-child interaction may moderate the association between prenatal emotional complaints and child behavioural problems. Interaction observations of both parents with their sons and daughters during (un) structured play are currently done and first results will be presented at the conference.

124 **Self-Regulation in Young Boys and Girls**
Pratibha Nitin Reebey, Marlene M. Moretti (Canada)

We examined selfregulatory(SR) capacities of 64 young children on 5 constructs: sustained attention, motor control, the ability to delay in gratification, compliance and inhibition of prepotent responses in favor of a less dominant behavior. The parent-child relationship as manifested by parenting styles was examined throughout the study. Outcome measures were the Child Behavior questionnaire (CBQ), the Child behavior Checklist and the Early Childhood symptom Inventory The laboratory tasks were adapted from Kochanska measures of motor, impulse control, delay of gratification, impulse control and compliance measures. Cognitive measures included the Day and Night stroop task, and the tapping task. Attention measures included the face task and the three bag assessment. Clinic referred (CR) aggressive young children differed from CR nonaggressive children in displaying higher anger-frustration and less inhibitory control. Gender differences were observed in girls displaying more anger frustration than boys. CR girls identified both positive (correct) and negative (incorrect) responses on a face completion task as compared to CR boys. Clinic and community referred aggressive girls were more compliant on the Simon says task compared with their male counterparts. Young girls referred for serious aggressive problems may be acutely vigilant to interpersonal and emotional cues. Their vigilance however is combined with high levels of anger /frustration and poor inhibitory control which may underlie angry outbursts and aggressive acts. Although speculative such results are consistent with the link between anxious- preoccupied attachment and aggression in older samples. Our parenting strategies may have to be adjusted in gender specific manner with more sensitive tuning to young girl child's emotional needs.

125 **Groups for Parents of Children with Regulation Disorders**
Pratibha Reebey, Annie Wolverton, Nicole Bruce (Canada)

This is a Group for parents who have children with Regulation Disorders of Sensory Processing and/or regulation and sensory problems. The parents meet at the hospital without their children in the evening for two hours, once a week for four weeks. The majority of parents have children who are patients having been seen by an Infant Psychiatrists and the Occupational Therapist through the Outpatient Psychiatry Department in the Women's and Children's Hospital of British Columbia. The Group is facilitated by one of the Infant Psychiatrists, the Occupational Therapist and a Fellow. Part of each evening, the parents receive education about different aspects about Regulation Disorders of Sensory Processing. The reminder of the evening is devoted to discussion where parents have the opportunity to share their experiences of having a child with regulation and sensory challenges. The topics covered differ each of the four weeks of the Group. Parents learn what Regulation Disorders and Sensory Processing diagnoses encompass and how this diagnosis is made. Also covered is how Regulation Disorders and Sensory Processing appears in different aged children. Parents are given ideas on how to help their children cope with their specific challenges and developing effective supports for themselves is stressed during the Group. They are also provided with suggestions on how to advocate for their children in social settings and in the school system. Treatment options are suggested to the parents throughout the Group meetings.
126 A Longitudinal Study of Maternal Problem Perceptions
Ilona Luoma, Marie-Kaarin Korhonen, Raili K. Salmelin, Tuula Tamminen (Finland)
The aim of the study was to explore the continuity and change in maternal perceptions of child's problems in a longitudinal setting from infancy to adolescence. As part of a prospective study design, mothers were asked to complete the Neonatal Percept ion Inventory (NPI; Broussard & Hartner, 1971) questionnaires when their firstborn children were two months old. The sample of the study was originally gathered from maternal clinics in the city of Tampere, Finland, when the mothers were expecting their first child (Tamminen, 1990; Luoma et al. 2004). Child Behavior Checklists (CBCLs; Achenbach 1991) were completed by the mothers when the children were 8-9 years old and 16-17 years old. Total Problem score was used to measure maternal perceptions of her child's emotional and behavioral problems. Of the 268 mothers who completed the NPI questionnaires at two months, 182 mothers participated at 8-9 years and 145 at 16-17 years. For 132 mother-child dyads complete data was available at each time point. Maternal problem perceptions concerning her own baby at the age of two months were statistically significantly (p < 0.05) associated with problem perceptions at 16-17 years. At 8-9 years the association did not quite reach statistical significance. The "average baby" subscore was not associated with later problem perceptions. The Total Problem score in the CBCL exceeded the cutoff in adolescence more often if the mother had reported her baby to have more problems than an average baby in the NPI at two months. There is significant continuity in maternal perceptions of her child's problems during the course of development. However, this continuity may change at different developmental phases.

127 Review of Toddler Temperament Questionnaire
Yuko Takei, Masaharu Terasaki, Masako Kadota (Japan)
In consideration of the problems derived from the previous works, we prepared a standard form of toddler temperament questionnaire useful and convenient at the stage of counseling. The questionnaire, the reliability of which has been confirmed as acceptable consists of six temperament factors: (1) negative affect reactions, (2) sensitivity, (3) adaptability, (4) extroversion, (5) rhythmicity and (6) distractibility, including 47 items in total. We have learned that the factors (5) and (6) respectively correspond to two of nine temperament dimensions in New York Longitudinal Study (NYLS) (Thomas & Chess, 1986); the factors (1) and (3) are independently constructed by incorporating a plurality of temperament dimensions among the nine NYLS temperament dimensions into one; the factors (2) and (4) are independently constructed of the items belonging to a plurality of temperament dimensions described in the NYLS. From the above, two temperament dimensions in the NYLS are considered to be temperament factors that can be reliably extracted and exhibit high reproducibility. It is considered from comparison to the scales of the previous works that the factor (3) is conceptually similar to the behavioral inhibition (Kagan, 1984), which has received attention because it is regarded as a temperament stable from the infancy through adulthood. The factors (1) and (2) are supposed to be highly related to the problems about the toddler development and the psychological concerns of caregivers such as anxiety and stress resulting from child care, thereby effectively used in the field of counseling.

128 Maternal Anxiety during Pregnancy and Temperament Predict Internalizing Problems in Childhood and Adolescence
Bea R.H. Van den Bergh (Netherlands), Wim Van den Noortgate, Marijke Braeken (Belgium)
The aim of this study was to study whether maternal anxiety during pregnancy (measured at 12-22, 23-32 and 32-40 weeks of pregnancy with the State Trait Anxiety Inventory), and temperament (defined as individual differences in constitutionally based reactivity and self-regulation), are predictors of internalizing problems. At 8/9, 14/15 and 17 years of age temperamental problems was measured with the age specific temperament questionnaires of Rothbart while internalizing problems were measured with the Child Behavior Checklist, completed by mother, teacher and child (N= 52 to 72). Data were analyzed with multilevel regression analysis. Maternal anxiety at 12-22 weeks of pregnancy had a positive effect on internalizing problems; 6% of the variance in internalizing problems was explained by a direct and 6% by an indirect effect (i.e., via influencing temperament) of antenatal anxiety. Temperament explained 26% of the variance in internalizing problems. It is concluded that exposure to environmental factors during critical prenatal developmental periods -i.e., to high maternal anxiety at 12-22 weeks of pregnancy and temperamental traits enhances the risk for
developing internalizing problems

129 The Multiple Impacts of Parenting Distress on Children's Self Regulation and Language Development
Catherine Cook Ayoub, Claire DeAnne Vallotton (United States)
The quality of the relationship between a parent and child is influenced by the distress that a parent experiences. In turn, this relationship influences the child's self regulation, a critical social-emotional skill facilitating children's abilities to act pro-socially, and adapt successfully to new or challenging situations. Self-regulation skills are underpinned by children's developing language. During early childhood, development is particularly vulnerable to the toxic effects of parental distress which affects both self-regulation and language development. This study asks: Does children's language skills mediate between parenting stress and their self-regulation skills? Does mothers' language use mediate between parenting distress and children's language development? Participants were 146 low-income children and mothers; 3 waves of data were collected when children were 14, 24, and 36 months. Child's self-regulation was measured using the Bayley Behavior Rating Scale; parenting distress was measured using the Parenting Stress Index Short Form; child's and mother's language was observed during mother-child interaction and measured using the Child Language Data Exchange System of coding. We fit a sequence of multilevel models, following the procedures for testing mediation effects using multiple regression. Mother's parenting distress has a consistently negative impact on child's self-regulation during toddlerhood; however, this impact is mediated by child's language development. The negative impact of mother's distress on child's language development increases through toddlerhood. Parenting distress also negatively impacts mother's use of language with children. However, mother's language does not mediate the impact of her distress on the child's language development; each has an independent effect.

130 Does the Regulation Disorders and Sensory Processing Parent Support Group Facilitate Measurable Changes in a Population of Children Diagnosed with Regulation Disorders and Sensory Processing Problems?
Pratibha Reebye, Annie Wolverton (Canada)
The purpose of this project is to evaluate the Regulation Disorders Parent Support Group and its effectiveness in changing and improving the targeted children's behaviors. The subjects in this study are children aged birth to five years, eleven months and twenty-nine days who have been diagnosed with Regulation Disorders of Sensory Processing, or children with regulation and/or sensory problems. These are characterized by the infant or young child's difficulties in regulating behavior, physiological, sensory, attentional, motor or affective processes and in organizing a calm, alert, or affectively positive state. We hypothesized that there was a decrease of problems as reported by the parents and the treating psychiatrist in the areas of feeding, sleeping, and oppositional or aggressive behavior as well as a lowering of the entrance complaints in the children whose parents have attended the Regulation Disorders Parent Support Group. These children are compared to children with a Regulation Disorders of Sensory Processing diagnosis whose parents did not attend the Group, which was their choice. With analysis of the outcomes in this study, it appears that the diagnoses of the children did not change if their parents attended the Group or not, however, the parents noted benefits. The long term outcomes of the children in this study, for the length of time we were able to follow them, are consistent with what the current literature states the outcomes will be, for children who are diagnosed with Regulation Disorders of Sensory Processing.

131 Working with Children of Immigrant Parents: Clinical Viewpoints and Research Orientations
Taieb Ferradji (France)
The child of immigrants has to face several vulnerability factors: the fragility of the parents whose reference points have been blunted by the immigration and the child's own split functioning that relies on a double-reference universe the two poles of which are not solidly implanted. For the children of immigrants any therapeutic technique that does not take their cultural singularity into account only contributes to reinforce the cleavage that exists between their two referential worlds. We thereby contribute to their de facto exclusion from the receiving society, to their marginalization. Taking their cultural background into account leads on the contrary to favour individual treatment strategies, the learning process and participation in the receiving society. For coming from abroad, these children are
called upon to live in a different world from that of their parents, thus to become mixed breeds. To help these children and their families, we have built a specific setting. We will show an example of this therapeutic setting which takes into account the individual and cultural level: this concerns the trans-cultural consultation of Bobigny (France). This mixed setting, with differing geometry (individual, group of therapists) offers to parents and children therapeutic consultations on a psychoanalytical model (Winnicott, Lebovici) with translators who speak the parent’s mother tongue and therapists who are able to understand the representations in their different polarities. Our role as therapist is to help them bridge the gap between their referential worlds and not to set the worlds against each other. In this way we can think in terms of mastering the transcultural risk. Our role as researcher is to conceptualize a set-up that contains their otherness and transforms it into creativity. For that it is necessary that the therapist should elaborate his/her position concerning the difference in culture not to apply ethnocentric judgments either on the parents or the child. The elaboration of this cultural counter-transfer is indispensable in order to establish an efficient framework to permit parents and children to talk of their suffering with their choice of way of doing.

132 Activities of Clinical Psychologists Carried Out at a Mother-and-Child Support Facility
Hironori Kusajima, Sawako Nagaya (Japan)
A mother-and-child support facility is a place that accommodates single women and their children to provide protection and to promote their independence. Individuals entering these homes in recent years are characterized by the diversity of their problems, and include very young mothers, drug addicts, and people with mental disorders. Moreover, many of these mothers have Borderline Personality Organization (hereinafter BPO). As a result, the children raised by these mothers often suffer serious mental disorders. This study identifies the characteristic problems seen in such homes, and describes the attempts made by our group (clinical psychologists). We will also discuss the future tasks and challenges facing the psychology staff working in such homes. From our experience of a case, we have learned that mothers with BPO who see their children’s psychological interviews proceed smoothly, may subsequently harbor a feeling of anxiety about having their children taken away from them. As a result, they may become aggressive toward the facility staff members and psychology staff members, as well as their children, and disrupt and bewilder the entire facility. We therefore continued to carry out interviews by taking the following points into consideration: (1) Provide continuous explanation and support to the mother; (2) encourage facility staff members to understand the pathological and psychological aspects of target individuals by studying the particular case; and (3) coordinate matters while paying attention to the dynamic changes in the facility as a whole.

133 Mental Health Conditions of Caregivers of Infants with Mucopolysaccharidoses
Kyoko Kubo, Oikawa Yuko, Tazaki Chieko (Japan)
This study aimed to reveal the mental health conditions of caregivers of infants with mucopolysaccharidoses. To accomplish the aim, we conducted a questionnaire survey, and compared the GHQ scores of the families of infants with mucopolysaccharidoses with those of the other families of healthy infants, using Mann-Whitney U test. The questionnaires for the comparison were distributed to 167 families of the infants with mucopolysaccharidoses through The Japanese Society of the Patients and the Families with Mucopolysaccharidoses, and 109 of them were collected, out of which 107 (64.7%) were valid. As with the control group, the same questionnaires were distributed to 1308 families, and 537 of them were collected, out of which 502 (38.3%) were valid. We analyzed the results and found that the mean GHQ scores of the caregivers of the infants with mucopolysaccharidoses was 9.64 ± 7.45, the median was 9, the maximum was 29, and the minimum was 0, while the mean GHQ scores of the caregivers in the control group was 5.79 ± 5.91, the median was 6, the maximum was 24, and the minimum was 0. The comparison between the scores of the two groups revealed that the families of the infants with mucopolysaccharidoses had worse mental health conditions (GHQ scores) of the and were under more stressful situations (p = .000). This suggested that the caregivers of the infants with mucopolysaccharidoses are obviously under highly stressful situations, and that they need various assistance.

134 Parent-Infant Communication Enhancement Project: Playing with a Combination of Real Toys and Virtual Toys
Chiaki Arai, Toru Arai (Japan)

A leading cause of the frequent incidents and troubles surrounding infants and children is considered to be lack of parent-child communication. "Parent-Infant Communication Enhancement Project" aimed at infants and their parents were carried out at the university, public libraries and community centers in a community to improve mental communications between infants and their parents through playing. Infants (0-3 years old) and their parents took part in every meeting. Each parent-infant pair played together using stuffed toys, such as stuffed animals, train and airplane, and picture cards, placed around the participants, which toys are referred to as "real toys", in combination with items contained in the internet picture books appearing on the screen of the personal computer, which is referred to as "virtual toys". The participant pairs of child and parent individually developed the way of playing. Each pair created the original story. For example, there was an infant running around his mother for 30 minutes with the stuffed train in his arms as taking on the role of a train driver. Another infant repeatedly showed his mother one picture card of the house the same as that in the internet picture book appearing on the screen while saying "it's the same!". Some infant was jumping a long way together with the stuffed rabbit, and another was mimicking the clanging noise of crossing signal. The project yielded the results that unexpected infants' abilities (imitation, symbolization, memory and the like) surprised their parents; thereby creating improved parent-infant communications.

135 Longitudinal Study of Parent-Child interaction in Japanese Families: Comparison of a Normal Family and a Clinical Family with a Depressed Mother
Yukari Hibino, Satomi Murase, Minoko Oba, Kaori Okada, Nobuaki Tanaka, Natsumi Ueshima, Noriko Hamaie, Hitoshi Kaneko, Shuji Honjo (Japan)

Very little is known about Mother-Father-Child triad interaction in Japanese family. The purpose of this study was to explore the difference of interaction between a family with depressed mother (clinical family) and a family with normal mother (normal family) and to know father's role in a (clinical) family interaction. We assessed 2 Japanese families twice by using Child and Parents' Interaction Coding System in Dyads and Triads (CPICS). Dyads and triads interaction was videotaped when the child was 8 months and 18 months respectively and coded by CPICS. Each parent was asked to answer the Edinburgh Postnatal Depression Scale (EPDS) at each research. The family with a mother who had EPDS score exceeded above Japanese clinical cut-off point when the child was 8 months was termed as a "clinical family." The results showed that the mother of a clinical family was less sensitive to her child compared with the mother of a normal family when the child was 8 months. When a child was 18 months, she was no more depressed and the sensitivity to her child improved to a level of a normal range. The rate that the father of a clinical family participated in Mother-Child interaction each time was higher than that of the father of a normal family. It is assumed that the father of a clinical family played a role similar to a mother of a normal family when the child was 18 months. These results suggested importance of father's support to child-care of depressed mother.

136 Paternal Depression and Father-Infant Interaction: The Influence of Child Difficult Temperament
Lamprini Psychogiou, Vaheshta Sethna, Paul Ramchandani (Great Britain)

Theoretical background: Depression commonly affects parents and has an adverse influence on child development. Considerable research on mothers, particularly in the post-natal period shows that postnatal depression affects mother-child interaction and children's behavioural, emotional and cognitive development. Work on depression in fathers is limited. There is research establishing that adolescents of depressed fathers have higher levels of psychopathology, but there is very little on the effects of paternal depression early in children's lives. Aims and predictions: The aim of the study was to examine the influence of paternal depression and child's difficult temperament on father-child interaction. It was predicted that paternal depression and child difficult temperament would be each independently associated with impairment of father-child interaction, specifically affecting the ability of fathers to respond sensitively to their infant. Most importantly, it was predicted that child difficult temperament would interact with paternal depression in increasing negative father-child interaction. Participants: Participants were fathers of newly born children. A total of 140 fathers were recruited: 70 fathers with depression and 70 fathers without depression. Measures: Paternal depression was assessed with the Edinburgh Postnatal Depression Scale (EPDS) and the Structured Clinical Interview for DSM-IV (SCID). Child temperament was assessed with the Bates and Rothbart Temperament
Questionnaire. A systematic assessment of father-child interaction was undertaken using face to face free play. Results: Data has been collected from 65 families. Statistical analysis will be completed by the end of May 2008 and will be presented at the WAIMH meeting.

137 Parent-Infant Interactions at Three Months: The Role of Paternal Depression and the Family System
Vaheshta Sethna, Lamprini Psychogiou, Paul Ramchandani (Great Britain)

Background: Researchers have been concerned about the role of fathers in child development. Evidence from early mother-infant and father-infant interactions suggests differences in the way parents interact with their children even in the few months after birth. Studies on parent-infant early interactions in the context of paternal post-natal depression have been limited. We present a study investigating the influence of depression on early father-infant and mother-infant interactions. Parent-infant interactions were investigated from a “family systems” perspective, based on parent and child characteristics and the social context. This paper focuses on the following questions: Do fathers and mothers interact differentially with their infants during face to face interactions at three months? Are there differences between the interactions of depressed and non-depressed fathers? Is there an additive effect of maternal depressive symptoms on father-infant interactions? Method: 8 weeks post-birth, fathers were screened for depression using the Edinburgh Postnatal Depression Scale (EPDS). Those screening positive (N=70) and a random sample of those screening negative (N=70) were videotaped in face to face interactions at 3 months. Parent-infant dyads were observed at home in two different free-play settings and observations were coded with Fiori-Cowley and Murray’s (1996) Global Rating Scale. Parents were interviewed for current and past psychopathology using a standard psychiatric interview, Structured Clinical Interview for DSM-IV (SCID) and each parent completed a battery of self-reported measures. Results: Data has been collected from 65 families. Statistical analysis will be completed by the end of May 2008 and will be presented at the meeting.

138 Predicting Emotional and Behavioral Problems at Five Years by Child and Parental Factors in Infancy and Toddlerhood
Mirjami Mantymaa, Kaija Puura, Raili Salmelin, Tuula Tamminen (Finland)

To examine child and parental factors in infancy and toddlerhood predicting high level (CBCL T-score > 60) of emotional and behavioural problems at five. 165 families with 4-10 weeks old infants (T1) were assessed. Mothers were interviewed, they completed Parenting Stress Index and their and their spouses’ mental health was assessed with SCID. Two years later (T2), assessments were repeated, and mothers also completed the CBCL. When the children were 5 years old (T3), the CBCLs were again collected (n = 96). Parental psychopathology, family violence in infancy, SES, parenting stress, mother's perception of the child, infant's difficult temperament, as well as emotional and behavioural problems and child's health problems at T2 were examined. Results: At 5 years, internalising problems were predicted by family violence (OR 12.3) and parenting stress at T2 (OR 14.9). Externalisng problems were predicted by psychiatric problems of the mother before pregnancy (OR 10.2) and externalising problems at T2 (OR 8.9). Total problems were predicted by externalising problems at T2 (13.7), family violence (OR 160.5), and mother's perception of the child changing to negative from T1 to T2, or being constantly negative (OR 16.5). When interventions aiming at preventing emotional and behavioural problems of the child are considered, improving mental health of the parents, intervening family violence, and early recognition of disruptive behaviour are important. However, alleviating parenting stress and changing negative parental perceptions of the child would also seem essential.

139 Correlations between Infant Withdrawal and Maternal Pathology using the Alarm Distress Baby Scale (ADBB)
Silvia Maulucci, Emilia De Rosa, Maria Lucia Maulucci, Vincenzo Currò, Riccardo Cocchi (Italy)

The Alarm Distress Baby Scale (ADBB) was created by Guedeney in 1999. It has been validated in several countries and in Italy as well. It has turned out to be a very useful tool to detect early childhood withdrawal. Working at the Italian validation in the Catholic University Hospital in Rome we found out that a high ADBB score was tightly related to postpartum depression. We didn't find any correlation to other pathologies. The aim of this paper is to confirm what we found out and to check what kind of maternal pathologies could cause infant withdrawal. Our team is still working at this
research. Our sample is made up of children, from 3 months to 24 months of age, and their mothers: mothers with no pathologies; mothers suffering from organic diseases (even leukemia, cancer, neurological or cardiovascular diseases and so on); mothers suffering from life stress events; mothers with previous neurotic illness; mothers with postpartum depression. The research tends to draw attention to the correlation between ADBB score and mother’s mental state. Moreover, our goal is to confirm the specific correlations between infant withdrawal and postpartum depression.

140 Infant Withdrawal, Mourning Process and Primary Maternal Preoccupation. Reflections about Two Clinical Cases
Maria Lucia Maulucci, Silvia Maulucci, Riccardo Cocchi, Emilia De Rosa (Italy)
Winnicott describes Primary Maternal Preoccupations as a state of withdrawal. This detachment from the external world is useful to the pregnant woman to create a harmonious relationship with the unborn. Such a psychological state should be considered a psychotic one in non pregnant. It springs from a deep identification with the baby; self fusion and confusion between mother and baby allows the woman to understand baby's needs quickly and to give him/her the right answer at the right moment. Sometimes life events such as the death of a parent could interfere with primary maternal preoccupation: the mourning process and, in particular, the identification with the lost object causes a very different withdrawal state. In this case, the unconscious confusion between the lost object and the baby in the woman’s mind could interfere with the identification between mother and child. These two identifying processes (mother "lost object" and mother baby) overlap, so the woman is not able to set a mental space for her child. In such a situation the emerging of the baby from the primary withdrawal is very hard. Unelaborated maternal mourning could bring to infant depression or to psychogenic autism. It's very important to identify quickly, with the use of ADBB (Alarm Distress Baby Scale), the infant withdrawal. Two clinical cases will be discussed.

141 A Psychobiological Framework to Examine Relational Trauma during Infancy
Aparna Rao (United States)
Relational trauma is a subtle, elusive, and chronic form of trauma that is often driven by cumulative and repetitive relational stresses with the primary caretaker, rather than any one single event. Recent advances in research have fueled the convergence of neuroscience and psychology, thereby setting the stage for linking external observations of dyadic interactions with internal mental states of the infant in the first twelve months of life. New findings reveal that while the brain remains the most undifferentiated organ at birth, rapid and asymmetrical structural changes emerge in the first year of development. What are some of these new brain functionalities and corresponding circuitry that emerge in the first year of life? How are these newly formed neural pathways created, maintained, and elaborated by external activity and experience? What are the biopsychosocial mechanisms through which stressful relational experiences impact an infant's development? These are some of the key questions explored in the present study. A psychobiological framework is proposed, involving three key emerging functionalities, namely (i) self-regulation processes, (ii) social contingency and meaning-making, and (iii) memory systems. The proposed framework is applied to examine the extent and impact of relational trauma, including the extent to which the impact is reversible versus long-term in nature. Finally, future directions are highlighted, such as relational trauma within a single versus multiple-caregiver context, gender differences in brain structures impacted by a traumatic experience, and the interlinkages between stress, memory, and emotion, which are all hotbeds of current research.

142 World Health Organization (WHO) Care for Children with Developmental Difficulties Survey: Implications for Infant Mental Health around the World
Ilgi Ozturk Ertem (Turkey), Meena Cabral de Mello (Switzerland), Ozlem Unal, Derya Gumus Dogan, Bahar Bingoler Pekcici (Turkey)
OBJECTIVE: The WHO Survey: Care for Children with Developmental Difficulties (CCDD) aimed to examine how health systems worldwide addressed the prevention, early identification and management of developmental risks and difficulties for children aged 0-3 years. Findings pertaining to infant mental health are reported. METHODS: One respondent selected from each country by predetermined criteria was requested by the WHO to complete the web-based survey. RESULTS: Of the 33 respondents contacted, 30 completed the survey; 9, 20 and 1 respectively represented countries
with high, middle and low Human Development Index (HDI). According to the respondents: 1) In most countries, professionals who could address child development and mental health issues existed but were inadequate in number; training programs for on child development for primary health providers were few; and in most countries (87%), most health providers could not identify psychosocial risks. 2) The health system was the major system that reached young children; families or primary health providers were key in early identification of problems. In 8 countries (27%), instruments for screening and classification systems for diagnoses were routinely used. 3) In 3 countries (%10) only, most young children requiring infant mental health services were reported to receive these services. Universally, majority of young children with psychosocial risks (such as severe maternal depression or poverty) were not receiving services. CONCLUSIONS: The WHO CCDD Survey indicates that although health systems can reach most children, health systems worldwide require major advancements to address the developmental and mental health needs of young children and their families.

**Activity and Challenge of "Four Winds"**
Yuji Kawabata, Kazuo Shingu (Japan)
This study introduces the activity and challenge of "FOUR WINDS", and discusses infant mental health issues in Japan. "FOUR WINDS" is a workshop organized by people of various professions for promoting infant mental health and "mental barrier free" state in Japan, aiming to strengthen partnerships between the people after they participated in the 6th WAIMH in Finland in July 1996. In 2006, the name was changed to "FOUR WINDS Association For Infant Mental Health" to enhance the cooperation between clinical and study. So far, we had eleven congresses and gave the members opportunities to interact with clinical experts and specialists in the world including Profs. B. Cramer and T. Tamminen, which strongly encouraged Japanese clinical experts who devote themselves in activities for infant mental health in their communities. In Japan, as industrialization proceeded, the number of social problems such as bullying, suicide, killing, eating disorder, and withdrawal among children have increased, which highlighted the role of home and the nature of child rearing. Unfortunately, abuse prevention and child rearing support are now national issues. We concluded that such an environment around children at early age causes the mental problems when they reach adolescence, thereby basically the goal of our activities is to empathetically protect infants and their families and to help the infants grow healthy, mentally and physically. We believe that our activities help both children and adults obtain their energy to live based on heart-to-heart understanding in the cultural human society.

**Beyond Crying: Pain, Trauma, and Stress in Early Childhood**
Suzi Tortora (United States)
This workshop will focus on how infants and young children experience and express pain, trauma and stress; introducing a psychotherapeutic intervention program that uses a multisensory approach involving movement, music, creative expression, and nonverbal analysis to facilitate healing and change. Going beyond the known associations with crying and pain, participants will learn what nonverbal signs to look for to help decipher how a young preverbal or newly verbal child is experiencing pain or stress; medical/physiological indicators of pain and stress; when and how difficult experiences can lead to a traumatic reaction; and the developmental effects of such events on the young child’s overall growth. The process and role of somatic and experientially based preverbal memory in young infants will be highlighted, enabling participants to recognize how traumatic events are represented and reenacted through nonverbal expression and play. The psychodynamic role of significant family members will also be addressed. Emphasis will be placed on how to support both the individual needs of the dyadic and triadic members as well as ways to create healing partnerships within these relationships. The key elements of this program will be presented through lecture, experiential demonstrations, discussion, analysis of videotape data, and research examining an infant pain management protocol developed through this program. Pre and post clinical case studies of two young children, one baby suffering the impact of serious medical illness; and an infant affected by environmentally induced trauma within the whole family system that impacted the infant's psycho-developmental growth, will clearly illustrate this method.

**Collaboration with Nursery Specialists and Psychologists on Child-Care Support Service in...**
Japan: The Effect of Training of Nursery Specialists with Psychologists on Noticeable Children
Chiyo Mori, Kikuyo Aoki, Kazuo Shimamoto, Kiyoko Tomita, Masako Yatsuda (Japan)
The purpose of this study is to examine whether the training of nursery specialists on "noticeable children" (Aoki/Baba, 2002) improves the participants' child care ability. We identified the children's problems with questionnaires and conducted some case studies to analyze how the psychologists' advice on child care contributed towards the improvement of the support for children in nursery schools and the children's mental health conditions. As a result, the children whom we discussed in the seminar included those with developmental disorders. The case studies show that the participants improved their skills in their dealing with children's problems based on the courses discussed in the seminar, and the children's conditions also changed for the better. These results suggest that the seminar had a positive effect on the nursing specialists' skills in their caring for children with mental health problems. Future subjects of this training seminar are as follows. We must plan the seminar program to support participants to teach other staff at their nursery schools what they had learned in the seminar, and to modify their way to care for children according to the children's developmental change. We plan to present details of these case studies in the poster session.

Collaboration with Nursery Specialists and Psychologists on Child Care Support Service in Japan: Analysis of Continuous Visits at Nursery Schools to Follow up Children who require Individual Support
Yukako Yano, Kikuyo Aoki, Chiyo Mori, Kazuo Shimamoto, Reiko Baba (Japan)
Clinical psychologists (authors) have conducted continuous training for nursery specialists to grasp and share the children who require individual support for their development and to support mental health in nursery schools. We shared those children through questionnaires (Aoki/Baba, 2002). Based on this continuous training, we visited several nursery schools twice a year to observe those children and to interview nursery specialists about their support for children (Yano/Aoki, 2004). We have visited the same nursery schools for 4 years and now we examine the effects of this observation and our collaboration with the training of nursery specialists. Results of this study are as follows: 1) We could follow up children through continuous observation; 2) we suggested that nursery specialists would not need individual support for children once they understood the root of the problem (Yano/Aoki, 2005); 3) nursery specialists became more conscious of the children through our interviews (Yano/Aoki, 2005); 4) we suggested that continuous observation and interviews have the potential to improve the mental health of nursery specialists. Effects of continuous observation and our collaboration with training are as follows: 1) Nursery specialists and clinical psychologists, who are in different fields of specialty, could share the same cases through same tools such as questionnaires and observation, to understand children; 2) we could support child development and nursery specialists mental health through continuous visits; 3) child development and perception of nursery specialists were made conscious on an ongoing basis, enabling us to follow up on those cases.

Collaboration with Nursery Specialists and Psychologists on Child-Care Support Service in Japan: Based on the Results of the Questionnaire on Parents and Children who require Special Care in Nursery Schools
Yukiko Kurokawa, Kikuyo Aoki, Shoji Hiiragisawa (Japan)
Recently, more and more support is said to be in need for parents and children with special needs, especially for the parents' mental health. In this study, we conducted a survey on approximately 400 nursery specialists in Tokyo, and considered the current condition and support that psychologists can provide against the "burnout" of nursery specialists, for both cases where the nursery specialist was informed of the parent's mental disorder before the child's entrance, and where there was no problem at the time of entrance but the specialist had difficulty responding to the parent. As a result of factor analysis, â’ items on the parent were categorized to lower scales into "relationship problem" and "anxious/depressed" and items on nursery specialists were divided into the lower scale, of "physical and mental exhaustion" and the two items on was able to have a talk to someone and was provided with expert consultation. With the use of t-test, we compared cases where the information on the parent was given to the nursery specialist beforehand with where it was not. It was found easier for nursery specialists to establish response measures for parents who gave prior information on their mental condition, making the specialists deal with the parents more comfortably. Furthermore, it became clearer that a support system for the nursery specialists should be built so that they could
cooperate with other agencies more easily, so that their physical and mental burden can be lifted.

148 **Collaboration with Nursery Specialists and Psychologists on Child-Care Support Service in Japan: An Analysis of Typical Cases of Parents and Children who require Special Care in Nursery Schools**

Shozi Hiragisawa, Kikuyo Aoki, Yukiko Kurokawa (Japan)

The objective of this research is to grasp specific problems of typical cases by receiving chronological reports from nursery specialists, based on the results of the questionnaire of the first of a series of studies (Research 1), and to consider the situation and response. We had the nursery specialists report the age, gender, family background of the parent, the process of entrance, progress on the case, and any considerations. Typical cases were classified into 6 types. The 6 types in 7 cases reported by nursery specialists are "relationship problem-type," "anxious/depressed-type," both of which scored high on either of the lower end of the scale extracted in Research 1, "concurrent-type" that scored high on both, for both cases where the nursery specialist was informed of the parent's mental disorder before the child's entrance, and where there was no problem at the time of entrance but the specialist had difficulty responding to the parent. Where the problem was not identified at the time of the child's entrance, nursery specialists were likely to exhaust themselves by trying to respond to each claim made by the parent. The burden on the nursery specialists is greater when the case has a relationship problem. Overall, their lack of experience to seek external assistance has been identified.

149 **Collaboration with Nursery Specialists and Psychologists on Child-Care Support Service in Japan: The Mental Health of Mothers of Young Children**

Reiko Takagi, Kikuyo Aoki (Japan)

In 2003, members of the Chief Nursery Specialist Study Group of Fukuoka City conducted a lifestyle survey focusing on the issue of children's sleeping hours, to 3,120 parents of children less than 3 years of age. Based on the results, we have been working to increase awareness of parents for 4 years, but noticeable improvement could not be seen. Therefore, we conducted a more detailed research in December 2006 on childcare awareness to 9,272 parents of children less than 3 years of age. The results showed an extremely positive state of mind of mothers regarding their raising children, whose responses were "children are fun to be with," "children are dear," and "glad to have had them." However at the same time, there were some who felt lack of confidence, and those who have worries in their way of raising children. Specifically, there were cases where parents "do not know what to do with children at the rebellious age," "do not know how to deal with the elder/younger child," "do not know how to make them sleep," "worried whether the current way is good enough," and "difficult to scold," indicating their lack of confidence and their worries in their way of raising children. These results show the important need to support the mothers mentally during the course of childcare support.

150 **Collaboration with Nursery Specialists and Psychologists on Child-Care Support Service in Japan: Enhancing Skills of Nursery Specialists by Training**

Kazuo Shimamoto, Kikuyo Aoki, Chiyo Mori, Kiyoko Tomita (Japan)

In this research, we will consider the skill-up of nursery specialists who participated in the training of nursery specialists on "noticeable children" (Aoki/Baba, 2002). After the training session, we conducted a questionnaire for participants to look back on their child care activities. As a result, especially the midlevel nursery specialists had felt that their child care stance had changed, that they are now applying what they had learned to their relationship with other children as well. Since midlevel nursery specialists have the knowledge, experience and position to understand the topics discussed, they had benefited most from the seminar.

151 **Enhancing Early Emotional Development in Infants and Toddlers: The Building Early Emotion Skills (BEES) Curriculum**

Holly E. Brophy Herb, Rachel Schiffman, Esther Onaga, Hiram E. Fitzgerald, Laurie Van Egeren, Sara DuPuis, Erika London Bocknek, Mildred Horodynski, Lorraine McKelvey, Shelley Hawver, MaDonna Adkins, Mary Cunningham-DeLuca (United States)

Despite the importance of early emotional development for later development and functioning, very few curricula, aimed at emotional development, exist for infants and toddlers. This poster will report on the Building Early Emotion Skills (BEES) curriculum, a new infant mental health based
curriculum designed to be implemented by home visitors in the home setting. The presentation will describe the theoretical and conceptual foundations of the curriculum and the content and organization of the curriculum. Specifically, the curriculum is based on an Infant Mental Health model and emphasizes the parent-child relationship as a context for healthy emotional growth and development. The BEES curriculum is organized into four primary focal areas: a) Building Parental Awareness; b) Listening to and Interacting with the Child; c) Identifying and Labeling Emotions; and d) Developing Behavior Regulation Strategies Over Time. Activities within each focal area are organized by subtopic area and are arranged in order of complexity so simpler, more concrete activities are presented first and more conceptual and abstract tasks are presented last. The presentation will also report on the plan and status of the evaluation and feasibility study of this curriculum.

152 Promising Practices to Promote Responsive Caregiving: Three Studies on the Effects of Reflective Caregiver Training Methods
Elita Amini Virmani, Claire DeAnne Vallotton, Lisa Bohne (United States)
This symposium will present research on three distinct ways to promote responsive caregiving practices in early childhood classrooms via reflective methods. Each author will describe a unique method of caregiver training, their study of that training method, and the outcomes of that method for caregivers. The three training methods include reflective supervision, the use of reflective exercises outside of the classroom, and the use of infant sign language to promote bi-directional communication in the classroom. Each of these reflective training methods is aimed toward engaging caregivers in responsive and insightful caregiving practices. The first presentation will describe results from a longitudinal study showing positive associations between reflective supervision and caregiver insightfulness, that is, caregivers’ abilities to understand motives underlying the child's behavior in a complete, open, and accepting way (Oppenheim & Koren-Karie, 2002). Twenty-one infant-toddler caregivers participated in this study. The second presentation will focus on the use and evaluation of a reflective training tool, The Adult Still-Face Procedure Role-Play, designed to support caregivers' insight into infants' emotional experiences. Participants included 116 infant-toddler caregivers. The third presentation will discuss research from a longitudinal study showing that infant sign language serves as a tool for mutual responsiveness between children and caregivers, enhancing responsiveness in everyday interactions as caregivers learn to attune to the individual infants in their care. Participants included 18 caregivers and 10 infants in an early childhood classroom. This symposium will provide researchers and practitioners with reflective research-based methods aimed to promote responsive and insightful caregiving practices in early childhood settings.

153 Solihull Approach Training: Delivering Training and Sustaining Change
Mary Rheeston, Hazel Douglas, Angela Sweet, Gianna Daly (Great Britain)
The Solihull Approach is an integrated model, training course and comprehensive resource packs that has been developed by practitioners in the UK working with families with babies, children and young people. The Solihull Approach model has brought together three concepts containment, reciprocity and behaviour management to create a robust theoretical framework that can be used by professionals in their work. It is a highly practical way of working with families with children who are affected by behavioral and emotional difficulties and has been used in preventative and early intervention work. Training is provided by the Solihull Approach team and via a cascade model using a manual. The Trainings include Foundation, parenting group, refresher and training the trainer training. Like all programs, there is the challenge of sustaining the initial change created by the training. The poster presentation will explore the components necessary to successfully deliver Solihull Approach foundation training and sustain its use by practitioners who have received training. It will highlight the importance of ongoing support to enable practitioners to continue to develop their thinking and integrate the model into their work with families. The poster will also outline the challenges of providing appropriate support to professionals from different disciplines and across agencies, as well as the different approaches that have been created to meet the needs of multi agency groups.

154 Celebrating the Baby and Changing Health Culture: A National Plan
Nicholas Kowalenko, Bryanne Barnett, Marie-Paule Austin (Australia)
In Australia, Beyondblue: the national depression initiative has funded a consortium to develop a National Action Plan (NAP) to address perinatal and infant mental health through universal
psychosocial assessment in primary care. Assessment will focus on the mother's emotional health and well-being, her infant's and aims to change the culture of health care. High rates of emotional distress exist among pregnant women (8.9 per cent) and new mothers (15.7 per cent) in previous Australian research. Perinatal depression can disrupt the emotional health of the developing infant, particularly if sustained. The NAP aims to: A) Increase community awareness of perinatal and infant mental health; B) Contribute to building a foundation for the emotional health of infants. The consortium is developing a NAP, informed & advised by: i) consumers; ii) professionals; iii) A national stocktake of perinatal and infant mental health policy and practice; and iv) the outcome of a national consultation process. It is expected that the National Action Plan will be endorsed in early 2008, with implementation to follow. Strategic partnering with a broad range of health providers, government, funders, academics and consumers has successfully developed a draft National Action Plan, to address a national mental health priority, with Beyondblue. This policy initiative contributes to a national approach to building the foundation for infant mental health and change health care culture so that baby's emotional health and well-being is identified and celebrated.

155 Parent Training Program Encouraging Child's Healthy Emotional Development in Latvia: Impact on Mother's Sense of Competence, Child's Behavior and Mother Child Interaction
Inga Skreitule-Pikse, Anika Miltuze, Sandra Sebre (Latvia)
The goal of the study was to assess the effectiveness of the parent training program Encouraging Child's Healthy Emotional Development, adapted in Latvia, in regard to the parent's ability to deal with the preschool child's behavior problems and in enhancing the parent's sense of competence. The author of the program (Pathways to Competence. Encouraging Healthy Social and Emotional Development in Young Children, 2002) is Sarah Landy, Ph.D., a psychologist from Canada, and the program was adapted in Latvia in 2004 by Ed Ozola, Ph.D., also a psychologist from Canada. Mothers of preschool children ages one to five participated in the program. The mother's sense of competence (Parenting Sense of Competence Scale, Johnston & Mash, 1989), child's behavior (Child Behavior Checklist, Achenbach & Rescorla, 2000) and mother-child interaction (Emotional Availability Scales, Biringen, 1998) were assessed before and after participation in the parent training program. Mothers participating in the parent training program during the post-training evaluation reported higher ratings of satisfaction with their parenting, and higher ratings of efficacy and higher total parenting competence scores. During the post-training evaluation the mothers also reported less child's externalizing behavior problems and less child's total behavior problems. Video observation was used to investigate mother-child interaction before and after mothers' participation in the parent training program.

156 About Children's Rainbow Center
Hiroaki Okawa, Takashi Masuzawa (Japan)
Japan is seeing a consistent rise in child abuse, crime and violence at the puberty stage. These problems clearly reflect the social structure surrounding children and the family. The future of Japan hangs in the balance as we face these pressing, urgent problems and seek to deal with them. The Children's Rainbow Center was established to deal with these issues by: Calling on first-line professionals in the field to assist, gathering high-level information of technical support, and expression of opinions. Along with its training function, the Center shall have an information function, a professional counseling function, and a research function so as to meet the demands inherent in the current situation in which children and families find themselves, seeking to provide them with better assistance. The Center seeks to fulfill its responsibilities in close cooperation with the Ministry of Health, Labor and Welfare, government agencies, private support organizations, professional groups and nationwide research institutes, etc., in addressing these issues in many sectors (e.g., welfare, health, medicine). The work of the Center and its projects will develop with the following functions as a basis. 1. Professional training, 2. Professional counseling, 3. Providing professional expert information, 4. Research Activities.

157 Early Identification and Intervention of Behavioral Problems in Day Care and at School
Merja-Maria Turunen, Puivi Kontiola, Maija Von Friandt (Finland)
Children's behaviour problems are a great concern in the society. They are nowadays the most common reason for child psychiatric referrals. Several risk factors can lead to behaviour problems, for
instance neuropsychological disabilities, depression, family problems or conflicts, traumatic experiences etc. Children can also react to stressful life situations with challenging behaviour. The Conduct Disorder Prevention Project started in the Evaluation Clinic for Children in Helsinki at 2003. The project aims at increasing knowledge of children's behaviour problems and the risk factors of conduct disorders among day care and school personnel - improving early identification and intervention methods in day care and at school - find useful ways to handle challenging situations and prevent problems from becoming worse The study included one kindergarten and four schools in Helsinki. The group facilitators were team members from the Evaluation Clinic for Children. The method used was consultative training in group. The programme included 8 group meetings, each lasting 1.5 hours. The process took 12 months. Every group meeting had a specific theme concerning different aspects of children's behaviour problems. Each session started with theory based group work, where the group created the knowledge base with the help of the facilitators. Then followed case consultation concerning each day's topic. Results in the evaluation showed that participants awareness and knowledge of behaviour problems had increased. They also understood better the importance of personal relationship between the teacher and the child.

158 The Death of the Partial Self: Mothers' Views to the Death of their own Young Children
Hiroko Sakashita, Kayoko Kurokawa (Japan)
Mothers who have lost their young children often lack emotional support. The presenter is a leader of a self-help group for mothers dealing with the loss of their own infants. The groups name is, "Byogoji Izoku no Kai", it allows mothers to share their grief. The purpose of this presentation is to report the results of interviews with 10 mothers in their late twenties and the early forties, aiming to extract characteristic categories of the mothers' "stories" of their children's death. The following eight characteristics were found: 1) the intimate relationship between mothers and their children, 2) the essentiality of absolute protection for the children, 3) mothers' feelings of physical attachment to their children, 4) the synchronism of children's five senses, 5) their children as the central symbols of mothers' lives, 6) the end of their lives before full bloom of the childhood, 7) the missing meaning of their birth and existence of this world, and 8) constant thinking of their death, not the occasional remembrance. These results indicate that the death of their children means a death within them, and close someone. I refer to this result "the death of the partial self" because mothers often think of their children as being part of themselves. The presentation also includes suggestions regarding the needs mothers through group activities.

159 New Approach toward Infant Mental Health using Psychological Profile as Key
Junichi Saeki (Japan)
Recently, researches on infant mental health have shown significant advances. I would like to take this opportunity to present new insights. An infant's mental health is the result of behavioral science and interpersonal psychodynamic relationships. Environmental stimuli infants receive affect their psychological profile in later life. This is being clarified in the field of child psychiatry through research on infants' relationship mainly with mothers and the issue of abuse. The qualitative elements of attachment, in addition to attachment itself, have a profound effect. It hinges on how infants accept and interpret stimuli, signs, etc. that fall within the domain of mental health. Such interpretation creates the infants' psychological profile and is improved through that relationship, and infants will overcome mental health and psychological developmental issues as they grow. In addition, psychological development is influenced by the growth environment surrounding the individual. In that respect, the parent plays a major role and is the one tasked with nurturing formative ability of human relations in terms of mental health. The ability to form interpersonal relationships and communication ability are also not to be overlooked. In the area of mental health, proper communication ability is vital, precisely because unlike physical health, relationships are invisible to the eye. As a result, it manifests itself in the infant's coping behaviors and psychodynamic coping.

161 Invited Distinguished Lecture: Infancy and Borderline Personality Disorder
Peter Fonagy (United Kingdom)
This presentation aims to link recent research on the nature of social cognition with current progress in understanding the neurobiology of attachment. We have acquired an excellent understanding of the relationship of attachment and the activation of reward circuits in the brain, linking the activation of
the dopaminergic mesocorticolimbic circuit to the experience of attachment. We have also learned about brain systems associated with social cognition and recent research has elaborated on the interrelationship between attachment and social cognitive brain systems. The paper will attempt to elaborate this association in order to provide a model of social cognitive dysfunction frequently found in association with borderline personality disorder, which is also epidemiologically linked to the disorganization of the attachment system. The model identifies a desirable theoretical approach with these patients for which the evidence base is gradually increasing.

163 Building a Friendly Society for Infants and Families: A Perspective from Finland
Tuula Tamminen (Finland)
abstract unavailable

164 Video 01: Different Styles of Father-Infant Interaction with Infants of Clinically Depressed Mothers
Schale Azak (Norway)
This presentation is a part of a prospective longitudinal study of Infant/toddlers (N= 50) who have experienced a clinically depressed mother at age 6 months. The study explores how the fathers might either exacerbate or attenuate the outcome among infants/toddlers with depressed mothers. The current study assesses the children, the depressed mothers and the fathers when the children are 6, 12, 18 and 36 months old, and examines the self reported amount of time fathers spend with the infant, characteristic of a paternal interaction style that reduce or exacerbate the negative effects of maternal depression, effects of the fathers’ diagnostic status and the importance of the timing of the factors contributed by the father, as compared with children of non-depressed mothers and healthy fathers. The video presentation explores at different ages the features of paternal interaction with their infants of depressed mothers, as compared to the mother-infant interaction and of paternal interaction with their infants of non-depressed mothers. It is expected that fathers will be more involved in caregiving when the mother is depressed. Paternal sensitivity is predicted to be related to the father's diagnostic status and age, but not to amount of time spent in caregiving. It is further predicted that father sensitivity is negatively related to instances of negative child mood and positively related to engagement with father and sustained attention during the interaction procedure. It is further proposed that a paternal interaction style with high sensitivity and high quality soothing strategies may reduce the negative effects of maternal depression.

165 Video 02: Using Theraplay Therapy to Treat Reactive Attachment Disorder
Paivi Korkkeaoja, Raija Niemi (Finland)
To describe and show by video how a controlled and withdrawn child with reactive attachment disorder was helped by means of theraplay therapy to engage in interaction and make a connection at first with her therapist, and later, perhaps, with her fostermother. Before starting therapy we evaluated the interaction between the child and the fosterparents with the Marschak Interaction Method. We also interviewed both fosterparents. One of us worked at first with the child in the therapy room, and the other with the fostermother behind the one-way mirror. We also had sessions with the fostermother alone and the fosterparents together without the child. During the therapy the child became spontaneous, and her self-expression improved. She became more responsive to nurturing and capable of relaxing unlike before. She started to test the limits set by the therapist. The fostermother reported that the child started to express her own will and defend herself unlike before. She also started to ask the reasons why something had to be done in a certain way. Se seems to walk more briskly and have "inner posture", as her fostermother expressed it. The fostermother described the change saying that the child is living, not only being. "It felt like a new person had come into the house." Our clinical experience of this treatment supports the opinion that theraplay therapy is useful in treating children and their fosterparents with problems of interaction.

166 Video 03: Practice on Early Child Development (ECD) Programs in the Philippines: Exploring the Collaboration of Neighboring Countries
Kikuyo Aoki, Yoshie Nakano, Saori Ota, Kiyoko Tomita (Japan)
The present study has been continuously aiming at improving the qualitative level of the child-rearing environment in the slum area of Cebu City of the Philippines. Our study adopts the approach of community psychology into practice of the program. Our mission of the research includes these
perspectives. The first is to confirm that the Early Childhood Development (ECD) as the pre-primary education does not merely mean the early education for intellectual development. The second is to develop the program to emphasize on the early emotional development for children and the psychological education for parents. The third is to promote autonomy of the people in this area to carry on the program. There has been a long history for Japan to provide a great deal of the economic aid and the material support to the Philippines as a neighborhood country in Asia. However, in order to improve the psycho-educational environment in early childhood, it has just begun to exploit human resources for training parents and community leaders. For the participants as professionals for promoting the optimal development of children, we would like to provide as much as information about the actual circumstances of support in the pioneering stage still. Moreover, we introduce the strategy to improve the psycho-social environment surrounding infants/children and parents. In other words, this strategy is ways and means to promote the person-environment fit. For example, these include the measures to cooperate with multi-fields, intervention technique to facilitate the empowerment, and the program evaluation of practice.

167 Video 04: Babies and Young Children with Each Other
Julianna Vamos (France)
The film presents the development of social contacts of babies and young children from the age of four months to two and a half years, reared together in the residential home Lczy, observed in "naturalistic" conditions (not in experimental situation). One may see three overlapping periods in the gradual development of the child from the one phase in the other. In the first period he discovers that the "other" is not an object but a living being, then he recognizes that the "other" is a person, at the end, after a period consisting playful common activities - not always exempt from passions and conflicts -, appreciation and friendship appears between the children. Starting at around 7 months, objects take on an increasing role in their interactions. It is the object that brings two opposing wills together, also forcing the child to become aware of the "other". We may see the path as the simple imitations turns to common activity and later to cooperation. In the process, the object at times units the children and at other times create distance between them. We may follow how they learn gradually to deal with their conflicts. They take pleasure in playing and cooperating with each other. Around one and a half years of age the crying of an "other" child lying on the floor may awake violent emotions, after two and a half years the crying child moves already empathy. We may see, that at this age a personal bond exists between them.

170 A Multi-Faceted Look at Self-Regulatory Capacities in the Etiology and Treatment of Early Persistent Crying
Miri Keren (Israel), Sandra Rusconi-Serpa (Switzerland)
The interface focuses on a clinically referred case of a 3½-month-old boy with early excessive crying. Video-based observations of mother-infant- and father-infant interactions in different contexts and of infant behavior during a semi-structured neuropsychiatric examination are analyzed from three different perspectives: the infant’s developing self-regulatory capacities, as well as the impact of the infant’s strengths and weaknesses on family relationships and on the dyadic psychodynamic representations. The process of the interface will emphasize how these various perspectives may improve understanding of the etiology of the present disorder, based on observations alone. The three presenters discuss to which degree and how these different perspectives converge, overlap, contradict each other or may be integrated to form a basis for a comprehensive therapeutic intervention.

180 Master Lecture 07: The Sense of Self and the Sick Baby: Direct Therapeutic Work with the Infant in the Hospital
Campbell Paul (Australia)
Advances in pediatric medicine and surgery have seen the survival of many infants who previously may have died. The several groups of babies who may spend a large part of their first year or so of life in hospital extremely or very premature infants who often have long and difficult course due to chronic illnesses. It is hard to know how these babies feel or think, and what they remember. If we engage the baby directly in our clinical intervention we may be able to understand more about their inner world and development of sense of self. In doing so we would use similar non-verbal attuned communicative behavior as their parents would. This would mean the use of gaze, voice, touch,
rhythm and time. By making direct contact with the infant and her parents who is experiencing disruption pain and separation from her parents we hope to understand more about the baby’s experience and unable the development of a more secure sense of self and secure relationships with parents and other careers.

**Master Lecture 08: Maternal Insightfulness into the Emotional Experience of the Child: Its Significance for Children's Development in Normative High-Risk Conditions**
David Oppenheim (Israel)
The lecture will introduce the theoretical background of the maternal Insightfulness Assessment and its application in studies of normative and high-risk populations. Maternal Insightfulness into the child's inner world involves insight into the motives underlying the child's behavior, openness to new information about the child, and a complex view of the child, and is hypothesized to provide the basis for sensitive caregiving behavior and, consequently, to secure child-mother attachment. Maternal insightfulness is assessed using a video replay technique in which mothers view segments of their child's behavior and are then interviewed regarding the child's as well as their own thoughts and feelings. I present results of normative studies that support the validity of the IA by showing associations between insightfulness, maternal sensitivity, and secure attachment. I will then present studies of preschoolers in treatment for emotional and behavioral problems, studies of children with Autism, and studies of children in foster care.

**Master Lecture 09: Assessing Withdrawal Behavior in Infancy: The ADBB Scale**
Antoine Guedeney (France)
Assessing withdrawal behavior in infancy with the ADBB Scale. Social withdrawal behavior in infancy is important to recognize and to assess as withdrawal has important consequences on development, apart from the causation of it. Sustained withdrawal behavior may arise from different contexts i.e. sensory defects, communication disorders, intense and durable pain, or violation of expectancies in relationships, attachment disorders or attachment disorganization. The Alarm Distress Baby Scale (ADBB) has been designed to assess withdrawal behavior in infants aged 2 to 24 months. It has been used and validated in several setting and countries. The lecture will use some videos to allow attendance to use the scale.

**Master Lecture 10: In the Mother's Mind: Investigations during Pregnancy**
Massimo Ammaniti (Italy)
The parental competence requires a complex preparation because the upbringing of an infant requires sensitivity, protection and affects communication. During pregnancy mothers face deep psychological and neurobiological transformations in order to prepare themselves to think for two. An interview on maternal representations during pregnancy (IRMAG-R, Ammaniti, Tambelli)) is presented which is a useful instrument to explore the psychological changes in normal and risk pregnancies.

**Master Lecture 11: Ghosts and Gods in the Nursery: Transgenerational Transmission in Japanese Families**
Hisako Watanabe (Japan)
abstract unavailable

**Master Lecture 12: Development of Infant Mental Health in a former Soviet Unicultural Context**
Kasper Tuters (Canada)
I will share my experience and that of my colleagues when 14 years ago I helped members of WAIMH organize the first conference behind the former “Iron Curtain” thus entering new territory in many respects. It was a very constructive yet complex exercise to compare respectfully the cultural differences of traditional infant rearing that existed in the ex-Soviet Union as compared to the Western Countries. The focus was on promoting healthy development of infant mental health. Since that first conference in 1994 there have been ongoing joint projects between our Canadian colleagues and the Eastern European counterparts that have helped to integrate new approaches in that part of the world.

**Decade of Behavior Distinguished Lecture: CULTURE-PARENT-INFANT: Transactional,**
Behavioral, and Emotional Relationships
Marc Bornstein (United States)

Transactional processes in parent-infant dyads are an everyday affair, but their form and function both vary dramatically with culture. In this talk, I first lay some groundwork as to the nature of transactions. I also invoke some common illustrations from different cultures. I next move to a theoretical discussion of form and function of parent-infant transaction in the cultural context. I then turn to illustrations of culture-specific and culture-universal parent-child transactions in development. I conclude with a discussion of what unique contributions the cross-cultural perspective offers to the theoretical notion of developmental transactions and to practical consequences for emotional relationships and in infant mental health.

190 Songs of Innocence and Experience In Communication: The Motives for Companionship
Colwyn Trevarthen (United Kingdom)

An infant communicates with caregivers through jointly created narratives of emotions and intentions. These narratives are not created through word meanings, but through the dynamic gestures of voice and body that inter-dependently arise during an interaction. Trevarthen has called this process "synrhythmia" the expression of mind states over an emotionally regulated intersubjective frontier through rhythms of expressive body gestures and vocalisations (Trevarthen et al. 2006). These narratives of expressive vocal and body gestures are possible due to our innate skill for "Communicative Musicality" (Malloch 1999; Trevarthen & Malloch 2000). Gestures of Communicative Musicality carry particular "vitality contours" (feeling flow patterns) of meaning (Stern 1985; 2000), and can lead to co-ordinated companionship between the communicating partners. Communicative Musicality consists of three aspects: pulse, quality and narrative. Pulse is the regular succession of discrete behavioural events through time, allowing a person to anticipate what might happen and when. Quality consists of the contours of expressive intensity moving through time - a vocal contour, for example, will consist of dynamic elements of loudness and timbre. Pulse and Quality combine to form Narratives of expressive meaning. These "musical" narratives allow adult and infant to share a sense of sympathy with each other in a shared sense of passing time. While our ability for Communicative Musicality is evident in adulthood in our creation and appreciation of music and dance, Communicative Musicality is not music and dance. It is the ability to engage and sympathise with the humanly shaped passage of time, and contributes to our sense of connection with and understanding of others.

191 AMAE, Dependence, and Identification
Takeo Doi, Kiyoshi Ogura (Japan)

AMAE describes what an infant feels towards its mother, but it may also apply to anybody who must depend on another. It implies identification on the part of participants, not only of the one who does depend, but often, even of the other who is depended upon.

192 Some Considerations on the Culture-Specific Patterns in Maternal Speech of Japanese and American Mothers at one and three Months of Infants' Age
Yorio Kosawa (Japan)

We concluded that Japanese mothers tended to have more lulling and repetitive touching (both were sophisticated interactions for make their babies comfortable), whereas American mothers stimulate their infants state predominantly by talking to them. This empirical findings can associate with the maternal characteristics in each culture. We discuss mainly the psychology of Japanese mothers-prelinguistic infants interaction.

193 Disruption of AMAE in Japanese Families
Hisako Watanabe (Japan)

Japan is witnessing an increasing number of children suffering from serious complex psychological problems, such as eating disorders and "hikikomori" (social withdrawals). Most often loss and/or disruption of AMAE in the family is at the center of their problems. In clinical practice, a focus on the children's subjective accounts of AMAE plays a crucial role in the revelation of hidden family wartime and postwar trauma, in addition to post-war competitive, conflicted life. Often, providing a firm, sustained containment for an open, honest expression of feelings in the children and the family paves a way for the re-establishment of a sound AMAE.
196 **Signing and Language Development of Two-Year-Old Twins: A Case Study Conducted in Macau**  
Kim Hughes-Wilhelm, Lucia Lo (Macao)  
Introduction. Presenters will share findings from a longitudinal study in which signs were used to introduce and reinforce new vocabulary for twin two-year-olds. The study was intended to (i) determine which signs were more and less easily acquired; (ii) identify vocabulary used verbally, with signing, and in combination; and (iii) explore the twins' interactions and communications (verbally and signing) with their parents, with other adults, and with each other. The intervention. The researcher met with the twins and family for several warm-up sessions, then conducted 5 signing sessions and 5 review sessions across a 6-week period. New signs for each week followed a theme using materials from the Baby Signs program (e.g. favorites, mealtime, getting dressed, bath time). Additional signs were used drawing from American Sign Language and Signing Exact English, as needed. Signs modeled by parents and researchers included signs to use in routines such as meals, bedtime, bath time, favorite toys, animals, and feelings, sensations, and desires. Study Methods. The study took place in Macau over a period of approximately 6 months and included 12 video-taped sessions with the twins, along with observations, interviews, and weekly logs kept by the parents. Further, parents were interviewed three times: once during the treatment period, once again one month later and then three months later. The interviews were used to determine how the children continued to use signs even after the sessions ended and to determine which signs were retained and which were not. Another interest was in seeing how personality attributes of the twins appeared to be linked to differences in how they used signs and verbal language. Results. Findings focus on signs and vocabulary acquired in the short- and long-term, and differences in personality attributes, communicative interactions and voluntary use of the signs when comparing the two twins.

197 **Effects of a Gestural Communication Program with Chilean Babies**  
Chamarrita Farkas (Chile)  
Different studies of gestural communication during the first months of life have shown the effects of the early learning of gestural language on different aspects of child development, including verbal language, cognitive and socio-affective areas. Results have suggested advantages of the intentional promotion of the gestural communication with babies to improve their language, the quality of their early interactions, their frustration management, and self esteem. The research conducted in Chile explores the benefits of a gestural communication program for children, parents, and educators. The results of two studies are presented. (a) The first study was conducted with children of medium socio-economical level, where the parents were trained in the program. The effects on the synchronic interactions in 14 mothers-babies dyads were studied during three measurements when children were 5-8, 12-14 and 18-20 months old. Results include longitudinal differences in the frequencies and durations of visual, tactile, and vocal aspects of interactions. (b) The second study was conducted with children from families with high social risks, where the educators from child care centers were trained in the program. The effects on the stress level in parents and educators were studied with the Parent Stress Index, Short Form (PSI-SF) during three measurements when children were 5-9, 12, and 18 months old. The results for each group of care givers are discussed.

198 **A Longitudinal Study Investigating the Early Use of Gestures with Infants**  
Karen J. Pine, Elizabeth Kirk (Great Britain)  
We present the first set of findings from a longitudinal study of 40 infants, beginning at 8 months old, exploring the impact of encouraging communication using the gestural modality. Infants were randomly allocated to one of four conditions: Symbolic Gesture training, British Sign Language (BSL) training, Verbal training and a non-intervention control group. In the two gesture training groups parents were instructed in how to use either symbolic gestures (taken from the Baby Signs©, Acredolo & Goodwyn (2002) programme), or formal BSL signs, when communicating with their baby about a target set of ten everyday items or concepts, e.g., "more" and "drink." A further (verbal training) group of parents were instructed to incorporate the verbal labels of the targets into their communications with their infant but received no gesture instruction, to determine the separate effects of verbal and gestural exposure to the stimuli. The non-intervention group received no special instruction and acted as a control group, against which to assess the overall effects of encouraging infant signing. At 8m, 12m, 16m, and 20m infants' auditory comprehension and expressive
communication (PLS-3 UK) and receptive and productive vocabulary (Oxford CDI) were measured during home visits. Bi-weekly telephone interviews were conducted to record parent's perceptions and infants' comprehension and production of the target items manually and verbally. Infants' comprehension of the target items was assessed during home visits at 10m, 12m and 14m using a preferential looking paradigm. Data comparing infants' language development will be reported as well as preliminary findings of infants' sign comprehension. The findings will be discussed in relation to notions of gestural communication enhancing early mother-infant interaction and infant language acquisition.

**199 Overcoming the Terrible Twos: Babies Change Their Caregivers' Minds and Behaviors by Using Symbolic Gestures to Communicate**

Claire DeAnne Vallotton (United States)

Infants have a desire and intention to communicate before they can talk, resulting in frustration for both preverbal children and their parents. This frustration may trigger parents' negative perceptions of the child and lack of responsiveness. How would the parent-child relationship change if preverbal children could communicate more clearly during this often difficult period of development? This presentation will report on results from a longitudinal study of the use of symbolic gestures, also known as the Baby Signs Program, as an experimental parenting intervention to promote bi-directional communication between preverbal children and their parents. Participants include 30 low-income families enrolled in Early Head Start. The study examines the effects of the intervention on children's and parents' use of gestures, mothers' perceptions of their children as measured by the Parenting Stress Index, and mothers' responsiveness during videotaped mother-child interaction. Maternal responsiveness to children's communicative cues and to changes in children's affect were coded using microanalytic behavior coding schemes capturing every second of behavior. Results show first that the intervention increased both parents' and children's use of symbolic gestures to communicate. Next, mothers of gesturing children had more positive mental representations of their children -- they found their children's behavior more acceptable, and they felt more positively reinforced by their children. Further, mothers in the experimental group were more responsive to their children's communicative cues, particularly their distress cues. And finally, mothers of gesturing dyads were more responsive to changes in their children's affect; that is, when a child of a gesturing dyad had a change in affect, her mother was more likely to respond with an affective change in the same direction.

**201 Psychoanalytic Work with Infants and Mothers**

Bjorn Salomonsson (Sweden)

In most psychotherapeutic methods that aim to restore psychic well-being in the mother-infant pair and increase positive infant attachment, therapeutic focus is on the mother. Some clinicians at, however, feel it is possible and even necessary to also engage the infant in a therapeutic dialogue. One of these methods was devised by Norman (2001, 2004; Salomonsson, 2007a, 2007b). It is called psychoanalytic work with infants and mothers. I am currently evaluating its results in a study comparing it with TAU:s at Child Health Centres. A similar project, with which I am collaborating, is done at the Anna Freud Centre, with Michelle Sleed under prof. Peter Fonagy. This method, psychoanalytic work with infants and mothers, raises fundamental questions: at what age can we reach the child by our interventions? at what levels of significations does the infant comprehend the psychoanalyst? at what levels of significations does the analyst understand the infant? do we reach the infant directly at all, or do we reach him/her only indirectly, via the mother? I will address these questions by relating a case, in which I treated a girl of 16 months with her mother in a joint psychoanalysis. The girl and I continued into a regular child analysis until 3½ years of age. Thus, I could follow her elaborations of an infantile situation heavily affected by her mother's depression. Her reactions to this situation were at first crying, fussiness and craving for the breast, which made her a difficult baby to handle. Later, as she began to verbalize, her reactions transformed into a phobia of ghosts and insomnia. By now, she could put words to how these symptoms. They related to an infantile relation with a depressed mother who, despite her best efforts, had difficulties in containing her infant daughter. This troublesome relation was enacted and worked through in the transference. In the paper, I will discuss how her reactions to and interplay with a depressed mother was expressed, at different semiotic levels, during the treatment. It emerged that one major theme of being ridden by
anxiety that could not be contained by her depressed mother, was elaborated at increasingly sophisticated semiotic levels. In that process, they became more comprehensible to me and to her, which was of great help to her.

202 Play and Words in Infant Parent Psychotherapy in a Pediatric Hospital Context
Brigid Jordan (Australia)
This paper will explore the challenges and possibilities of infant parent psychotherapy in an acute paediatric hospital. The challenges arise from contextual factors such as short and or unpredictable length of hospital admission, lack of privacy when infants are connected to medical equipment, the necessity for brief treatment when patients are admitted a great distance from their home. Other challenges involve the need for the infant's family and the surrounding medical team to make the journey from seeing the infant's difficulties as a somatic problem to be solved by biomedical interventions to a difficulty involving the emotional life of the baby. At times the emotional difficulties are a result of the trauma of illness and its treatment. The need for our psychotherapeutic interventions to directly address the emotional world of the infant as well as the infant parent relationship poses its own questions and possibilities. The paper will discuss the therapeutic possibilities of the use of play together with words in psychotherapy with these usually in the presence of their parents. Theoretical and technical questions about direct psychotherapeutic work with infants and their parent/s to change their internal world will be discussed. At what age can an infant engage in symbolic play? Can play help a six month old infant actively face conflicts about feeding which have arisen in the context of a post traumatic feeding disorder? What does direct therapeutic work with an infant mean? How does a therapist play with a baby? What does the therapist playing with a baby mean to a mother?

203 Understanding Responses to Videofeedback Intervention for Traumatized Mothers and Their Relationship with Their Toddlers
Daniel S. Schechter, Aaron Reliford (United States)
This research presentation begins with discussion of work within a referred sample of traumatized mothers and toddlers to test the hypothesis that maternal violence-related posttraumatic stress disorder (PTSD) and associated psychophysiological dysregulation interfere with a mother's capacity to perceive her child sensitively prior to parent-child intervention. We will then present contrasting vignettes of mothers with violence-related PTSD in the course of whose treatment, their attributions towards her toddler became significantly less negative and distorted. Empirical findings related to predictors of change such as degree of maternal reflective functioning (RF) in a single-session experimental intervention called the Clinician-Assisted Videofeedback Exposure Session (CAVES) (Schechter et al., IMHJ, 2006) will be presented in detail as well as qualitative examples of variability in how and when in the process of intervention change occurs for different mothers depending on their individual differences, relational psychodynamics, and their histories, among other factors. We will attempt to integrate these clinical stories with new physiologic and brain imaging findings so as to shed light on the phenomena surrounding maternal transference to her very young child and how to work with that transference collaboratively with traumatized mothers and their toddlers.

204 Parent-Infant Therapy as a Process of Triadification and Triangulation
Kai von Klitzing (Germany)
Psychodynamic interventions during infancy are often very successful. Even short term-psychotherapies with low infrequent visits lead to the reduction of the infant's symptoms, improvement of the parental functions and amelioration of the parent-infant relationship. This paper deals with possible theoretical frameworks which can explain these processes. One possible explanation is that psychotherapeutic interventions can enhance the parental reflective functioning. This leads to a more sensitive and reflective attitude towards the infant and by that improves the attachment relationship. Another explanation "which is not contrary to the first one, but goes beyond it" understands psychotherapeutic processes as processes of triadification and triangulation. We call the interpersonal process of forming a triad triadification and the intrapsychic process of experiencing a triad triangulation (according to Stern,1995, p.146). Triadification within the psychotherapeutic process means that a third person (e.g. the therapist) can help to regulate relational processes between two persons (e.g. mother and infant). Triangulation within the psychotherapeutic process means that
not only a third person but also something third (e.g. words, symbols, thoughts) can internally be placed between the ego and its actions (which are executed to satisfy needs and which are driven by projective distortions). Within this concept, the therapeutic third is one essential ingredient to enhance the reflective functioning of the participants of the therapeutic process. In the paper, the concept of the third as a catalyzer of the psychotherapeutic intervention will be demonstrated by case examples and the examples from the other symposium papers.

207  **The Alarm Distress Baby (ADBB) Scale Comes of Age: Developments and Limitations**  
Antoine Guedeney (France)  
The concept of sustained withdrawal behavior in infancy has proven useful both theoretically and clinically (Guedeney, 2007). This presentation will briefly summarize the origins of the concept and its links with other behavioural systems, as the Fear system or the Attachment system. It will give an overview of the several validations of the scale, and of its applications in different clinical and research settings as well as some limitations of the instrument. The Modified-ADBB (Matthey, Crmec & Guedeney, 2005) will be briefly presented, as well as the training sets for both scales.

208  **Comparison of Self-Reports of Mothers with Socially Withdrawn and Normally Behaving Infants**  
Kaija Leena Puura, Mirjami Mantymaa, Ilona Luoma, Tuula Tamminen (Finland)  
Objective: In our previous study with this sample, mothers of socially withdrawn infants were found to be more intrusive and less warm with their infants. In this study we compared the self reports on parenting stress, maternal perinatal health, and mothers' feelings and attitudes towards the infant between mothers of socially withdrawn and normally behaving infants. Method: 127 mother-infant dyads were videotaped in face-to-face free interaction when the infants were eight to 11 weeks old. Mothers filled in Parenting Stress Index and were interviewed about their perinatal health, and feelings and attitudes towards the infant. Infant social withdrawal was determined from the videotapes with a structured infant observation method, the Alarm Distress Baby scale. Results: 47 infants were assessed as socially withdrawn. No significant differences were found in maternal reports of parenting stress, mothers' attitudes toward pregnancy or toward the infant between socially withdrawn and normally behaving infants. Mothers of socially withdrawn infants reported significantly less anxiety during pregnancy (38% vs. 56%, p = 0.04), and there was a trend of them reporting less mental health problems (94% vs. 89%, p = 0.09) and more enjoyment of their infant (75% vs. 61%, p = 0.09). Conclusions: Mothers of socially withdrawn infants did not perceive parenting or their infants more difficult than mothers with normally behaving infants, and they also reported less mental health problems. The results highlight the importance of direct infant observation as an assessment method in infant mental health services, as mothers may not always report or even recognise the problems they are objectively found to have in the interaction with their infants.

209  **Project of Validation of Alarm Distress Baby Scale (ADBB) in an Argentine Children Sample**  
Monica Oliver (Argentina)  
Background: Alarm Distress Baby Scale detects levels of withdrawal in children. If it is sustained for a long period of time, organic, non organic and attachment disorders could be diagnosed. In Argentina there is not a scale to detect withdrawal. Objective: To validate the ADBB Scale in Argentine children. Material and Methods: 60 physically healthy children, aged 2-24 months old were evaluated during a routine clinic examination in the Pediatric Department, Hospital Alemán, Argentina. All 60 children underwent a first clinical interview and a second two weeks later with pediatrician, who filled in the ADBB scale. Both interviews were videotaped. Two independent pediatricians completed the ADBB scale with these videos. Then children were evaluated by the mental health team. The mental health evaluation consisted: 1. Observation of the child and his parents in a free play interview (which was video recorded). 2. Evaluation of the presence of environmental pathological and stressing symptoms. 3. Evaluation of the manner in which the child relates with his parents and/ or primary caregivers. The following tools were used: 1- ITSEA questionnaire. 2- Infant development clinical observation guide (Greenspan). 3- Interview with parents. 4- Parent- Infant Relationship Global Assessment Scale (Pir-Gas). 5- Prunape (National Search Test). The reliability and validity of the scale is evaluated comparing the results of ADBB versus psychiatric evaluation.

210  **Family Stress Factors and the Infant's Social Withdrawal**
Objective: To examine family factors that may associate with the infant's social withdrawal. Methods: 363 infants aged 4, 8 and 18 months were examined by GPs during routine check-ups in well-baby clinics, and their withdrawal symptoms were assessed with Alarm Distress Baby Scale. Infants scoring over the cut-point (>5) were re-assessed within two weeks and, if scored over the cut-point again, were regarded as withdrawn. Along with infant assessment, both parents were asked to independently complete a questionnaire eliciting information on their health, perceived mental health, marital relationship, family violence, job-related stress, stress on housing, and alcohol consumption. Results: Infant's social withdrawal was significantly related to parental health, their perceived mental health and marital relationship. The proportion of withdrawn infants was 3% (4/153), 5% (5/92) and 33% (1/3) among mothers describing their health as good, moderate and poor respectively (p = 0.019). The proportions were the same for the fathers (p = 0.017). Nine percent of mothers and 13% of fathers perceiving their mental health as moderate or poor had a withdrawn infant, compared to 2% of healthy mothers (p = 0.21) and fathers (p = 0.16). Among mothers describing their marital relationship as poor, 25% (2/8) had a withdrawn infant compared to 3% (9/290) of mothers with a good or moderate marital relationship (p = 0.031). Conclusions: When assessing a withdrawn infant, family factors such as mental and somatic health of the parents and their marital relationship should be explored to find the appropriate target of the intervention.

213 Posttraumatic Stress of Parents of Premature Infants: Implications on Transmission of Attachment Representations
Blaise Pierrehumbert, Carole Muller-Nix, Margarita Forcada-Guex, Ayala Borghini, Francois Ansermet (Switzerland)
Objectives: Parents of very and extremely premature infants can experience important stresses in the neonatal period; we raised the question whether intergenerational transmission of attachment representations (internal working models of attachment, IWM) could be altered by the presence of important parental stress. Procedure: When their children were respectively 6 and 18 months of corrected age, mothers of 38 preterm infants (GA<34 weeks) and of 20 full terms responded to a clinical interview about the representation of their infants (Working Model of the Child Interview, WMCI), were observed in a mother-child free play episode (maternal sensibility coded with the Care Index), and filled in the Perinatal Posttraumatic Stress Disorder Questionnaire (PPQ). At 45 months, children completed the Attachment Story Completion Task (ASCT), coded with the Dasseldorf coding system (DCS), providing an index of attachment security. Results: Preterm children's representations proved to be less secure than those of full terms. A significant association was found between mothers' and children's attachment representations (WMCI x DCS), in the population of full terms only. Maternal stress (PPQ) and maternal sensibility (Care Index) had a separate association with children's representations (DCS), in the population of prematures only. Conclusion: These results suggest that intergenerational transmission of IWM may be altered by the presence of parental stress. In a population of children born at-risk, the influence of parental IWM on children's representations may be overwhelmed by the presence of parental stress. Early intervention with the parents aimed at alleviating stress may be important to reduce the risks for children to develop insecure models of attachment.

214 Effect of Prematurity and Early Separation on Children's Play Narratives
Reija Latva, Liisa Lehtonen, Raili Salmelin, Tuula Tamminen (Finland)
Objectives: Early separation related to the hospitalisation of an infant after preterm birth may have long-lasting effects on the mental development of the child. The aim of the study was to investigate the influence of prematurity and early hospitalisation on children's play narratives at the age of five to six years, hypothesising that prematurely born children tell differently from full-term children about separation and seeking help from parent situations in play narratives. Procedure: The study included 28 preterm (< 37 weeks and < 2500g) and 40 full-term children born in Tampere University Hospital in 1998. Preterm infants were admitted to the neonatal intensive care unit after delivery and their mean length of hospitalisation was 23 days. The median birth weight of the preterm infants was 2055g (Q1 1659, Q3 2307). At the age of 5-6 years the children completed nine play narratives of the MacArthur Story Stem Battery (MSSB). The narratives were coded according to Robinson et al. (2004) coding manual. Results: Preterm children had more difficulties in coping with separation and
seeking help from parent situations in play narratives than full-term children. Preterm children showed lower narrative coherence in separation situation stories. They also used more avoidance and had more difficulties addressing the conflict than full-term children. Conclusion: These results indicate that a preterm infant’s early experiences of separation from the mother during the initial hospitalisation may cause vulnerability of the child in later separation and seeking help from parent situations.

215 Early Risk Factors and Child Narratives: The Resolution of Attachment Stories
Margarita Ibanez, Maika Alberdi (Spain)
Objective: To explore the influence of early risk factors on later attachment representations, and more specifically on the competence to resolve story stems related to attachment themes. Such a competence may arise from the early interactions with the caregivers (Stern’s pre-narrative envelope).
Procedure: a total of 370 children 3-6 y.o. responded to the Attachment Story Completion Task, coded with the CCH Q-set, which provides several scales: story resolution, mentalization and parental attitudes. The clinical group was composed of n = 94 very and extremely prematurely born children, n = 16 abused, n = 24 with a false allegation of child abuse, n = 10 early trouble of communication. N = 226 children were non-clinical controls. Results: Very and extremely prematurely born children presenting a high perinatal risk (but not those presenting a low perinatal risk), children with a false allegation of abuse (but not those with a confirmed abuse) presented the lowest resolution scores.
Discussion: Specific parental factors (among which parental PTSD, parental separation, parent-child communication) seem to interact in the relationship which was found between the different clinical groups and children's outcomes.

216 Maternal Responsiveness at 18 Months and Attachment at 48-months
Keumjoo Kwak (Korean Republic (south))
Objectives: This study investigated how maternal responsiveness at 18 months influences later child attachment representation. Attachment pattern in infant is related to maternal behavior characteristic during the first year of life. And mothers of secure infants have been shown to be more responsive to their signals. Procedure: A total of 39 children are recruited, and their average age is 4-year-old. To measure the maternal responsiveness at 18 months, mother-child free play was video-taped during about 10 minutes. Mother behavior during interaction was coded based on Korean version of Mahoney's MBRS (Maternal Behavior Rating Scale) referred to K-MBRS. When the children were 4-year-old, Attachment Story Completion Task (ASCT) consisted of 5 story stems was tested and the children's narratives attachment characteristics are coded with CCH-Lausanne coding procedure.
Result: To observe the effects of the maternal responsiveness at 18 months on the attachment at 4-year-old, the groups were divided into two based on the scores of responsiveness, effectiveness and directiveness factors. The result from MANOVA showed significant group differences in secure, deactivation and disorganization according to the maternal responsiveness. When mothers show more responsiveness, children show the higher score of secure attachment, and the score of deactivation and hyperactivation was lowered. Conclusion: These results suggest that child attachment representation may be altered by maternal repressiveness in mother-child interaction. This study implies that early maternal responsiveness may be important to develop secure models of attachment.

217 Workshop 08: Transcultural Issues in Parenting Infants: Implications for Clinical Interventions
Martin Maldonado-Duran (United States), Marie Rose Moro (France), Clara Aisenstein (United States), Dalila Rezzoug, Olivier Taieb, Thierry Baubet (France), Pamelyn Macdonald, Charles Millhuff (United States)
This workshop presents the findings of three groups working in transcultural contexts. One in France, in a large urban center, with immigrant parents from North Africa, sub-Saharan Africa and South Asia. The second group presents the experiences in an infant mental health clinic in a Navajo reservation in the US. The third group examines the caregiving practices and symptom patterns in a large group of referred infants (350) and their association with parenting beliefs, psychosocial stressors, ethnicity and socioeconomical factors. The presentation will compare and contrast the findings form the three groups. Issues of immigrant status, alienation from the mainstream culture and poverty are explored. The caregiving strategies of parents from different ethnic-cultural backgrounds are explored and their association with the socioeconomical variables discussed. The parenting beliefs
and conceptions of what constitutes dysfunction, problematic behavior and symptoms are discussed in the various contexts. In a large, urbanized and multicultural society, specific evaluation and intervention strategies have been developed to address language differences, and to incorporate unique ways of caring for babies. Particular attention is paid to the mental representations of immigrant parents are described for purposes of evaluation and appropriate clinical interventions. Similarly, with the Navajo population in the reservation, issues of alienation from the mainstream culture, religious beliefs and incorporating traditional healing practices with clinical interventions are explored. In the infant mental health clinic in the Midwest of the US the parenting beliefs and care strategies of parents vary with the ethnic and socioeconomic subgroups. The implications of these variances are discussed in terms of their impact in the clinical work with these families.

219 Workshop 10: Attachment-Based Intervention Programs: Safe Attachment Formation for Educators (SAFE) and Babywatching in Kindergarten (BASE): Aims, Methods, and Implementation in Germany and New Zealand
Karl Heinz Brisch (Germany), Augustina Driessen (New Zealand)
Two attachment-based intervention programs SAFE and B.A.S.E. were developed in Germany. There major aims are to promote the infants' development of secure attachment and to enhance parental sensitivity for infants' needs, and to reduce aggression and anxiety, especially the transgenerational re-enactment of violence. SAFE starts early in pregnancy and guides parents in group meetings and individual trauma-oriented psychotherapy till the end of the first year of their infant. B.A.S.E. is a training for children in the kindergarten that uses mother-infant observation to promote sensitivity for the infant's signals. The evaluation shows that children are less aggressive, less anxious, but more attentive and prosocial after one year of B.A.S.E. training. In the workshop the aims and the implementation of SAFE and B.A.S.E. groups in Germany and in New Zealand are discussed and the key concept of sensitivity training is demonstrated with video-clips.

220 Workshop 11: Buddhism and Infancy
Stephen Malloch (Australia), Vimala Inoue (Japan), Maria Pozzi-Monzo (Great Britain)
The presentations in this workshop form a dialogue between Buddhism and infancy research. Buddhist meditation is essentially a close examination of our day-to-day mind and this examination is, by definition, psychological (Epstein, 1995:3). However Buddhism goes further than most western psychology by questioning the very nature of the self, and sees our misunderstanding about its true nature as the source of our mental suffering. Questioning of the self is also found implicitly in Winnicott's famous phrase that "there is no such thing as an infant without maternal care one would find no infant" (Winnicott, 1960:39). The extraordinary inherent intimacy of gestation, childbirth, infant and parent, can raise questions about the ways we conceptualise the boundaries between self and other. The workshop approaches the Buddhism/infancy dialogue from three perspectives. First, the Buddhist practice of mindfulness (bare attention), with awareness of breath as an underlying practice, is considered as a "holding environment" (Winnicott, 1960), naturally evoking sensitivity, responsivity and compassion. Mindfulness is considered as a means for investigating the intergenerational transmission of parenting practices. Second, the relationship between psychoanalysis and Buddhism is considered, with emphasis on the ways these two traditions consider suffering and attachment. Examples from clinical work with mothers, fathers and infants are cited to expound on the concepts of reverie, mindfulness, compassion, awareness, containment and transformation. Third, the non-verbal exchange of meaning that occurs across the intersubjective space between infant and caregiver (see Trevarthen, Stern, Malloch) is considered in light of Buddhist teachings. Implications are drawn for understanding the nature of our relating with self and other.

221 Establishing a Nationwide Network for Infant Mental Health in Norway
Marit Bergum-Hansen (Norway)
The National Network for the Study of Infant Mental Health was established in September 2006, as a result of the initiative on behalf of the Norwegian government to boost the focus on psychological health. Originally there were 10 employees, but the network currently has 25 people connected to its activities, on either a part-time or full-time basis. This number is expected to keep growing as the importance of early childhood development continues to resonate. The network is currently based at the Centre for Child and Adolescent Mental Health Eastern and Southern Norway (RBUP) in the
Norwegian capital of Oslo. As a National foundation, however, we also have employees working in several of the other major towns in the country. The main goals of the Network are as follows: 1. To develop and validate research results which are practically applicable. 2. To contribute to the acquisition of knowledge about infant mental health, and strengthen existing aspects of the field. 3. To encourage an increase in the production of research on issues concerning infant mental health. These goals are engrained in the daily activities of the network, such as administering a post-gradualist training on infant mental health. Testing and implementing methods/instruments in Norwegian municipalities is another important example of our work. In addition, the network arranges regular conferences and work-shops concerning central issues of infant mental health and invites researchers within the field to present their work. We are also currently launching two major research projects of our own.

222  **Training Health Practitioners in Infant Mental Health, a Two-Year Postgraduate Program Implemented in Norway**  
Vibeke Moe, Lars Smith (Norway)  
A main goal of the National Network for the Study of Infant Mental Health is to provide health practitioners with training and new, updated knowledge in the Infant Mental Health field. This paper will present the curriculum of a two-year post graduate course in Infant Mental Health implemented in Oslo, and recently also started in Bergen, two of the main cities in Norway. The course is interdisciplinary and there is a wide variation in the professional background of the students, including health nurses and social workers, clinical psychologists and physicians/priests. It is however, required that all of the students work professionally in the infant mental health field and that they have completed at least two year of clinical experience, as well as an academic education that is equivalent to at least a bachelors degree in their own field. Because one main aim of the training program is to give all students a common knowledge base in infant mental health, the first year is given to the whole group of students together. The training includes topics such as developmental psychology, developmental psychopathology and early interaction. The second year of the training is more specialized. The students are divided into groups, and they receive more specific training related to the kind of specialized knowledge they need in relation to their clinical therapeutic work. The experience with such a multidisciplinary or interdisciplinary course in infant mental health will be discussed.

223  **A Randomized Clinical Trial (RCT) Study of Marte Meo Intervention of Parent-Infant Interaction**  
Turid Suzanne Berg-Nielsen (Norway)  
Sensitive parents have been regarded as one of several protective factors for resilient outcomes in children with risk of psychosocial problems (Belsky, 2005; Rutter, 2005). Homebased videotraining has been used internationally as a way to strengthen early parent-infant interaction (Dowrick, 1999; Weiner et al., 1994). Homebased videotraining of parenting skills has proven to be especially useful with families who often drop out of clinic- and centre based treatments, where dropout rates my be as high as 65% for conduct disordered children (Gould et al.,1985; Lai et al., 1997). Marte Meo (MM) programmes (from latin: Mars Martis = on one's own strength) are the most common homebased interventions within the Scandinavian countries. The focus of these intervention programmes is to identify, activate and develop skills to enable and enhance constructive interaction between parents and children. In spite of the popularity of MM interventions, there has only been one empirical non-randomized study of its effects (Axberg et al., 2006). In this study we test the MM intervention against treatment as usual for 100 families with infants 6-20 months at high risk for psychosocial impairments randomized to two groups. Some of the pre- and post treatment measures are questionnaires about the infants symptoms: ASQ & ASQ-SE (Squires et al.,1995, 2004), observation of interaction is done with Emotional Availability (Biringen, 2000), the parents are interviewed with Working Model of the Child Interview (Benoit & Zeanaah, 1997), and they complete questionnaires about their own symptoms of depression, anxiety and personality disorders.

224  **A Planned Longitudinal Epidemiological Study of Children from Age One to Two**  
Lars Smith (Norway)  
Although there are few psychiatric epidemiological studies of preschool children, it has been shown that the traditional diagnostic categories in use with older children may also be valid in the preschool
age range (Egger & Angold, 2004). With the exception of the Copenhagen Child Cohort 200 (Skovgaard et al., 2000) almost no epidemiological studies of children aged 0 to 3 exist. The current study plans to recruit 1000 children at age 12 months from well baby clinics located in each of Norway's four health regions. By means of oversampling, 300 of the participants will be children whose development previously has given rise to concern. For each child an organic risk index based on prenatal and perinatal data will be computed; a psychosocial risk index will also be computed based on information provided by the parents. Data will be collected at 12, 18, and 24 months, each time using the ASQ, ASQ-SE, PSI, ITSEA, and a temperament questionnaire. All children giving rise to concern at age 24 months, plus a number of participants with inconspicuous mental health (in the ratio of 3:7) will be referred to a child psychiatric outpatient clinic for a comprehensive assessment based on ICD-10 and DC: 03, comprising the PAPA diagnostic interview. The purpose of the study is to assess the prevalence of mental disorders among 2 year olds in Norway, and possible precursors to risk and resilience at an early age.

225 Sustained Withdrawal - An Early Warning Signal?
Mikael Heimann (Sweden), Unni Vannebo Tranaas, Lars Smith (Norway)
Withdrawal reactions are part of the infant's normal regulatory repertoire (e.g.: Field, 1977; Guedeney, 1997) and might constitute an early warning signal for suboptimal development. Usually such signs occur as a reaction to minor transient perturbations within early parent-infant interactions (Adamson & Frick, 2003): Even very short episodes of non-responsiveness on the mother's part may create withdrawal reactions but the child is usually able to re-enter into a rewarding and engaging interaction as soon as s/he regain the parent's full attention. However, if the situation is not solved, if the parent and the infant cannot re-establish their mutually rewarding relationship or if the situation is repeated or prolonged, the withdrawal reaction may be an early signal of severe distress leading to a less optimal developmental pathway. Thus, sustained withdrawal might develop; a behavioral response that can be assessed in primary health care with the Alarm Distress Baby Scale (Guedeney & Fermanian, 2001). This presentation will discuss the first observations from a longitudinal study examining sustained withdrawal reactions among children 3 to 9 months old. A minimum of three assessment are carried out by a health practitioner (nurse) or GP as part of regular visits to well baby clinics in Trondheim, Norway. A this point in time only preliminary data from the three months visit exist (data collection period: January 08 to October 09).

226 Workshop 13: Helping Babies from the Bench: Using the Science of Early Childhood Development in Court
Joy D. Osofsky, Cindy Lederman (United States)
Every day, judges in dependency courts across America remove children from parents who have failed their children. Mental illness, substance abuse, domestic violence are common problems in these impoverished families, but the omnipresent problem is the inability to provide a safe, stable, and nurturing home for their children. Many of the young children in care have both developmental and mental health problems, but typically must wait until school age when their problems are much more severe before they are identified or receive services. Judges in juvenile and family courts want to break this intergenerational cycle of despair these children experience and give both the parents and children a chance for the future. But, in order for judges to take the most appropriate actions and make the best decisions, they need to learn more about how babies and toddlers develop, a science they do not learn in law school. "Helping Babies from the Bench: Using the Science of Early Childhood Development in Court" is a video produced by Zero to Three: National Center for Infants, Toddlers, and Families designed to help judges make the best possible decisions about the lives of the vulnerable infants and toddlers they see everyday in their courts. The video will be shown and discussed in this workshop. Null

228 Babies and Children's Post-Traumatic Syndromes: Evaluation and Care
Taieb Ferradji, Dalila Rezzoug (France)
Awareness of war trauma effects on adults has increased, but impact on babies and children have not been enough studied, recognised and treated. Since 1989, we have focused our psychiatric expertise with "Medecins Sans Frontieres" (M.S.F. i.e., Doctors without Borders is an international medical organization which act in countries in war) in regions of war and catastrophes around the world
(Armenia, Middle-East, Guatemala, Indonesia...). We have built multidisciplinary intervention strategies, taking into account the cultural and social context and the specificity of the observed pathologies in these situations of severe crisis, which concerns directly as well as indirectly the destruction of family and group. Through concrete situations of babies and children and their parents we will analyse and evaluate modalities of psychological suffering of children, the clinic of trauma and above all the modalities of care. We will explain why strategies of intervention are defined with local teams and are the subject of training sessions on the spot. Psychiatric interventions for children facing situations of extreme crisis (war, catastrophes...) require the establishment of strategies for evaluation and care, with a pragmatic and multidisciplinary framework, valuing cultural and social contexts.

229 **Separation and Reunification Experienced by Young Children (Birth to Five) and their Caregivers Due to War and Geopolitical Conflicts**

Zohreh Zarnegar (United States)

According to the Action on Rights of Children (ARC, 2002), 85 to 95 percent of those harmed or killed in wars and social conflicts are civilians. Of those, about 50 percent are children. Wars and geopolitical conflicts cause displacement of families, resulting in accidental and/or forced separation of children from their primary caregiver(s). These situations are chaotic, unpredictable, hard to grasp for children who may not understand what is happening to them. They are uprooted from their safety net, and their health is severely compromised. Their homes and communities are destroyed, and they lose contacts with whatever is familiar to them. Displaced children are placed at high risk for systemic violence and maltreatment (abuse, neglect, abandonment), and exposure to trauma and violence, resulting in numerous developmental functioning disorders. This presentation reviews the short and long-term sequelae of separation from the primary caregiving/attachment figure among the youngest and most vulnerable children (birth to five years of age) due to war and geopolitical situations. Using an ecological model, cultural practices, and the way it works in the lives of young children and the care they receive in their journey from separation to possible reunification are discussed. In addition to the historical concern for the physical impacts of separation (safety of the child at the time of danger), this study focuses on the complex short, and long-term impacts of accidental/forced separation on young children's developmental domains (psychosocial, affective-emotional, neuropsychological, psychomotor and cognitive), for which if not cared and protected, may have a life lasting negative outcome. This study reviews roles of the important adults, and best-practices, with a focus on the TransDisciplinary intervention model, caring for the complex needs of these children from separation to reunification.

231 **Perinatal Depression: Prevention and Treatment and the Significance for Infant Wellbeing and Health.**

Kathryn Barnard (United States)

Today the most common mental health disorder is depression. Perinatal depression not only influences pregnancy outcome but also the general well being of the infant and young child. Our current systems of human and health services do not adequately address the screening and treatment of perinatal depression. Most perinatal depression goes unrecognized. Postpartum depression is under reported by women. Unrecognized maternal depression is a significant factor in Infant Mental Health. A means of identifying perinatal depression advocated in Washington State will be presented. The screening tools used are the Edinburgh Postpartum Depression Scale and the Personal Health Questionnaire 9. A major goal in Washington State is identification of women with major depression for treatment. A secondary goal is the identification of women with mild-moderate depression or risk for depression. For women at risk or with mild-moderate depression during pregnancy and post-partum, programs offering group support, anxiety reduction and wellness care prevents or lessens mood dysfunction will be described. Several models of prevention and support groups will be described which could be implemented in most communities. Resources available through Post Partum Support International will be introduced. Steps for communities to develop capacity to implement screening, prevention and treatment programs will be outlined.

233 **Dyadic Emotion Regulation and Temperament at 10 Months as Predictors of Attachment Quality at 12/16 Months**
Eva Costa Martins, Isabel Soares (Portugal)
The present study was aimed to analyze the role of developmental predictors (at 10 months) infant's cognitive development and temperament, mother's emotional availability and quality of the dyadic emotional regulation - of the attachment quality (at 12/16 months). It is expected that the quality of the infant's attachment is closely related to the quality of the dyadic emotion regulation (Sroufe, 1996; Cassidy, 1994). The study targeted a low-risk sample, with 46 mother-infant dyads. At 10 months, mother-baby interactions were video-recorded in the familial context for later scoring of emotional availability (Biringer et al., 1998) and emotion regulation (Martins & Soares, 2006). The mothers completed the Infant Characteristics Questionnaire (Bates et al., 1979) and the infants' cognitive development was assessed by the Bayley scales (Bayley, 1993). At 12/16 months, the quality of attachment was measured using the Strange Situation (Ainsworth et al., 1978). Results show that infants' avoidant pattern is predicted by (i) their easier and dull temperament as perceived by their mothers when they are 10 months of age, and by (ii) an over-controlling strategy of emotion regulation (no expressions of negative emotions in a task designed to elicit negative emotionality). The results support the notion that the emotional regulatory strategy is related to the baby's attachment pattern (Sroufe, 1996; Schore, 2001) which in the case of avoidant babies is characterized by over-control (Cassidy, 1994) already at an early age (10 months) and that temperament itself is not sufficient to explain the differences between attachment patterns (Vaughn & Boost, 1999).

234 A Study of the Emotional Availability Patterns of Mothers of Infants: Analysis of Mothers' Responses to the Japanese IFEEL Pictures
Sawako Nagaya, Chikako Fukatsu, Yoko Hamada, Kako Inoue (Japan)
The objective of The Japanese IFEEL Pictures (JIFP) is to show thirty photographs depicting a variety of facial expressions of infants to the subjects, and have them describe the emotions they perceive from photographs. In recent years, we have formulated The Relationship Assessment Categories to examine the relationship between a mother's childrearing characteristics. We assume that a relationship exists between a mother's JIFP response tendencies and her childrearing attitudes. In this study, we analyze the mothers' data that had been assessed using The Relationship Assessment Categories, and identify several response patterns using cluster analysis. Moreover, several clinical case examples were also studied. As a result, the mother's emotional availability could be divided into five patterns. Approximately half of the mothers showed average response tendencies. The Thought-Predominant Type tended to focus on a child's inner activities, while the Relationship-Predominant Type often identified the emotions relating to interactions. The Emotion-Predominant Type took note of basic emotions. The Body-Predominant Type, meanwhile, focused their attention only on the child's actions/movements and physical condition. Moreover, we studied two clinical cases. As a result, we found that the child of a Body-Predominant Type mother showed extremely few expressions of emotions, while the child of a Relationship-Predominant Type mother showed excessively demanding and/or appetitive behaviors. It appears likely that our study has the potential to clearly identify the characteristics of a mother's emotional availability. We believe it possible to comprehend the relationship between a mother's emotional availability patterns and the variety of problems that occur during childrearing.

235 "Ayashiuta:" Native Japanese Baby Songs and Emotional Mutuality
Yoko Nagata (Japan)
Native Japanese baby songs, AYASHIUTA, are believed to be useful for the promotion of infant's psychological stability and physical development. Because they are sung while observing the infant's reactions, they may boost the communication skills of both parent and infant. To study the influence of AYASHIUTA on the early emotional mutuality, especially on the changes that occur in the mother and her infant. The AYASHIUTA class was held once a month between October 2005 and March 2006, targeting 7 infants (ages: 2 ~ 5 months). Before and after the start of the class, questionnaires were conducted on themes such as self-acceptance etc. and behavioral observations. 1) The parent's sense of self-affirmation: The subjects' average score rose for all the items, including emotional stability and cheerfulness, as well as items showing self-acceptance indicating that the mothers' sense of self-affirmation was enhanced. 2) Attachment to the infant: The mothers' positive image toward their infants rose. They understood their infants' feelings and became more aware of closeness to them. 3) Changes in points of view: The mothers' views on infants had changed. They came to
understand the importance of maintaining mutual eye contact, and the abilities of infants. From above results, AYASHIUTA are effective in forming mother-infant emotional relationships during the initial stage of development. AYASHIUTA show the practical methods used at each stage of E.H. Erikson's personality development.

**236 Individual Differences in Mother-Child Relationships through Emotional Availability**
Tomomi Kanamaru (Japan)
This research revealed the feature of the mother-child relationship through Emotional Availability (EA). The types of EA of mother and child were found through the combination of high or low level of their EA. The difference of what kind of qualities of mother and the child among between the types was also considered. Participants were 80 pairs of mother and child (the average age is 2 years and 8 months old). Play situation of every mother and child for about 5 minutes was videotaped. The interactions in each play situation were rated by Emotional Availability Scale. Mothers were asked to answer to questionnaires which measure mother's depression tendency, nurture attitude, child-rearing awareness and child's temperament. The mean of each dimensions of EA of mother and child is the standard to divide a high and a low group. Eight types were classified. Some marginal or significant differences were found in mother's depression tendency, nurture attitude, child-rearing awareness and child's temperament among types. The types of combination of low mother's EA and high child's EA suggest that mother-child relationship can be changed from the child side, not only from parent side. Even if mother's EA was low in the same way, the mother's psychological quality was different depending on the states of child's EA, which could be a suggestion of necessary support to mother and child of each type.

**237 Subjective Exchanges of Pregnant Women with their Infants as seen from the IFEEL Story Method**
Naoki Hirano, Aki Mantoku (Japan)
The objective of this study is to identify what sort of subjective exchanges a pregnant woman has with her "imaginary baby," and how these subjective exchanges change from the first half of pregnancy to the last half of pregnancy. We used the IFEEL Story Method (ISM), or using the Japanese IFEEL Pictures (JIFP) as projective stimuli similar to those used in the TAT, to learn the subjective exchanges that take place between pregnant women and their infants. 32 first-time pregnant women who were able to undergo ISM prior to experiencing fetal movement, or prior to the 15th week of gestation, and who also agreed to cooperate with the longitudinal study, underwent a second ISM after they had begun to experience fetal movement, or, in other words, between the 28th and 34th weeks of gestation. The findings obtained from this survey have shown that the elements of the story narrated by pregnant women in the ISM changed between before experiencing fetal movement and afterwards. Compared with before the experience of fetal movement, elements that describe an infant's situation in the outside world had decreased after the experience of fetal movement, resulting in changes to a more ambiguous storyline. Similar trends were confirmed in our study of the content of the stories narrated in ISM. The fact that pregnant women's narrative responses in ISM changed to those that lacked richness and had more ambiguity showed that the productivity of fantasy had attenuated in their subjective interchanges with the imaginary baby.

**238 Mother-Father-Child Relationships and Child Temperament and Behavior Problems**
Kaori Okada, Satomi Murase, Minoko Oba, Hitoshi Kaneko, Shuji Honjo (Japan)
Many studies in Japan have focused on mother-child interactions, and there are only a few studies that address the mother-father-child triad interaction. The present study included children who were 18 months old. We investigated how a child's temperament and later behavior problems related to the dyad and triad interaction. Dyad and triad interactions of twenty Japanese families were videotaped and then assessed with the Child and Parents' Interaction Coding System (CPICS). Parents were also asked to answer the Toddlers Temperament Scale (TTS). Furthermore, when children were 24 months old, mothers were asked to fill out the Child Behavior Checklist (CBCL) to investigate child behavior problems. We found that, regarding mother-child interactions, a child's temperament that included higher adaptability, weaker responses, and more responsiveness, increased a mother's affirmations to their child's behavior. In father-child interactions, a child's temperament of weaker responses increased a father's affirmations, and the dyad interaction lasted longer. In general, children who
showed fewer behavior problems were given more affirmation from their parents. While, in mother-child interactions, a child's behavior problems were highly related to the total number of "turns." When mothers showed high responsiveness to their children, they tended to be more sensitive to their children's behaviors. And so, they also reported more behavior problems, and the interactions lasted longer. Overall, we found that a parent's affirmation of their child is important to decreasing the child's behavior problems. Furthermore, a child's temperament is an important factor in increasing parent affirmation.

239 The Stability of a Mother's Tendency to Focus on a Child's Inner World
Ikuko Shinohara (Japan)
The aim of the present study was to examine the stability of maternal tendency to focus on children's inner world during the 1st to 5th year of life. The first experiment was conducted when the mothers' infants were 6-month-old. Thirty-eight mothers participated in the experiment to measure the tendency to attribute some mental states on filmed infants. After 4 years, these mothers were followed up. In this second phase, twenty-eight mothers participated in the Insightfulness Assessment interview (IA) to assess how they insight their children's internal experiences (Oppenheim & Koren-karie, 2002). Regarding the tendency to focus on children's mental world, the individual differences among those mothers were found at both 1st and 5th year of investigation. The group of mothers who attributed some mental states on infants very often in the 1st experiment showed more positive insightfulness for their children 4 years later. On the other hands, the group of mothers who rarely commented on infants' inner world showed more disengaged attitude to think about children's mind in the IA interview. However, some mothers who had high focus on infants' mind, and some mothers who had low tendency to focus on infants mind talked about children's feeling and thoughts in some biased, not positive, manner in the IA interview. These results suggested that lack of mothers' tendency to focus on infants' mental world would predict not positive insightfulness later.

240 Development of the Relationship among Mothers and Preterm Infants in Kangaroo-Care
Kuniko Nagayama, Yuri Kita, Tomomi Hasegawa (Japan)
The life expectancy of a preterm infant was improved using new techniques in neonatal intensive care. Kangaroo-care (KC), a recently introduced technique, is used to promote the formation of the relationship between mother and preterm infant. In this paper, we describe results (9pairs of mother and preterm infant) obtained during participant observation (about 75.8hours). To quantify our results, we assumed that the progress of the relationship between mother and child could be described using Hashimoto's index (a model of the development of parental-child relationships). In each sample, results revealed that the relationship between the mother and child progressed as the number of KC sessions was increased.

241 Intergenerational Transmission of Love in the Nursery: Conviction of being Loved at the Bottom of Babies’ Hearts
Kazuo Shingu, Kazue Kuriki, Kyoko Tanimoto, Kei Sawada (Japan)
This study reports the practice in our nursery, and provides an insight into our role with referring to two cases. In our Misono Home For Infant, located on the country-side of Japan, babies from birth to 3 years old live apart from their parents and families. We have conducted about 120 care conferences for over 12 years, and studied the way to support the babies and their parents who are exposed to various traumas. Nursery's mission is: to take care of babies, accept them as they are, and give them the sense of being loved; and to accept and sympathize with their parents. To accomplish the mission, we should: (1) give the babies our love and the conviction of being loved for their parents; (2) heal the hurting hearts of the babies; (3) respectfully listen to the parents who have unresolved internal conflicts due to their experiences of not being loved in their childhood; (4) understand and sympathize with the parents; and (5) help the parents find a way to overcome the trauma the parents' been experiencing. We've noticed the fact that when babies experience the joy of being loved and recover the energy to live in our "holding environment", they warmly hold their parents in a self confident way, and change their parents. We expect that the babies will keep the experience and conviction of being loved in our nursery at the bottom of their hearts, and transmit it to children of next generation in future as parents.

242 Mother-child Interaction in Feeding Situation at Two-years Predicts Child’s Behavioral
Symptoms at Five Years
Mirjami Mantymaa, Kajsa Puura, Vilja Vihtonen, Raili Salmelin, Tuula Tamminen (Finland)
To assess whether maternal or child interactive behavior during feeding situation at 2 years associates with the child's emotional or behavioral symptoms at 5 years. Methods: The sample of the study (n = 38) was drawn from a larger, prospective population-based study, where public health nurses recruited infants and their families through well-baby clinics, and enriched the sample with families in need for extra support. Mother-child dyads were videotaped during a feeding situation when the child was 2 years old, and the mother-child interactions were analysed using Emotional Availability Scales. When the children were 5 years old, mothers were asked to complete Child Behavior Checklist. Results: Mother's higher sensitivity and more optimal structuring at 2 years as well as child's increased responsiveness and involvement of the mother were correlated to lower externalizing and total scores at 5 years old. There were significant differences in externalizing and total scores between children who were highly/moderately involving of the mother, and children who were poorly involving. Also, externalizing and total scores were significantly different between children whose mothers were optimally structuring, avoidant or intrusive. Assessing mother-child interactions may help to recognize children at risk for later behavioral problems. Besides maternal sensitivity and structuring, observing the child behavior, especially child's involvement of the mother, is important.

243 Mother-Infant Conflict and Mother-Infant "Holding"
Naoko Kyouno (Japan)
The purpose of this study is to investigate the factors of uncomfortable holding between mother-infant of 1 year-olds and to show how I supported the process of conflict management from 1 to 2 year-olds. Ten mothers with 1-year-old infants who showed conflicts in "holding" participated in this study. I contacted them by way of semi-structural interview and participatory observation. The results is as follows. Five factors relevant to the conflict of mother-infant holding were identified. First, mothers' depressive history of holding in their childhood with their mothers, second, father's awareness of child-holding, third, their mothers' severe criticize toward her child rearing, forth, mothers' negative attitude for body-touching, fifth, infant shyness. For mothers who tend to lose their confidence in their own child-rearing, I suggested psychoclinical approach as technique, Mother-infant Embracing As a Whole, that is to help holding mother-infant from outside interference, tightly with both arm to make them feel comfortable. When infants became 2 years old, they showed obstinacy in their mothers' holding. Though mothers became very stressful to this obstinacy, I suggested that these obstinate behavior is their very important need for recovering interaction between mother-infant bonding of holding. So to relief their stress, I suggested technique Choi-daki/when infants demand for holding, it is useful both for mother-infant to hold for a while, not too long and take away smoothly. Therefore, when mother-infant feel conflicts in body-touch of holding in 1 year-old, it is available to adjust relationships early before 2 years-old and mothers and their infants can recover strong bonding of holding.

244 The Relationship between Maternal Depression and Parenting Stress and Social Adjustment during Infancy
Keumjoo Kwak, Yeonsoo Kim (Korean Republic (south))
Many researchers indicated that various situational and individual characteristics related to child rearing influence mother's status of emotion. According to previous studies, depressed mothers have difficulties in taking care of their children and experience obstacles in building attachment relationship with their children. Also, the child with depressed mother shows several deviant behavior before getting in the school. The aim of this study is to investigate the relationship between maternal depression & stress from parenting and infant's behavior problems with 18 months children and their mothers. In this study, 333 Korean mothers who have 18 months old infants participated. The participants completed the BDI (Beck Depression Inventory) and 61 of the participants who had either high or low BDI scores were arranged into two (high/low) groups. Six months later, the differences of parenting stress (PSI: Parenting Stress Index, Abidin, 1990) of mother and toddlers' social adjustment (TBC: Toddler Behavior Checklist et al., 1989) between the two groups were measured. Mothers with high level of depression showed higher parenting stress after 6 months, and the child of these mothers also showed higher scores in physical aggression and immaturity. The results reveal that mothers' depression during infancy influence parenting stress and their child's social adjustment. Further
studies are needed to investigate how long the influence lasts.

245 A New Measure for Assessing the Dyadic Emotion Regulation at 10 Months: Psychometric Qualities
Isabel Soares, Eva Costa Martins, Susana Tereno (Portugal)
A new measure "The Dyadic Negative Emotion Regulation Scale" (RED, Martins & Soares, 2006) - was developed to assess the quality of the dyadic emotion regulation based on a challenging task with a shape sorter - The Shape Sorter Task (Martins, 2007). Mother-infant dyads were videotaped at home (10 min long), when the babies were 10 months of age. A good inter-rater reliability was found (ICCs = .76, alfa = .75, p < .001) based on 63% of the tapes, each one coded by two out of four judges blind to the other measures. After coding the quality of infant-mother interaction based on the RED, each dyad was assigned to one out of the following categories: a) optimal emotion regulation, b) difficulties in emotion regulation, c) no negative emotion expression. The results about discriminant validity show that the quality of the dyadic emotion regulation is not predicted by the infant's cognitive developmental level in terms of his/her mental and psychomotor functioning (Bayley Scales of Infant Development, 2nd ed.: Bayley, 1993). In terms of construct validity, the optimal dyadic emotional regulation category is predicted by higher levels of interactional quality with the mother (Emotional Availability Scales: Biringer et al., 1998) and easier temperament (Infant Characteristics Questionnaire: Bates et al., 1979) at 10 months of age and the no negative emotion expression category (on a task designed to elicit negative emotions) predicts the avoidant pattern of attachment at 12/16 months (Strange Situation Procedure: Ainsworth et al, 1978).

246 The Relationship among Mother-Toddler Relationship, Maternal Depression, and Toddler Outcome in a Peer Play
Kuniko Kato (Japan)
The purpose of this study was to study associations between perceptions of the child's temperament, child rearing attitudes, depressive symptoms of mothers and child's emotional development. Yoshida(2000) presented the model of the relationship between maternal postnatal depression and mother-child interactions. Procedures: The treatment was designed to provide mothers in one year mother-child class. Questionnaires to be filled out during the first week in visiting in the parent-child class, The Edinburgh Postnatal Depression Scale (EPDS, ; Cox et al., 1987), the Self-rating Child Rearing Attitude Scale(Kato,1991), and the Toddler Characteristic Items. In order to consider the contribution of the various concepts of the Yoshida's model, I have to clarify how they influence children's emotional development. Five nursery school teachers and 2 researchers observed the three year olds in peer play situations and rated emotional development.: Expression of emotion, Security of emotion and Self-Control. One hundred and forty-six pairs of mother-toddler attended the classes in one year. Mothers completed 7- items of the EPDS and other items in the Questionnaires. Results: there were significant correlations between Mothers' Depression and refusal and intrusive attitudes, and Mother's Perception of the child's difficulty. And there was also a significant correlation between Child Rearing Attitude and Mother's Perception of her child's difficulty. However, no significant correlation was obtained between mothers' depression and the child's emotional development. According this study, the model of the relationship between maternal postnatal depression and mother-child interactions was supported.

248 Developmental Processes of Maternal Infant-Directed-Speech during the First Three Months
Shigeru Nakano (Japan)
It has been demonstrated that parents have an inclination to express higher pitch voices when they talk to their infant (IDS) comparing with a talk to other adults (ADS). IDS is believed to makes more effective for parents to catch and maintain their infant's attention. However, there have been little studies to pursue a developmental process of IDS longitudinally, especially, its emerging process within first 3 months. In this longitudinal study 15 mothers were asked to videotape their interactions with own infant at home for more than 10 minutes by themselves as Video-diary. The recordings were done when the infant was 2, 4, 8 and 12 weeks old. The clearest 60 sec. IDS and ADS utterances were extracted from Video-diary. Then intonation- contour pattern (ICP) and the mean FO were analyzed by a computer program. Functions of IDS depending on interaction contexts were also categorized. Results presented that; first, even at 2weeks, IDS showed a significantly higher pitch range than ADS.
However, the 2-week-IDSs were mainly characterized by the flat ICP. The ascendant-descendant ICP, i.e. known the typical type of IDS, emerged gradually and significantly increased at 12 weeks. Thirdly, main functions of IDS showed a developmental change from the attention-drawing to the receptive-response at 8 week. Further, at 8 and 12 weeks the receptive-response was significantly correlated to the ascendant-descendant ICP found. Those results were considered as suggesting that individual differences in the developmental process of maternal IDS are formed depending on the developmental process as a parent-like-parent.

249 **Mother-Infant Relationships in Extremely Low Birth Weight Infants under 400 Grams**

Hidekazu Homma, Takeshi Arimitsu, Masayuki Miwa, Gen Kuratsuji, Ryousuke Kusano, Isao Hokuto, Hisako Watanabe, Kazushige Ikeda (Japan)

**Background:** While Japan boasts the world minimum infant mortality rate, the rate of mortality for Extremely Low Birth Weight Infants (ELBW, under 500 grams) is still high. The NICU of Keio University Hospital experienced the birth and comprehensive medical care of 4 infants born with birth weight of under 400 grams from October 2006 to September 2007. For infants born in such a severe premature state, intensive medical care needs to be closely combined with firm holding environment for mothers and families to mitigate their initial devastation and enhance their parenting functions. In this paper we will report on the 4 cases focusing on mother-infant relationship.

**Results & Discussion:** The infants were born at 23 to 26 weeks of gestation due to their mothers’ pregnancy-induced hypertension or chorioamnionitis. Their birth weight were 265g, 380g, 316g and 389g. The parents were devastated at first. The NICU team created an assuring comfortable ambience for each infant and mother respecting their initiative and spontaneity and tailoring the care according to individual needs. The first two babies started kangaroo care as soon as their vital signs became stable. An infant mental health professional contained each mother’s fears and anxieties. All the 4 babies succeeded in establishing good enough attachment relationship with its mother. Now the first two infants have gone home while two are still steadily thriving in the NICU. The first infant became the tiniest intact surviving baby in Asia and the second tiniest in the world.

250 **Attunement of Rhythms in Early Non-Verbal Mother-Infant Communication**

Mette Vaever, Susanne Harder (Denmark)

From early on infants act dyadically and communicate in complex ways with other people, expressing, exchanging and sharing emotional experiences back-and-forth in coordinated turn-taking sequences and coordinating non-verbal rhythmic patterns in e.g. vocalising patterns, eye-contact, smiling and gestures. Rhythmic structure is fundamental to human behaviour and much of our vocal and motor behaviours are rhythmically organised (Lashley 1954). It is possible that movement plays an important role in specifying cross modal temporal relations in early development (Lewkowicz and Lickliter, 1994). The aim of the present study is to identify these attunements of rhythms - i.e co-regulation (Fogel, 1992) - in motor and vocal communication between mother and infant at 4, 7 and 10 months of age. The study is part of a bigger longitudinal study which aims at exploring the association between these patterns of co-regulation, and the cognitive and emotional development of the child at 13 months. The movements of mother and infant are registrated using the Qualisys Track Manager system. Attunements of rhythms in movements are studied regarding velocity and acceleration of upper limbs. Vocalizations of mother and child are recorded separately in a two channel digital registration. Attunements of rhythms regarding duration and volume of vocalization are studied. Noldus Theme software - a tool for the detection and analysis of patterns in time-based data - is used for analysing potential cross-modal attunement in movement and vocalization. Data from 6 mother-infant-dyads at 4, 7 and 10 months will be presented.

251 **Scan Softmakers during Prenatal Diagnosis**

Sylvie Viaux-Savelon, Ouriel Rosenblum, Philippe Mazet, Marc Dommergues, David Cohen (France)

Pregnancy is an important stage in processes of the woman's identity structuring. During this so particular period of her life the woman shows an important "psychic transparency", that also signs a psychic vulnerability. This period gives representations and interaction's bases to their baby. The arising of a suspicion on her child's integrity to come reaches her representation's models and trouble her interactions with the child descended of this pregnancy and by this slant this child's development. Objectives, population and methods: In order to put in evidence these disruptions, we followed two
groups of women: a group with "pregnancy supervised" following a suspected scan with softmarkers, a control group without scan anomaly, during the 22 SA scan, the last quarter of pregnancy, to the childbirth and the child's two months. Results: We present the first results of this survey. During pregnancy, mother described a suspension of infant investment after the first scan announcement and during the period of scan control, with perturbation of foetus' representation afterwards. At the birth, the infant-mother meeting is tense. The dyad is not well dynamic. Mother is anxious and this anxiety increase across the time. Conclusion: nevertheless, it seems that a preventive taking in charge at the very beginning of the pregnancy associated with a medical follow up of that suspected anomaly could help to avoid that diversion of the maternal psychic mechanism, all the more so since maternity makes women more psychically approachable.

252 Prospective Control in Communicative Musicality as Possible Early Diagnosis
Jonathan Thomas Delafield-Butt (Great Britain)
All animal movements require getting to the right place at the right time. This requires the prospective control of the changing forces in the body's musculatures, which are in turn guided by the perceptual systems of both the body's movements changing in time as well as its relations with other bodies changing in time in the "external" world. While these prospective movements become more refined as a human infant matures, the basic principles of prospective guidance appear to be present from birth. In this paper I will examine two important modalities of infant movement, the acoustic movements of the voice and the spatial displacement of the limbs, to show that they are both prospectively controlled using fundamental biological principles. High spatiotemporal resolution acoustic and movement data collected from mother-infant dyads at birth to 12 weeks of age will be analysed. Moreover, I will show how prospective control of movement is important in communicative exchanges between the infant and its primary care-giver, and how it is used to produce expressive characteristics. This form of analysis adds a further dimension of measure to our notion of communicative musicality and importantly examines general limb movements with the same treatment as those given to the voice. This work is part of an EU Nest Adventure Grant for the development of movement technologies for the early diagnosis of psychopathology.

253 Mothers' Separation Anxiety and their Parenting Competence
Hui-Chi Hsu (United States)
Separation anxiety is the unpleasant feelings such as worry, guilt, and sadness associated with mothers' temporary separations from child (Hock et al., 1989). Separation anxiety experienced by mothers is linked to their mental health problems as depression (e.g., Hock & Schirzinger, 1992). Research has also demonstrated that infants whose mothers experience heightened separation anxiety are more likely to be insecurely attached (e.g., Scher & Mayseless, 2000). However, it is unclear whether mothers' separation anxiety impedes the quality of their parenting. Thus, this study was designed to examine the association between mothers' separation anxiety and their parenting competence. 105 mothers and their 12-month-olds participated in this study. A novel toy procedure was implemented to assess maternal parenting competence, during which the infant encountered a robotic dog. Maternal parenting competence (i.e., sensitivity, structuring, nonintrusiveness, and nonhostility) and infant responsiveness were evaluated using the Emotional Availability Scales (Biringen & Robinson, 1991). Results showed that maternal separation anxiety was a significant contributor to maternal competence in parenting, even after the effect of infant sex and responsiveness were statistically controlled for. Mothers who experienced heightened separation anxiety were less sensitive and more intrusive and hostile to their infants. Based on the mood congruency theory, individuals' feeling states affect how they attend to, evaluate, and interpret information. The negative feeling states such as sadness, worry, and guilt arise from daily parenting experience may negatively affect how mothers process and respond to infant signals. Future research on parenting competence will need to take parenting emotion and cognition into consideration.

254 The Transactional Model and Insights from Basic Neurobiological Research as a Basis for Early Intervention in an Institutional Setting
Gro Vatne Brean, Are Brean (Norway)
The infant is genetically predetermined to be dependent of its environment in order to develop adequately and optimize brain function. We present a case where a seemingly very grave
developmental disorder seems to be partly corrected by adequate intervention. The case illustrates how the transaction model, taken together with insights from basic neurobiology, can give practical implications for the day-to-day work in a parent-child institution. The transaction model, as proposed by Sameroff and Chandler, views the development of the child as a product of the continuous dynamic interactions between the child and the experience provided by his or her family and social context. Even though the fundamental structure of the brain is genetically determined, the environmental inputs play an essential role in the development of the architecture of the brain after birth. The concept of neuronal plasticity implies a considerable potential for learning and adaptation, but also implies a considerable vulnerability in the developing child, especially when exposed to inadequate environments. Early observations of mother and child interaction and child development give a basis whereupon adequate interventions can be based to prevent further maldevelopment. This basic clinical observation can be theoretically explained in the terms of the transactional model, and biologically explained by emerging evidence from neurobiological research. The interface between neurobiology and theories of child development needs more attention, and a future convergence between these fields might carry potentials for even more targeted interventions in infants at risk.

256 Effects of Baby Massage on Mothers after Childbirth
Hiroko Kotani, Hidenori Nakagawa (Japan)
Recently in Japan, the number of mothers who find it difficult to take proper care of their children has been increasing due to smaller families and too much information about childcare. One solution might be "baby massage". The following tests have been done; the measurement of brain waves, heart beats, blood pressure, the body surface temperature and the stress hormone concentration in saliva. These tests were taken place before and after the mother has performed the baby massage. One of the brain waves is the alpha wave. When the alpha wave appears, it is said that the person is in a relaxed states. The concentration of the stress hormone cortisol in the saliva also has been reduced by half. Five mothers massaged babies younger than 1-year-old for 15 minutes. Also we found that the alpha wave of the mothers doubled after the baby massage and blood pressure fell by around 15% in all participants. These tests into massage have proved that not only a baby benefits but also a mother. As for the baby massage, it turned out that it becomes a means to obtain a relaxed feeling. Although the mother, after the delivery, often experiences physical and mental difficulty in general, the bonding of a mother and a child is deepened by performing baby massage, and it was suggested that it can become a method of reducing stress in childcare.

257 Development of Japanese Version of NCATS (Nursing Child Assessment Teaching Scale)
Taeko Teramoto, Taiko Hirose, Miho Kusanagi, Kayoko Suzuki, Sonoko Shirakawa, Izumi Takahashi, Mami Sonobe, Motoko Okamitsu, Hiromi Kawasaki, Miwako Okamoto, Michiko Yamazaki, Mayumi Hiramatsu, Yukiko Ohashi, Kimiko Murase, Keiko Komoto, Kayoko Hiroi, Aki Kawamura, Takahide Omori (Japan)
The poster presentation provides the process of development of Japanese NCATS (Nursing Child Assessment Teaching Scale). NCATS is an assessment tool for caregiver/parent-child interaction and has been widely used for both practical and research purposes. The process of development of J-NCATS was as follows; 1) translating original NCATS materials (manual, coding sheet, training DVD) into Japanese, 2) reverse-translating Japanese materials into the original language (English), 3) contracting with NCAST-AVENUW, the original developer, for producing Japanese materials and dissemination, 4) collecting data of more than 400 Japanese dyads, 5) coding interaction of these dyads using both the original and Japanese NCATS, 6) statistical analysis, and 7) examining of reliability of J-NCATS. In comparison between the original and Japanese NCATS scores, smaller total scores and SD were shown in J-NCATS, which imply a potential consistency of measurement of Japanese dyads by using J-NCATS. Total and subscale scores of J-NCATS significantly correlated with scores measured by the original NCATS. Total and subscale scores within J-NCATS also significantly correlated with each other. Both of them demonstrate adequate reliability of J-NCATS. Alphas (KR-20) of J-NCATS scores were rather high, which implies internal consistency of J-NCATS. Through the process above, the J-NCATS database was completed, in which total and subscale scores were shown in relation to the demographical data of dyads (child's sex, age, and mother's age, school years, etc.), and 10th percentile cutoffs were also shown. In addition to a validity study, an examination of practical use of J-NCATS should be further conducted.
Attempts to Perform Japanese Version of the IFEEL Pictures, using the Questionnaire Sheet Technique
Masashi Tanaka (Japan)

The objective of this study was to examine the possibility of performing a Japanese version of the IFEEL Pictures using a self-assessment-type questionnaire method. The subjects were 20 mothers with infants aged between 2 months and 86 months (one was in her late 20s, and nineteen were aged between 32 and 36), and 97 female students who were in their sophomore to senior years at a women's university in Tokyo (aged 19 to 22). Results of the analysis showed the following: (1) No differences were seen between the mothers and the students in terms of their interpretation of emotions from the infants' facial expressions. (2) However, regarding the infants' emotions of pleasure and displeasure, as well as the relationships they seek, as estimated from the emotions shown by the infants, the students simply related the emotions of pleasure and displeasure with the relationships, such as wants to approach in the case of pleasure, and wants to back away in the case of displeasure. However, the mothers felt that the infants sought to approach the mother, regardless of what the infants' emotions were. This test that adopted the questionnaire method showed a difference between mothers and students in terms of the infants' emotions of pleasure/displeasure as well as the relationships they seek, as estimated from the emotions shown by the infants. Our study showed that it was possible to employ the Japanese-edition IFEEL Pictures using a questionnaire method.

Progress Report on Treatment for Postpartum Depression of Mother who Showed Strong Reaction against Second Girl Baby after Giving Birth to Dizygotic Twins
Hiroko Suzuki (Japan)

Although treatments for infertility led to multiple pregnancy, Ms. A (35 years old) underwent an operation for fetal reduction to leave two fetuses. Ms. A had dizygotic female twins by Caesarean section at 37 weeks of gestation. She left the hospital with her first baby, while the low-weight second baby (1660 g) stayed in NICU for one month. While Ms. A raised her twin babies at her parents' home for about six months, she didn't feel that the second baby was her own daughter and left the care of that baby to A’s mother. She was scared of touching the second baby. After returning home, A left the care of the second baby to her husband. She tended to lose control when the second baby cried. Ms. A and her husband were worried about retarded development of the second baby. Ms. A gradually became depressed and suffered from sleep disorders and a feeling of inadequacy. She was finally diagnosed as having postpartum depression and put on medication eight months after the delivery. This study reports the progress of step-by-step treatment, including the first step for stabilizing Ms. A, the second step of parent-infant psychotherapy, and the third step of family session. The study includes the discussions about treatment for relationship disturbances of Ms. A with the second child having developmental problems; treatment for Ms. A's postpartum depression (in consideration of A's attachment to her mother); and early detection of risky mother-infant relationship and the need for coordination with related organizations.

Effect of Postpartum Depression on Maternal Cognition of Infants Facial Expressions Measured by the Japanese Version of IFEEL Pictures
Yukiko Morioka, Yumiko Kurihara, Tetsuji Sawa, Arata Oiji, Katuso Inoue (Japan)

The objective of the present study is to examine the effect of postpartum depression on maternal cognition of infant's facial expressions. We recruited the subjects of postpartum mothers in a general hospital located in the northeast area of Japan. One hundred eleven mothers gave informed consent to this study. The subjects consisted of 60 primiparas and 51 multiparas and the average age of them was 31.2 years. We administered Japanese Version of Self-Rating Depression Scale (SDS) and Japanese Version of IFEEL Pictures (JIFP) developed by Okonogi et al. to the subjects one month after childbirth. The subjects were divided into two groups; the depressed group (n=30) and the non depressed group (n=81) on the basis of the score of SDS. The subjects in depressed group scored the points of 40 and above on SDS. They were suspected of having depression. We compared the results of JIFP between the depressed group and the non-depressed group. The rate of the category thinking in JIFP in the depressed group was significantly higher than in the non depressed group. In the picture 25, the rate of category tired was significantly higher in the depressed group than in the non depressed group. In the picture 28, the rate of category anger was significantly higher and the rate of category attention and doubt was significantly lower in the depressed group than in the non depressed group. These
results suggested the significant but subtle effects of postpartum depression on maternal cognition of infant's emotion.

261 **Sound Characteristics of Infant Crying Arousing Unpleasant Emotions in Mothers**  
*YeounJung Kim, Shinya Miyamoto (Japan)*  
Crying is one of kind of social behaviors. Through crying, infants express their condition which determines the type of care required. This study examines the acoustic characteristic of infant crying likely to arouse negative emotion and distress in a mother. We used sample of infant crying from three situations -- hunger, pain, and the mother's absence -- in six healthy infants over six months. We played recordings of infants crying to 90 mothers taking care of infants and had them self-evaluate emotions and feelings. In addition, the sounds were analyzed acoustically through a CSL4400 (KayPENTAX Computerized Speech Lab, Model 4400) to analyze frequency, energy, total expiratory time, the number of the expirations. As a result of this study, most sounds of the infants were not considered unpleasant sounds by the mothers. However, cries in the situations of pain and the mother's absence were seen to cause more unpleasant emotions and irritation in comparison with the sounds in the situations of hunger. In particular, crying from the mother's absence caused most distress. Analysis of these sounds showed that crying in the situations of pain and the mother's absence were strong in frequency, high energy, and prolonged. There results suggest that there is some relation between acoustical characteristics of an infant crying and the mother's feelings of distress.

262 **Depression and Maternal Attachment in Japanese Women during Pregnancy and Postpartum: A Longitudinal Study**  
*Hitoshi Kaneko, Shuji Honjo, Kenji Nomura, Haya Sechiyama, Yasuko Takahashi, Satomi Murase (Japan)*  
The present study investigated associations between maternal attachment and maternal depressive symptomatology during pregnancy and postpartum. Participants were 440 women in the second trimester of pregnancy who were assessed twice during pregnancy and within 1 week postpartum. Questionnaires consisted of the Edinburgh Postnatal Depression Scale (EPDS), Zung's Self-Rating Depression Scale (SDS), the Antenatal Maternal Attachment Scale, and social support scale. The postpartum questionnaire comprised the EPDS, SDS, and Postpartum Maternal Attachment Scale. Prevalence of depression was approximately 13% for participants during pregnancy and postpartum. Social support from maternal parents was related to antenatal depression. Depression scores and social support from maternal parents were related to antenatal maternal attachment scores. These results indicate that social support from parents is important for Japanese women.

263 **Baby Problems - A Treatment Study**  
*Bjorn Salomonsson (Sweden)*  
My poster presents a study at the Karolinska Institute in Stockholm, evaluating psychoanalytic treatments and treatments as usual of infants and mothers. Mothers contact the project because they experience problems with their babies. The study is running since 2005. The poster presents the design, sample, qualitative and quantitative methods, and preliminary results.

264 **Exploring the Wellbeing of Breastfeeding Japanese Mothers**  
*Namiko Kawamura, Hiroko Matsumura, Mayumi Yamauchi (Japan)*  
This research evaluated the mental health of Japanese mothers who were nursing four month old infants, and examined the relationship between subjective well-being, breastfeeding and other factors. The WHO's Subjective Well-Being Inventory (SUBI), as well as a 14 to 28 items questionnaire generated by the researchers were used for this study. The researchers distributed both instruments to 216 mothers during a routine health examination for four month old infants at a health center in a northern Japanese city. A total of 132 questionnaires were returned, an overall response rate of 61%, of which 120 met the criteria for this research. The average age was 30.7 years old. The subjects' infant feeding preferences were: breastfeeding only 59.2%, combination of breast and bottle feeding 22.5%, and bottle feeding only 18.3%. According to the standardized criteria for SUBI, the average mental health score was 40.61, and the average mental fatigue score was 50.28. The scores for mental health and mental fatigue were not significantly difference for the three infant feeding preferences. For subjects receiving the support of other people there was a significant difference for in scores for
mentally healthy (p=0.001) and mental fatigue (p=0.005). Moreover, for any breastfeeding mothers receiving the positive support of their partners, there was a significant difference for both mental health (p=0.001) and mental fatigue (p=0.007). Mental and physical support from key people would seem to have an impact on breastfeeding Japanese mothers' mental health and fatigue.

265 Relation between Self-Esteem and Child-Rearing Attitudes and Behaviors in Mothers with Infants
Kimie Tanimoto, Kayo Ogawa (Japan)
To investigate the relation between self-esteem and the child-rearing attitudes and behaviors of mothers in the early child-rearing period, we conducted an anonymous, self-reported questionnaire survey using scales of attitude and behavior toward child-rearing and the Rosenberg Self-Esteem Scale. The subjects were 89 women who visited a medical facility for infant health checks. Approval for the study was obtained from the ethics committee of the institution where the study took place. Spearman’s rank-correlation coefficient was used to check for relations between self-esteem score and 3 subscales for child-rearing attitudes and behaviors: stress in caring for an infant in daily life, positive feelings toward child-rearing, and negative child-rearing behaviors. Weak negative correlations were seen between self-esteem and stress in caring for an infant in daily life (r = -0.334, p = 0.002), and between self-esteem and negative child-rearing behaviors (r = -0.421, p < 0.0001). There was no significant correlation between self-esteem and positive feelings toward child-rearing. These findings indicate a relation between self-esteem and negative child-rearing attitudes and behaviors. The fact that mothers understood that there are limits to their growth and improvement as mothers, rather than feelings of being perfect as mothers, suggests that it may be possible to reduce negative child-rearing attitudes and behaviors.

266 The Effect of a Municipal Health Service System for Mothers and Children: Examining the Importance of a Long-term Mother-Centered Support
Emiko Satoh, Mineko Kashima (Japan)
We believe in the potential parenting ability in all mothers. Even such an ordinal mother could become dysfunctional, if she faced environmental change and developmental problem of her child. Not only for the cases of developmental problem of their children, but also for the cases of relationship disorder, some early intervention would be necessary and effective. Although the aim of the intervention is to mainly enhance development and well-being of children, their mothers should be accepted and supported deliberately. If the mothers are thought to be changed appropriately in their behavior or attitude toward their children, they should not be pointed out nor required by others. Instead, the mothers should be ensured to feel secure and happy with their children, so as to get the positive attitude for their children spontaneously. At the municipal health checkups for all the 18-month-old and 42-month-old children in Zama-city, they devote their efforts to listen to the mothers, although they keep their eyes on development of the children. They also provide casual type of counseling and playgroups, which enable mothers to share their problems with and feel relieved. The result of the questionnaire to mothers taken before and after attending playgroups show that sense of anxiety, stress, and isolation for parenting get reduced after attending the playgroups. The mothers who had experienced the playgroups and counseling in the past confirmed that having good relationships with supporters benefited them in terms of using counseling and services in a proper way even later on.

267 A Study of the Mental Health Status of Parents with Infants
Yuka Kataoka, Yuko Oikawa, Husako Odagiri, Kyoko Kubo (Japan)
A questionnaire survey was conducted, targeting 183 mothers with infants living in the Tokyo metropolitan area. No significant differences were seen between first-time mothers and mothers with two children as a result of comparing and studying their GHQ scores. However, the high overall GHQ score of 8.25 points overall suggests that parents with infants were not in a state of good mental health. There is a need, therefore, to provide childcare assistance to both primiparae and multiparae in ways that are suited to the subjects’ characteristics.

268 A Study on the State of Mental Health of Mothers with Infants
Yuko Oikawa, Husako Odagiri, Yuka Kataoka, Kyoko Kubo (Japan)
A questionnaire survey was conducted targeting mothers with infants living in the Tokyo metropolitan
area, to study the relationship between their mental health state and ego state. Our findings suggested that the mothers' "adaptive child" (AC) ego state had an influence on their state of mental health. Since taking care of infants requires tremendous time and energy on the part of the parents, they need to adjust their lifestyles. It was assumed that adapting to changes in their living environment was leading to the stress they experienced.

269 **Maternal Scaffolding for Infant Motor Development by Longitudinal Naturalistic Observation**
Keisuke Shiraga (Japan)

Mother often encourage infant to walk with physical approach or speech before they can walk. It is thought that such an action influences the infant's motor development. So this study examined maternal scaffolding in motor development and investigated the effectiveness from infant reaction. Infants and their mothers (4 pairs) were observed before independent walking in the home. At first, We classified strategy of mother to help the child walk into 13 types. Some types of strategy made the infant walk easily, and some did not. And, the strategy of making infant walk by holding the infant's body direct not only draws out walking easily but also cause strong refusal. Findings of this study will suggest more effective strategy and reduce mothers' anxiety about infant's motor development. It is preferable that a good mother and child relationship is brought through such behaviors of mother.

270 **Family Functioning, Parental Relationship, and Mental Health: The Intergenerational Transmission and Associations with Child Development**
Hannele Raiha, Niina Junntila, Minna Aromaa, Sari Ahlvqvist-Björkroth (Finland)

This study starts a longitudinal follow-up of families from pregnancy to adulthood focusing on the interaction of the whole family, parents' psychological and social well-being, parental self-efficacy and child development. The aims are to analyze the interaction between family members, family functioning, quality of parental relationship, parental mental health and child development, and to evaluate the influences of parents' loneliness, anxiety and depression to their child's socio-emotional well-being in different stages of development. During the period of pregnancy the emphasis is on family functioning, parental relationships, individual psychological and social well-being, and internal working model of the child. In the early childhood the focus is on child development and the triadic family relationships and later on adolescents' social and psychological well-being in the context of peers and school. The study involves a systematic follow-up of an annual cohort of 3500-4000 Finnish children and their families. In addition, family interaction of the sample of 80 risk families and 80 non risk families is studied more profoundly. The preliminary results will be presented.

271 **Report of the Support for Mothers Suffering from Postpartum Depression using the Internet and the Offline Mutual Self-Help Group**
Hiromi Miyazaki (Japan)

There is a report demonstrating that one out of women after delivery suffers from the postpartum depression. The support to the mothers suffering from the postpartum depression is active in Britain, U.S.A., and Australia. In 2003, Professor Teiji Okano in Mie University started PSI-JAPAN to study the postpartum depression. Then, the concern for the postpartum depression has risen in Japan. Since 2004, the mothers suffering from the postpartum depression and the family have exchanged information by Web site "Mama blue." The support to the mothers suffering from the postpartum depression just started in Japan. I report how the postpartum depression has been supported in Japan, through the activity of "Mama blue"; Early stage detection of the postpartum depression and support for the early recovery. The main activities of "Mama blue" are Support by the Web site, Support by the offline mutual self-help group, Support by usage of relaxation methods, Support of the community salon for mothers who have babies 0-23 month old, Education campaign to pregnant women and the families, and Information exchange of the mothers who recovered from the postpartum depression.

272 **Understanding Early Emotional Development in Infants and Toddlers: Perspectives of Early Head Start Staff and Parents**
Holly E. Brophy Herb, Rachel Schiffman, Hiram E. Fitzgerald, Erika London Bocknek, Sara DuPuis, Mildred Horodynski, MaDonna Adkins, Shelley Hawver, Mary Cunningham-DeLuca, Lorraine McKelvey (United States)

As part of a curriculum development project, focus groups were implemented with Early Head Start (EHS) staff and with parents. EHS is a federally funded intervention and parenting education program
in the United States. Three major themes were identified for the staff and parent focus groups: (a) infants' and toddlers' abilities to have emotions and to be aware of others' emotions; (b) roles of parents as advocates, teachers and disciplinarians; and, (c) parental reflectivity about their own experiences as influences on their parenting. Findings suggest that parents participating in EHS have some knowledge about basic emotions and the developmental nature of emotions, but may easily misinterpret emotional displays as attempts at manipulation; gender expectations about emotional expressiveness begin early; more empowered parents may view themselves as role models and teachers for their children; and more reflective parents are better prepared to engage in the sensitive interactions needed to guide young children's growing awareness of their own and others' emotions. Results support the premise that an Infant Mental Health (IMH) framework. Factors such as parental reflectivity, parenting, and gender expectations are best addressed within a model that encourages supportive relationships as a context for parental and child growth. EHS staff trained in the IMH model may be better able to support parenting reflectivity, encourage parents' awareness of their own emotions, and work with the parent in engaging in emotional socialization with infants/toddlers than are staff trained in more traditional parenting education models.

273  A Developmental Study on "Telling" in Open Adoptive Families
Yorio Kosawa (Japan)
Continuous efforts by adoptive parents to help adopted children understand the existence of their biological parents and the related information is called "telling." This study examined in our kinship-dominant society how the adoptive parents tried to do "telling" repeatedly and how the adopted children responded to it in accordance with their age-graded variation. All the data were collected from the "telling diary" recorded by the participants who belonged to the NPO agency that promoted open adoption. Findings suggested; (1) On the "telling" to children in infancy, many of the adoptive parents tend to realize its necessity, except for whether children can understand the meaning of "telling." (2) On the "telling" to children of 3 to 7 years of ages, many adoptive parents tend to have some difficulties of answering questions from children. (3) On the telling in puberty, almost all the adoptive parents feel limitations to do and seek to have some effective social support resources such as the adoptive parental network and also adopted children's network.

274  Transition of Consultation Activity in Kakogawa City Child-Nurturing
Ritsuko Ohgami, Atsuko Inoue, Yuka Hayashi, Kayo Hoshiba, Nao Takayanagi (Japan)
The change is seen in the content of the consultation while psychologically supporting it to infants and the parents every year. It reports on the activity to have worked on strengthening the system of the consultation in compliance with consultation person's needs.

275  The Actual Condition of Depressive Symptom and its Associated Factors among Husbands and Wives around the Birth of their First Baby
Chihiro Murayama, Hiroshi Murayama, Toshiro Henmi (Japan)
Purpose: To clarify the actual condition of depressive symptom and its associated factors among husbands and wives before and after the birth of their first baby. Methods: The subjects were husbands and wives a month before and after the birth of their first child at university hospital in Tokyo between June and October 2006. A self-check questionnaire survey was conducted, covering items on the Center for Epidemiologic Studies Depression Scale (CES- D), Short Marital-Adjustment Test (MAT) and attachment rating scale toward baby. This study was approved by the Ethics Committee of the university hospital where the study was conducted. Results: A total of 198 questionnaires for before birth and 95 for after the birth of their first baby were analyzed (valid response rate: 57.9% and 49.0%). About 10.9% of husbands and 26.4% of wives before birth, and 9.1% of husbands and 25.5% of wives after birth had tendency toward depression. Also, the score of CES-D was higher for husbands than for wives only before birth. Moreover, the lower the score of MAT was, the lower the score of CES-D was for both husbands and wives before and after birth. Conclusion: It became clear that one-fourth of wives had tendency toward depression both before and after the birth of her first baby. Also, in order to prevent the depression of husbands and wives around the birth of their first baby, it might be important to assess marital relationship when considering how to provide support for them.

276  Examination of Differences in Determinants of Parenting: Does Ethnicity Moderate the
Relationships?
Toko Oshio, Ann Michele Stacks (United States)
Parents typically attempt to create safe, secure, and appropriate environment for their children, and to promote and protect children's well-being. However, why do parents differ in the ways they approach and execute the task of caring for their children? This current study examines the differences in determinants of parenting and its influence on child's development. Using the Panel Study of Income Dynamics Child Development Supplement (PSID-CDS), a longitudinal study of a representative sample of U.S. individuals and the families, this study investigates how the determinants of parenting: parental personal resources; contextual sources of stress and support; and child's characteristics relate to parenting behavior which results in relating to child's development. Additionally, the moderating effect of ethnicity is examined to see if the model could be applied to varied ethnic groups, and to see if there are differences in the relationships based on ethnicity. The structural equation modeling is utilized to test the theoretical model, and examines the latent variables for three determinants, parenting behavior, and child's development.

Re-growth in Adolescence: The Practice of Group of Seeds
Mana Matsukura (Japan)
Children who have shut themselves up in their homes or can't attend school due to other psychological problems face a very difficult task of reintegrating back into regular mainstream society. Families of such children also have a hard time supporting their loved ones. Although circumstances vary, all these children have something in common: the experience of being hurt and alone. These feelings hinder contact with the outside world. Medicine or counselling at medical facilities is only a part of an effective overall solution to their dilemma. If such children can find continual acceptance and recognition by others, the cumulative effect of such small, consistent, and positive encounters may allow them to restore self-confidence and trust and take forward steps in their lives with hope. The Group of Seeds project, established for such children in June 2002, is a membership society set in the relaxing atmosphere of an ordinary house, a place where children and their families can gather together for informal chat over tea. Gradually the children build up their courage to go out, such as exercising at a gym, singing karaoke, or selling baked bread at a flea market with the help of adult supporters. The atmosphere at Group of Seeds can be compared to the womb of a mother that loosely accepts the baby, and the relationship of the members to the amniotic fluid that communicates sound. Young people with hurtful experiences re-grow, restoring their own personalities in a community of loving family-like relationships.

Forming Partnerships with Mothers: A Case Study on Parenting Support for a Mother who had Problems with Own Mother
Motoko Okamitsu, Taiko Hirose, Taeko Teramoto, Miho Kusanagi (Japan)
This study discusses a case of parenting support involving a mother who had mother-child relationship problems with her own mother. A longitudinal parenting support intervention study was conducted using the Nursing Child Assessment Teaching scale (NCATS) to assess a low birth weight infant with Down Syndrome and the mother. It revealed problems of the subject mother with her own mother, a history of school-phobia, and problems with her husband. We provided specific parenting support to the mother, who had an infant with developmental disorder, by listening to her complaints during home visits. She was experiencing strong anxiety over parenting, and was socially isolated. As a result of praising her for whatever she did well or right in parenting behavior, she started to voice positive comments as her outlook on the development of her infant became clearer. Following continuous support for two years, the mother finally started to talk about shocking facts for the first time, suggesting that it takes time for inexperienced support providers to draw out facts. We therefore decided to reexamine parenting support methods from the initial stage. It was found that there is a need for support providers to practice infant mental health care which can meet mother-child needs, and link this to the support for mothers and their children who are socially isolated. The need to form partnerships with mothers based on the Japanese cultural characteristics of providing parenting support was brought to light.

Gender Identity and Child Rearing: Mental Disorder and Cultural Issues
Kristiana Siste Kurniasanti (Indonesia)
UK and NL are intersex children. They were born as female. Their parent rear them as female. But when UK was 2 years old, he always like the toys for boys, like car and gun. He refused to use skirt. He always said that he is a boy. His mother felt sad about it and insist UK to use skirt. UK did not play with girls but he choose to play. His mother felt ashamed with the neighbour. They are Sundanese and live in small town, and Moslem religion really influence their life. Their parent feel UK and NL are girls and they must behave like girls. UK and NL said that their parents always insist them to use skirt and play with doll. Every Friday, they used jilbab. When they are 5 years old, they felt strange to became girls. So they tried to use trousers. NL refused to use skirt when he went to school. But their parents were angry with them. In their cultural, the girls should use Jilbab and skirt, not trousers. UK still wanted to go out with his friends, and play with them. But NL became shy and quiet. When UK were 12 years old, he felt that he had lump in their genital. Their parents brought him to the doctor. The doctor asked UK waiting for menarche and voice changing. The doctor checked the chromosom and they claimed UK is girl. When UK 18 years old the doctor explained that UK (18 years old) is a boy. And the doctor checked NL’s chromosom, the doctor also claimed NL (9 years old) is a boy. UK and NL felt happy about doctor’s explanation. But their mother did not accept the result. They choosed to became boy. They have gender transformation. Method: The case was followed by longitudinal study for 3 months and on going. Result and Discussion: UK, 18 years old, had worked in small hospital which location far from his house. He said that he had new life and more comfortable with himself now. NL, 9 years old, still in 3rd grade in primary school. He always try to wear trousers and shirts. He just use skirt when he go to school. He always use hat in school, but his friends always yell on him. They said NL is a boy. NL became shy and quiet. He does not have initiative (fall into sense of inferiority). He does not want to go to school anymore. His parents do not want to tell their neighbour. They do not want to join with their neighbour especially his mother. NL feel sad. NL has consultation with psychiatrist, and have cognitive behavioral therapy. In Indonesia with east cultural, changing the gender role is a serious problem, and the family will be ashamed. Most often the neighbour feel that family is being cursed by God.

280 How Can Private Pediatric Clinics Contribute to Support Japanese Single-Parent Mothers who Raise Children with or without a Handicap?
Kouki Oguchi (Japan)
Recently Japanese mothers must raise their children single-handed, without the help of elderly family members and neighbors in their community. Our pediatric practice, made up of a pediatrician and nurses, all with neonatal care service background, started a service to support mothers rearing children with or without handicap. In our rapidly changing Japanese society, it is reasonable to think that the pediatric office must become the regional center for rearing children in their communities. We established two activities the developmental clinic and the family support unit (FSU) intended to help the struggling mothers. With neonatal background, initially we aim to see children who were hospitalized in the NICU. During last 8 years, with the help of clinical psychologists, we have been able to attend to more than 500 children having various kinds of developmental problems. In 2005, we started to run the family support unit by renting new space. After a long preparatory period, one nurse became the representative of that unit and manages it on a semi-voluntary basis financially independent unit. FSU is the place where lonely mothers can visit and talk to someone easily. Also FSU staff coordinate many volunteer activities such as mother talk square, etc in collaboration with many people having special talent and volunteer spirit. Needless to say, our trial project might not be a really new idea but it is a very practical way in which we, pediatric specialists can contribute more to the nuclear family system in Japan.

281 The Baby and His Majesties: Some Considerations on Human Helplessness
Nara Amalia Caron (Brazil)
The observation of obstetric ultrasound through an application of the Bick method enables us to visualize aspects of the transition process to parenthood, siblinghood, grandparenthood. Due to the intense mobilization provoked by the image and the setting, everyone suffers an emotional impact which facilitates regression. Human nature appears, the way it faces helplessness, the unknown, reacting outside our expectations. The serene image, imposed by idealization of relationships, is demystified due to the crudity and dramatic mixture of emotions involved. Caught in intergenerational ties, the baby ends up being the target of massive parental projections, and is not able to assume the
position of his majesty. The members of the baby's family become majesties instead. As the doctor offers a containment setting, in which there can be a shared interpretation of images, he/she may facilitate the process of becoming a father, mother, sibling, grandparent, thereby helping to organize the creation of ties with the baby.

282 Yokohama: A Multicultural Society
Masako Maeda (Japan)
Recently, globalization has been progressing economically, socially, and culturally. Yokohama established the Yokohama Association for International Communications and Exchanges (YOKE) as an organization for the continuous implementation of international exchanges in 1981. A group of non-Japanese residents who do not understand Japanese called newcomers rapidly increased in the 1990s. In the 1980s when YOKE was founded, there were about 20,000 of these Non-Japanese Residents, but in 1990 there were 38,000 people and in 2000 there were 56,000 people and presently the number has increased to 73,000 people. For non-Japanese residents YOKE provides assistance through the YOKE Information Corner where English, Chinese and Spanish speaking staff members are available. To provide necessary local government information in each native language, YOKE publishes newsletter in multiple languages. Volunteer city resident interpreters are provided for assistance at ward offices and at public health centers for parents and infants. Japanese language classes for beginners are offered to provide the opportunity for non-Japanese residents to learn Japanese. YOKE provides volunteer interpreters to parents needing language support. For students who have difficulty with Japanese, teaching assistance is also provided in the child's native language. We strive for Yokohama to be an energetic and internationally competitive city while being an attractive city where various cultures can co-exist, making it comfortable for non-Japanese residents to live and to rear children.

283 A Study on Mothers' "Nurturing Power" with a Focus on Children's Acquisition of Life Skills
Hiromi Kawasaki, Mika Nishiyama, Pete D'Angelo, Morihito Fujita (Japan)
The focus of this study was to investigate how the "nurturing power" in women was perceived, and how (if at all) this differs from that of child-rearing (specialists). The samples consisted of kindergarten teachers, community health nurses, elderly women who were Child Health Promotion members and mothers bringing up infants. Interviews, which were conducted in their work places or community center, lasted from 20 minutes to 1 hour. After detailed statements were taken, using transcripts by authors and other applications, the statements were classified by their meaning. The perceptions they shared were (a) providing children with the power of living independently and (b) having a clear vision of what their children will be like as grown-ups. The specialists pointed out (c) getting along with people from different backgrounds, (d) making the best use of surrounding people and (e) setting the standard as grown-ups, as factors constituting "nurturing power". Mothers, were also found to think of (f) living in accordance with the ways of the community as a component of "nurturing power". Mothers found the specialists' advice and instructions concerning methods in line with the common elements (a) and (b) easier to accept. However, the mothers' perception of "nurturing power" didn't include (c) and (e), making them less open to the specialist's instructions regarding these components. Moreover, (b) requires continued efforts beyond the boundaries of grades. The necessity to present to the children specific and age-appropriate goals was also hinted at.

284 The Actual Situation Survey of Community Centers to Support Child Care and Support Centers in Aomori Prefecture in Japan Consultations Regarding the Anxiety of Child-rearing
Tohru Takizawa (Japan)
Recently, the declining birthrate has steadily worsened in Japan. Moreover, the number of cases of child abuse has also increased. Under these conditions, it is necessary for the community to provide mothers with information on child care and support. Community centers to support child care are mainly set up as an annex to day-care centers for children. The main objects of these Ministry of Health, Labour and Welfare projects are to provide the child care support to child-nurturing homes in the region. The focuses of their activities are consultations concerning the anxiety of child-rearing, and support to the child care clubs. The purpose of this study is to evaluate the actual situation of community centers to support child care in Aomori prefecture. This investigation used a mail survey, which was answered by childcare staff. The response rate was 52.9% (45 centers). The results of the
questions regarding the method of consultation or guidance were: on telephone consultation in 43 centers (95.6%); in day-care centers in 35 centers (77.8%); and a home visit in 8 centers (17.8%). The major role of community centers to support child care is thought to be helping parents to cope with the anxiety of child-rearing (91.1%). However, they were not thought to be useful for preventing child abuse (51.1%).

285 Family Resource Center Network: Its Goals, Objectives, and Roles
Zohreh Zarnegar (United States)
Parents and caregivers of children with special healthcare needs have numerous responsibilities than parents/caregivers of young children with typical needs, requiring an abundance of psychological, emotional and physical capacity, energy, and support. The complex and multi-level needs in turn, puts them at high-risk for negative frame of mind and narratives, depression, frustration, and higher probability of child abuse. Access to the needed and available services in the large and vast urban environment such as Los Angeles County (LAC), is at best difficult for many families. For lack of accurate information about the history of the presented concerns, and for lack of communication among professionals involved with each family, misdiagnosis and inappropriate and duplicated interventions take place. This presentation introduces a community-based agency called Family Center, with the goal to serve many needs of the children with special health-care needs and their families. With a focus on helping the caregivers of young children with special needs, this center is providing education and information for prevention and health promotion, access to the available needed services, and Parent-Professional Partnership training and support groups, (PPP TG). Through a network of Family Centers across LAC, the implementation of Part C of the Individuals with Disabilities Education Act (IDEA) mandates a comprehensive early intervention service system for all infants and toddlers with disabilities/with special needs, and their families will be reached. The Family Center Network is able to deal with the families' complex needs in a way that is not possible for any one agency to do.

286 Study on Early Childhood Development Program in the Philippines: Evaluating Psycho-educational Program for Parents to Support the Children's Life and Education
Saori Ota, Kikuyo Aoki, Kiyoko Tomita, Yoshie Nakano (Japan)
This research concerns the parent support of Early Childhood Development (ECD) project in the slum area of the Philippines. The purpose of this research is to evaluate the psycho-educational group-based program with parents (n=49) of 3-6-year olds in a nursery school. This program was intended to prevent child maltreatment. In 2005 and 2006, parents who participated in the program were filed out questionnaires in their local language on parenting behavior, depression, self-esteem, and QOL. The participants' children were rated about their mental health by the nursery teachers at the beginning and end of the school year. As an overall tendency, the results showed that significant improvement was found only in the parenting behavior. Therefore, we selected four participants who showed significant differences between pre and post evaluation on the parenting behavior, then we compared their children's scores. As a result, the children of the parents who improved considerably in their parenting behavior tended to be stable emotionally and that those of the parents who did not improve showed no change in children's mental health. The improvement of their mental health was not being able to be achieved, however, one of our intentions of parenting improvement was accomplished. It was identified as an issue for the future to develop a program focused on dealing with their mental health.

287 Study on Early Childhood Development Program in the Philippines: The Effect of the Development and Mental Health Promotion Program in the Nursery School
Kiyoko Tomita, Kikuyo Aoki, Saori Ota, Yoshie Nakano (Japan)
This research concerns the child support of the Early Childhood Development project in the slum area of the Philippines. The purpose of this research is to examine the effects of the program we proposed to the nursery school on those children in terms of their development and mental health. We conducted several surveys on 50 children of the ages of 3 through 7 who attend the nursery school. As for the developmental aspect of the children, we found notable improvement in fine motor development. We considered that increased chances to make handicrafts and to use tools had some positive effect on such improvement. As for their mental health aspect, we found that their sense of anxiety and tension was reduced and their sense of independency was being enhanced. Another
finding, that the children tended to deviate from the class more than before, has a background that the local educational norm places the highest priority on obedience. The improved independency and self-assertion of the children may have been taken as the deviation from the class. It is an issue to be addressed how to reconcile such independency and self-assertion with the deviation behavior of the children. About the support to linguistic aspect, we have to make further efforts in contriving more adequate programs.

288 Tuned in Parenting (TIP) in a Western Australian Early Parenting Unit
Lynn Priddis, Gail Wells (Australia)
This poster describes a project in Perth, Western Australia that targets parents at risk of relationship difficulties with their infants. The programme is called the Tuned In Parenting Programme (TIP) and aims to improve the capacity of parents to respond sensitively to the wide range of emotion expressed by their infants and toddlers. The project is a collaborative venture between Curtin University and NGALA Family Resource Centre in Perth, Western Australia. The approach is in keeping with successful international intervention projects that use video feedback as the core of their intervention. The joint, collaborative viewing of video is a technique that has widespread use in feedback delivery across many training contexts. Young parents, who in real life must respond immediately to the signals of the baby, through later viewing of video clips of their interactions with their infants, are given the opportunity for analysis, reflection, and the generation of new ideas about how to respond. The programme runs for nine weeks and concludes by incorporating the Photovoice process (Wang, 1998). Pre, post and follow up assessments are undertaken. The interagency collaborative process, the nature of the parenting programme, selection and training of staff and outcomes of four groups are described in the poster. Meta themes from qualitative analysis of participant interviews and analysis of video-data from participant and control groups are reported. Plans for future application within the community agency are discussed.

289 An Urgent Need for a 24-Hour Crisis Center for Sexually-Abused Infants, Young Children, and Disabled People in Japan
Michiko Sakai, Hisako Watanabe, Catherine Umehara (Japan)
Recently in Japan, sexual crimes are on the rise including murders, kidnaps and sexual abuses by pedophiles. Although Japan approved ratification the Treaty of Children's Right in 1994, pedophiles in Japan go unpunished. Infants, young children and disabled people are vulnerable because they have no voice to speak out or be heard properly. Most of the child victims suffer from a double trauma caused firstly by molestation and secondly by lack of immediate care systems. We study the present medical, judicial and social systems for sexually-abused children in Japan. Following two cases of sexual abuse of infants and disabled children which became court cases will be studied to clarify how the victims’ voices were oppressed: A) A 3-year-old girl who was sexually abused by a male teacher in kindergarten. B) Two disabled children who were molested for months by the teacher in their special education class. Our study revealed following marked defects in our system for sexually-abused infants and disabled children in Japan. There is no emergency center for children in Japan for the victim to seek help and receive proper medical and forensic assessment and care, making it impossible to yield evidence for a crime prosecution. It was only after many weeks that the parents were able to bring them to doctors and therapists for assessment and necessary treatment. We urgently need a 24 hour crisis center for sexually-abused infants and disabled children in Japan.

290 Construction of a Community-Based Support Network for Parenting in Japan: The Current Situation Regarding Consultation for Parents and Children in Child-Rearing Plazas
Masako Yatsuda, Kikuyo Aoki, Hideo Jingu, Kiyoko Tomita, Chiyo Mori (Japan)
Child-rearing plazas are becoming the core places of parenting support in communities. We designed and developed a research consisting of four objectives: (1) the investigation of the current situation regarding consultation for parents and children in child-rearing plazas through a questionnaire survey, (2) the investigation of a mother’s process of experiencing participating in child-rearing plazas by means of a semi-structured group interview, (3) the investigation of the interaction between parents and staff through the Internet Bulletin Board System or an e-mail list by a qualitative method, and (4) the investigation of a psychoeducational program to empower parents through a practical study. First, a questionnaire survey was carried out in 37 child-rearing plazas in city Tokyo. The questionnaire
contained items pertaining to issues concerning from the viewpoints of nine risk factors relating to child-rearing. Based on the standardized mean plot of the degree of involvement and potential of the parents and children who seemed to have a high tendency with regard to each risk factor, the staff was most frequently involved with parents who had strong anxiety over child-rearing, as they expected, but less involved with parents and children who are multicultural, adolescent parents, and socially isolated parents and children, which is something they did not expect as much. It was implied that the staff of the child-rearing plazas would consider the parents' anxiety over child-rearing as common. We would also have to deal with an alternative approach for socially isolated parents and children in the community.

291 Construction of a Community-Based Support Network for Parenting in Japan: The Formation of a Network of Parents by the Internet
Atsuko Hirayama, Hiroko Muraki, Hideo Jingu, Kikuyo Aoki, Kiyoko Tomita, Masako Yatsuda, Chiyo Mori (Japan)
This study examines the role of the internet and the staff of the program, who is composed of nurses and clinical psychologist, in formation of network of parents in the community. The staff implemented the parenting program and the use of internet in order to form a network among parents in the community. The project requested participants to visit the program and write their impressions of the program on the internet. The comments were analyzed by means of the KJ-method, which separates comments into categories. The results suggest that the staff encourage parents to participate in and submit comments on the internet in a more concentrated manner in the initial phase. However, in the latter phase, parents began to interact with each other spontaneously and to express various feelings. First, the network between staff and parents is formed, then the network among parents arises. The most important role of the staff is to give a new framework of meaning about children's behavior as well as facilitating interaction among parents in the community. By providing a new perspective on their children, parents become able to reframe their children's behavior. E-Mail list differ from BBS in that responsiveness to parents' comments is more reactive and directive on a BBS than an e-mail list. That is because we can see the comments directly on BBS, but it is more difficult to refer to comments in an e-mail list. Therefore not only using the internet but also facilitating interaction among parents face-to-face is important.

292 Construction of a Community-Based Support Network for Parenting in Japan: The Process of a Mother's Child-Rearing Plaza Participation Experience, as seen from the Empowerment Perspective.
Hiroko Muraki, Kikuyo Aoki, Masako Yatsuda, Chiyo Mori, Kiyoko Tomita, Atsuko Hirayama, Hideo Jingu (Japan)
The purpose of this study is to examine a mother's process of experiencing participating in child-rearing plazas from the empowerment perspective. To expand the parenting support network, we developed a certain program and practiced it by using both face-to-face communication and the Internet. Specifically, our program was announced to the parents as something similar to a "tour" that makes round of the multiple plazas set up inside nursery schools. Later, we conducted a semi-structured group interview with 9 mothers, and qualitatively analyzed their experiences. Our findings revealed the existence of two stages, i.e., "hesitation about participation in unfamiliar places" and "re-creation of new lifestyles." Six subordinate categories were also obtained. In the first stage, (1) factors impeding parents' participation and (2) factors promoting their participation; and in the second stage, (3) happy memories with children, (4) confirmation of the self as a mother, (5) a feeling of wanting to participate again, and (6) broadening of perspective toward parenting support. Several subcategories were suggested to show concepts similar to those that become the prerequisite for empowerment, such as confidence, a sense of effectiveness, and self-selection and self-decisions. Although "participation" has thus far been regarded to be the first stage of the empowerment process (Shimizu, 199, etc.), we were able to observe some mothers hesitating to participate. We may conclude that, through participation in this program, the mothers had obtained elements necessary for empowerment. In the future, we must make personalized considerations and contrivances to encourage the parents' continuous participation.
a Parenting Peer Support Program
Masuyo Tsukada, Kikuyo Aoki, Chiyo Mori, Kiyoko Tomita, Masako Yatsuda, Hideo Jingu (Japan)
The purpose of this study is to propose a program to cultivate peer support leaders for mothers of community in Japan. Our community approach aims at preparing preventative circumstances for parents who is high risk but have low motivation for using support resources of regional parenting. In this program, parenting support practices for empowerment of mothers are tried from the viewpoint of reinforce mutual supporting by mothers that is to raise the skill of peer support. Contents of the program include making a collage and a discussion and role playing to ask parents we take any notice of. Four programs are carried out in a month and communications between participants are tried to be promoted by using Internet Bulletin Board System (BBS) until the next program is started. We evaluated effect of this program on the basis of the collages they made during the program, the Internet BBS, pre- post question papers, and talks what they said during the program. From the changes of collage works and from the impressions written in the Internet BBS, it was analyzed if feeling of efficacy that I am helpful for other mothers on the similar standpoint can be developed. In addition, a questionnaire on the images of parenting support was carried out and was analyzed by U-test of Mann-Whitney. Further, talks of mothers in the program were qualitatively examined. According to these results, it was shown that mothers came to think that they try to make independent use of the parenting support.

294 CAPEDP: A French Prevention Study for High Risk Mothers
Romain Dugravier, Thomas Saias, Antoine Guedeney, Tim Greacen, Florence Tubach (France)
This poster presents the CAPDP study, the first large French prevention study for high risk women attempting to reduce child's psychopathology. The study was launched in November 2006. The research is following Old's requirements and abiding with the CONSORTS rules of the Society for Preventive Research for efficiency and efficacy trials. The study design chosen was a controlled study, with random assignment, and comparison of two groups, one with care as usual (well baby clinic nurses, maternity team, Gps) and one with intervention ( Intervention is home based, on a weekly basis beginning before the third trimester of pregnancy, then slowly decreasing in frequency). The intervention is manualized, made by trained and supervised psychologists. Population would be women under 26 years olds, first time mothers, with low level of education, social isolation and low SES. The main hypothesis of the study was that the establishment of a trustful relationship with the young mother would help reduce the level of maternal postnatal depression at 3 months, a decrease in the child's psychopathology as measured by the CBCL at 2 years. It is expected that these effects would be due to a better sensitivity to the child's needs from the mother. Psychologists would use auto videoscropy to enhance mother's reflective functioning. An ancillary research will begin soon, with 2x 50 subjects in each group, and will allow for a closer description of attachment issues and transmission in the two groups: it is expected that the intervention will reduce the level of attachment disorganization in the intervention group, more than care as usual.

295 The Early Promotion Project in the Network of Professions (The Trial of the Ishikawa System Supported by the Rural Government)
Naoko Numata (Japan)
Our purpose of the trial is to change a paradigm of how to support families and focus on a task of family- centered approach among professions working for an infant. A perspective of family-centered approach in this project means a support should be to facilitate relationships between child, mother and family members as a functional whole family. And also it should be with continuity around the time childbirth regardless of professions. A worker in public health as well as in medicine has been a lack of exactly understanding a family system as a living organism which transmutes according to dynamism of relationships. And also, medical field has tended to more focus on medical treatment and less pay attention to the issue of family dynamism and psychological problems. In order to achieve the purpose, mainly two tasks have been carried on for seven years, establishing the system to facilitate communication among the professions and to comprehend and share common awareness of the issues. In addition, we have a case conference regularly for all workers regardless professions as training and difficult cases are supervised. We introduce the process how the network of professions has been "established" and professions from different specialty have been having common perspectives, and in consequence many cases have been timely supported in a preventive manner.
Maternal and Child Health Services by Nursing Professionals in Japan: Comparisons with Finland and Denmark
Kayoko Suzuki, Yukiko Ohashi, Taiko Hirose, Kimiko Murase (Japan)
The aim of this study was to understand and compare the current systems of maternal and child health services in Japan and Scandinavian countries (Finland and Denmark) to discuss the ideal services in Japan. Information was gathered by conducting interviews on professionals such as nurses and public health nurses, as well as from the Internet and literature. Although Japanese population is more than 120 million, maternal and child health services such as home visits and health checkups for infants are available across the country to all children free of charge under the Maternal and Child Health Law. In recent years, as declining birthrate and increase of nuclear-family have been accelerated, child abuse has become serious social problems. Accordingly, importance has been increasingly placed on parenting support rather than the early detection of physical health problems in children. As the current maternal and child health services were not adequate for dealing with these problems, the government launched a service in 2007 called "Konnitiwa Akachan Project" in which health workers visit every home with infants aged up to four months. It has been found that the importance of parenting support to strengthening good child-parent relationships from an early stage as a primary service against various problems surrounding parents and children. Unfortunately, appropriate interventions have not been necessarily taken in Japan. The results of this study suggest a need to disseminate infant mental health practices in Japan.

Solihull Approach: Antenatal Resource Pack and Parenting Group
Mary Rheeston, Hazel Douglas, Tracy Mansbridge, Lorraine Mattocks (Great Britain)
The Solihull Approach was initially developed in Solihull in the United Kingdom by health professionals working with families with young children. It has been extended to a wider range of professionals and across agencies in UK including midwives. A group of professionals have been trained in Iceland. The theoretical model uses three core concepts, containment, reciprocity and behaviour. Several small scales studies have been carried out to evaluate its effectiveness. Solihull Approach Training is supported by comprehensive resource packs and has been applied in the development of a 10-week Solihull Approach Parenting Group for families with children 0-18 years. The Parenting group is currently being evaluated. The poster will show how the Solihull Approach model is being adapted to develop an Antenatal Resource Pack and Parenting Group. The pack aims to support professionals using the Solihull Approach in their work with parents highlighting factors that affect the quality of the baby/parent relationship and encourage positive outcomes for parenting. The resource pack will include reflective thinking for how the Solihull Approach can impact on practice. There will be case studies to support professionals thinking in their work with parents to be and parents. The Solihull Approach Antenatal Parenting Group will be based on the Solihull Approach model to help professionals contain the anxieties of parents to be and help them think about their developing relationship with their baby. Unlike traditional parent craft groups its focus will be managing anxiety and thinking about the developing relationship with the baby.

Becoming Parents Together: A Reflective Relationship-based Program to Support First Time Parents in Becoming an Emotionally Secure base for Each Other and for their Newborn
Holly Nichole Hatton-Pong, Donis Eichhorn (United States)
The couple relationship and the parent-child relationship are fundamental for healthy social, emotional, and cognitive development in children. An impressive body of research as identified that one of the keys to predict many aspects of optimal child development is the capacity of parents to receive and reflect (i.e., reflective functioning) on the mental states of themselves and their infant as an intentional human being who has feelings, beliefs, and desires, which in turn is essential for a secure infant-parent attachment relationship ( Fonagy, Steele, Steele, Moran, & Higget, 1992; 2005; Mayes, Slade, & Sadler, 2005; Oppenheim & Koren-Karie, 2002; & Reynolds, 2003). A parent's ability to make sense of her child's mental states, as well as of her own, is intrinsic to sensitive parenting. It is through the process of "reflective dialogue" that internal experiences will be verbally shared and create a sense that the "subjective experience" is important and shared (Seigel, 1999). From an understanding of these processes, this pilot study will focus on first-time pregnant couples recruited between their 5th and 7th month of pregnancy. The Becoming Parents Together interdisciplinary team will utilize the concept of parallel process (how relationships affect
relationships) to help first time parents develop and/or deepen their capacity for reflective functioning.

299 **Analysis of Insecurity among Mothers in the Home for Mothers and Children - A Comparative Study of Domestic Violence (DV) Victims and Non-DV Victims**
Hiroko Arizono (Japan)

This study designed to investigate the current state about anxiety of Domestic Violence Victims and worries about a child. And needs of the DV victims who live in facilities of a mother and child are analyzed. I interviewed to 141 mother and children living on a home for mothers and children. I commissioned to enter CBCL (Child Behavior Check List). Results: Mothers were with DV victim 55.4% and non-DV victim 44.6% (divorce and economical difficulty, etc.). Among 85 children and the DV family were 49.4%. Children of the DV family were shared with violent witnessing 83.3%, abused child 47.6% and this both experience 38.1%. Many mothers were anxious about influence of child's DV witnessing. In children to whom their mother suffered DV damage. The children who aren't witnessing DV scored the misconduct behavior high points of CBCL. In fact, Children had much problem behavior in spite of an entering reason. Most mothers said "I didn't know how to touch my child." Especially, The mother who is a DV victim had high anxiety about the family's future and child. Up to now, support to a mother and child was being supported mainly to a dwelling offer and economical independence. But consultation support of mother's anxiety and a countermeasure to problem behavior will be needed from now on.

300 **Current Status of Early Preventive Intervention Program in Japan Strategy for Recognizing and Treating Postnatal Depression in the Community**
Hiroshi Yamashita (Japan)

Background: The developmental implications of postnatal depression on parent-child interactions have been emphasized. Especially in light of the increase of the reported incidence of the child abuse in Japan, the comprehensive system for early intervention for mother-infant and the families at risk is needed. However screening and referral algorithms have yet to be developed and incorporated into trainings. Objectives: To develop and validate a simple screening procedure for families at risk for child abuse and neglect that is applicable in the neonatal home visiting situation. Procedure: Study 1; To identify the mothers' risk factor for abuse, Edinburgh Postnatal Depression Scale, Bonding Scale and High-risk questionnaires are applied for the postnatal mothers who are home visited by community health visitors during 4 months postpartum. Study 2; To validate the effectiveness of the screening procedure, a qualitative research for health visitors was carried out at the training seminar of the home visiting intervention program. Result: Study 1; 3370 mothers are answered the three self-report questionnaire and additional interviews on the child rearing situation. 13.8% of the mothers were above the cut-off point for postnatal depression according to the rating of the EPDS. The items related to the rejection and anger in the Bonding Scale are correlated with EPDS high score. Study 2; A comprehensive model of the effective inter-agency working was required for the establishment of the sustainable community program. Conclusion: Mothers with postnatal depression is a high risk group for sever bonding disorder. Screening procedure linked with community intervention program by health visitor might be effective.

301 **Clinical Perspectives on Early Predictors of Developmental Problems (0-7 months) Obtained from an Instrument for Continuous Screening of Children by Health Care Workers and Information from Parents**
Anne Margrethe Rostad (Norway)

The main topic of this study was to identify precursors of developmental problems manifest at the age of four years. The study is part of a larger longitudinal investigation of early development followed from the mother's pregnancy up to the age of four. 1217 children, representing 97.6% of the total population was studied by help of screening and observations by health care workers, and from parents. Information was collected on five different occasions, from the neonatal period to seven months of age. At the age of four two clinical subgroups could be identified: a severe problem group and a mild problem group. Seven dimensions of information concerning the child and family were included in the instrument. 91 items, distributed on the five assessments applying to the child's first seven months, were tested by logistic regression analyses to detect risk factors. 38 predictors were distributed across the different dimensions on all assessment occasions: Motor (9 items) and Social
interaction dimensions (8 items), Regulation (5 items), Cognitive (5 items), Worry (5 items), Other (3 items), and Socio-biological (3 items). The number of incorrect predictions was low (3.1%). The presentation will focus on the clinical implications of the predictors identified since using the instrument gives a good opportunity to introduce early preventive intervention on the primary health level.

**302 A Study of Parenting Support for Premature Infants and their Mothers**
Miho Kusanagi, Taiko Hirose, Kumi Mikuni (Japan)
In Japan, the percentage of low birth weight infants has been growing with the progress of perinatal care recently, while the birthrate has continued to decline. Low birth weight infants require continuous follow-up observation over health and growth, and child-raising support after discharge from the neonatal intensive care unit (NICU). The aim of the study was to review child-raising support methods after low birth weight newborns and their mothers leave the NICU, so as to promote child development and build good caregiver-child relationships in which mothers can raise their children in a minimally stressful environment. Subjects were seven pairs of low birth weight newborns following discharge from the NICU and their mothers from whom consent was obtained, living in City S, Hokkaido. Continuous home visits were made by professionals. When visiting the home of subjects, observation and assessment of caregiver-child interactions during feeding and teaching were carried out using the Nursing Child Assessment Satellite Training tool. The mothers were also asked to fill in the Tsumori infant mental development questionnaire, the Kodomo-soken child raising & support questionnaire, and Japanese-version PSI to determine child growth and child-raising conditions. Mothers were also taught how to read their children's cues to support caregiver-child interactions. The results suggest that continuous child-raising support promotes clarity of child cues, and that appropriate support by professionals alleviates the anxiety of caregivers, which helps maintain good relationships between low birth weight infants and their mothers.

**303 Intervention to Improve Infant Sleep and Parent well-being after Discharge from the NICU**
Arna Skuladottir, Rakel B. Jonsdottir (Iceland)
The purpose of this intervention study is to assess the impact of a brief educational program for parents from the NICU on infants sleep and the parents fatigue 14 weeks after discharge. The participants were 33 LBW (low birth weight) infants and their parents, 17 infants in the intervention group and 16 in the comparison group. The education was offered at discharge and the data were collected by questionnaires and diaries, send by mail 3 month after discharge. The educational program consist of a material about infants first month of live, their development and what have been shown to establish a good sleep habits, and the influence on parents to have their infant in the NICU and the emotional part of becoming a parent. Results showed that the parents in the intervention group score significant lower in fatigue three month after discharge than parents in the comparison group. Mothers score higher than fathers in both groups. Three month after discharge infants in the intervention group are waking up not as frequently during the night as the infants in the comparison group. Total sleep, is significant longer in the intervention group. Significantly fewer infants in the comparison group could sooth them self before night sleep. It is concluded that a brief educational program can improves infants sleep 14 weeks after discharge from the NICU. It also seems to reduce fatigue by parents 14 weeks after discharge. The educational program should be tested further in clinical work and in research.

**304 The Effect of Workshops for Pre-school-aged Siblings of Children with Special Needs**
Yayoi Kitamura, Reiko Ueda (Japan)
Two workshops for pre-school-aged siblings of children with special needs were provided in two weeks. All mothers noticed some physical or behavioral symptoms on siblings of children with special needs, and required opportunities to exchange feelings and experiences with the other mothers of children with special needs and siblings. Consequently, the sibling issue was suggested to be included in a part of an intervention program.

**305 Trauma, Resilience and Trauma Relapse: A Report of the 9th year follow up Child Supportive Program for Children At-Risk of Post Traumatic Stress Disorder (PTSD) after the Earthquake in Taiwan**
Kuo, Huang-Tsung (Taiwan)
Background: In Sept. 1999, an earthquake occurred in the mid of Taiwan, 2800 people die. Many children went through the disaster process of frightening, hunger and death of family members. The CAEIP build up a supportive program for children at risk of post-traumatic stress disorder (PTSD).

Objective: The purpose of this study is to investigate if this supportive program is beneficial after 8 years’ duration on Children at risk for PTSD. Design/Methods: The PTSD symptoms checklist (derived from Foa, Riggs, Dancu, & Rothbaum, 1993, composing three scales: re-experiencing, avoidance, and arousal and total score=17) was sent out in 3 series over 4 months and a total of 6296 persons data was collected, 781 children fulfilled high risk criteria. The children were observed for picture reading or stories talking session for 3 times. 110 children fulfilled the demand criteria, and child-oriented supportive program was initialized. The program was running in a bi-weekly base. The child was accompanied in a simple constant way with play, story-talking, and exercise with soft grief relieving process. We choose 10 families as an example to discuss the process of trauma, resilience and relapse. To know the possible long-term consequence of a traumatic process, we make this simple research. Conclusions: The intervention effect of program reaches significant improvement in most of the cases, 2). Some of cases improved after intervention, regressed by 5 years later, 3). Some cases show strong tendency of environmental influence esp. status of child's care-taker. The experience will be presented in the conference.

306 Child Care as Centerpiece to Protect Isolated Children
Emiko Sakita, Tukiko Shibata (Japan)
The author reports (i) case of a neglected child with selective mutism, and (ii) case of a parent and child with physical disability. The author has run a day care center for six years in a countryside still having a good old fashioned friendliness. The local society maintains a feudal structure which requires time for people from other areas to be adapted. In addition, in the recent accelerating pace of life, the adults tend to turn a blind eye to problematic behaviour of children, and have little interest in families having troubles. To secure a circumstance where children feel ease, the center provides a comforting place to children, and also has actively pursued a stable and continuous support by making opportunities to contact parents or other related persons as needed. When the children with troubles were more individually supported and recovered their usual calm, the parents noticed the change of their children, and came to put their trust in the center and opened their hearts, which increased communication between parents and the center. Such communication revealed the family situation, which led to some cases where the center supported the parents and siblings. When a huge support was needed, the center asked the institutes of hospital and administration or schools the siblings attend for assistance and cooperation. The center now functions as a key between families, neighbors, and related institutes and schools, and extends the possibility to serve as a centerpiece to protect children and provide a continuous support to children.

307 Examination of a Care for a Young Child and Family with Selective Mutism in a Community without a Pediatric Psychiatrist
Hiroko Hanada (Japan)
A four-year-old girl S has not spoken a word for one year since she entered the kindergarten. She was unable to participate in activities with other children, stood motionless with tears, and refused to go to kindergarten. The child's mother was not worried about the child's condition. A kindergarten teacher concerned about the situation, and she suggested them to have childcare consultation by a nurse. In the child's last year at the kindergarten, the nurse explained her parents that the child should receive treatments for selective mutism. However, there were no pediatric psychiatrists in their living area. The parents agreed to take the child to pediatric psychiatry at a hospital which is 200km away from the town. The child's parents, especially the mother strongly requested the nurse to be present during their hospital visit. In circumstances, the nurse and the child's psychiatrist established collaboration. The nurse continued to support the parents over the phone as well as during the face to face consultation, and wrote a report to the psychiatrist. The child's doctor at the hospital used sand play therapy for the child, and provided childcare consultation. The child's mother gradually began to talk about childhood memory. According to her story, her mother had a disability; no affectionate touch between mother and child; her mother was always talking to herself; she had no friends in school and she was all alone. Coincide with mother's talk, the girl began to talk with the nurse during the consultation. At the beginning of sand play therapy, the child's sandbox showed defensive mode. It
increasingly showed openness and brightness, but the theme remained mother and child. The parents understood that their child needs treatments by a specialist, and as a family, they managed well long distance hospital visit.

308 Shifting the Way We Think: From the Traditional, Dyadic Intervention to a Family Coaching Approach in Supporting Families with Developmentally Delayed Infants
Haruko Watanabe Choosakul, Melissa Bickford (United States)
Wonderland Developmental Center (WDC) is an Early Intervention Service provider, serving families in the greater Seattle (USA) area. Families eligible to receive the support services have infants under the age of three years with developmental delays and disabilities, meeting the eligibility criteria under the Individuals with Disabilities Education Act (IDEA): Part C. Support services are provided wherever the children and their families live, learn, and play. In the last few years, WDC has dramatically shifted the way it thinks about how best to support the infants, toddler and their families, from a traditional hands-on intervention services provided directly to the children to promote developmental progress (individual speech therapy, occupational and physical therapy, early childhood education, etc.), and moving toward the goal of relationship-based approach provided directly to the child's whole family. WDC's new approach places a greater focus on the family's particular context, and its goal is to build capacity and confidence of the caregivers in supporting their infants and toddlers with special needs, and to promote their developmental progress. This poster will describe and discuss the various benefits and ongoing challenges of the shift in the support provision approach, for both the families and the early interventionists.

309 Activities of the Trisomy 18 Support Group: Mental Care for the Parents of Infants with Trisomy 18
Sakurai Hiroko (Japan)
Mental care is indispensable for disabled infants and their parents, who exist in mentally and physically difficult situations. Peer support groups are highly effective in providing mental care for the parents of disabled infants. This report introduces the activities of one such patient association, the Trisomy 18 Support Group. Trisomy 18 is a chromosomal aberration syndrome characterized by delayed growth and development and many health complications. It occurs in one out of 3000 to 8000 infants; only 10% of infants born with the condition survive one year. "The Trisomy 18 Support Group", founded by the author in 2001, has a membership of 250 families, plus participating doctors, nurses and counselors. Group members support each other by exchanging experiences and advice through group peer counseling sessions, a telephone hotline and instant email forum, a service to match members within the same region and the collection and publication of members' personal accounts. The group also helps parents to access up-to-date medical information. The group's core mission is helping its members to fully understand Trisomy 18 and to accept and support children with the disease, but the group also publishes and distributes to hospitals fact sheets for lay people and handbooks for medical personnel, shares members' experiences through the media, participates in various conferences and study groups, and consults on course content at schools for medicine, nursing and counseling. The group desires that the voice of the families of Trisomy 18 infants be recognized and responded to by Japan's welfare and medical systems.

310 Psychotherapy with a Woman who had Suffered Serious Domestic Violence by Her Husband: The Process of Recovery and the Change of Her Child who had been Suspected of Developmental Disorder
Mie Sasaki (Japan)
I will describe the process of psychotherapy with a woman in her early thirties who had suffered serious domestic violence by her husband. Her husband had offered affronts to her day after day and subjected her to physical abuse. Finally she couldn't get to have her own will and feelings. When the psychotherapy with her started, her child was about past two and a half years old. The child had been suspected of having developmental problems of Autism and Hyperactivity. However as she separated from her husband and recovered herself on the psychotherapy, the developmental problems of her child disappeared. In this case, the process that a woman who had been ruled violently and lost almost her own self got a new object of dependency, the therapist, and then also separated from there little by little and finally took back herself was depicted. I lay special emphasis on her dependence on the
therapist as a necessary stage to the recovery. It is also suggested that if an infant doesn't have a responsive, emotional and stable object on its psychological development, it could be in a state of Autism and Hyperactivity. In the relation between a state suspected of Developmental Disorder and psychological factors, an important point of view is offered in this case and the matter needs further study.

311 Psychoanalytic COT Group Psychotherapy for Children - A New Chance for Children with Early Deprivation or Trauma
Sirpa Behm-Kostiainen, Ulla Maunu-Koskinen, Heikki Aitalaakso, Ritva Kajamaa (Finland)
Background: This method was designed for treating children over four years, who have experiences of deprivation in early interaction and/or early trauma and currently have problems interacting in their relationships. These children often display conduct disorders and neurological problems (ADHD, Asperger syndrome). The method was developed in Finland in the 1980’s, (Kajamaa, based on Winnicott, Dockar-Drysdale, Klein and Bion). The aim of this presentation is to describe Cot Group Therapy and the group process. Methods: Four to six children are treated in one group, in 45-minute weekly meetings for 2-3 years. The objective is to offer the children a new chance for primary experience and concrete care. Each child has his/her own cot. To symbolize a mother's breasts, the children are given the exact amount of juice they want and candies. At every meeting a story is read. The rest of the meeting is devoted to free play. Results: In the early stages the children have difficulties to endure with disappointment and emotions, they often re-enact early trauma. The group gives them an opportunity to reconstruct experiences under secure conditions. As the therapy progresses, the children become more receptive to care and more capable of dealing with emotions, and the ability to co-operate becomes more organized. Conclusion: Psychoanalytical Cot Group Therapy can be employed to help children who have experienced deprivation and early trauma. The therapists employing this method need to be familiar with early child development and early interaction. The parents of these children also need reconstructive care.

314 The Comparisons of Mental Representation in Korean Preschoolers with Asperger Disorders and Preschoolers with ADHD
Kyung-Sook Lee, Yee-Jin Shin, Jinah Park, Boram Kim (Korean Republic (south))
This study is intended to provide some insight into differential diagnosis of young children's mental disorder which has rarely been studied. Based on MacArthur Story Stem (MSSB) to analyze mental representation of young children, this study compares characteristics of narrative discourse and theory of mind between young children having AS and those having ADHD. The subjects were 12 preschoolers with AS and 13 preschoolers with ADHD (4 to 7 years old). The MacArthur Story Stem (MSSB) including 14 episodes were used to assess mental representation using MSSB scale. The subjects having Asperger disorder showed a less empathic relationship, lower moral themes and more dissociation codes than those having ADHD. They also presented less concern, distress, and anxiety in stressful situations than those having ADHD. That is, the subjects having Asperger disorder are mentally more insensitive to feelings of other people. They had more difficulties in understanding sociable relationships and showed dissociative thinking than preschoolers with ADHD.

315 Resolution with the Diagnosis of Autism among Parents of Children with Autism Spectrum Disorders
Shahaf Salomon, Nurit Yirmiya, David Oppenheim, Nina Koren-Karie, Shlomit Levi (Israel)
The aims of the current study were to assess resolution of a diagnosis of an Autism Spectrum Disorder (ASD) among mothers and fathers of children with ASD and to explore whether child characteristics (e.g., age, mental age, daily living skills and type of diagnosis) and/or parental characteristics (e.g., age, stress, symptomatology, and expressions of the broad autism phenotype) are associated with resolution status. Sixty-one families participated. Children with ASDs (34 boys, 27 girls, between the ages of 2 and 17 years) were diagnosed using the Autism Diagnostic Interview and the Autism Diagnostic Observation Scale. The Reaction to Diagnosis Interview, the WAIS III, the Parenting Stress Index, the Brief Symptom Inventory, the Autism Quotient and the Friendship Questionnaire were administered to parents. Twenty-two of 61 mothers and 30 of 60 fathers were classified with a resolved status regarding the diagnosis of autism. Thus, about half of the parents were resolved with diagnosis. Resolution status was not associated with the duration of time that elapsed since receiving
the diagnosis. Parental resolution was not associated with children's characteristics or parent's age, IQ and expressions of the broad phenotype. However, unresolved fathers reported on significantly less psychological symptoms and also on lower levels of stress related to the parental role. These findings are discussed in relation to parenting children with ASDs.

316 **Atelier Autos and a Case of an Autistic Boy**  
Tetsuo Ishii, Hisako Watanabe (Japan)  
There are moments in life, which need to be lived and not just survived. This is true also with infants with severe disorders. We aim to highlight how empathically shared moment to moment bodily communications lay the foundation for sustainable development for severely disabled infants over the years, leading to a nodal point in later life where radical developmental change will occur. We report on an autistic boy, who was cared for from infancy, childhood, and adulthood by different caregivers and therapists but with the same tenacity of empathic companionship, who eventually became a painter. Take is a 41 years old autistic man who lost his words at the age of one and a half years, followed by stereotypic behaviors and temper tantrums thence diagnosed as autistic. Through arduous affect attunement sustained in his early caregiving context, he grew up and became severely irritable and sleepless in his adolescence when he was transferred to Nobiro Gakuen, founded by Tetsuo Ishii as a community for severely autistic adults. There he met Mr Toya, a dedicated art teacher who noted his enthusiasm in colors and persevered to encourage Take to draw and paint on his initiative instead of commanding him to do so. After Mr. Toya's more than two years of tenacious support, Take one day held a brush in his hand. Thence his masterpieces keep winning many awards. The poster aims to study the meaning of sustained empathic companionship from infancy for severely autistic individuals.

317 **How is Crying Perceived in Children with Autistic Spectrum Disorder? A Study on Early Communication Signals**  
Gianluca Esposito, Simona deFalco, Paola Venuti (Italy)  
Autistic Spectrum Disorder (ASD) is a disorder that affects language and social skills to varying degrees. While many studies have concentrated on examining patterns of behavior and development on the context of speaking and interacting, very few researchers have investigated the parameters of crying in infants with ASD. This finding is surprising since crying can be viewed as both the first communicative and social structure in human development. The aim of our study was to investigate how the crying of children with ASD, as opposed to children with intellectual disability (ID) was perceived. In particular, we tested using a questionnaire, an experimental task and observational procedures to verify whether the atypical structure of autistic crying can bias parent perceptions in infancy (0-2 years). The atypical structure of autistic crying was highlighted. Autistic children crying was inexplicable for their parents who could not identify causative factors. These results support the view of autism as related to a problem of expressing and sharing emotions. Parents' reactions to autistic crying were qualitatively different from non-autistic children of the same age. This difference was compounded parental attempt to share feelings and developing inter-subjectivity processes with their children.

318 **A Language Learning Program for All Children**  
Simon Chaza Sakala (Japan)  
The main program instructor is a father of a child that was born at twenty-four weeks gestation and weighed 900g. The child is bilingual and now in first grade in regular school. Raising the child in a bilingual setting has provided hands on training and deeper insight into the various aspects of development of language, communication and social skills in children. Various children including children with autism, Down's syndrome and other learning difficulties are currently enrolled in the language and communication skills program. The aim of the language classes is to improve both the language and communication skills of all children in the program. Providing a conducive learning environment, a good student-teacher relationship, good child-to-child relationships and an effective communication method are the key points. The method used during lessons cultivates the inherent nature in children to naturally learn language by using it. The medium of communication is English, which is not the first language for all the students except the instructor's own. Usually there is no interpretation. The first step is to communicate with a combination of both verbal and non-verbal
language. Since the primary aim is to impart verbal communication skills, the non-verbal part of communication is gradually reduced until effective communication can occur without necessarily using the latter. The program also aims at improving overall social skills of children and to cultivate the potential that is in each individual child.

319 *Psychodrama-based Play Therapy with a Young Child: Parent-Child Relationships and a Child Group Involving Very Young Children*  
Fumiko Yabuki, Teruko Shibata (Japan)  
There are children who have developmental difficulty in communicating with other people in a child care center and kindergarten. Their parents have not been aware of the problem, nor intend to seek therapy even so. Psychodrama has been used in our work with such children. The main purpose of the psychodrama-based play has two components: firstly, to allow us to assess the development of the children; secondly, to allow the children to get self-esteem, at the same time, to improve an interpersonal ability. The psychodrama also works as an activity to improve interpersonal relations, and relationships between parents and children. The psychodrama with children is similar to play therapy. In the play therapy the children are easily led to play with objects (ex. toys etc). On the other hand, the children in the psychodrama-based play have more interaction with other people than the play therapy, because the object which they use in the psychodrama-based play is produced only from their imagination, as well an imaginary situation shared with participants in the psychodrama. The psychodrama-based play naturally includes essential points in the process of the development of the relation with other people, namely an imitation, co-ordination, an interaction, an image, a pretend play and a symbolic play. So, what is the effect of the psychodrama-based play on a child, a child group and child-parents relationships? Through many practices it will be discussed in the terms of relationships that interpersonal relations are created 'here, now and new'.

320 *Psychotherapy using Video Home Training Method for a Mother and Her Child with Autism*  
Megumi Sekine (Japan)  
This case study was explored a facilitation of emotional communicability between a child with autism and profound mental retardation and her mother by the Video Home Training (VHT) method. It has been reported that behavior of children with autism is difficult for parents to understand their reasons and intentions. The mother of the child participated in this study also faced on the same problem including self injurious behavior. In this study I focused a therapeutic goal on rather diverting her attention to positive emotional expression of the child than the problems themselves. Then VHT was applied for the goal. The mother was assigned to view each of 7 video clips, which featured positive emotional expressions of the child in their interactions, for 8 months at her home, with therapist and by herself. Results showed that repeated viewing the same clips promoted the mother's sensitive perceptions and sympathetic statements on her child’s emotional expressions. This effect was discussed from the viewpoint that it would be useful to promote an intersubjective relationship between mothers and their children with autism.

322 *A Training Program to Promote Child and Adolescent Mental Health (PCAMH) from Pediatric Primary Care in Catalonia (Spain)*  
Jorge Luis Tizon, Belen Parra, Lefa S. Eddy, Margarita Ibanez (Spain)  
We will present the objectives, rationale and organization of the Training Program PCAMH with primary care pediatricians and nurses, aimed to be followed with every primary care pediatrician and pediatric nurse of Catalonia (N= 949; N= 1,583 pediatric nurses). The Program is aimed to introduce or improve the use of Mental Health Promotion items of Catalonia Healthy Child Program, 2007 version including mental health risk factors items of detection, alarm signs and sanitary education items. The PCAMH Program is one of the priorized projects of the Directive Plan of Mental Health and Addictions for 2007-08 and the General Direction of Planning and Evaluation of the Generalitat of Catalonia and it is actually running on from July 2007. The project is being financed by the Spanish Ministry of Health and developed by an interdepartmental, interprofessional and multiparadigmatic pedagogic committee and applied by means of four Didactic Groups running on by Catalonia.

323 *Early Parenting Centers: Current Models and Future Directions*  
Megan Galbally, Dirk Schurink (Australia)  
Early Parenting Centres assist parents and infants with a range of early parenting concerns. These
include the assessment and management of settling, sleep and feeding difficulties and other related problems. They provide advice, education and strategies to improve early parenting outcomes for parents and infants. However there is a growing recognition that both maternal mental illness can increase the likelihood of infant dysregulation and infant dysregulation can increase the likelihood of maternal mental illness. There is evidence to suggest in the population that attend these early parenting centres that rates of depression are as high as 62% and there are also higher rates of insecure attachment. However these services have traditionally drawn more on an educational, mothercraft model of care rather than mental health. O’Connell Family Centre in Melbourne, Australia, has facilitated the development of a significant innovation to the residential program delivered to families. Psychological assessment now informs comprehensive support, education and intervention planning tailored to the needs of parents and infants within this residential setting for families who are experiencing difficulties in the early stages of parenting. This workshop will review current models for early parenting centres and present the strengths-based approach currently used at O’Connell Family Centre for discussion with participants. Clinical scenarios will be presented to highlight the differing approaches and subsequent varying outcomes. A discussion will be facilitated about some of the key current debates in early parenting support such as controlled crying (controlled comforting/sleep training) as a settling technique for infant sleep problems. Evidence for and against these different perspectives on managing early parenting concerns will be presented for debate amongst participants.

324 From Patchy to Patchwork: Weaving Services together to Increase Infant Mental Health Services
Jenny Howard, Anne Holland, Toni Cantwell (Australia)
At the end of this workshop, participants will have learnt about a program, run in the Eastern Metropolitan Region of Melbourne, which aimed to create a significant increase in infant mental health service delivery. Working within existing budgetary constraints and with an emphasis on collaborative and creative partnerships, development focused on 1. Expanding the services offered within CAMHS to infants and young children. 2. Developing an integrated service model for infants and young children where there was significant maternal mental illness, with an emphasis on a mother and infant sensitive service. Partnerships involved maternity, adult and child mental health services and community based parent support services. 3. Increasing the focus on, and understanding of, infant mental health in community based family services. Positive outcomes included an increased access to CAMHS services for infants and young children, an increased number of infant mental health sensitive services including a range of supported playgroups for parents with a mental illness, a range of therapeutic groups, the development of policies and protocols between services, joint working within services and the breaking down of silos and the development of a community based education program. In discussion with the presenters, participants will be invited to explore possibilities within their own services.

325 Three in One: A Three Part Group Intervention for High Risk Mothers and Babies
Annette Murphy, Karen Asgill, Bernardine McDonald (Australia)
The Benevolent Society's Early Intervention Program (EIP), in operation for the past 20 years, has amassed considerable experience in the delivery of psychodynamically-orientated infant-parent psychotherapy, both in its Home Visiting Program, which offers a long term engagement, and its group programs, including perinatal, art therapy and play groups. The focus of this workshop will be the development, over the last 10 years, of the Perinatal Group Program, consisting of a stream of three groups. The first, the antenatal support group, runs for 8 weeks in the 3rd trimester of pregnancy. In the post-natal period, participants are offered a baby massage group (10 weeks) and subsequently, a mother-baby group (10 weeks). The evolution of this three part group intervention will be explored in terms of its theoretical framework, clinical material and use of a mini observation in each group session. While aspects are currently under evaluation as part of a research project, the Group Program is proving to be a clinically powerful intervention in a high-risk population.

326 Building Infant Mental Health Capacity within the Irish Health Services
Rochelle Anne Matacz, Catherine Mary Maguire (Ireland)
The North Cork Psychology Infant Mental Health (IMH) Project has developed a competency based
interdisciplinary framework for IMH training for professionals working within early childhood services based on the MI-AIMH Endorsement. This workshop will discuss the three stages involved in establishing the training program. The three stages include provision of a Master Class, establishment of an IMH Network Group and the development of a formalised two year training program. This framework will enable healthcare professionals to formalise their IMH training into a professional specialisation in IMH, a specialisation only now beginning to develop in Ireland. Evaluation and outcomes of stage one and two will be discussed. This workshop will also demonstrate the role of the caregiving environment and how it contributes to the mental health of infants and toddlers. The clinical application of the Working Model of the Child Interview (Zeanah, Benoit & Barton, 1994) will be discussed and how it can contribute to case formulation and intervention planning. An overall review of the WMCI will be presented, including empirical research and details of the scales and categories. This will be followed by an in-depth case study which demonstrate how the nature and quality of parental representations can contribute to infant mental health problems.

327 The Role of Infant Observation and the Role of Fathers in Early Intervention - A Danish Model
Hanne Munck (Denmark)
The presentation is based on more than thirty years of psychological interventions with new families at the University Clinic in Copenhagen. The advantages and the risks found in having focus on the infant will be discussed in relation to a presentation of the problems of the families referred to the clinic by the health visitors. The clinical interventions are based on empirical facts concerning the psychology of parenthood, infancy, early relationship and the need for professional assistance as well as on our own studies. Our data mainly come from a demographic study on all families (n = 389) living in our referring area with a population of 45,000, and from our studies on fathers and on fathers’ relation to their infants. Case material will be presented illustrating ways of integrating research, clinical intervention and graduate and postgraduate education. We find it crucial to have: - an existential, non-pathological starting point in establishing a therapeutic alliance with new parents. - the whole “newborn” family in treatment whatever problem referred for. - each family met by two therapists encouraged to come open minded and listening and seeing without fixed preconceived treatment models - and flexible and ready to shift focus and attention - attention on resources in the individuals as well as in their relations and focus on the present moment. This is facilitated through our observational training.

329 Psychological Support during Perinatal Period in Japan
Mariko Iwayama (Japan)
The first clinical psychologist to work in NICU was in the late 1980s. There are more than 30 of them working at different NICUs now in Japan. One of the unique characteristics of perinatal psychologists is that their work place is in NICU so that they are present most of their working time and can give support whenever needed during that time to the babies and the families. To our knowledge, not many psychologists in other countries work like us. Our work include helping parents meeting their babies, following development of the child, supporting parents of baby with severe problems, and helping families around the end of their baby’s life. Providing psychological view points to other professionals and working in cooperation with them are other important roles for NICU psychologists. Working with the staff to create home-like atmosphere in the NICU can help facilitates the parents in bonding with their babies. We have network of NICU psychologists in Japan to exchange information, giving advice and support to each other. There are growing demands for psychological support in NICU in Japan. Our poster workshop will highlights the importance of NICU psychologists in Japan with a case report who did not get helped by a NICU psychologist.

330 Necessity of Psychological Support in NICU (from Case Review)
Miyuki Maekawa (Japan)
This study discussed the necessity of psychological support in NICU by reviewing the process of psychotherapy in a case that appropriate psychological support was not given to a mother in NICU. The subject was the mother who delivered in the seventh month after heavy bleeding. She was referred to the author, a clinical psychologist, because she did not recover from depression 3.5 years after childbirth even though she had undergone psychiatric treatment. Immediately after childbirth, she was greatly shocked to meet her baby and afraid to touch the baby. She was then told by the
doctor about the possibility of the baby's mental retardation. She wished her baby's death. In the NICU she had an interview with a non-NICU psychologist, who explained the medical treatment. So she did not feel the psychologist understood her sufferings. One year after childbirth, she attempted to kill herself and then kept on suffering from the isolation and guilt she had felt in the NICU. This case was an example of a process which a mother followed when she could not obtain appropriate psychological support in NICU even though her experience was too critical for her to psychologically accept. This case also suggested the necessity of psychological support in NICU. It is necessary to slowly share in mother's experience along with a stream of her emotions and then accept her. Without such psychological support, it would be difficult for mother herself to accept her own experience.

331 Psychological Support in NICU for Low Birth Weight Baby and Parents
Yumiko Okada (Japan)
This study aimed to find out the realities of clinical psychologist's supporting activities in NICU and discuss the features of the support. A low birth weight baby born at 24 weeks of gestation with a birth weight of 742 grams and the baby's parents were considered. The author as a clinical psychologist supported them for 166 days from the eleventh day after the hospitalization until the day of discharge. During those days the author worked in NICU three days a week, and joined the parents in seeing their baby and listened to them. The author stood beside the parents and acted as a container to absorb both their positive and negative emotions that changed depending on the baby's medical conditions and watched the nonverbal communication between the parents and the baby. When the doctors explained the baby's medical conditions to the parents, the author was present with them, and thereafter giving counseling to the parents in another room, not beside their baby. Although difficult at first, the relationship between the mother and her baby developed, and the mother began to think more deeply about her life together with her baby. A considered key to the success of this case was the important position of the clinical psychologist as not being one to give direct medical care to the baby, as same as in the position of the parents, and the fact that the psychologist concentrated on psychological support of the baby and the parents by accepting any emotions and thoughts of the parents.

332 Developmental Follow-ups after Discharge from NICU
Tomoko Uno Noda (Japan)
This study reports how children and their families are supported after discharge from NICU, and discusses what support they need. The author is involved in psychological support of parents and children in NICU as a psychologist, and also in the developmental follow-ups after discharge. The author has the advantage in having intimate acquaintance with them since the admittance to the NICU. About 80 babies born less than 1500 grams are hospitalized in our NICU every year. Many of them still have serious problems when discharged, so that long-term follow-ups are highly needed. Children born less than 1500 grams are supposed to get checkups at 18 months corrected age, three years, prior to their enrollment, and three years after the enrollment of elementary school. About 300 developmental follow-ups are conducted in total every year. More than 90% of children born less than 1000 grams take the developmental follow-ups at 18 months of age. The developmental follow-ups are considered as the opportunity not only to obtain the calculated values, but also to facilitate the parent-child relationship. The developmental follow-ups may sometimes become a place of counseling for mothers. The follow-ups after discharge from the NICU mean the contact with children and their families based on a long-term perspective. The psychologists are required to be concerned with the families from the admittance to NICU.

333 Psychological Support in NICU for Families of Infant with Severe Disease
Emiko Inamori (Japan)
This study discusses the significance of psychological support for families of infants with severe disease. Subjects were eleven cases where the infants had severe congenital diseases or central nervous system disorders from 1999 to 2006. The psychologists stayed with the families when they saw their infants in NICU and listen to their emotion. In some cases, she was with the families when they communicated with the doctors about the medical conditions of their infants, and arranged the self-help group for families. Since the NICU became a place to absorb various emotions, the families gradually got autonomous again and established bonding with their infants with severe disorders over
a period of several months, or sometimes more. Ten families chose to take their infants home using mechanical ventilation, and one chose to have the infant moved to a medical institution. Two infants passed away later, but nine have been enjoying their lives with their families at home under the support of local staffs of medication and social welfare. The NICU can provide a place to contain the families' positive and negative feelings, which is considered to be important in restoring autonomy of the families and facilitating the bonding with their infant and other people.

334 Psychological Support for Dying Babies and Their Families
Yoko Hashimoto (Japan)
This study aims to find out what psychological support is needed in NICU for the dying babies and their families. Although in Japan the advanced neonatal medical care has lead to the lowest neonatal mortality in the world, NICU is attended with death of babies. Subjects are forty-one cases from 1989 to 2004. They are extracted and discussed. One representative case is presented. The perinatal psychologists are needed to be with the dying babies and their families as a "doula", and (1) first, to facilitate family bonding to the baby, (2) next, to support the family who are facing their baby's death, (3) finally, to support their mourning work and grief work. Care for dying babies and their families received little attention in NICU until the 1980s because higher priority was placed on medical treatment in Japan. Some folkloric customs in Japan still remain, to console mothers for the loss of their babies. Death of babies has been apt to be regarded as "non-event" behind the advanced medical technology. A conscientious care for dying babies and their families should be natural in NICU. With this care, the families including the mother can begin life again with deep satisfaction based on the sanctity of the baby's life, without being defensive, and the NICU can finally become a place to save and protect "life" in the true sense.

335 Survey on Roles of Psychologists in NICU
Emi Imai (Japan)
A questionnaire survey was conducted to find out how the medical staff and families understand the role of NICU psychologists and what they expect from NICU psychologists. The questionnaires were distributed to the heads of 205 NICU facilities, and 122 of them answered (62%). The survey was also conducted via the internet by asking the families with children having an experience staying in NICU, and 92 families answered. For comparison purposes, answers were obtained from 30 psychologists belonging to the NICU network. Only 30% of the NICU facilities have psychologists, but 94% of the facilities having no psychologists showed the need of the NICU psychologists and 100% of the respondent families also desire the presence of NICU psychologists. The medical staff realize the role of NICU psychologists in psychologically supporting the families, for example, by counseling; facilitating the bonding to their babies; and mentally supporting the medical staff. The medical staff showed their hopes that the NICU psychologists (1) attend the meeting where the doctor explains the case to the families and care for the families afterward; (2) consider the psychodynamics in the NICU; and (3) support the families after leaving NICU. The families hoped that NICU psychologists (1) stay there to talk with them anytime; and (2) be always independent of medical staff while working hand-in-hand with them. There is a big demand for psychological support in NICU. The NICU psychologists can help the NICU function as a place not only to provide medical treatment, but also to facilitate the parent-child bonding from the viewpoint of clinical psychology.

336 Influence of Psychological Care in Perinatal Period on Maternity Blues and Postpartum Maternal Attachment
Masako Nagata (Japan)
Psychological care and support in the perinatal period have been offered in various ways, especially in the NICU. To discuss the effect of such activities of the psychologists, the survey on maternity blues and postpartum maternal attachment was re-conducted by asking mothers in the same hospital where the last survey had been done in 1995. It is in 1995 that the clinical psychologists started their activities in that hospital. The questionnaires were distributed to the mothers in the maternity ward at the time of pre-discharge guidance, and the mothers in the NICU at the first interview. The survey employed the Edinburgh postnatal depression scale (EPDS) and a postpartum maternal attachment scale designed by M. Nagata et al, in 2000. The answers were obtained from 202 mothers of full-term normal babies (return rate of 77%); and 79 mothers of babies staying in the NICU (return rate of
64%). The survey of 1995 using Zung’s self-rating depression scale (ZSDS) showed the percentage of scores considered ZSDS-positive was over 60% in both mother groups. The present survey reveals that the percentage of subjects of EPDS with positive scores was 11.3% in the group of mothers with full-term normal babies and 26.6% in the group of mothers having their babies in NICU. There were drastic decreases in the percentage of positive scores though the evaluating scales were different. This suggests the possibility of reducing the incidence of maternity blues by psychological care and support in the perinatal period. The results of the postpartum maternal attachment scale will be reported at the workshop.

338 Correlations of Attitude Toward Child-Raising and Behavior of Mothers Raising Infants with Family Functioning
Kayo Ogawa, Kimie Tanimoto (Japan)
Questionnaires were given to 111 mothers of infants who visited our hospital for infant check-ups. The questionnaire included 1) questions on personal attributes, 2) Kato’s 12 items of scales for attitude toward and behavior related to child-raising consisting of the three factors of "stress from child-raising", "positive feelings toward child-raising" and "negative child-raising behavior", and 3) Japanese version of the Feetham Family Functioning Survey created by Hohashi et al. Correlations between scores for the three factors and 25 items of family functioning were examined. Differences were considered significant at p<0.05. Approval for the study was obtained from the ethics committee of our university. The results showed that "stress from child-raising" was correlated positively with "leisure and recreation time", "differences of opinion with husband", "taking a break from work or housework", "worries about the child" and "emotional support from friends". "Positive feelings toward child-raising" showed negative correlations with "time spent with the child" and "disturbance of daily tasks". "Negative child-raising behavior" showed positive correlations with "time spent with the child" and "worries about the child. The results indicated that insufficient leisure and recreation time for the mother, differences of opinion with the husband, worries about the child, and lack of emotional support from friends increase the stress from child-raising for the mother. The results also indicated time spent with the child and disturbance of daily tasks and housework by child-raising weaken the positive feelings toward child-raising, leading to negative child-raising behavior.

339 Characteristics of Mutual Support between Parents of Infants and Toddlers with Special Needs
Naho Sato, Akiko Araki, Nobue Nakamura (Japan)
To examine the characteristics of mutual support between the parents of infants/toddlers with special needs. A group of 42 pairs of parents of infants/toddlers with special needs (SNG) and a group of 52 pairs of parents with healthy infants/toddlers (HG) were recruited from a suburban area in Japan. Disorders of SNG children included cerebral palsy, developmental delays, and congenital malformation, and half of them required special health care. Questionnaires used included the Parenting Alliance Measure Japanese-version (PAM-J), the Parenting Stress Short-Form, the Social Support Questionnaire, and two items regarding the expectations of and satisfaction with spousal support. Questionnaires were administered separately to mothers and fathers. 1) Comparing SNG with HG, there were no significant differences in the parenting alliance between mothers and fathers. 2) Only SNG showed significant differences on PAM-J items regarding the perceptions of caring for our child as a team, my spouse invests in the care of our child, and my spouse shares parenting burdens/responsibilities. 3) SNG pairs in which both parents reported the high PAM-J score perceived positive childrearing and high spousal support whereas pairs both reported the low PAM-J scores perceived low spousal support. The majority of mothers in pairs which showed a wide gap in PAM-J scores between mothers and fathers reported dissatisfaction with and low expectation of their spouses' involvement in childcare. These results suggest the parenting alliance is applicable factor to assess the condition of mutual support between parents of infants with special needs. Parents with a weak or wide perception gap in parenting alliance may be regarded as targets for interventions.

340 Family Health Over Time: Risks and Resilience in Child and Family Outcomes
Erika Beth London Bocknek, Holly E. Brophy Herb, Rachel Schiffman, Hiram E. Fitzgerald, Lorraine McKelvey, Mary Cunningham-DeLuca, Shelley Hawver (United States)
This poster presents findings from one local research project associated with the national Early Head Start Research and Evaluation Project (EHSRE). Early Head Start (EHS) is a federally funded early
intervention program, serving low income populations, in the USA, prenatally through age 3. Primary research objectives were to examine family health over time and to test the long-term impacts of this home-based EHS program on parent and child outcomes. Children and families were assessed when the children were approximately 6, 14, 24, and 36 months of age, prior to entry into kindergarten (TPK), and after first grade (PFG). This presentation will summarize longitudinal outcomes at the TPK and PFG assessments. At TPK, dosage was related to children’s more optimal social development/fewer aggressive behaviors. More home visiting was associated with better parent-child relationships at TPK and at PFG and with less parental distress at TPK. Impacts were also demonstrated for families randomly assigned into the program. Families who had received EHS services experienced better family functioning (TPK & PFG) and reported greater personal mastery over their lives (PFG). Children who had participated in EHS exhibited fewer behavior problems at TPK than children in the comparison group. Results show sustained dosage and program effects over time, and support the importance of early intervention.

341 **Solihull Approach: Parenting Group Research**  
Mary Rheeston, Hazel Douglas, Jill Delaney, Emma Strahan (Great Britain)  
The Solihull Approach is a theoretical model, resource packs, parenting group and training programmes developed by professionals working within the National Health Service in the United Kingdom. Professionals use it across agencies working with children and their families. Professionals have also received training in Iceland. The model (containment, reciprocity and behaviour management) provides a framework for thinking and working with families who are affected by behavioural and emotional difficulties. The Solihull Approach has been evaluated using several small-scale studies. The Solihull Approach model has been used to develop the Solihull Approach Parenting Group a 10 week, 2 hours per week parenting group that can be used with families with children 0-18 years. It aims to produce an effective parenting group that looked at the parent - child relationship and promote a reflective style of parenting that can be developed into a life long skill. The poster will present the results of a statistical trends analysis of the data from 72 parent participants (Bateson, Delaney and Pybus in preparation). The three measurements used were Becks Anxiety Inventory, (BAI) Child Behaviour Checklist (CBCL) and Strengths and Difficulties Questionnaire (SDQ). The data suggests that both parental anxiety and child behaviour problems improved significantly over the course of the 10-week group. There was also an interesting relationship between the CBCL measuring child behaviour problems and changes in the BAI measuring parental anxiety.

342 **Examining the Psychometric Properties of the Family Crisis Oriented Personal Scale for Mothers of Toddlers in Low-income Families**  
Lorraine M. McKelvey, Rachel F. Schiffman, Hiram E. Fitzgerald, Lori A. Roggmam, Holly E. Brophy Herb, Gina A. Cook, Danya Johnson (United States)  
Coping is essential to the understanding of stress and its effects on individuals and families. Coping strategies can potentially strengthen or maintain family resources that serve to protect the family from stressful situations. Using data from two of the 17 sites included in the Early Head Start Research and Evaluation study, the goal of this study was to examine the psychometric properties of a measure of family coping administered to 144 low income mothers who did not receive Early Head Start programming with 36 month old children. Few studies have examined the psychometric properties of instruments of coping for low-income families and one study of the Family Crisis Oriented Personal Scale (F- COPES) reported an alternative scale arrangement in low-income populations. Using the scale construction suggested in that study, confirmatory factor analysis findings confirm the appropriateness of using the alternative scale arrangement with low-income mothers of toddlers. The new structure of the FCOPES for the sample was comprised of two original (Reframing and Seeking Spiritual Support) and three new subscales (Seeking Support from Friends and Family, Seeking Support from Neighbors, and Seeking Support from Service Providers). The new scale structure provides information about the sources of support that are utilized in addition to cognitive reframing. Better measuring the distinct elements that contribute to coping process and can help us better understand the ways in which stress and coping interact to predict parenting behaviors.

343 **Maternal Mind-Mindedness and Parenting Stress in Mothers of Four-Year-Old Children**  
Catherine McMahon (Australia)
The objective of this paper was to explore the relationship between a mother's propensity to attribute mental characteristics and mental states to her child and her experience of parenting stress. Mothers of four year old children were asked to describe their child. Responses were transcribed verbatim and coded for the presence of mind-mindedness (MM) using the coding manual developed by Elizabeth Meins (1998). Mothers also completed the Parenting Stress Index short form (Abidin et al., 1990). Regression analysis revealed that maternal mind-mindedness was related to all domains on the Parenting Stress Index as well as the Total Stress score, all ps < .025, even after controlling for maternal education, maternal non-english speaking background and child IQ. Mothers with lower MM (ie., mothers who used fewer mentalising words in describing their child) reported higher levels of stress related to child difficult behaviour, interactions with their child and the demands of the parental role. Several possible interpretations of the findings are considered including the possibility that parental stress may influence how a parent perceives their child and their interactions together. Alternatively, parents with a proclivity to attribute mental states to their child may be more able to take their child's perspective and thus less likely to interpret their child's behaviour and their interactions with their child in a negative way. Clinical implications regarding the importance of assisting parents to take their child's perspective and understand the mental states of their child are considered.

**344 Inter-country Adoption of Infants and Toddlers: Design of Psychological Support Services that Celebrate the New Family Constellation**

Aparna Rao (United States)

This study places a health-promoting, multi-cultural psychological lens on the growing phenomenon of inter-country adoption of infants and toddlers. While adoption agencies in the respective countries may perform legal and financial due-diligence to ensure that prospective parents can care for a child from another country and culture, there is limited support available to the adoptive family, in dealing with the psychological and multi-cultural ramifications of adopting a child from overseas. Specifically, this study proposes a paradigm for psychological support services, and identifies three key aspects, namely a) expanding the notion of parenthood, b) promoting attachment through the senses (especially touch), and c) supporting the multi-cultural identity development of the child. The paradigm presented in the paper also distinguishes between the unique psychological issues of the pre-adoptive versus the post-adoptive phase of adoption. The post-adoptive phase is discussed within the framework of an adoptive family life-cycle. The study illuminates the importance of psychological support services for international adoptions, and the need for further research in this relatively under-studied area of health psychology.

**346 NIDCAP Neurobehavioral Observations in Premature Newborns: Detection of Stress and Well-Beings Signals**

Carme Costas-Moragas, Frances Botet-Mussons, Angela Arranz-Betegan, Marta Lopez-Guardia, Albert Fornieles-Deu (Spain)

Our objective is to produce an instrument for scoreable assessment that can easily be applied and adapted to our Newborn Intensive Care Units (NICUs). We have analyzed the neurobehavioral development of the normal premature newborn identifying the stress and well-being signals, as well as their evolution. An observational study was designed of 60 children of between 27 and 36 weeks postconceptional age, excluding neonates with neurological injuries. We used an adaptation of the Observation Sheet-NIDCAP, which consists of 88 items grouped into 3 subsystems: Autonomic, Motor and State. The neonates were observed in three consecutive situations: basal state (baseline observations), during an episode of caregiving (nappy changing) and posterior recovery. These observations was recorded every 4 days until the newborn was moved to a cot. 2,300 observations were performed. Comparing the frequency of the items during caregiving with the basal state, we have found 14 Stress signals (i.e. Spit up, Burp, Hiccup,...) and analysing the items that reappear or increase during the recovery stage after caregiving we have identified 11 Signals of well-being (i.e. Face open, Grasping, Holding On,...). The Observation Sheet-NIDCAP is a sensitive tool to capture neurobehavioral changes observed in the premature newborn, as a consequence of his own development as well as of the environmental conditions. The signals of stress and well-being must be the guidance for caregivers of the premature newborn in the NICUs. This work was financed by the Spanish Ministry of Education and Science.
Comparision of Sleep Pattern and Neurodevelopmental Outcome at 1-2 Years of Age of Preterm Infants Exposed to Different Duration of Lighting during their NICU Stay
Juriza Ismail, V. Chandran, Nem-yun Boo (Malaysia)

This cross-sectional observational cohort study was conducted over a period of nine months, between 1st December 1999 till 31st August 2000 in Hospital Universiti Kebangsaan Malaysia. In a previous randomized controlled trial between 1st August 1998 and 31st March 1999, preterm infants whose birth weight were less than 2001g were randomized to twelve hours cyclical day and night lighting (day-night group) and continuous dim lighting (intrauterine group) during their NICU stay. The objectives of this study were to compare the neurodevelopmental outcome and sleep pattern of these two groups of infants at a mean corrected age of 16.3 months. Of these 98 eligible preterm infants discharged from NICU, 66 infants were assessed. 36 were from the day-night group and 30 from the intrauterine group. There was a significant difference in the ethnic distribution of the two groups (p = 0.034) No other significant differences were observed in the sex distribution (p=0.10), weight at assessment (9.35 kg (SD = 1.00) vs. 9.33kg (SD = 2.77), p=0.97 ) and mean age at assessment (18.4 months (SD= 3.5) vs. 18.7 months (SD = 2.6), p = 0.66) between these two groups of infants. There was also no significant differences in the mean PDI score (98.7(SD= 18.57) vs. 98.2 (SD= 15.5), p= 0.9 ) and mean MDI score (95.3 (SD = 14.77) vs. 88.7 (SD= 14.9) , p = 0.12)between the two groups .Neurodevelopmental outcome between these two groups are not statistically significant, p =0.50. The mean duration of sleep between the two groups were also not significantly different (9.9 hours (SD= 1.1) vs. 9.6 hours (SD = 1.5) , p= 0.35). These findings suggests that when compared to the cyclical lighting, exposing the preterm infants to continuous dim lighting in the NICU does not have any different effects on the sleep pattern and neurodevelopmental outcome between 1- 2 years of corrected age.

Preterm and Full-Term Infants Response to Social Stimulation at Term Age
Hui-Chin Hsu (United States), Suh-Fang Jeng (Taiwan ), Pei-Fen Li (United States)

Human fetuses respond to auditory stimulation with cardiac response and body movement beginning at 30 weeks gestational age. Although preterm infants tend to react negatively to social stimulation (e.g., talking and/or touching by an adult partner) prior to term age, more differentiated response emerges as they mature. Little is known, however, about preterm infants' response to social stimulation at term age. Thus, this study was aimed to compare preterm and full-term infants' alertness and distress in response to social stimulation. Thirty preterm and 30 full-term Taiwanese infants participated in a social stimulation experiment at term age, which consisted of three episodes. During the first episode, the experimenter looked at the infant quietly for 30 seconds. During the second episode the experimenter looked and talked to the infant for 1.5 minutes. During the third episode, the experimenter stroked the infant's forearm for 1.5 minutes while she was looking and talking to the infant. Infants' alertness (indexed by eye opening) and distress (indexed by negative facial expression) were coded from videos. Results revealed that although preterm infants decreased their eye opening as more social stimulations were added, they opened their eyes longer than did full-term infants. With respect to distress, similar to full-term infants, preterm infants increased their negative face as more social stimulations were added. Findings from this study suggest that compared to full-term infants, preterm infants were more sensitive to, but not more reactive to, social stimulation. Preterms' extended postnatal experience may enhance their social sensitivity. Implications of the results of this study for early interventions will be discussed.

Consideration of Psychological Support for Parents of Children Admitted to NICU
Rena Sakai (Japan)

The purpose of this study was to examine the feelings of parents when their child is admitted to NICU, and further, how and due to what factors such feelings change. Narrative data was collected from parents whose children were born under 1500g and was admitted to NICU. The data was analyzed using the Grounded Theory Approach (Strauss & Corbin, 1990). The results showed that the parents' feelings are diverse, and tend to waver between positive and negative feelings throughout the hospitalization. In the first few days, anxiety is most remarkable among the various feelings, but seems to be alleviated gradually through receiving explanations of care provided in NICU, seeing other children improve, and gathering information about LBW children. From then on, as the state of children improve and as the parents begin to take care of the children themselves, feelings of joy more
than anxiety becomes the main feelings reported. The factors that support parents up to this point include: a) close relationship with the staff, b) talking to others, and c) having things to do for the child. Examining factors that help parents to hold the wavering feelings is thought to suggest the ways to support the parents throughout the hospitalization period.

350 Are Female Nurses Utterances Special Stimuli for Premature Infants in the Neonatal Intensive Care Unit? The Approach to the Frontal Cerebral Blood Flow Changes Using NIRS
Yuri Saito, Rie Fukuhara, Shiori Aoyama, Tamotsu Toshima (Japan)
We examined whether female nurses’ utterances in the neonatal intensive care unit (NICU) could serve as optimal attachment signs for premature infants using near-infrared spectroscopy (NIRS). Twenty-six premature infants were included in this study, and their cerebral blood flows were measured by NIRS. They were exposed to auditory stimuli in the form of utterances made by their mothers, female nurses and women strangers. A three (stimulus: mother, nurse and stranger) Ã— two (recording site: right frontal area and left frontal area) analysis of variance (ANOVA) for these relative oxy-Hb values. The ANOVA showed a significant interaction between stimulus and recording site (F=3.23). The nurses’ voices activated each infant’s right brain area more dominantly than the left area, while the mother’s voice and those of strangers activated the left area. Accordingly, we presumed that the nurses’ voices may be distinctive for the hospitalized premature infants compared to the other prosodic voices, in terms of those different hemispheric asymmetries of oxy-Hb. Our results suggested that nurses’ prosodic utterances could be imprinted into the premature infants, who hear those first optimal attachment signs in the NICU.

351 Nursing Care for an Extremely Low Birth Weight Infant and Family: A Girl Born 265 grams
Mami Takatou, Eriko Hayashi, Naoko Hayashi, Rumiko Ueda, Sumiko Tsukioka, Kazushige Ikeda, Hisako Watanabe (Japan)
Background & Purpose: In spite of great advancement in neonatal medicine in Japan, the mortality rate of Extremely Low Birth Weight under (under 500g) is still high, and the nursing care for them is a tough challenge. Not only the baby but also its mother and family are vulnerable particularly after birth. Our Keio University Hospital is a tertiary care hospital and its perinatal center has 6 beds for Neonatal Intensive Care Unit (NICU) and 12 beds for GCU. Every year an average of 15 to 20 Very Low Birth Weight (under 1000g) infants are born and cared. We report on our comprehensive nursing care for a 265g baby girl and her family. Subject: Our subject is a baby girl A and her family. Result & Discussion: A had to be delivered prematurely by emergency Cesarean section on her 25th weeks and 2 days of gestation. At birth she weighed 265g, her APGAR score was 1 and 3 Through steady around-the-clock intensive care including developmental care we endeavored to maintain a comfortable state for both A and her mother which eventually led to steady development of A and the mother-infant attachment relationship. We attended the dyad respecting to the full their initiative and spontaneity. Our approach towards the family developed along the course of care into four stages. A thrived to become the tiniest intact surviving baby in Asia and the second tiniest in the world.

352 Kangaroo Care and "Dependence" Found in the NICU in Japan
Yuka Sasamoto, Tomomi Takagi, Mayumi Nishizaka, Yujun Ito, Ryoko Yoshinare, Miho Aikyo, Masashi Taki (Japan)
Kangaroo care is a practice of holding a naked infant skin to skin against his/her mother's breast, originated in Colombia, South America, in 1979 without high-tech environment of NICUs (Neonatal Intensive Care Units). Due to its effects to reduce the mortality rate of low birth weight infants and the number of mothers who neglect their infants, and to promote attachment between mothers and their premature infants, the kangaroo care was spread across NICUs in developed countries. Our perinatal center adopted the kangaroo care in 1995 for the first time in Japan. This study aims to discuss the development of relationship between mother and her premature infant. We assessed forty-five cases of a mother and her infant in terms of a feeling toward infant scale (Hanazawa), MABS (Wolke & St. James Roberts), and the mothers’ comments. According to the assessment, as the kangaroo care was practiced several times, the mothers increased her approach feelings to their premature infants, and they began to positively read and understand their infants' movements. In this way, mothers accepted their infants' dependence on them, and established a stable relationship between them. Then, surprisingly, the phenomenon of the accepting interaction between mothers and their infant was also
seen between the parent-infant and the medical staff around them. This results in the promotion of changes in staff's consciousness to create a favorable environment for mothers and their infants. Now our NICU provides a place for intensive care and for child rearing based on dependence.

353 Timing of Diagnosis in Infants with Severe Congenital Heart Disease - Does it Impact on Parent Adjustment and Parent-Infant Relationships?
Candice Franich-Ray, Vicki Anderson, Samuel Menahem, Andrew Cochrane, Elisabeth Northam, Abdullah Al-Farqani, Brigid Jordan (Australia)
The aim of this study was to investigate whether the timing of diagnosis of a severe cardiac abnormality in the infant had an impact on parent adjustment and parent-infant relationships. One hundred and five parents of infants who had undergone cardiac surgery under three months of age agreed to participate. Current ultrasound technology enables the detection of approximately 40% of cardiac abnormalities before birth. This may allow greater time for parents to prepare both practically and emotionally for the demands of cardiac surgery, however it may also disrupt the building and strengthening of a relationship between the parent and infant as well as increase the risk of parents experiencing mental health symptoms. A questionnaire was completed around one month after the infant's discharge from hospital. The questionnaire included measures of parental depression, state anxiety, traumatic stress reactions and experience of motherhood. Additionally an interview was conducted investigating the impact of the illness, hospitalization and surgery on the parent-infant relationship. While preliminary results indicate little difference in the percentage of mothers with depression when comparing mothers whose infant did and did not have a prenatal diagnosis there do seem to be differences in terms of other mental health symptoms. For example, around 84% of mothers whose infant was diagnosed prenatally were found to be experiencing significant dissociative symptoms compared with 53% of mothers whose infant was diagnosed postnatally. These preliminary findings suggest that families who receive a prenatal diagnosis need support throughout the pregnancy as well as once their baby is born.

354 Clinical Use of the NBAS in Supporting Parents of At-Risk Infants
Shohei Ohgi, Tomitaro Akiyama (Japan)
We have been using the Neonatal Behavioral Assessment Scale (NBAS) for early assessment of infants at high-risk for developmental disorders such as cerebral palsy and mental retardation, and have found it to be a valuable tool for managing early intervention. The NBAS is the best instrument we know of for objectively assessing high-risk infants because its fundamental principle is to identify the individual characteristics and capabilities of each infant information that is extremely useful in planning early intervention. Our studies provide strong evidence that the NBAS is a reliable tool for predicting later developmental disabilities in low birth weight and premature infants. Further we found that, the NBAS can help clinicians not only to identify neonates who at high risk of behavioral problems in childhood, but also to develop individualized management protocols for infants at risk of later developmental disabilities. We present a summary of our work in Japan, as well as the clinical and research implications of what we have learned.

355 The Impact of a few days Referral to the NICU on Parents
Rakel B. Jonsdottir, Arna Skuladottir (Iceland)
The purpose of this retro-/prospective study was to describe the impact of a short stay in the NICU on parent's fatigue at birth of their infant and three months after discharge. Participants were parents of 97 infants born at the same hospital, grouped into three: 1) Parents of 26 infants that stayed for 7 or more days in the NICU (mean 23.31 (±23.43) days). 2) Parents of 36 infants that stayed for less than 7 days in the NICU (mean 3.75 (±1.93) days) 3) Parents of 35 infants not admitted to the NICU (mean 1.8 (±1.47) stay in the hospital). Data were collected approximately 3 month after discharge, by questionnaires measuring fatigue. Results showed higher score in fatigue by parents in groups 1 and 2 both at birth and 3 months after discharge than in group 3, although the difference was not significant in all chases. Fathers of infants in groups 1 and 2 described significantly more fatigue at infants' birth than fathers of infants in group 3 (p<0.05). Mothers described their fatigue always to be less than fathers, and all parents described their fatigue to be less at data collection than at birth. It is concluded that parental fatigue in all groups improves over time. Nevertheless the parents of NICU infants are more fatigued in long term than parents of infants that are not referred to the NICU, where short or a
long stay is not relevant. The influence of a short stay in the NICU on parents' well-being has received little attention in the research literature and in health care practice up to date.

356 From Dyadic Co-regulation to the Development of Self-regulatory Processes in Preterm Infants: A Preliminary Report
Grazyna Kmita, Eliza Kiepura, Aleksandra Budniak (Poland)
The aim of this study was to describe the development of self-regulatory processes in pre-term infants of high and low biological risk groups and to analyse the dynamic, reciprocal relationship between patterns of co-regulation in mother-child interactions and child's self regulatory competence. The subjects were 24 mother-child dyads. The children had been recruited from the NICU and follow-up clinic of the Institute of Mother and Child in Warsaw in the first four months of life according to two criteria: high vs. low biological/medical risk and mother's availability/coping style during child's hospitalization (coping through distance vs. coping through commitment). The study design was longitudinal with assessments at 5(i±1), 11(i±1) and 24 (i±1) months (this last assessment has not yet been completed and will involve a modified study procedure). At 5 and 11 months the study procedure lasted 12 minutes and comprised the following episodes: 1) free dyadic play, 2) triadic interaction of mother, child and a stranger, 3) mother-child- new object play. At 11 months a short episode of mother-child separation and reunion was added. The interactions were recorded with two digital camcorders. After the procedure each family was interviewed by the first author and a child was observed for about an hour in a free play situation. A special method of data analysis on macro and micro level was elaborated allowing for the empirical identification of patterns of self-regulatory processes as well as patterns of dyadic co-regulation. Preliminary results will be presented.

357 Evaluation of the Respiratory Tract Clearance Method for Extremely Low Birth Weight Infants
Yoshie Kondoh, Rika Fukui, Yoko Sato (Japan)
The purpose of this study is to evaluate the respiratory tract clearance method for extremely low birth weight infants by analyzing domestic and foreign papers in order to clarify the scientific justification mentioned in these papers. Methods: In this study, important books on newborn and extremely low birth weight infants were extensively referred to. Moreover, papers concerned with respiratory physical therapy published from 2000 onwards were based on databases such as PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Japana Centra Revuo Medicina. The key words for searching these databases were a) chest physical therapy, b) respiratory physical therapy, c) positioning, d) drainage position, e) percussion, f) vibration, g) squeezing, and h) shaking. Moreover, to investigate the secondary sources such as the Cochrane Library, systematic reviews published since 1990 were used for reference data. Furthermore, the Guidelines for Respiratory Physical Therapy in NICU (Tamura et al., 2003) were also assessed. Results: In this study, 53 papers were extracted from the databases, and 30 papers of these were evaluated. In the corresponding studies, meta-analysis and randomized controlled trials (RCTs) were scarcely performed, and the papers mainly described case-control studies and case reports. Conclusion: 1. In Japan, studies based on RCT have been rarely performed. Moreover, since respiratory physical therapy has been empirically performed, a difference in the techniques used may influence the results. 2. Since the number of samples considered for respiratory physical therapy is small, only short-term indices can be obtained from most studies. As mentioned above, it is necessary to investigate the evaluation indices for the respiratory tract clearance method and to establish the optimum respiratory physical therapy; thereby, minimum risk and maximum benefit can be expected to be achieved for extremely low birth weight infants.

359 Fathers Trait that Affect Follow-up Support after The Diagnosis of a Child's Congenital Limb Defect
Akiko Ashino (Japan)
The official diagnosis of a child with disabilities causes a family crisis. The purpose of this research is to explore these traits of fathers of children with disabilities so that effective support can be provided to these families. We especially focus on the cultural effects and differences with traits of mothers. Data was collected through in-depth interviews with 4 fathers of children with the congenital limb defect. Results of analysis based on grounded theory approach (Glaser & Strauss, 1967) were as follows: (1) All the fathers in this study were diagnosed alone and explained the bad news to his...
family. (2) Strong father image affects the dissenting opinion to the diagnosis together in parents. (3) It is difficult for the father to make an attachment with his child. (4) Father cannot express his feelings easily. For the participant in this study, there was no one who received psychological care by the medical. The necessity of the support to the mother came to be called out strongly now. On the other hand, the father is often located as a role to help the mother. However, when the father cannot accept the child or cannot give expression of feelings, a psychological support to the father who has these traits is also especially needed.

360 Factors Influencing a Father's Child-rearing of a Low Birth Weight Infant
Sakae Saitoh, Yoko Emori, Fimie Murai, Mikiko Nonoyama, Taiko Hirose, Miho Kusanagi (Japan)
Few studies have addressed the key role a father has in the process of child-rearing a low birth weight infant (LBWI). The aim of our study was to identify the factors affecting the role a father plays when child-rearing a LBWI. We conducted a questionnaire survey on 197 mothers of LBWIs, who were discharged from hospital and followed up in an outpatient clinic. The participants were asked about the father's involvement and cooperation with child-rearing, the mother's child-rearing anxiety, the health state of family members, the temperament and character of an infant, the parental experiences with childcare during the infant's hospitalization, and the mother's satisfaction with the social support given by specialists, family and friends. The infants involved were no older than 36 months, with an average birth weight of 1564g. Our results demonstrated the father's participation and cooperation in child-rearing significantly reduced the mother's child-rearing anxiety (p < 0.01). Moreover, the following factors significantly influenced the father's child-rearing of a LBWI: the gestational age of an infant, the timing and frequency of the father's visits to the infant during hospitalization, the days following discharge from the hospital, the father's health state, the mother's depressive tendency, the mother's education level, and the character of the infant. A chronic disease or a developmental delay in an infant did not correlate with a father's participation and cooperation with child-rearing. In conclusion, our results suggest the father's role is influenced by many factors and is important in the process of child-rearing a LBWI.

361 The Father's Role in the Play of their Down Syndrome Children
Paola Venuti, Simona deFalco, Gianluca Esposito (Italy), Marc Bornstein (United States)
The current study aims to investigate paternal contributions to child play skills in Down syndrome (DS) children. In children with DS, as in other groups of special needs children, development depends crucially on the degree to which parents provide appropriate stimulation and affective support. The majority of the recent studies investigating interactions between parents and children with DS have been conducted with mothers. In this study, through observation of child solitary, child collaborative play with father, and father play with child, we wanted to verify if the father's presence during play interactions would increase the amount of child exploratory and symbolic play. Moreover, we wanted to assess if father and child play were attuned to one another. A total of 19 children (M chronological age = 35.32 months, SD = 10.35; M mental age = 19.58, SD 5.43) with Down syndrome and their fathers took part to this study. Two 10-min sessions were videorecorded, one of child solitary and one of child collaborative play with father. A coding system for exploratory and symbolic play was applied to both sessions. Children showed more exploratory and symbolic play during collaborative sessions compared to solitary sessions, but a significant increase was found only in symbolic play, namely the most sophisticated type of play as well as an important indicator of child cognitive level. Bivariate correlations showed significant positive associations between father and child exploratory and symbolic play. Thus, fathers in our study succeeded in scaffolding their Down syndrome children. Furthermore, dyads were attuned to one another, highlighting a wide proportion of sharing that represents the essential social matrix for cognitive development.

362 Emotional Availability in Down Syndrome: A Study on Mother-Child and Father-Child Dyads
Simona deFalco, Gianluca Esposito, Paola Venuti (Italy), Marc Bornstein (United States)
Emotional availability is a relationship construct, theoretically and empirically linked to attachment, that can be considered a global index of the quality of parent-child interaction. The present study aimed to address several specific questions about mother-child and father-child emotional availability in Down syndrome (DS) families. We coded 10-min free-play interactions of 22 DS children (M age = 35.32 mo) separately with each parent using the Emotional Availability Scales (EAS; Biringen,
Robinson, & Emde, 1998). These Scales consist of six dimensions concerned with emotional regulation in the parent-child dyad. Four dimensions address the emotional availability of the parent in relation to the child (sensitivity, structuring, nonintrusiveness, and nonhostility), and two address the emotional availability of the child in relation to the parent (responsiveness and involving). Mothers and fathers and their DS children were equally emotionally available to one another, a finding confirmed by a cluster analysis. Bivariate correlations between maternal and paternal Emotional Availability Scales ratings tended to show strong positive associations in the two parents, and bivariate correlations also highlighted the stability of child responsiveness and involving across interactions with the two parents. No differences in mean levels of child responsiveness and involving between mother-child and father-child interactions emerged. The clinical utility of the Emotional Availability Scales for assessing relationships between parents and their special needs children is discussed.

363 Fathers in Neonatal Units in the United Kingdom: Observations of their Baby's Behavior and Use of the NBAS
Joanna Hawthorne Amick, Margaret Killen (Great Britain)
Foretelling Futures, Dilemmas in Neonatal Neurology was a social science research project conducted in four neonatal units in southern England. The aim was to observe, examine and understand information sharing between medical staff and parents' experiences through interviews with both groups. The way the baby conveyed information through their behavior was also shared. Interviews took place with parents of 65 babies in the NICU. Within this sample, 16 fathers were interviewed along with the mothers. Fathers were found to feel deeply about their experiences and had many similar feelings to the mothers about their baby's behavior. The NBAS was carried out on 18 babies (28% of the sample) before discharge from two of the neonatal units. Father's observations and concerns about their baby's behavior are presented.

364 Father-Mother-Infant Dyad and Triad Interaction in Japanese Families: The Association between Parents' Marital Relationships and their Parenting
Minoko Oba, Satomi Murase, Kaori Okada, Hitoshi Kaneko, Shuji Honjo (Japan)
There have been a myriad of studies suggesting that anomalous parents-child interactions have influence on child's emotional or behavioral problems. Other studies have indicated that these parents-child interactions are associated with parenting arising from parents' marital discord or dissatisfaction. However, there are few studies examining the association between parents' marital relationships and their parenting in the parents-child interactions including father in detail in Japan. This study examined the association between parents' marital relations and parenting in father-mother-infant dyad and triad interaction. Ten families consisted of father, mother and 18-month-old child participated in this study. Parents answered 2 questionnaires respectively: demographic questionnaire and Marital Love Scale (MLS). Moreover, father-mother-infant dyad and triad interactions were videotaped and coded by Child-Parents' Interaction Coding System (CPICS). The results indicated that Mothers' scores of MLS positively correlated to the percentage of the children's contributions leading to turn-takings and the synchronization of mother-child dyad interaction, and negatively correlated to mothers' negative facial and vocal contribution to their children both in dyad and triad interactions. On the other hand, fathers' scores of MLS didn't have correlations to the indexes of CPICS. It was suggested that marital discord or dissatisfaction is especially associated with mothers' negative emotional expression and the lack of sensitivity to her child. More cases will be needed to confirm these points in future.

365 Creation of a Theory of Paternal Attachment Applicable to Fathers and their Preterm Infants
Miyuki Sekimori (Japan)
The present study aimed to create a theory for "paternal attachment" between fathers and their preterm infants during infancy, to clarify the relationship established by fathers with their preterm infants, and investigate effective nursing for the fathers. Subjects comprised fathers whose first children were preterm infants delivered at a gestational age of <35 weeks and hospitalized in the NICU. Participation of the subjects in the study was completely voluntary, and protection of privacy and anonymity of personal information were strictly guaranteed. Data was collected from interviews after meetings and observation of meetings. Data collection and analysis were conducted based on the
grounded theory approach. Based on the data analysis, the following 4 concepts were extracted from the formation process of "paternal attachment" by fathers with preterm infants: based on a sense of safety; being impressed by the safe birth; parental affection towards the preterm infant; and sense of paternal responsibility. "Paternal attachment" was theorized as the process based on the father's own sense of safety expressed as based on a sense of safety and being impressed by the safe birth, in which an emotional bond between fathers and their children expressed as parental affection towards the preterm infants was established, and sense of paternal responsibility was acquired. In nursing practice, we would be able to apply these 4 concepts as perspective from which to understand and analyze the father-preterm infant relationship during infancy.

366 Sleep Disorder of an Eight Month Old Boy
Francoise Moggio (France)
Psychotherapy of an eight month old boy and his parents. The baby woke up twenty times a night and the parents were overwhelmed. There were many difficult events during the pregnancy and a past tension about gender roles in the couple. A classical oedipal interpretation addressed to the baby but also received by the parents has been central in the therapy. Now, the boy is six years old and quite well. The father's identification is solidifying. The presenter will discuss research on the follow-up of early parent-infant psychotherapy with an interview of the parents.

367 Does Your Baby Need Therapy?
Elizabeth Tuters (Canada)
Mother complained about not being able to put her seven month old baby to sleep since one month after birth. Through the intervention, mother discovered her own past, unresolved issues with her own mother and as well her ability to put her baby to sleep. A brief intervention using a focus on the infant-parent relationship and active participation by the therapist with each partner in the dyad will be presented with follow-up at 2 1/2 years of age.

368 Discussion of the Two Clinical Cases
Sandra Maestro (Italy)
The Discussant will present conceptual and technical issues in psychoanalytic psychotherapy working with babies and their parents to address the primary question, "what is the aim of the therapeutic action?"

369 Clinical Teach-In 02: Family Play Therapy: A New Approach to Treat Infants and their Families
Yuji Kawabata (Japan)
This study aims to introduce a new approach "Family Play Therapy" for treating all family members at the same time in one playroom, and to investigate its significance. In Japan, families increasingly lose the function to hold their members as a group, and psycho-educational parental guidance is not effective enough to lead parents to appropriate child rearing. "Family Play Therapy" is an attempt to treat all family members including children and their parents at the same time in one playroom. A playroom provides an environment where family members can move freely, following the principle of free association. The advantages of the "Family Play Therapy" are: A. The mind movements of a child is expressed in play, and parents understand the interpretation by therapist about the movements on site; B. Therapists actually interact with infants, and parents can acknowledge the interaction as a model, and learn it as an emotional experience; C. It is a fun therapy for each family member, and with all the members being in the same place, they can be organically united as a family; D. Dynamic pathological state of relationships between the members is observed, and therapists can work on them; and E. All family members grow and change in the same way and to the same level. The "Family Play Therapy" functions to hold one family as a group by supporting all of the family members, and encourage each member to play his/her role in the family, where infants feel safe and are cured.

370 Clinical Teach-In 03: Home Visiting Intervention with Video Guidance for Mothers with Persistent Postnatal Depression
Nicholas Kowalenko, Cathrine Fowler, Karen Saint, Catherine McMahon, Baillie Andrew (Australia), Martha Farrell Erickson (United States)
Postnatal Depression affects 14% of women in the first year after giving birth, and if persistent, it can
impact negatively on mother and child. Child and Family Health Nurses (C&FHNs) are positively accepted by mothers, who through on-going contact with home visiting, are in a position to support them while they may be experiencing emotional difficulties, including depression. Nurses can impact on mothers' emotional health and wellbeing and in particular with her relationship with her baby. Our Research Project: Our semi-structured home visiting intervention (10 sessions) aims to support mothers with depression. To celebrate the baby in the family, the nurse reinforces the mother's ability to understand and respond appropriately to their infant's cues. This process is facilitated by use of an interactional video guidance technique - Seeing is Believing. Also, they provide cognitive behavioural counselling. Nurses, have begun noticing changes in mothers' interactions with their babies over the course of the visits. The professional development component of the program has begun to alter nursing practice. Case examples with video footage will be provided to demonstrate this. Preliminary data of the first families (n=30) in the intervention and comparison group, will be provided. This workshop will demonstrate the use of an interactional guidance approach through video use in the context of working with depressed mothers in their homes. There will be opportunities for discussion and video commentary.

371 **Clinical Teach-In 04: Abnormalities in Development of Sleep-Wake Rhythm and Locomotion are Early Signs of Psychomental Developmental Features**  
Masaya Segawa, Yoshiko Nomura (Japan)  
To clarify the pathophysiology and the earliest periods (months or years of age) for development of behavioral disorders and involvement of the aminergic neuron for them, we investigated the development of the sleep-wake rhythm (SWR) and locomotion: the biological markers reflecting the activities of the aminergic neuron and evaluated the behavioral abnormalities of infants and children under 3 years with abnormalities of development of SWR and locomotion. Infantile autism had abnormalities in development of circadian SWR by 4 months and delay in development and abnormalities in crawling and two pedal walking. Rett syndrome showed abnormalities in development of SWR in late infancy with feature to reduce day time sleep and difficulty in crawling and marked abnormalities in walking. Infants and children with abnormalities in development of SWR in early infancy showed behavioral abnormalities with autistic trait. And those who had marked abnormalities in crawling showed delay in mental activities. Neurologically, both showed postural hypotonia and those with abnormal locomotion had frontal lobe dysfunction. These suggest that early lesion of the serotonergic neuron may cause psychobehavioral dysfunction with autistic trait and those occurred in late infancy with dysfunction of the dopaminergic neuron may cause dysfunction of the frontal cortex resulting in abnormalities of higher cortical function. As adjustment of SWR and locomotion by training improved activities of these aminergic neurons, early modulation will prevent the development of psychomental dysfunction and also amelioration of developmental psychomental disorders.

372 **Clinical Teach-In 05: Stability and Change in Syndrome Expression in Infants' Diagnosed with Autism Spectrum Disorders in the Second Year of Life**  
Kasia Chawarska (United States)  
This teach-in presentation will focus on the results of a prospective study of a cohort of children identified with Autism Spectrum Disorder in the second year of life and followed up at the age of 4 years. Autism Spectrum Disorders represent a group of complex neurodevelopmental disorders that profoundly affect social and communicative development, with a majority of cases experiencing onset of symptoms within the first two years of life. There are presently no biological markers of the disorder; yet early identification of children with ASD is crucial, as early treatment leads to both better cognitive outcome and adaptive functioning. Results of the study indicate very good short-term stability of the ASD diagnosis, indicating that children, who manifest serious social communicative impairments in the second year, continue to experience problems in these areas 1-2 years later. However, in a minority of cases, very encouraging changes can be expected both in the social-communicative and cognitive domains. Specific predictors of outcome in terms of cognitive, language, and adaptive skills will be discussed. Both advantages and limitations of the existing state-of-the-art instruments for diagnosing ASD and documenting the symptoms in early development will be discussed. In addition, the presentation will include video examples of key symptoms of ASD in infancy. To illustrate changes in the syndrome expression, several clinical cases followed from 6 to 48
months will be presented and discussed.

373 Clinical Teach-In 06: Clinical Challenges of Early Adoption: Views from Montreal and Tel Aviv
Martin St-Andretokua (Canada), Miri Keren (Israel)
Although recent meta-analyses suggest many adopted children present good levels of adaptation, clinicians working with adopted infants and their families face a variety of challenges. Teach-in objectives are: 1) To describe key developmental aspects and clinical manifestations of adoptive parenting: issues relating to resolved/unresolved loss, continuity/discontinuity with parents' and child's family of origin, limits of reparative love, post-adoption depression. 2) To discuss early parent-infant relationship issues in adoption: attachment deficits and disorganization in infants and later-adopted children, relationship disturbances of various types (e.g., over-involved, anxious, under-involved). 3) To discuss often overlooked constitutional aspects of adopted children, especially regulatory and developmental disorders. Teach-in methods are: 1) Clinical and video illustrations of adopted children seen at the CHU Ste-Justine (Montreal) specialized clinic for 0- to 5-year-olds and at the clinic for 0- to 3-year-olds in Israel. 2) Speakers will work synergistically to present comprehensive formulations of cases involving parental developmental issues, relationship and attachment-related issues, constitutional issues in young children, and larger system issues. 3) Presenters will briefly discuss two ongoing randomized control projects with adoptive children: the first with a group of locally adopted children in Montreal (Quebec) and the second, with a group of internationally adopted children in Tel Aviv, Israel.

374 Clinical Teach-In 07: Babies, Mothers, Cultures and Migrations: A Clinical Perspective
Taieb Ferradji, Marie Rose Moro (France)
The ethno-psychoanalysis as a part of transcultural psychiatry applied to infant mental health problems will be analysed. This discipline is formed by the association of Psychoanalysis and Anthropology to approach the understanding and treatment of situations in which a family or parent/child group have moved from one culture to another. The importance of cultural myths, taboos and modes of understanding relationships, child development and needs, and manifestations of dysfunctions will be discussed. We will analyse in special the therapeutic consultations during the perinatal period in situations of exile and migration. This period is particularly vulnerable for children and families. During this time cultural and family myths acquire great importance, they could be denied or abandoned due to the requirements of the "new" culture, while being vividly present in the mind of the parents, even if unconsciously. The use of ethno-psychoanalytic principles as complementarity (the importance of anthropological understanding of clinical manifestations) and a therapeutic model of consultation, for instance the clinical work with a group of therapists will be illustrated with a clinical case. The addresses to these consultations are numerous: difficulties during pregnancy, difficulties in feeding of the infant, failure to thrive, excessive irritability in babies.

375 Clinical Teach-In 08: Brief Therapeutic Interventions with Parents, Infants and Young Children: A Psychodynamic Approach
Louise Sharon Emanuel (Great Britain)
In this talk I will describe the technical and theoretical approach to clinical interventions within the Under Fives Service of the Tavistock Clinic. I will present detailed clinical material to convey how this approach involves a simultaneous exploration of both past and current experience, taking into account the impact of unprocessed parental and couple conflicts on young children's emotional development. I will focus on clinical cases where the shadow of past parental loss and neglect may have been cast over their child, resulting in the referred behaviour difficulties. The two cases I present will convey the process of the work and the diverse nature of the interventions. In the first case the young child's aggressive attacks on her family required intensive family intervention. I will describe a family session in detail to illustrate how the work with the whole family, alternating with parent/couple meetings, in which we could focus on their difficulties, facilitated a dramatic reduction in her symptoms. In the second case, of a 2 year old referred because of her severe attacks on others by biting, intensive meetings with the parents, wherein we came to understand the meaning of their child's communications, formed the focus of the work, resulting in a cessation of her biting within a brief time frame.

376 Clinical Teach-In 09: "Why Are Parents Rewarded for Bad Behavior in this Unit?"
Andrew Mark Watkins, Megan Galbally (Australia)
The title of this workshop relates to a posting on a noticeboard in a busy tertiary neonatal intensive care unit. It was posted at a time of global stress in the unit, but in the context of a particularly challenging family, who had been managed in the unit for some time. The clinical situation was of a twin birth at extremely early gestation to a mother in her late 40's who was a professional in a health-related discipline and who had undergone intensive reproductive technology intervention to achieve this pregnancy. The family dynamics were complex and there was a history of difficult interaction with a number of medical providers. The postnatal course was complex and significant interactional difficulties emerged between the family and staff of the unit. This case history, together with other experience in NICU, will be used as a focus to allow exploration of the issues surrounding the difficult family. The goal is to explore the interaction from both sides, it being relatively easy to identify risk factors and stressors which make a family difficult from the point of view of nursing and medical staff, but perhaps more complex to examine the factors in ourselves as clinicians and in the dynamics of a NICU which lead to this characterisation of particular parents. The workshop will catalyse an exploration by clinicians about the difficulties of caring for demanding families, other professionals and ourselves in the demanding environment of a NICU.

HIV Mother-to-Child Transmission in South Africa: Stigma, Grief, and Culture
Campbell Paul (Australia), Astrid Berg (South Africa)
HIV-AIDS is a deadly disease that is transmitted as the infant’s life begins. No country has been spared this disease, though in South Africa HIV-AIDS has become an overwhelming problem especially in impoverished communities. At a community based parent-infant mental health service in Cape Town the incidence of HIV infection increased from 11.4% in the year 2000 to 44.4% in the year 2005. Clinical experience with this patient population shows that early identification and medical treatment, together with ongoing psychological and social support can change the course of this disease from inevitably ending in death to ongoing living. However, the long term emotional consequences of this disease in the children who survive remains to be evaluated. In this plenary, the focus will be on video clips from two cases. In each case, themes of fear, hope, grief, and stigma will be explored. Three experienced clinicians from different parts of the world will reflect on the both the infant’s experience and the clinician’s experience through different clinical lenses. The relational drama which unfolds in each case will be explored.

Master Lecture 13: Exploring the Circle of Security: A Standardized Attachment-Based Intervention
Neil Boris (United States)
The Circle of Security intervention was designed to translate major findings from the developmental science of attachment to help parents repair strained relationships with their young children. Using standardized videotaped assessments, clinicians can tailor intervention to the challenges evident each dyad’s relationship. This master lecture will focus on both assessment and intervention using videotaped examples from a group intervention with mothers in a drug-treatment program.

Master Lecture 14: Infant Mental Health: A Clinical Application of the New Biology of the Mind
Miri Keren (Israel)
Environmental experience is now recognized to be critical to the differentiation of brain tissue itself. During the early years of life, the basic circuits of the brain are developing and are the substrate of mental processes, involving emotions, memory, behavior and interpersonal relationships. Brain MRI studies support the notion of the first three crucial years of life. While the left hemisphere mediates most of the linguistic behaviors, the right hemisphere is important for broader aspects of communication, and the right hemisphere is precisely the one that is dominant during the first 3 years of life. I show how the new knowledge about the biology of the brain leads to a new conceptualization of human development, as the evolution from “Brain to Mind”, that takes place very early in life. The major clinical implication for mental health clinicians is that interventions targeted to improve/change early childhood experiences impact at the level of brain development.

Master Lecture 15: From Parent-Infant Therapy to the Individual Therapy of the Child
Kai von Klitzing (Germany)
We often involve young children and their families in psychotherapeutic processes during a developmental phase in which the child's mental organization is in transition from the level of interactions to representations. New psychodynamic theories and research results on early triadic development provide us with a theoretical ground for understanding this developmental transition as well as the course of psychotherapeutic treatments. This lecture will focus on both developmental theory and experiences from psychotherapeutic work (with case examples) in order to understand the course of treatment and the development of the transference/countertransference relationships as processes of triadification (at the level of interpersonal relationships) and triangulation (at the level of intrapsychic representations).

388 Master Lecture 16: Dilemmas Facing Clinical Work and Training in Parent-Infant Psychotherapy
Elizabeth Tuters (Canada)
Working in and teaching Parent-Infant Psychotherapy challenges previously held ideas in our belief system training mental health professionals in dynamic systems assessment and treatment techniques can cause disruptions to preconceived ways of thinking that require the containment and the working through in a reflective team approach. Case vignettes will be used to illustrate the process of learning about assessment and treatment in Parent-Infant Psychotherapy.

389 Master Lecture 17: Fathers Matter: Father Impacts on Early Childhood Development
Hiram E. Fitzgerald (United States)
The extent to which father presence and father absence has direct effects on child development is widely debated. Cultural variations exist in the extent to which fathers have direct responsibilities for child care. Evidence suggests that during early development, fathers may be particularly important for the organization of self regulation and cognitive skills. Each of these developmental domains affects behavioral and emotional control as well as school achievement later in childhood. Data from the national evaluation of Early Head Start and from the Michigan Longitudinal Study will serve as reference points for discussion of the pathways descriptive of father effects on child development.

391 Serge Lebovici Distinguished Lecture: From Outside to Inside to Outside: Comments on Intrapsychic Representations and Interpersonal Interactions
Dieter Bürgin (Switzerland)
We do not know in what the inborn equipment of the baby really consists. But it is evident, that in the physiological interactions during pregnancy and especially during the interactions and exchanges postnatally, the baby is confronted with adult people and uses its capacities for imitation to build up an inner world. Out of the unlimited experiences, the baby begins - following its actual mental capacities - to construct an inner world, which represents to a certain amount the interactional experiences of a self in relation to another person. Part of them can be used instantly, another part is at this time not usable, is put aside and is acting from a backstage position (repressed, unconscious). Pushing towards action and understanding, this backstage part will be revised and reworked during the whole life. The intrapsychic interactional representations by themselves are guiding the baby's interpersonal interactional behaviour. The loops from outside to inside to outside and from inside to outside to inside help the baby to unfold actual brain organization.

394 Violence in Infancy: Developmental, Relational and Pathological Significance
Miri Keren (Israel)
In our clinical experience, violence is a very common reason for referral to Community-based Infant Mental Health Units. For instance, at our own Unit, 18% of the referrals in the second year of life and 24% in the third year of life. Three developmental types of aggression have been identified, while violence is at the end of the spectrum of the manifestations of aggression. Arguments pro and cons the concept of intentionality in infancy will be brought up. The respective roles of parents and society in regulating the infant's aggression will be emphasized. The studies that have shown the long term significance of violence in infancy will be reviewed. We will discuss the factors that have been linked to the transition from normative to pathological aggression during early childhood, using the multifactorial model of "I, myself and the circumstances", and its direct implications for preventive as well as for therapeutic interventions.
395 **Aggressive Behaviors in Young Children in Response to Trauma and Disasters**
Joy Osofsky, Howard Osofsky (United States)

Infants and young children are impacted by trauma in their homes and environment as well as the stress experienced by their caregivers in response to trauma. This presentation will focus on screening data gathered in the two years following Hurricane Katrina and observations of infants and young children returning to the heavily impacted areas in the aftermath of Hurricane Katrina. Aggressive behaviors were common in the post-disaster environment with continuing disruption and slowness of recovery. We suggest that the aggressive and regressive behaviors as well as difficulty with attention is a result of stress, disorganization, and chaos in the environment in addition to other factors. We will present intervention and treatment models that focus on protective factors and building resilience following disaster to promote more optimal development in impacted children and support for their families.

396 **Toddler Aggression and Distress: Diagnostic Comorbidity and Research Guide Understanding and Treatment**
Jean Thomas (United States)

Toddler aggression is a symptom and a sign of distress. Understanding the child's aggression requires understanding the child's underlying distress and associated medical, neurodevelopmental, environmental and psychosocial risk factors. Data collected over four years suggest that two developmental patterns of early disruptive behavior disorders can be discriminated: Neurodevelopmental/Disruptive (with cognitive, language, motor and/or neurobehavioral differences) and Not Neurodevelopmental/Disruptive (with environmental risk and often anxiety and/or mood symptoms). These two developmental patterns inform understanding of the toddler's distress and guide specific treatment strategies and referrals. We will present this diagnostic data and research findings from social psychology and neurobiology that guide understanding and specific treatment strategies. Clinical vignettes will illustrate both developmental patterns and associated treatment strategies.

397 **SET-PC: A Brief Integrated Therapy for Parent-Child Relationship Difficulties**
Jean-Victor Wittenberg (Canada)

This presentation reports on the development and evaluation of SET-PC, an adaptation of Luborsky's psychodynamic CCRT approach. The CCRT focus of treatment describes a maladaptive internal representation in the parent. Interpretations help parents recognize their own repeating pattern of perceptions and responses in relationships, particularly those that are related to the presenting problems in their children. Brief weekly videotaped parent-child play sessions are reviewed by therapist and parent to encourage the development of reflective functioning. Psychoeducational interventions are used to support parental understanding of children's internal models and behaviours, help them learn to regulate their children's distress and aggression, and to help parents teach their children socially appropriate behaviours. In a controlled study, SET-PC was shown to be efficacious for parents and children aged 2-5 years, with disruptive behaviour disorders. This is the first empirically validated psychodynamic therapy for disruptive behaviour disorders.

400 **Find the Eyes in the Face: Characteristics of Eye Gaze Processing in Autism**
Atsushi Senju (United Kingdom)

Atypical pattern of eye contact behaviour is among the significant characteristics of individuals with autism, but the mechanism underlying atypical direct gaze processing is still unclear. This study adopted visual search paradigm and examined whether the facial context would affect direct gaze detection in children with autism. Participants detected target gazes presented among distracters with different gaze directions. The target gazes were either direct gaze or averted gaze, which were either presented alone (Experiment 1) or within the context of front-view face (Experiment 2) or laterally oriented face (Experiment 3). Children with autism, as well as typically developing children, were faster and more efficient to detect direct gaze than averted gaze when it was presented alone or within front-view face. However, only typically developing children, not children with autism, were faster to detect direct gaze when it was presented in laterally averted face. In addition, in Experiment 2, face inversion distorted efficient direct gaze detection in typically developing children, but not in children with autism. These results suggest that children with autism fail to process eye gaze direction within
the context of facial orientation, and thus use featural and low-level information, such as the shape of eyes or bilateral symmetry, to detect others' direct gaze.

401 Atypical EEG Response to Eye Gaze in Infants At-risk for Autism
Mayada Elsabbagh (United Kingdom)
A growing number of studies with infant siblings of children diagnosed with autism have revealed early behavioural differences in the broader autism phenotype, allowing for a prospective approach to the study of the emergence of autism in infancy. In view of previous findings of abnormal eye gaze processing in children and adults with autism, the aim of this study was to examine the early autism phenotype in infant siblings of children diagnosed with autism (Sibs-ASD) compared to controls (Sibs-TD), focusing on the neural correlates of direct gaze compared to averted gaze. A group of 19 sibs-ASD was compared to a group of 17 controls (mean age = 10 months). EEG was recorded while infants viewed static photographs of females displaying direct or averted gaze. Relative to sibs-TD, the sibs-ASD group showed increased latency of the occipital P400 component in response to direct gaze as compared to averted gaze. The groups did not differ in the earlier occipital P1 and N290 components. Similarly, time-frequency analysis of high frequency oscillations in the gamma band showed group differences in response to direct gaze in right anterior regions. As a group, infant siblings of children with autism show atypical neural processing of direct gaze as compared to averted gaze. This indicates that an extended autism phenotype is manifest early in infancy, and is likely to combine with other risk factors resulting in a diagnosis of autism for some individuals.

402 Communicative Gaze Behaviors in Children with Autism are Facilitated by Imitation: A Comparison with Contingent Behaviors
Wakako Sanefuji, Hidehiro Ohgami (Japan)
Background: Imitating children with autism is associated with observed increases in children's positive attention to others. This study compared imitative behaviors with contingent but non-imitative behaviors. Caretakers were asked to play an imitative role so that the effects of imitation intervention on parenting could be explored. Methods: Participants were 32 children with autism (MA=27.91months) and 32 typically developing children (TD; CA=27.41months) and their mothers. The participants in each group were randomly assigned to an imitation condition or contingency condition. The still-face (SF) paradigm was adapted for this study. The duration of each child's gaze toward the mother during SF1, intervention (imitation/contingency) and SF2 phases was measured. Results: Children with TD looked at their mothers longer than children with autism. The children's looking durations toward their mothers were longer during intervention than during SF1 or SF2. During intervention and SF2, children from autism group (contingency condition) looked at their mothers for a shorter duration than those from TD group (imitation/contingency condition) and autism group (imitation condition). Conclusions: Imitation is effective in facilitating gaze behaviors of children with autism. The behavioral similarity in imitation allows a foothold for the children with autism to initiate communicative gaze behaviors. This study highlights the benefits of asking caretakers to imitate children with autism while caring for them. The power of imitation for children with autism suggests its therapeutic application to home-based intervention by caretakers.

405 A New Clinical Coding Manual for Story Stem Narratives
Reija Latva, Palvi Kaukonen, Tarja Sorvali, Raili Salmenlin, Ilona Luoma (Finland)
The aim of this presentation is to describe and evaluate the new clinical adaptation of the research-oriented coding manual by Robinson and colleagues (2004) for the MacArthur Story Stem Battery (MSSB; Bretherton et al. 1990) play narratives. MSSB has for ten years been a part of the individual clinical assessment of the child in our child psychiatry clinic. Based on our experience story stem narratives provide important information about the child's emotionally meaningful experiences in close relationships as well as his/her ability to regulate emotions. In clinical use the research-oriented coding manual is too complicated and time consuming a way to code narratives. Therefore we have developed a new clinical coding system which is more suitable for clinical use. The clinical coding system includes seven different kinds of themes e.g., empathetic, aggression and dissociation and evaluation of narrative coherence, addressing the conflict and affective tone of the narrative. The clinical experience of using the clinical coding system is encouraging and the manual seems to be more suitable in clinical use than the original research-oriented coding manual. It is a simpler and less
time-consuming way to code MSSB narratives and also easier for clinicians to learn to utilize in their practical work.

406 **Story Stem Narratives as a Part of Clinical Assessment in a Family Ward**  
Ilona Luoma, Reija Latva, Tarja Sorvali, Raija Salmelin, Palvi Kaukonen (Finland)  
The aim of this presentation is describe and evaluate the use of play narratives as a part of the clinical assessment process of young children in the context of the child psychiatric Family Ward in Tampere University Hospital, Finland. The Family Ward is a day ward for infants and young children with their families. The ward has a capacity for three families simultaneously. The three-week family inpatient period includes an intensive evaluation and treatment program. In addition to emotional, behavioral and developmental problems in the child, concerns in parenting, family violence, parental psychiatric disorders, and custodial disputes are common causes for referral. The MacArthur Story Stem Battery (MSSB) has for ten years been a part of the individual clinical assessment of the child. In addition, child assessment on the Family Ward includes family observation and clinical interviews of the child and the family, Achenbach's Child Behavior Checklist (CBCL) and Teacher's Report Form (TRF). In our sample of hospitalized young children an association was found between narrative themes and diagnostic categories. In a clinical context, narratives give important information about e.g. child's experiences, emotional state, quality of attachment, family relationships, and quality of parenting to be used in diagnostic assessment and treatment planning.

407 **Story Stem Narratives with Young Children in Clinical Research and Practice**  
JoAnn Robinson (United States)  
Story stem narrative methods have demonstrated reliability and validity as assessments of the young child's representations of parent-child and peer relationships. Most, but not all, prior research has been conducted with samples of typically developing children. Growing interest in the method among clinical researchers and child psychiatry clinics raises a number of critical issues regarding its use with children referred for severe behavioural disruption and mood disorder. Future directions to support work with an individual child in clinical practice will necessitate the development of modifications of scoring systems which simultaneously consider both the content and the performance of the child's narrative. A profile-oriented approach to scoring is also highly desirable. Secondly clinicians are best served by understanding how patterns of response to story stems that are observed in specific groups of children deviate substantially from the typical.

408 **Story Stem Narratives and Young Children's Social Competence**  
Kai von Klitzing (Germany), Stephanie Stadelmann, Sonja Perren (Switzerland)  
The aim of this study was to examine whether content and performance in story stem narratives were associated with children's social competence, and whether children's symptom levels moderated these associations. The study included five-year-old children from a clinically enriched Swiss sample (n=187). Each child completed eight MacArthur Story Stem Battery (MSSB) stories. Teachers rated children's social competence. Parents and teachers rated children's behavioral and emotional symptoms and these were used to categorize the children into clinical (n=80), borderline (n=31) and normal (n=74). After controlling for gender and verbal competence, no differences were found in story responses between normal and clinical children. However, pro-social/moral and disciplinary themes, and coherence and quality of narration were significantly associated with children's social competence. The associations between narratives and social competence were prominent in the clinical children, suggesting that narrative assessment may help to identify resources on which psychotherapeutic approaches can build.

411 **Universal Interventinal Approach for the Prevention and Treatment of Postnatal Depression in Japan**  
Saya Kikuchi, Hiroaki Honma (Japan)  
In Japan, infant home-visiting is carried out as one of the maternal and child programs by each municipal government. This visiting is initiated in the first instance with the aim of monitoring infant physical health and development from the age of one month to 3 year. There is extensive literature highlighting the importance of the early identification and treatment of postnatal depression aimed at not only improving maternal mental health but also mother-infant interaction. In the last five years, in our home visiting programme we have been identifying women at high risk for postnatal depression
and then supporting them through early home-visit in the community. In 2006, there were 1116 high risk cases that were identified. In our symposium we would like to describe the early home-visiting programme in Miyagi. Home visiting is carried out by visitors such as public health nurses or midwives who have all received training in the use of the Edinburgh Postnatal Depression Scale (EPDS). After visiting, they and the staffs from the public health and welfare office hold meetings to discuss cases and to develop treatment plans. Severe cases are referred for psychiatric treatment at the Miyagi comprehensive children's center and receive psychiatric treatment which includes guidance about childcare. Secondly, we would also like to show how the high-risk individuals are supported in the community. We will examine the characteristic traits of high-risk individuals through a discussion of the issues related to their psychosocial environment, family relations, and infant development. Finally, we will discuss, with input from other practitioners working in this area, the nature of this form of intervention and the prognosis for high-risk individuals.

**412 Maternal Depression and Child Development from Infancy to Adolescence**
Tuula Tamminen, Ilona Luoma, Palvi Kaukonen, Marie-Kaarina Korhonen, Raii Salmelin (Finland)

Objective: The aim of the longitudinal, prospective study has been to explore how maternal pre- and postnatal or concurrent depressive symptoms are associated with child's emotional and behavioral problems. The study also offers possibilities to analyze the effects of some protective factors.

Methods: The original sample consisted of 349 first-time mothers and was gathered from maternal health clinics in Tampere, Finland, in 1989-90. The samples of mother-infant/child dyads have been followed several times and the last follow-up questionnaires were sent to 327 mothers and their 16-17 years old adolescents in 2006. Maternal depressive symptoms have been examined using the Edinburgh Postnatal Depression Scale, maternal demographic factors and reports of health, family relationships and psychological well-being have been gathered by questionnaires. Emotional and behavioural symptoms of the firstborn children at the age of 5 to 6, 8 to 9 and 16 to 17 have been assessed by the Child Behavior Checklists and at the last time point by Youth Self Reports. A sub-sample of mother-infant dyads was videotaped three moths after delivery. Results: Mothers depressive symptoms varied at different time points and they had at any time during child development, already from pregnancy onwards, associations with child's well-being. Conclusions: Mother's depression and even depressive symptoms constitute such a risk for child development that identifying mothers in need of support and providing adequate services is crucial part of child mental health promotion.

**413 Strategies for the Integration of Preventive Services and the Treatment of Maternal Psychopathology within the Systems of Care for Infants and Children: A Japanese Perspective**
Yoshiro Ono, H. Yoshida, Hiroaki Honma (Japan)

Various forms of maternal psychopathology have been known to influence the development of young children through the disturbed mother-child relationship or mother's impaired capacity of care-giving. It is critical to identify the psychopathology of mothers which are supposed to adversely effect on their children, and provide supports and treatment for those mothers suffering from psychiatric symptoms as early as possible. For those purpose, we had proposed the integrated mental health service systems for children and their caregivers in Miyagi Prefecture, Japan. Miyagi Comprehensive Children's Center has been established in 2001 to provide mental health service for children under age of 16 and their primary caregivers, as well as prevention program such as screening of postnatal depression, training of mental health professionals and child welfare workers. The center is a unique facility which has a close relationship not only with child and adolescent mental health sector but also with child welfare agencies, child protection services, public health centers, and school system, so that the center is expected to play a central role in the systems of care for children and adolescents in the area of Miyagi Prefecture. Mothers with infants or young children are likely reluctant to attend mental health clinic with their own mental health problems, the mental health service system including both children and mothers may increase the opportunity to reach any services they need. The strengths and limitation of our service model will be discussed from the view point of systems of care philosophy.

**414 Maternal Depression, the Mother-Infant Relationship, and Infant Outcome in a South African Peri-Urban Settlement: A Controlled Treatment Trial**
Mark Tomlinson, Peter Cooper, Mireille Landman, Leslie Swartz, Chris Molteno (South Africa), Alan Stein (Great Britain), Lynne Murray (South Africa)
A high rate of postpartum depression has been found in Khayelitsha, a South African peri-urban settlement. Such depression has, as in developed country samples, been found to be associated with significant disturbances in the mother-infant relationship, notably increased levels of maternal insensitivity and, by comparison with the infants of non-depressed mothers, the infants of depressed mothers were significantly less positively engaged in these interactions. A pilot study suggested that an intervention delivered in late pregnancy and the early postpartum period had positive benefits for the mother-infant relationship. In the light of these findings, a controlled trial has been carried out. A large sample of pregnant women (N=454) was randomly assigned to the index intervention or to no intervention. The treatment was designed to provide mothers with emotional support and included specific measures to improve the quality of the mother-infant relationship. The mothers and infants were assessed at 2, 6, 12 and 24 months postpartum. Examination of a play assessment at 12 months indicates a significant benefit of the intervention in terms of maternal sensitivity to infant cues. These and other outcome data will be presented.

416 Affective Mirroring in Normal and Depressed Mother: Attachment, Reflective Functioning and Neurobiological Basis
Massimo Ammaniti, Cristina Trentini, Delia Lenzi, Gian Luigi Lenzi, Patrizia Pantano, Emiliano Macaluso (Italy)
The identification of early social competence in infancy has inspired theoretical and empirical work which has stressed the importance of parental abilities in caregiving (Ammaniti & Stern, 1992; George & Solomon, 1999). Sensitivity, as mother's disposition to answer in a contingent way to the child's needs, has been extended to maternal attitude to mirror infant's internal state, through affective attunement. According to Fonagy and Target (2001), mother's empathic ability is based on reflective functioning, allowing her to represent her child as a mental agent. This metacognitive competence is referred to a multiplicity of mother's representational models, flexibly organized on the basis of her own attachment experiences (Slade, 2005). Depression significantly restricts maternal ability in being responsive towards children' cues (Weatherill et al., 2004). Indeed, depressed mothers often show low levels of reflective functioning, appearing unable to resonate with infant's emotional states. A neurobiological explanation of mirroring can be offered by the recent discovery of mirror neurons, which discharge not only when an individual executes actions, but also when observing other individuals executing similar actions (Gallese, 2006). It has been proved that the same neuronal structures which participate in subjective emotional experiences are involved in the coding process of others' internal states, in terms of empathic understanding (Carr et al., 2003). In our research we explored reciprocal correspondences between psychological-representational aspects (attachment models, reflective functioning and affective representations) and neurobiological implications of affective mirroring, in normal and depressed mothers with children aged between 6 and 12 months. Mothers underwent an fMRI, during which they imitated or felt empathy for pictures of their own or of an unknown child.

417 Parent-Infant Synchrony: Biological Foundations, Developmental Outcomes, and Risk Conditions
Ruth Feldman (Israel)
Synchrony - a construct used across multiple fields to denote the temporal relationship between events - is applied to parent-infant interaction and suggested as a framework for the study of interpersonal relationships. Based on a decade of research on parent-infant synchrony, the talk will provide an overview on the development of synchrony from early pregnancy to the end of the first year, a period parallel to the gestation-to-weaning phase in mammals for which synchrony has been described. Different patterns of temporal associations between the micro-level nonverbal behaviors of parent and child are charted and their transformation across the first year and beyond is described. Synchrony depends on physiological mechanisms supporting bond formation in mammals, in particular, physiological oscillators such as the biological clock and cardiac pacemaker, and neuroendocrine systems, such as oxytocin, vasopressin, cortisol, and endorphins, and evidence for the biological basis of synchrony is presented in multiple physiological systems. Developmental outcomes of the synchrony experience are observed in the domains of self-regulation, symbol use, theory of mind skills, and the capacity for empathy across childhood and adolescence. Specific disruptions to the parameters of synchrony are described under various pathological conditions, and the impact of
dyadic psychotherapy on the development of parent-infant reciprocity is discussed. A time-based, micro-analytic behavioral approach to the study of human relationships may offer new insights on intersubjectivity and interpersonal intimacy across the lifespan.

418 **Primary Parental Preoccupation: Reorganization of Circuits Involved in Worry, Reward and Habit Formation**

James F. Leckman, James E. Swain, Linda C. Mayes (United States), Ruth Feldman (Israel), Robert T. Schultz (United States)

Parental caregiving includes a set of highly conserved behaviors and mental states that may reflect both an individual's genetic endowment and the early experience of being cared for as an infant. After briefing considering the mental and behavioral elements of early parental caregiving, we examine psychometric, behavioral and brain imaging data from ongoing longitudinal studies of typical mothers and fathers. These data come from in-home interviews, self-reports, and brief videotaped parent-child interactions as well as serial functional brain imaging studies (block design with activation by salient infant cues (listening to own versus other infant cries and viewing own versus other infant photographs). Taken together with earlier studies, our research suggests that certain networks of highly conserved hypothalamic-midbrain-limbic-paralimbic-cortical circuits act in concert to support parental thought and action. Specifically, infant stimuli activate key brain circuits, which regulate specific nurturing and caregiving responses and as well as activation of the brain's circuitry for attention, reward, worry, habit formation and empathy. By contrasting the responses of mothers versus fathers and first time parents versus veteran parents and by correlating levels of activation in specific brain regions with self-reported mental states and observed parental behavior, we examine some of the individual differences seen in new parents.

419 **Parental Capacities for Triadic Relationships during Pregnancy: Early Predictors of Children’s Behavioral and Representational Functioning**

Kai von Klitzing (Germany)

This paper examines associations between parental capacities for triadic (mother-father-child) relationships, assessed prenatally (Triadic Capacity), and the representational and behavioral functioning of their offspring. It is defined as the capacity of fathers and mothers to anticipate their family relationships without excluding either themselves or their partners from the relationship with the infant. The dynamics of the parental partnership, the parents' capacity for dialogue, the flexibility and triangularity of parental representations, and the continuity of the parents' own experiences of relationships, are all essential dimensions. The Triadic Interview is an interview to assess the parental triadic capacity during pregnancy. It addresses the following topics with parents: own childhood experiences, emotional course of pregnancy, mental images of the unborn child, changes in the marital relationship, expectations of family relationships, and relationships with the grandparents. The coding system is designed to operationalize all the detailed information acquired into broader dimensions. It evaluates the content of the parental narratives and the interviews overall structure, including the coherence between descriptions and narratives, and the expressed emotionality. All this information is summarized in scales describing important aspects of the Triadic Capacity. The interview and the scoring system will be described in detail, and case examples will be presented. The predictive validity of this instrument will be demonstrated by presenting the results of studies from pregnancy to school age. The prenatally assessed parental Triadic Capacities, predicted aspects of the children's emotional and behavioral development. The significance of triadic relational family processes for the development of children's representational world will be discussed.

421 **Workshop 15: Bringing an Attachment Perspective using Circle of Security Concepts in Working with Women with Postnatal Depression**

Caroline A. Zanetti, Anne Clifford (Australia)

The harmful effects of maternal depression and anxiety on many aspects of infant development are well-recognised. These effects are overwhelmingly mediated through the mother-infant relationship, and tend to persist long after the illness has been treated. In this workshop, we describe how a small perinatal and infant mental health service has developed a multimodal approach to treating postnatal depression and anxiety, considering the parent-infant relationship at each step. Within the hierarchy of intervention, we will focus on the treatments directly involving the Circle of Security model. The
Postnatal Depression & Anxiety Treatment Group, in which attention to the maternal and paternal relationship to the infant is an integral component, teaches the Circle of Security (Hoffman, Marvin, Cooper & Powell, 2006) to both parents, and invites reflection on the current interaction between parent and child, as well as on family of origin issues. Parents are asked to complete pre and post intervention Maternal/Paternal Attachment Scales (Condon & Corkindale, 1998) and the results (still under analysis) will be discussed. A separate 20 week group programme based on the Circle of Security Protocol is offered to mothers who identify problems in their relationship with their child. Preliminary results from pre and post intervention Strange Situation Procedures have revealed a high incidence of disorganised attachment at intake. This surprising and perturbing finding in middle class dyads with postnatal depression as the only identifiable risk factor suggests that supporting the parent-infant relationship should be an essential component of treatment for postnatal depression and anxiety.

**Workshop 16: Is it Possible Today to Think of a Father's Postpartum Blues?**

Pietat Fuster, Jorge Luis Tizon (Spain)

Introduction: Father's role and psychological changes with the couple pregnancy are summarized. The team's previous communications and papers have summarized our data about father's changes during the pregnancy and the durable aspects of father's psychosocial transition. In this communication we centre our focus on the father's when the child has three months. Methodology: Subjects: A sample of 62 subjects. Instruments: Three Questionnaires designed for this study but based on previous ones. EADG (Goldberg's Anxiety and Depression Scale), Spanish validation. Procedure: Detection of mothers attending Family Planning Centres and at the principal nursery of a Barcelona district. Results: The study shows a series of changes in the father from the pregnancy until the child's has 12 months. On that paper we expose and the data about a possible father's postpartum blues. Applications: To be aware of this changes may facilitate ways for the present necessity to change our therapeutic perspectives and techniques with the purpose of being able to introduce the fathers in children's global treatments, in the family therapies, in the family psychological helps. That should be reconsidered from this perspective as parents-child psychotherapies.

**Workshop 17: Infants and Children and the Earthquake in Kobe (Jan.17.1995)**

Masayuki Shimizu, C.G. Seijsuwa (Japan)

Since ten days after the Great Earthquake in Kobe in 1995, Shimizu led a mental health support system for children. Based on his experience he will report on an effective support system for young children after natural disasters. In two months after the disaster, only 90 children were referred for consultation, a number far less than anticipated. Their symptoms and problematic behaviors such as regression resolved within a couple of parental sessions which relieved their parents. Right after disasters, young children may seldom raise cries for help. This was also noted after the earthquakes in the northwest of Turkey, in the middle of Taiwan and in Niigata in 2004. In children under ten, Shimizu has never witnessed PTSD in an early stage of aftermath of natural disasters. About ten to twelve months later, however, they begin to show symptoms and signs, such as restlessness in the classroom and aggressive words and behaviors. Nowadays Shimizu provides consultations in Rainbow House, a community care center. To his surprise, among those who seek his help are the survivors of the Kobe Earthquake who were under one year old when the disaster took place. They seem to suffer from a secondary trauma of having had to grow up in economic plight filled with resentment and regret in the aftermath of the Earthquake. This draws attention to the significance of steady long term care for young victims not immediately after but for a span of five to ten years after a natural disaster.

**Workshop 18: Facilitating Positive Mother-Child Relations in Ex-incarcerated Mothers: A Pilot Study**

Judith Harel, Anat Heimberg (Israel)

This study explored the outcome of several rehabilitation programs centering on mother-child relations. as a positive factor for both mother and child, assuming that maternal status and mother-child relations are closely linked, and given that a) Mother-child relations in ex-incarcerated mothers are at high-risk and b) The rehabilitation of ex-incarcerated women is difficult. 11 ex-incarcerated mothers and their 15 children aged 1-8 years participated. All the mothers in this study had experienced pathological and abusive relations, and were incarcerated for 1-13 years. The study used
interviews, questionnaires, IQ tests and analysis of videotaped mother-child interactions. On most measures, the findings are that both mothers and children benefit from the interventions. Mothers were pleased with the program and they learned a lot about themselves and their children. All the children had IQ-s in the normal range, which is unusual in such populations. Mother-child interactions were normal on all dimensions examined. Interesting links were revealed between the mother's self-esteem, parenting attitudes and her interaction with the child: the higher mother's self esteem, the more positive was the child's affect and higher his/her responsiveness to mother; Mothers with more symptoms showed less affection in the interaction and felt less in control of the child. These links support the interventions' assumption regarding the close relation between maternal status and mother-child relations. The findings point to the possibility and benefits of fostering positive mother-child relations even in high-risk populations, and to the rehabilitating potential of such relations. A videotaped dyad will be presented and analyzed.

Workshop 19: Looking for Home - Working with Families Seeking Asylum
Louise Newman (Australia)

It is estimated that over 20 million persons are displaced around the world, often as a result of war and disaster. Many spend years in refugee camps, and children born in these settings experience deprivation and ongoing trauma. For those seeking asylum and resettlement, processes are often protracted and outcome uncertain. Traumatised families then face complex issues of adaptation to host countries and may struggle to overcome their past experiences. Lack of culturally specific interventions and limited experience with the cultural background of asylum seekers impacts on clinical practice. In some countries such as Australia, asylum seekers have been detained and infants and children have developed a range of attachment and psychological difficulties. This session reviews the impact of seeking asylum on parenting and child development and clinical approaches to support and interventions promoting trauma recovery.

Using the Circle of Security Intervention with High Risk Australian Preschool and Toddler Parent Child Dyads: Our Experience with Two Cohorts in a Community Agency
Anna Huber (Australia)
The Circle of Security intervention had been developed in the US to shift caregiving patterns in parent child dyads at high risk for compromised developmental outcomes. The focus of the intervention is the parent child relationship and the aim is to shift the child's attachment pattern to a more organised and optimally a secure pattern reflecting changes in the parent's capacity to better understand and respond to the child's needs. Research reported by Hoffmann et al (2006) showed positive change for 67 dyads following the Circle of Security intervention where children's attachment as measured by the Strange Situation Procedure shifted from disorganized or insecure patterns, to organized and secure. This intervention was also used in Perth, Australia with a middle class sample and showed similar positive change. (Zanetti, 2007). In Canberra, Australia we offered the intervention to two high risk cohorts of six toddler preschool child parent dyads in a community agency child and family counseling service for families of young children. We focus on working with the relationships in which child behavioral and emotional problems occur. This poster will report our experiences implementing this video based intervention, how parents responded and how this differed from our experience with other forms of treatment. Preliminary outcome data will also be reported and compared with the US and Perth experience. Video examples will be shown beside the poster.

Attachment-based Intervention and the Children of Mothers Exposed to Violence
Stig Torsteinson, Lars Smith, Ida Brandtzaeg (Norway)
This contribution focuses on attachment based intervention for mothers who have been exposed to violence, and their children who have witnessed violence at home. Since violence against mothers also is a violation of their caregiving behavior, our aim is to highlight the importance of providing an attachment based treatment for these mothers and children. We describe 3 case studies of mothers and their children. The assessment and treatment is based on principles derived from the Circle of Security intervention. In the Strange Situation procedure two children showed a D pattern and one showed an A pattern of attachment. Two of these mothers where deemed to have reduced caregiving function, in the sense that they displayed helplessness in situations with high stress or when they were supposed to take charge. The patterns developed between parent and child where role-reversed. We hypothesize
that the violence they experienced made the women assess situations through glasses of fear, and they were scared of their children’s emotions. The mothers were also affected by their own attachment history. We discuss how we can use this understanding of the blocked/reduced caregiving system in the Circle of Security inspired type of treatment in order to help these mothers and children to develop secure attachment.

429 Workshop 21: Creating Supportive Environments to Nurture and Protect Young Children
Hisako Watanabe, Michiko Sakai, Hiroko Suzuki, Catherine J. Umehara (Japan), Campbell Paul (Australia)
This workshop aims to focus on establishing a secure nurturing environment for infants and children. Although Japan approved ratification of the Treaty of Children’s Right in 1994, pedophiles in Japan go unpunished. Infants, young children and disabled people are especially their vulnerable targets. H. Watanabe will give an introductory talk emphasizing on how the current judicial system in Japan needs a radical improvement such as creating a Baby and Child Court. M Sakai will talk about an urgent need to create a 24 hour emergency crisis center in Japan for sexually abused infants and disabled children. She will present a lost court case of two disabled girls molested by their teacher in a special education class. H. Suzuki will then present a 3-year-old girl sexually abused by a male kindergarten teacher who go unpunished to this day. In both cases the lack of available forensic interview made it impossible to yield evidence for a crime prosecution. Two Australian experts on abuse, Catherine Umehara from Warriors Japan and Campbell Paul, a child psychiatrist from Melbourne will shed light on the differences of systems in Japan and Australia imparting advice as to how things should get started in Japan to create supportive environments to nurture and protect young children.

430 Workshop 22: Solihull Approach: Promoting Infant and Parental Mental Health Cross Culturally in Iceland, Russia and United Kingdom
Mary Rheeston, Hazel Douglas (Great Britain), Marga Thome (Iceland), Svyatoslava V. Dovbnya, Tatiana U. Morozova (Russian Federation)
The Solihull Approach is an integrated theoretical model that brings together the three concepts, containment (psychoanalysis), reciprocity (child development) and behaviour management (behaviourism). It has been developed into comprehensive resource packs, training programmes and a parenting group. It was originally developed by professionals in the UK for health professionals working with families who are affected by behavioural and emotional difficulties. It has been extended across agencies in over 100 areas in the UK. Professionals from UK and Russia first met at the WAIMH conference 2006 in Paris where discussion about the Solihull Approach revealed a commonality of thinking. This has resulted in the Solihull Approach Resource Pack being translated into Russian and discussion about the possible of delivery of Solihull Approach training in Russia. In Spring of 2007 the first group of community health nurses in Iceland received the Solihull Approach Training, resulting from a meeting at the WAIMH conference of 2002 in Amsterdam. The workshop will show how the Solihull Approach can be used in the work of professionals working in different Primary Care Systems in three countries. It will also show how professionals from Iceland, Russia and United Kingdom can use the Solihull Approach as a way of working to promote infant and parental mental health. The Solihull Approach has provided a language and expression of how professionals might be able to work with families to achieve this common objective. The workshop will also explore the challenges that present themselves in applying a model of thinking to such a different cultural backgrounds, Primary Care Systems and Mental Health Services.

431 Attitudes of DI Adults and Wish to Find their Donor
Bill Cordray (United States)
My purpose is to show that medical professions have not acted in ways that respect the child, who is the central purpose for their work. I focus on changing people's attitudes and trying to expose the unethical policies of various reproductive medical associations. I am now finishing my study which will hopefully continue to be an ongoing study for several years. The study has a basic summary of the attitudes of DI adults about their conception as well as whether they wish to find their donor. I am also comparing 63 younger adults under age 30 versus 45 older adults. The statistics on divorce, desire to meet donors are somewhat different. I will also compare males to females to see what
differences arise. We have 21 males versus 87 females so that must mean that males are less interested or at least more likely to keep feelings to themselves.

432 Japanese DI Adults Claim their Basic Rights to Know their Genetic Origin
Mari Saimura, Jun Miyajima, Hideaki Katou (Japan)
Saimura will point out a problem in Japanese legislation related to DI. An advisory board on Assisted Reproduction Technologies (ART) to the Ministry of Health, Labour and Welfare published in April 2003 A Report on the Preparation of a Medical System for ART. Although the report included a viewpoint to ensure “children's right to know their genetic origins,” no legislation to realize this has been made, and DI is still being conducted behind the curtain. Miyajima will then propose that DI, having been in breach of the children’s right to know their genetic origins, is a violation of rights by medical professions, couples, and society which has neglected to address this issue: thus DI is Social Abuse. Kato and T.Y and S.I., three DI adults in Japan, who discovered the truth in their 20s, will talk about how they had to endure agonizing inner turmoil until they finally met each other and stand up as the first group of DI adults in Japan to defend their rights. The discussant, Hisako Watanabe, will refer to the violations of human rights lurking in the historical background of ART in Japan. The workshop will claim that transparent medical procedures that respect donor-conceived children's views are an indispensable prerequisite for future babies to be born in this world without worries.

433 Donor Anonymity: An Abuse of Human Rights
Mari Saimura (Japan), Eric Blyth (Great Britain)
Donor conception has been practiced as a medical procedure to bypass first, male, and subsequently female, fertility difficulties since the nineteenth century. From the very beginning, physicians both practiced and advocated discretion. In effect, this meant first that the donor and the recipient should remain anonymous to each other (and that the donor and any child conceived as a result of the donor procedure should remain anonymous to each other) and second that recipients of donor conception should keep this fact secret, including from their children. Globally, both secrecy and anonymity continue to characterize donor conception, although in a small number of jurisdictions, the principle of anonymity has been outlawed and mechanisms have been established to enable donor-conceived people to learn the identity of their donor (assuming that they are aware of their status as a donor-conceived person). Underpinning such changes and demands for similar changes in other jurisdictions - have been claims on international and domestic human rights codes and legislation - most consistently to the United Nations Convention on the Rights of the Child (in particular to Article 3 - the best interests of the child - and to Article 7 - the right to know one's parents). This paper will explore these issues arguing that denying donor-conceived people the right to have full information about their genetic history is an abuse of their human rights and outlining the human rights case for the abolition of donor anonymity.

436 Rene Spitz Distinguished Lecture: The Potentials for Infant Mental Health
Robert N. Emde (United States)
Pioneering ideas of Rene Spitz and Takeo Doi are a background for drawing together a number of themes introduced by plenary speakers at the Congress. These, in turn, point to research frontiers. Advancing knowledge concerning developmental biology in the midst of culture and context offers opportunities as well as challenges for infant mental health.

437 Video 05: Free to Move, Free to Be. A Film on a Baby-Parent Group Meeting with the Pikler Loczy Approach
Julianna Vamos (France)
It is difficult to be a parent in contemporary urban society. The parents' are confused, an enveloping and carrying environment is missing. We opened a pre-post-natal baby-parent group, for parents who are looking for some social holding after their baby is born. This proposition relays on a special creation of an environment based on the self initiated motor development of the child, essential for psychic construction in the vision of E. Pikler. Sharing the observation of the children's activity plays a role in the joy of contemplating (liens merveillement). The first group, with its psychoanalytical and piklerien approach, work in receiving parents' questions about the details of everyday life with a small child. The second group continues the meeting around the growing children (3 to 15 months) and around their spontaneous activities. Parents develop their receptivity for their children's need of being
competent and discover a universe of the joy in free movement, and in its exercise. The film will show us this small group experience with babies and their parents. And the children's pleasure to go on in their exploration under the attention, but without interference, of their parents.

438 Video 06: Childcare Experience and Pregnant Women-Simulated Experience in Elementary and Junior High School in Hamamatsu City, Japan
Kazuhisa Inukai (Japan)
Having direct contact with infants help children grow emotional literacy and observing a loving parent-child relationship gives children a model of responsible parenting. The present poster session represents how simulated experience in childrearing affects feelings of school children towards childrearing itself and their ideas about becoming parents. Approximately 100 infants and their mothers, several pregnant women and 100 volunteer workers were invited to elementary and junior high schools as part of a program carried out in Hamamatsu, Japan. The school children experienced simulated childrearing in real-term ranging from just holding a baby to diaper changing in a school setting. The children were asked to write essays about their experience with the infants at the end of the session. The essays indicate that the children learned that as infants, they themselves were provided with a similar secure environment by their parents. The results also indicate that the simulation helped them form ideas about childrearing and grow in confidence as future parents. Through empathy building, it is hoped that the program will in someway contribute to a reduction in the low birth rate and child abuse cases that are increasing in Japan in the long run.

439 Video 07: Primitive Perception, Attachment, and Emotional Communication: Early Intervention for Infants with Autistic Spectrum Disorders
Ryuji Kobayashi (Japan)
In taking early intervention measures for children at risk for autistic disorders viewing the disorders from the standpoint of relationship disturbances, we have been evaluating the process of development of communication between such subjects and their caregivers, and the effect the quality of the caregiver's involvement has on their behavior. Based on our findings on primitive perception (Werner) of autism (J Autism Dev Disord 26, 661, 1996), attempts at early intervention have been made from the viewpoint of relationship disturbances in cases of autistic spectrum disorders in early infancy at the Mother-Infant Unit. Through this endeavor, the following has been brought to light: 1) Early intervention based primarily on promotion of attachment formation results in rapid abatement of autistic behavior, marked appearance of attachment behavior, and rapid promotion of emotional communication with the caregiver. 2) The obsessive or stereotypical and repetitive behavior which were behavior characteristics noted at first visit gradually declined. 3) However, the perceptual behaviors peculiar to autism were not readily ameliorated, and persisted for a while. This led to the assumption that the primitive mode of perception noted in autistics undergoes transformation in intimate association with the process of communication development.

440 Video 08: Neurobehavioral Assessment of Kangaroo Care (Skin to Skin Contact) Effects of the Reaction to Pain in Preterm Infants: A Randomized Controlled within-Subject Trial
Sari Goldstein Ferber, Imad R. Mahoul (Israel)
Objective: To assess the immediate and sustained effects of Kangaroo Care on reaction to pain in premature infants. Patients and Methods: A controlled, within-subject randomized study performed in the large Neonatal Intensive Care Unit. Thirty premature infants were tested. Infants were observed with blood test sticks (BT) or without blood test stick (W) procedure. Either during Kangaroo Care (K) or during standard within-crib care (C). Each of the four conditions (BTK, WK, BTC, WC) was observed in four separate sessions: Baseline session (10 minutes), Intervention (BT or W) 2 minutes, posttest (10 minutes ) and follow up one hour after the intervention (20 minutes in crib). For neurobehavioral assessment, Naturalistic Observation Method was adopted from the newborn Individualized Developmental Care and Assessment Program (NIDCAP), while scoring was adopted from Ferber and Makhoul, 2004. Results: During the BTK session (blood test stick with K Care) we observed a decrease in motor disorganization and extension movements and an increase in attention signs both negative and positive. Compared to the within-crib care intervention sessions all significant neurobehavioral changes were sustained in the follow up period after K Care. Trend Analysis showed that only after the infants were treated with K Care they returned completely to baseline measures
Conclusion: K care as compared to within crib condition led to lessening of painful reactions after BT procedures in premature infants. We recommend that BT procedures in premature infants should always be performed while the infants are held in K Care position.

**Video 09: Preterm Infant Brain Development and Care**
Heidelise Als (United States), Shohei Ohgi (Japan)
The video presentation (DVD Format) focuses on the development of preterm born infants from conception through discharge home. This research has shown that environmental structure and the "how" of care delivery for the immature infant has major implications for the infant's early brain development and therewith for the infant's later outcome. The NIDCAP (Newborn Individualized Developmental Care and Assessment Program) provides a framework and training model for care delivery, NICU (Newborn Intensive Care Unit) physical design and structure, and NICU system change from task oriented to relationship based care, is the basis for the messages conveyed in the Series. The foremost role that parents play in supporting, nurturing and caring for their fragile immature infants is a key tenet of the NIDCAP work and is well highlighted. The Total Toolkit Promoting Preterm Infant Development contains all three DVDs and a license for close-circuit TV, a CD ROM with supporting references, and the DVD scripts. The cost for the Total Toolkit is US $ 995.00.

**Clinical Teach-In 10: Mother-Child Psychotherapy and Sandplay in Psychological Trauma Treatment**
Elizabeth Batista Wiese (Netherlands)
Recent years have brought important development in the knowledge of psychological trauma and its intergenerational legacies in the family. After the exposure to traumatic events the victim may have heterogeneous and complex manifestations and symptoms. We must consider trauma within a culture, because it is the cultural context that shapes the experiences and its resilience. In the process of mother/child transcultural psychotherapy in trauma treatment we aim to: foster realistic responses to threat; help to recover/maintain regular levels of affective arousal; help to build reciprocity in the interactions; normalize traumatic responses and place the traumatic experiences in perspective. In parallel the focus in the mother/child interaction aims to develop the dyad's: sensitivity; communication; emotional exchanges; involvement and responsivity; ability to regulate the interaction and the play; and positive representation of each other. Thus, the mother/child psychotherapy, combined with the Sandplay method, opens an important psychological space for the detection and treatment of the client's mater-nil conflicts, favoring the development of a better attachment in the dyad, contributing to the emotional development of both mother and child, as well as helping to prevent the development of a psychopathology in the child. In this workshop we present some important elements of the theoretical approach in mother/child psychodynamic transcultural psychotherapy (including Sandplay) in trauma treatment combined with videos of their interaction. We illustrate the process with the mother/child psychotherapy of a Kosovar adolescent asylum-seeker, exposed to violent traumatizing experiences in her youth and in the vulnerable period while she was pregnant with her first child, which had dramatic effects in her mental health and resulted in severe consequences in the mother/child interaction.

**Clinical Teach-In 11: Models for Working with Infants from Transnational Immigrant Families: Questions, Dilemmas and Case Illustrations.**
Yvonne Bohr, Natasha Mullen-Whitfield (Canada)
Globalization and trans-nationalism have had a profound impact on families and child development, and often present unique challenges for infant mental health practitioners. Many young children are temporarily separated from their caregivers in the process of relocation, immigration, or short-term work assignments. Often youngsters, are re-united with their biological caregivers just as they have integrated into an extended surrogate family. From an infant mental health point of view these arrangements should be highly problematic. Indeed, multiple, prolonged separations from parents or other caregivers are typically considered to be riddled with difficulty, and to translate into a poor prognosis when it comes to the infant’s future social-emotional development. There is, however, little, mostly anecdotal information available on how "satellite babies" fare developmentally, across contexts and over time, and whether the predicted poor outcomes do in fact materialize for their
families. Little if any data relating to this common custom is to be found in the psychological research literature. The few studies available are retrospective, and deal primarily with adolescents’ or young adults’ perceptions and feelings about earlier separations from their parents. We will address the phenomenon of infant-parent separation in a trans-national and trans-cultural context, and report on a study of young Chinese Canadian immigrant families. The data is discussed in the context of larger, bio-ecological models of attachment and development. Participants will have an opportunity to discuss the challenges faced by mental health practitioners who work with these infants. The audience will be presented with a culturally sensitive sound model that is designed to inform counselling practice. Illustrative case studies will be provided.

444 Treatment of a Baby with Feeding Disorder Together with His Parents - The Tavistock Clinic Under Fives Service
Louise Emanuel (Great Britain)
The presentation will convey the theoretical and clinician approach of the Under Fives Service, by describing a case of a 14 month old baby with severe feeding difficulties who was seen with his parents for an initial 5 sessions. The way in which the material of parents and child unfolded to reveal a complex emotional basis for his food refusal, and the subsequent improvement in his feeding, will be discussed.

445 Joint Treatment of Mother and Baby with Feeding Problems
Marie-Christine Laznik (France)
At 1 month and a half the howled with pain when feeding. The mother was then in such distress that she kept putting the feeding bottle into the baby’s mouth and taking it out again. The very early treatment of the baby-mother bond will prevent the installation of anorexia in the infant, but it is also important to locate symptomatic displacements of the psychodynamic difficulties in the economy of this baby-mother couple.

446 Discussion of the Two Clinical Cases
Elizabeth Tuters (Canada)
The discussion will include the conceptual and technical issues in the psychoanalytic psychotherapy work with babies and their parents and the differences in the way we work. The primary aim of the discussion is to delineate the focus of the therapeutic action.

448 Clinical Teach-In 14: Perinatal and Infant Mental Health Services: A Service which Reflects and Works
Anne Sved-Williams, Ros Powrie, Neil Underwood, Mandy Seyfang, Lynly Mader (Australia)
Perinatal and Infant Mental Health Services have expanded in Adelaide, South Australia, a population of 1,600,000. Building on the twin bases of a mother-infant inpatient unit and an obstetric consultation-liaison service, an integrated team approach has seen the comprehensive development of psychiatric inpatient, obstetric and paediatric (infant) inpatient work and community liaison including extensive teaching to a wide range of health disciplines. As news of infant mental health expands, more requests converge for clinical work and consultation, teaching of skills and teaching of background knowledge. Team members will demonstrate their clinical work in the following settings: mother-baby psychiatric inpatient unit; paediatric (under 12 months) ward and what it means for the infants; a specialised outpatient parent-infant service; expansion of infant mental health knowledge in midwifery and obstetric staff; a specialised playgroup for mentally ill mothers with infants. The focus throughout the presentation is on reflective practice which provides the secure base for our work with partner agencies and also the base to increase reflective functioning in our patients, more and more of them. Finding a balance to expand our knowledge and skills and contain the limits is the challenge. The use of video clips will enhance opportunities to share knowledge and skills.

449 Clinical Teach-In 15: Looking at Autism from the Inside Out: A Psychodynamic Parent-Child Treatment Approach
K. Mark Sossin, Jan Charone-Sossin (United States)
Our paper proposes psychoanalytically-informed parent-child treatment for parents and their toddlers or young children on the autism spectrum. Early experience with professionals often erodes parental confidence. Not only is intersubjectivity impeded in the developing relationship with the challenged
child, but the parent's trust in his/her intersubjective knowledge is withered. Particular attention is paid to the discordances and impeded flows of co-regulative movement behaviors between parent and child. Implicit levels of conjoint gestural, rhythmic, tonal, and facial-affect behaviors are embedded in the construction of solid internal working models of other-with-self, and the compromised efforts at representational construction are further impeded by letdowns in familial and professional support systems. Our dyadic treatment is focused on facilitating the parent's regaining of an ability to employ curiosity--to see and try to understand one's child. This is made more challenging in a perplexing world of scripted interventions and alphabetic cures. Our therapeutic approach underscores re-opening the parent's eyes to the child, on verbal and non-verbal levels, as a creator of meaning--a child with a mental and affective life. The parent joins in extending upon the child's perceived meaning, and helps to create, promote and sustain interaction. The therapist scaffolds with the parent in the process of deciphering the inner world of the child, and with the child in creating shared communications and meanings. Parent-child sessions are supplemented with parent consultations and video-feedback.

450 Clinical Teach-In 16: Attachment Therapy: Psychopathology And Treatment of Attachment Disorders
Karl Heinz Brisch (Germany)
Based on attachment theory a diagnostic classification system of attachment disorders is presented. The presentation of clinical case studies (with video) demonstrates the differential use of the classification system of attachment disorders in infants and childhood. This attachment-oriented diagnostic approach is compared with classification systems of other diagnostic manuals (ICD) and advantages and disadvantages are discussed. The general and special guidelines of attachment therapy are presented. The special treatment approach and the process of psychotherapy with various attachment disorders are demonstrated with audio-visual material.

451 Clinical Teach-In 17: Bonding Disorder among Mothers without Postnatal Depression
Keiko Yoshida (Japan)
Maternal negative feelings and attitudes toward their babies and infants are observed among mothers with and without postnatal depression. Through our clinical service we have experienced cases of "bonding disorder." To think mechanism of this disorder, we assess maternal factors and her baby care situation, mother-baby interaction and baby's factors and integrate them for holistic approach and appropriate care for each mother-baby dyad and their family. In a clinical teach-in, a case of the mother of two children, a 4-year-old boy and a 4-month-baby girl will be presented. The mother who had experience of having been controlled strictly by her own mother showed bonding problems only to the first boy. Because of the Japanese traditional concept of "the family value" for the first boy born into the husband's family of origin, the husband's mother did not allow the mother to do anything except for breast-feeding. In this case, maternal psychological assessment including attitude to relate with other adults, the data of Global Assessment of mother-infant Interaction (Murray et al), the boy's developmental disorder are to be presented, together with over two-year-treatment process monitored by videotape. The mechanism and pathology of this individual case is proposed, and treatment will be discussed with co-presenter and discussants from other Asian and western countries.

452 Clinical Teach-In 18: Autism Unfolded: Following a Young Child's Journey from Object to Relationship
Suzi Tortora (United States)
Through longitudinal videotape case study the emergence of relatedness, self-expression, language, and psychosocial development in a young child with autism will be demonstrated, using a nonverbal dance/movement psychotherapeutic treatment program called Ways of Seeing. By entering this toddler's world of music and idiosyncratic dance-play, these elements were used to create a nonverbal relationship; as a foundation and precursor for the development of language, abstract symbolic play and psychodynamic expression. This case study spanning a period of seven years beginning in toddlerhood, will address the complex relationship between early body and movement based experiences and psychological functioning. It will introduce the concept that each individual enters into the world with an experiential sense of the body that influences how that person gains information about his or her surroundings, processes this information, and then responds. It will demonstrate how body awareness, touch, relaxation, play, and dance/movement exploration activities
were used therapeutically to improve motor planning and coordination, as well as physical and emotional regulation. How the treatment focus has expanded from intra- and inter-personal regulation and connection, to include psychodynamic themes of aggression, frustration, rescue, resolution, and empathy will be discussed, opening up the possibility for the development of intersubjectivity. The workshop will conclude with a lively open dialogue about the experience of intersubjectivity in autism. Through lecture, nonverbal analysis worksheets, and experiential demonstrations, participants will learn about the use of nonverbal experience as the primary form of communication and intervention, and as a significant tool to address social/emotional issues -- transforming difficult behaviors into communicative links.

453 Clinical Teach-In 19: Research, Practice, and Policy on Fetal Alcohol Spectrum Disorder (FASD) Zohreh Zarnegar (United States)
Fetal Alcohol Spectrum Disorders (FASD) are fully preventable, complex spectrum of lifelong physical and mental effects of prenatal alcohol exposure. Services for children with FASD are limited. A unique TransDisciplinary Intervention System of Care Program, and its implementation process at a community mental health center will be presented. A medical Home for maltreated and traumatized (neglected, abused, abandoned) children (birth to five) and their caregivers, this Program provides a comprehensive health care services for young children with Fetal Alcohol Spectrum Disorder. Major components of this intervention system of care include the following: (a) an early detection, introducing a 4-point assessment measure + comprehensive assessment; (b) a three-level preventive intervention; (c) an adopted comprehensive intervention model that is Collaborative, Inter-agency and Trans-disciplinary Service Delivery system; (d) an ecologically based model, focusing on the interactions between intergenerational contributing factors, cultural and traditional constructs, of dyadic care and child rearing practices; (e) enhancement of intra-child resources, parental, and community-based resources; (f) improving maternal and infant/toddler contributing factors associated with child resilience and emotional regulations; (g) an evaluation of neurobehavioral factors interacting with caregiver-child relationships, impacting on child development and outcome; and (h) provision of parent-caregiver and community education to support the infrastructure of the family. Every child receives a comprehensive medical evaluation to assess and detect the presence of any childhood diseases, including diagnostic features of FASD. An up-to-date analysis of collected data will be reported. Examples of intervention process from detection to treatment and the needed referral will be presented.

456 Sleep Interventions and Mother-Infant Well-Being Wendy Middlemiss, Wendy Ann Goldberg, Meret Keller, Macall Gordon (United States), Lauren L. Porter (New Zealand)
The focus of this Teach-In is to present new findings and review and discuss relevant research associated with infant sleep practices, promotion of sleep interventions, and the likely impact of sleep intervention strategies on mother-infant relationships and developmental outcomes for the infant and family. The framework for discussion will feature the empirical research and clinical experiences of the presenters. Teach-In content will include new data regarding mothers’ perceptions of sleep intervention strategies; data addressing the association between use of sleep strategies and mother-infant relationships; cortisol-based stress research addressing mother-infant stress levels during sleep routines; and clinical work addressing issues of sleep approaches, developmental theory, and family and infant outcomes. The Teach-In will present internationally collected research and will reflect the role of cultural expectations and culturally-based definitions of healthy infant sleep on infant routines, sleep intervention strategies, and mother-infant well-being. Content will be informed by qualitative and quantitative research. The goal of the Teach-In will be to provide a forum for the integration of developmental theory, sleep science, family theory and practice as it relates to questions of infant sleep and related concerns of development and family well being.

457 They Won’t Eat! Observing the Infant’s Contribution as the Driver of Change Michele Meehan (Australia)
Many parents struggle daily with concerns regarding their infant’s feeding. The contribution of the infant in the feeding relationship is well documented, though often coming as a great surprise to parents. Working as the Clinical Nurse Consultant, Maternal & Child Health Nurse, at the Royal
Children's Hospital, Melbourne, Australia, the number of referrals of infants refusing feeding has increased over the last 2-3 years, their intake was decreasing rapidly or the effort to feed them increasing and there seemed to be little management advice for their mothers especially when infant was generally growing well. A research project in 2007 studied a cohort of 20 infants 0-12 months and their mothers, referred to the Clinical Nurse Consultant for specific advice and management of feeding problems, especially feeding refusal, in order to develop a clear description of this cohort and of the model of the intervention offered. The clinical intervention consisted of reflective history taking, observation of the feeding and interaction and play with the infant before and during the feeding. Of particular interest was to understand how the clinician's interaction with the infant, and the infant's behaviour and responses contributes to outcomes. Using video tape of clinical sessions, I shall focus in particular on the role of the infant in driving change; how his response or reaction to direct intervention by the mother or myself was the key to improvement in feeding behaviour, and the change in the infant and mother's understanding and behaviour around feeding.

458 Family Sleep-Onset Time Correlation during Infancy in Japan
Michio Fukumizu (Japan), Marie J. Hayes (United States), Makiko Kaga, Jun Kohyama (Japan)
Recently the sleep environment has received much attention as a factor especially in sleep consolidation development in the first year. The Japanese traditional sleeping arrangement of cosleeping is most common regardless of the housing and bedroom type. However, the association of mother's and/or father's sleep onset time in relation to their child's is not known. In this cross-sectional study, parents of 170 infants (3-6 months), 174 toddlers (18-21 months) and 137 preschoolers (36-41months) were examined for differences in family sleep habits during infancy, toddlerhood and preschool age. Ninety-seven percent of the infant cohort shared the bedroom with their mothers with comparable rates in toddlers and preschoolers. Cosleeping rate in infants was 73%. Cosleeping rate by toddlerhood was > 95%. In Infancy, sleep-onset time was positively correlated with mother and father's sleep-onset time, however, toddler and preschooler sleep-onset time was positively correlated with mother's sleep-onset time only. Infants' sleep-onset time correlation with mothers' sleep-onset time was higher than at toddler and preschooler ages. All age groups' showed that night sleep time was negatively correlated with their sleep-onset time as in adults. These findings suggest that sleep-onset time of fathers and mothers are timed by infant needs in early infancy but by toddlerhood it is the mother who is coordinated with the child's sleep onset social needs more than fathers in Japanese families. Our results suggest parents might have to keep life style habit earlier cooperatively just after the baby is born to promote infant sleep regulation through attachment contact during sleep.

459 The Understanding of Mothers Regarding the Sleeping Habits of Infants, Toddlers and Preschoolers in Ibaraki Prefecture
Kafumi Komuro, Reiko Kato, Chieko Numaguchi, Mariko Tamura (Japan)
In order to investigate the understanding of parents regarding the sleeping habits of infants, toddlers and preschoolers in Ibaraki prefecture, a questionnaire was distributed to 2,970 people, and 978 (32.9%) responses were obtained. Of these, 929 (95.0%) cases which were written by mothers of children aged between 3 and 84 months were analyzed. The mean age of mothers was 33.5, of which those with occupations numbered 518 (55.7%) and those in nuclear families numbered 691 (74.4%). The mean age of the children was 49.5 months. Mothers who answered either "important" or "relatively important" regarding the sleeping habits of their children numbered 971 (98.8%). Also, mothers who talk about their children's sleeping habits with family members numbered 439 (47.6%), and those who talk with other acquaintances numbered 518 (56.1%). The ideal sleep duration for children which was most commonly considered by mothers was 10 hours, and was reported in 422 cases (45.6%). Those mothers who described having problems regarding their children's sleeping habits numbered 474 (50.2%), and the most frequently reported problem was difficulty falling asleep in 129 cases (13.7%), followed by we don't have a fixed bedtime in 92 cases (9.7%). Those mothers who wanted to receive more information regarding their children's sleeping habits numbered 777 (84.3%), and many of these requested brochures, books or health checkups for children as sources of information. Regarding information providers, those who were considered appropriate were public health nurses (451 cases), physicians (288 cases) and child care professionals of day nursery (236 cases).
Wake-up Times and Bedtimes for Infants, Toddlers and Preschoolers in Ibaraki Prefecture
Reiko Kato, Chieko Numaguchi, Kafumi Komuro, Mariko Tamura (Japan)

In order to investigate the actual sleeping habits of infants, toddlers and preschoolers in Ibaraki Prefecture and their parents' preferences regarding this subject, a questionnaire was distributed to 2,970 people, and 978 (32.9%) responses were obtained. Of these, 929 (95.0%) cases which were filled out by mothers of children aged between 3 and 84 months were analyzed. The mean age of mothers was 33.5, of which those with occupations numbered 518 (55.7%) and those in nuclear families numbered 691 (74.4%). The mean age of the children was 49.5 months. On weekdays, the most frequently reported bedtime for children was between 9 and 10pm, as seen in 441 cases (54.6%). Those children who went to bed after 10pm numbered 232 (28.7%). The most frequently reported wake-up time was between 7 and 8am, as seen in 480 cases (57.3%). The bedtime that mothers preferred for their children was by 9pm in 625 cases (77.3%). Of these, the number of cases in which children actually went to bed by 9 pm was 131 (21.0%), and those after 9 pm numbered 494 (79.0%). The mean sleep duration at night time was 583.6 minutes on weekdays, and 603.3 minutes on weekends. The bedtime reported for more than 1/4 of the children and toddlers who were subjected to this study in Ibaraki Prefecture were after 10pm, suggesting that there is immediate need to intervene in issues regarding bedtimes. Also, it was found that the actual bedtimes of children were later than the times mothers desired.

Influence of Mother-Infant Interaction on Complementar y Feeding
Julie Bordet (Switzerland)

Nowadays, obesity is a growing problem throughout the world. Multi-disciplinary studies (medical, psychological, social) are exploring early infant alimentation to explain why and how obesity and other feeding disorders have been growing dramatically these last 20 years. Recently, clinicians have emphasized the central role of parent-infant relationship observation in the general intervention process. In this way, recent studies are trying to understand the development of feeding habits in infants by observing early dyadic feeding relationship during breast/bottle-feeding. The present study investigates the less-known domain of complementary and solid feeding. Our goal is to understand what is at stake during meal sessions between mothers and their infants. We suggest that different "mother feeding practice" profiles will lead, for example, to enjoyable or tense meals and overfed or impatient child. In our project, we videotaped 60 non-referred mothers and their child (12-24 months) during meal sessions and play interactions. Mothers filled questionnaires assessing general health (GHQ-28), anxiety (STAI) and toddler temperament (TTS). Complementary interviews tackled mother's food representation, fears about infant alimentation and heritage from their family feeding education amongst other things. Feeding sessions are being analyzed with the Coding Interactive Behavior (Feldman, 1998) and the Chatoor feeding scale (Chatoor, 1997). We assume that characteristics of the individuals (infant temperament, mother's anxiety level and general health scores) influence the attributes and the quality of feeding interactions in terms of dyadic reciprocity-conflict, maternal consistency-non contingency, struggle for control, talk and distraction, positive/negative touch and affects, infant withdrawal etc.

Pediatric Feeding Clinic: A Malaysian Experience
Juriza Ismail, Ruzana Abdullah, Nor Shahrina M. Nawawi (Malaysia)

The Paediatric Feeding clinic team in Hospital Universiti Kebangsaan Malaysia has been in operation for the past 9 years. It is the only clinic of its kind in Malaysia. The clinic offers the services of a multidisciplinary personnel adopting a team approach to the treatment of nutritional and feeding-related problems. The professional involves are the Developmental Paediatrician, Dietician, Speech Language Pathologist, Occupational therapist, Social Worker and Child Psychologist. Our goal is to work with the family to develop strategies to improve feeding skills and the nutritional status of the child, and to promote optimal health and well-being. The clinic is being run monthly. Each visits consist of a parent interview, oral motor and feeding observation and evaluation, nutritional and growth assessment and individualized program planning. Follow-up recommendations may include direct intervention, consultation with other service providers and, if needed, medical tests to further evaluate swallowing function. The dietician would evaluate the nutritional status of the child. Among direct intervention includes cooking classes for the carer to demonstrate the balanced diet that should be provided to the child. The Speech pathologist is involved in assessing the oral motor and
swallowing mechanism. Amongst investigations done is swallowing fluoroscopy. Desensitization programme is also provided as an intervention. The demographic data, types of patients and the success rates will be elaborated in the presentation.

463 Co-Sleeping: Infant Sleep Development in the First 12 Weeks
Hiromi Eto, Shigeko Horiuchi (Japan)
PURPOSE: To examine infants' nighttime sleep-wake behaviors and circadian sleep-wake rhythms in the first 12 weeks of life under co-sleeping conditions, using time-lapse video recording and Actiwatch. METHODS: Subjects were 7 first-born infants at 2-weeks, 4-weeks, 7-weeks, and 12-weeks. All subjects were full-term and healthy. Six subjects were breast-fed on demand and one was breast and formula-fed. Subjects were recruited in Tokyo. Mothers gave verbal and signed informed consent in advance of data collection procedures. Infant nighttime sleep-wake states were recorded using videosomnography for two consecutive nights, with data of the second night coded every minute and analyzed using Ande's established protocol. For five consecutive days an Actigraphic recording was made using Actiwatch (Respironics, Inc.), applied to subjects' ankles. Data was analyzed using correlation coefficients from the number of movements. RESULTS: The percentage of total sleep time increased 60% to 80% from Week 2 to Week 12. The longest sleep period increased 150 minutes to 230 minutes through the 12 weeks. The number of awakenings in the night decreased from 6 times to 2 times, and the percentage of awakenings decreased 25% to 10%. In terms of circadian activity-non-activity (sleep-wake) rhythm, the amplitude of the circadian activity-non-activity increased from the 2nd week to the 12th week. A twenty-four hour peak of autocorrelograms of the infants' movements appeared at week 12. CONCLUSION: Infant sleep developed weekly and was fairly established by the 12th week.

465 Follow-up Study and Cognitive Development of Very-Low-Birth Weight Infants on WISC Intelligence Test and Draw-A-Man Test at One and One-quarter Years of Age
Hisae Matsuo-Muto, Masahide Futamura, Michiko Ishikawa, Yasumasa Yamada (Japan)
The purpose of this study was to clarify the outcome of follow-up study and cognitive development of very-low-birthweight (birthweight < 1500 grams) infants on the WISC-IV Intelligence Test and Draw-A-Man Test at 6 years of age. The subjects were 72 VLBW infants who had been treated in the NICU of the Central Hospital of the Aichi Human Service Center between 1993 and 1999. After discharge from the NICU, VLBWs without risk undergo follow-up medical examinations at the age of 3 months, 6 months, 9 months, 12 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 9 years, and 12 years, respectively. VLBW infants with a major handicap were excluded from this study. [Results] The results were as follows: 1) The mean WISC-IV scores of 72 VLBWs were 88.5 on full-scale IQs, 89.5 on performance scale IQs, and 89.8 on verbal scale IQs. The mean score of DAMIQ was 95.1. 2) Four factors were extracted from the WISC-IV scores by Factor Analysis. These four factors explain 54.6% of the total variance. Intelligence Structures composed of four factors were: a) Verbal Comprehension, b) Perceptual Organization and Processing Speed, c) Partly Perceptual Organization, and d) Freedom from Distractibility. 3) DAMIQs showed a higher score on Full-scale IQs (r=.35, p<.01), Verbal scale of IQs (r=.28, p<.05), and Performance scale of IQs (r=.31, p<.05). While Factors of Verbal Intelligence formed, Factors of Performance Intelligence had not yet been formed.

466 The Critical Moment in the NICU: It lasts for life
Toyoko Watanabe, Mitsumasa Shimizu, Isaku Ohmori, Tomoko Uno Noda, Noriko Sakurai (Japan)
Bokutoh Hospital is a general hospital with the largest public neonatal intensive care unit (NICU) in eastern Tokyo. Of the approximately twenty thousand babies delivered annually in eastern Tokyo, mothers who are suspected to have preterm birth or high-risk delivery are referred to Bokutoh Hospital. This report documents the five-year history of scheduled prenatal visits to mothers expected to deliver a very low birth weight infant (VLBW) within a few days. All pre-delivery visits are done by an experienced neonatologist who then takes specific responsibility for the case. The interview is scheduled for mothers who are soon to deliver, but is intended for both parents. Although one goal of the encounter is the passage of important clinical information, the larger goal of allaying the parental fears about delivering a VLBW infant is accomplished by informing them of the large professional team of obstetricians, neonatologists, midwives and clinical psychologists who will nurse their baby
to health. Over the last five years, we have learned that this format better sets the stage for cultivating a sound relationship between the baby and its parents. Parents not only feel safe and depend on our team, but also trust us to provide the ongoing care so necessary for these babies after they have left the hospital.

467 Tad Pole Meeting: Child Rearing Support Network in the NICU
Kazue Wakayama, Mayumi Osanai, Noriko Sakurai, Tomoko Uno Noda, Isaku Ohmori, Mitsumasa Shimizu, Toyoko Watanabe (Japan)
Owing to the rapid progress of neonatal care, infants destined to die twenty years ago can now survive. Even with this improved technology, parents can hardly believe their child has to be cared for in the NICU and fear that their child will never be normal. Furthermore, these graduates of the NICU often need months and years of specialized care in order to reach their normal milestones. In 1996 in Bokutoh Hospital, the neonatologists, nurses, midwives and clinical psychologists started a child rearing support network, Tad Pole Meeting, where grown-up NICU graduates and their families meet with new parents of NICU babies in order to provide support and information. Activities of the support network include: a regular monthly meeting (Tad Pole Meeting), subgroups for children with retinopathy of prematurity, home oxygen therapy and other sequelae of prematurity. There is a reunion meeting every other year. Newsletters are issued triannually and recycling bazaars of clothing and toys are held sometimes. These activities are managed by a taskforce chosen from hospital staff, parents and children. Regular meetings have never been missed since inception. A summer camp is held for children whose birth weight was beneath 1000 grams. Children who were born small and may have little self esteem gain confidence through caring for the more vulnerable campers. There are even children with the birth weight beneath 500 grams who are now adolescents and must start thinking about independent living!

468 Mother-Infant Interaction and Developmental Outcome in Children Born Preterm
Pia Risholm Mothander, Birgitta Bohm, Aiko Lundquist, Ann-Charlotte Smedler (Sweden)
Preterm birth may complicate parent-infant interaction, and is associated with an increased risk for later cognitive and socio-emotional problems. The aim of our research is to put the preterm infant’s development in a broad relationship context, where emotional and cognitive development is assumed to be inter-related. The Stockholm Neonatal Project is a longitudinal, population-based study of children born preterm between 1989-93, with very low birth weight (VLBW < 1500 g), and of their parents. During their first years of life, the children were studied closely from a variety of perspectives. At 5½ years, they were subject to a comprehensive neuropsychological evaluation, including behavioural ratings of sociability, activity level, distractibility and mental effort (175 VLBW children; 125 matched controls). We have recently started a follow-up study at age 18, involving a broad psychological assessment of the children, as well as self-ratings from both children and parents. This poster will focus on a representative subgroup, consisting of twenty preterm children who were video-recorded at 3 months, 18 months, and 24 months in a mother-infant free play interaction. These mother-infant interaction recordings were coded according to the PC-ERA, disclosing a pattern of synchronization from early age and indicating that mothers were most active during the early months in inviting their infants into interaction. However, compared to children born at term, premature infants showed less affective strength and more negative emotional expressions than children born at term. In this poster, early mother-infant interaction, as reflected by the PC-ERA results, will be related to socio-emotional and cognitive measures from our follow-up studies at ages 5½ and 18.

469 Regulation Difficulties after Moderate Preterm Birth
Anneloes Van Baar, Guy Couturier, Paul Soons, John Vermaas, Sandra Veenstra, Aafke Van der Hoop, Lilian Dekkers, Ineke Hoek (Netherlands)
Moderate preterm birth constitutes an insult for the still immature brain of the infant. At 34 weeks gestational age the overall brain weight is only 65% of term weight and dendritic arborization is still poor (Kinney, 2006). Despite these risk factors and the large number of infants involved (6.2% is born between 32 and 36.6 weeks in the Netherlands, around 11,000 infants per year), information on developmental outcome of moderate preterm infants is scarce. A group of 380 moderately preterm children (M=34.7, SD=1.2 weeks), without need for neonatal intensive care, was assessed around 8
years of age and compared with 183 term children concerning school situation, IQ, concentration, behavior problems, ADHD and fear characteristics. 7.6% of the preterm group needs special education compared to 2.9% in the Dutch population, and 19.5% versus 8.3% of the comparison children repeated a class. A small group difference was found in IQ (M=103, SD=15, versus term group M=108, SD=15). The preterm children also needed more time for the concentration task. Mothers and teachers found more behavior problems (especially internalising problems) as well as more ADHD characteristics in the preterm children. Of the 76 preterm children with school problems 65% were boys, their parents had a lower education level, and they had a 100 grams lower mean birth weight than the preterms without school problems. In conclusion: Regulation difficulties are found in moderate preterm children at school age. Further study should focus upon the early (interaction) processes that shape regulative capacities during infancy, in relation to sex differences and parental education.

470 **Cultivating Secure Attachment Relationship in Mothers and Infants with Trisomy 18: Two Cases of Prolonged Hospitalization**
Masayuki Miwa, Ryosuke Kusano, Hidekazu Homma, Isamu Hokuto, Kazushige Ikeda, Hisako Watanabe (Japan)
Recent studies on infants with trisomy 18 reveal that their prognosis are better than previously reported. However, physical complications like cause prolonged hospitalization which aggravates devastation in the family leading to a double demoralization of having a defective baby and deprivation of home life We report two cases of infants born with trisomy 18, for whom our early intervention succeeded in establishing good mother-infant and family relationships. Subjects: Case 1: A female infant born with the weight of 1788 grams at 41 weeks of gestation with ventricular septal defect. She was the only child born to parents in their forties. Case 2: A female infant born 1371grams at 37 weeks of gestation with hypoplastic left heart syndrome. Her father was 47 and her mother was 39 and her brother was 7 years old. Results Since right after birth and throughout, we treated them with respect as individuals in their own right. In addition, we actively prescribed them with developmental care: eg. gently applying mother's milk to their lips. Such simple procedures made parents feel motivated to care themselves. In Case 2, we treated the family as a unit inviting the brother into the NICU. Now the two are in the 4th and 2nd year of hospitalization, respectively, continuing to enjoy quality family relationships. Conclusion: The two cases inform us the importance of active facilitation to cultivate good family relationship. This is true all the more so for infants with severe disease.

471 **The Properties of Mental Development in Low Birth Weight Infants**
Yasue Ochi (Japan)
According to our follow-up program of very low birth weight infants weighing less than 1500g at birth, the development of motor and intelligence in those children are checked at 18 months, 3 years old and 6 years old by clinical psychologists and pediatricians. Subjects/methods In this study, we evaluated the cognitive characteristics of those 187 children clarified by developmental test at 6 years old using Kaufman Assessment Battery for Children (K-ABC) by an individual interview. Results: The mean Value of all samples was 95.1 in Mental Processing Scales, 98.6 in Sequential Processing Scales, 92.6 in Simultaneous Processing Scales, and 93.6 in Achievement Scales. The ability expressed as Sequential Processing Scales was superior to that expressed as Simultaneous Processing Scales. Mental Intelligence estimated in Mental Processing Scales was related to the gestational age and birth weight of each child. Conclusion: It was found that the ability expressed as Simultaneous Processing Scales was weak in VLBWI even though the mean IQ estimated Mental Processing Scales was in normal range. We have to take Care for those children based on the knowledge of such properties.

472 **Mother's Insightfulness Regarding Her Child's Internal Experience: Relations with Very Low Birth Weight and Attachment**
Trinu Tanavsuu, Tiia Tulviste, Liis Toome, Tiina Valvas (Estonia)
The aim of this study was to assess the impact of premature birth to mother-child attachment relationship. Mother-child dyads were studied (N=31, 16 boys, 15 girls). Mothers' insightfulness into their very low birth weight children was examined. Birth weight of children varied from 520g-1460g
Gestational age varied from 23-31 weeks (M=27GW, SD=2). Premature children were divided to high (64.5%) and low risk (35.5%) groups by their pediatricians. The insightfulness of mothers of 12-26 month old children (M=18, SD=5) was assessed by showing mothers three 2-min videotaped segments of interaction observations. Mothers were interviewed regarding their infants' and their own thoughts and feelings. Children's age was corrected until 24th month. Verbatim transcriptions of Parental Insightfulness interviews (Oppenheim, Koren-Karie, 2002) were coded and classified into 1 positively insightful (61.3%) and 2 noninsightful categories (38.7%). Child's attachment style was assessed with laboratory experiment Play Situation (Tnavsuu, Hallik, 2006). Videorecords of observations were coded into one secure (64.5%) and two nonsecure (35.5%) classifications. Results of this study show that mothers with positive insightfulness have frequently child with secure attachment (58%) and noninsightful mothers have more often children with insecure attachment (32%). Mothers with close and supportive parents are frequently positively insightful. Kruskal- Wallis H (1, N=31)= 6.24, p< 0.01. Mothers with close and supportive parents had frequently securely attached children: H (1, N=31)=8.05, p< 0.005. There were 45% securely attached children among high-risk children and 19.35% securely attached children in medically low risk group. Most insightfulness sub- classifications were represented in our sample.

474 **Childhood Autistic Spectrum Disorders: A Model for Improving Family Functioning and Coping**  
Shivani Sharma, Ben C. Fletcher, Karen J. Pine (Great Britain)
Families coping with a child with an Autistic Spectrum Disorder (ASD) experience high levels of stress and problems maintaining healthy family functioning (Higgins, Bailey & Pearce, 2005). Previous research has highlighted the importance of flexibility for healthy family life. FIT (Framework for Internal Transformation), developed by Fletcher & Stead (2000), explains why individuals who are low in behavioural flexibility have difficulty in adapting to suit the changing demands of a range of life events. Individuals who are habitual fail to utilise more functional behaviours to meet the demands of situations arising in day-to-day life (Fletcher & Stead, 2000). This study examines the positive and negative habits that families develop in coping with ASDs and how these relate to family functioning. In addition, it examines the role of FIT variables (including flexibility) as predictors of these habits, since research has shown that these are amenable to change. Data were obtained, from 70 adults with ASD and 110 controls, on FIT variables, habits and family functioning (using the Family Assessment Device, Epstein, Baldwin & Bishop, 1983). Structural equation modelling indicated that FIT was predictive of habits which in turn predicted family functioning. FIT variables, as opposed to how well families function, were predictive of stress levels. Comparison with controls shed light upon how these affect families and implications for developing interventions to assist families in coping with childhood ASD's.

475 **Parent-Child Interaction in Children with Autism Spectrum Disorder**  
Pratibha Reebye, Annie Wolverton (Canada)
A prospective analysis of parent-child interaction was done looking at fourteen children with Autism Spectrum Disorder (ASD). Statistical analysis was performed on ten of the fourteen dyads who returned for follow-up assessments after nineteen months of intervention. Time one for the assessments of the fourteen dyads was followed by interventions focused specifically for children with ASD. After nineteen months at time two, most of the parental factors did not change significantly over time, but parental ability to follow the child's lead had a trend for a negative correlation with an increase in requesting more toys by the children. The negative correlation between changes in the ability of the parent to follow the child’s lead and requesting more toys shows that when children requested more toys, parents had lower scores for the ability to follow their lead. This shows that the type of parental behavior that is appropriate, sensitive and leads to more positive developmental outcomes for the child will differ depending on how the parent adapts their behavior to the individuality in their child. Each child’s unique characteristics and how their parent adapts his or her behavior will alter the outcomes for the child. Communicative function of the children had several changes. Requesting more toys increased significantly and there was a trend for having more joint attention. Parent-infant relationship as measured by PIR-GAS had some improvement over time and that can be considered as parental adjustment to the characteristics of these children.
**Motivational Conflict, Ambivalence and AMAE in Autistic Spectrum Disorders**
Ryuji Kobayashi (Japan)

We discuss what does the attachment formation (AAME) means in the treatment of developmental disorders. The results were as follows: 1) Almost all of the children with developmental disorders, have the motivational conflict against attachment behavior. 2) How they perceive depends on whether they have a secure feeling or not. 3) Children with autism actively perceive something primitively, which suggests that perception, emotion, and attachment are deeply interrelated with each other. 4) In the primitive communication, it depends on primitive perception. 5) In the phase of primitive stage, speech and behavior strongly depends on context of communication. 6) So that, it is very important that in the primitive communication, the role of caregivers, which is the mirroring against the intention of which their children would do. Lastly, we discussed that how they recognize something depends on whether they make attachment formation with their caregivers.

**A Child with Neuropsychiatric Disorder-Based Approach to Prevent Negative Cycles in the Family**
Tarja Reunavuori (Finland)

Objective: To develop a child centered family- intervention model for families with a child with a neuropsychiatric disorder. Method: This family treatment is based on the Beardslee Family Intervention. However, in this method, child is regarded as the "owner" of the problem. Prior to the intervention the family members describe the problems they have with the child. Also the child himself/herself describes their problems. The family tells about their strengths and possibilities, including what they want to change. During the intervention, information about ADHD/ADD and autism/asperger-syndrome is given, and the family specifies the main problem to be focused. In the end of family intervention, the same aspects and possible improvements are evaluated as well as if the family has learned new coping methods. During the last family session, the problems and methods are specified. The objective is to agree with the parents and the child, what is meaning of the neuropsychiatric disorder to this family and which methods are necessary. Result: To understand the child's own idea of his/her problems, increase his/her understanding of being a child with a neuropsychiatric disorder, and to facilitate his/her independent activities. For the families, this treatment increases the knowledge of autism- and asperger- disorders and ADHD/ADD.

**Between Necessity and Possibility: From a Dyadic-Contained System to a (Triadic) Intersubjective Dialogue in Parent-Child with Autism Psychotherapy**
Michal Shalev, Yaniv Dolev-Edelstein (Israel)

Unfortunately, the shared world of parents and children with Autistic Spectrum Disorder lacks, without proper treatment, ongoing playfulness, joyful mutuality, flexibility, intimacy, and mutual recognition. The parents have difficulties holding a proper developmental perspective in mind, discriminate between normal and pathological behavior, and reflect openly about affects, thoughts and desires of themselves and the child. The child's inability to be part of, and thus to use, good-enough and transforming interactive experiences, deprive the dyad (parent-child) of expanded and shared perceptions and of deepening intimacy. The parent-child dyad as a unique inter-subjective unity is the underlying conception on which our psychotherapeutic intervention stands. We ascribes much importance to the parent's translation of implicit and explicit interactions and of procedural going along. We also believe that the child with Autism is in a constant search for ways to communicate his intentions, feelings and ideas, thus to relate. The therapeutic milieu and the emerging triadic intersubjective space, reveals and attaches new authentic meaning to the experiences of the child's- and parent's- self with each other. At the heart of the working alliance with such a profound pathology, there is a need for the therapist to be able to contain, and move between, positions: a soothing but actively joining participation; an object to project upon, and thus to communicate with, negative feelings; an idealized object to be identified with; and last, a third, observing, thinking and reflecting, person.

**Interfaces between the Internal Worlds of Mother and Child and the Observable Interaction: The Case of a Young Child with Autism Spectrum Disorder**
Smadar Dolev (Israel), Jean-Victor Wittenberg (Canada)

This interface will present a research case of a young child diagnosed with Autism Spectrum Disorder
and his mother, and explore the interplay between the internal representations of both mother and child in relation to one another and their observable interactions with one another. Clinicians' first encounter with children and their mothers is often through observations of their interactions, and in this interface we will address the following question: How is the mother's inner representation of her child and the child's security of attachment with the mother reflected in these interactions? When considering the mother's inner representations we will focus on her insightfulness with regard to the thoughts and feelings underlying her child's behavior, as well as whether the mother has assimilated both cognitively and emotionally the diagnosis of her child as having ASD and can be therefore considered as resolved with the diagnosis. When considering the security of the child's attachment we will focus on the child's use of the mother as a source of comfort in times of distress. The interface will first present video vignettes of the mother and her child and describe the characteristics and quality of the interaction as understood by one of the presenters prior to having any information regarding the dyad. Next we will present data regarding the mothers' insightfulness and resolution as well as the child's attachment as obtained using research assessments. Our panel discussion will explore the consistencies and inconsistencies between these data and the interactional observations and their implications for intervention.

484 Master Lecture 18: Meeting the Needs of Young Children and Families Exposed to Trauma
Joy Osofsky (United States)
Evidence from research and clinical work indicates that the earlier the identification of risk and implementation of interventions, the greater the likelihood of positive outcomes. Yet, recognizing trauma exposure and risk factors may be difficult in young children. This master lecture will describe ways to identify, intervene, and provide treatment for young children exposed to trauma in different settings and following different types of traumatic experiences including abuse and neglect, exposure to violence, and trauma following disasters. Observational methods of evaluation and relationship-based treatment will be described using illustrative videotapes. Vicarious traumatization in working with young traumatized children will be discussed. Ways to help parents or caregivers who may also be traumatized will be included.

485 Master Lecture 19: Engaging and Treating Overburdened Families through Interactive Guidance
Susan McDonough (United States)
abstract unavailable

486 Master Lecture 20: Technique of Mother-Infant Brief Psychotherapy and the Impact of Interaction on Interventions
Bertrand Cramer (Switzerland)
Parent-infant therapies are now well known and plenty has been written on this topic. I will try to emphasize aspects that are easier to teach in the living atmosphere of video recordings of actual sessions, rather than in a textbook. I will develop the principles of very basic technique, while demonstrating how the clinician uses what he or she sees in the evolving interactions. What is so specific of joint parent-infant psychotherapy is the coincidence between what is said and what is ACTED by all the participants. Listening and watching go hand in hand. This matching of (inter)actions and verbalizations is a main prerequisite when doing parent-infant work. 2. Pre-congress lecture. One way of studying violence is to try to perceive how a culture of violence permeates communications, modes of relating, and modes of interpreting the world in a given family. A privileged way of perceiving these modes is by analyzing early styles of interactions in the frame of parent-infant psychotherapy. In the case I will describe in details, with video illustrations, I will try to show how the internal world of a mother meets, shapes and reacts to her infant's attitudes, moods and behaviors. Violence is attributed to this 12 months old girl as she attempts to communicate with her mother, and this connects with this mother's most painful memories in her dealings with her own mother in HER childhood. This case is then followed until age 20. We will see how a red thread of violence permeated all her development. We will be particularly interested in her way of adapting in a resilient way to her strong propensity to violence.

487 Master Lecture 21: Attachment Disorders, Psychopathology, Attachment Therapy, and
Prevention
Karl Heinz Brisch (Germany)
Based on attachment theory a diagnostic classification system of attachment disorders is presented. The general and special guidelines of attachment therapy are presented in the treatment of transgenerational trauma. The special treatment approach and the process of psychotherapy with various attachment disorders are demonstrated with audio-visual material. To prevent attachment disorders, the attachment-based intervention programs SAFE and B.A.S.E. were developed to promote the infants’ development of secure attachment and to enhance parental sensitivity for infants’ needs, and to reduce aggression and anxiety, especially the transgenerational re-enactment of violence. SAFE starts early in pregnancy and guides parents in group meetings and individual trauma-oriented psychotherapy till the end of the first year of their infant. B.A.S.E. is a training for children in kindergarten and schools that uses mother-infant observation to promote sensitivity for the infant’s signals. The evaluation shows that children are less aggressive, less anxious, but more attentive and pro-social after one year of B.A.S.E. training.

Rachel Schiffman (United States)
The quality of young children’s diets influences their overall development. Mothers’ child-feeding behavior and beliefs about the importance of their children’s eating or tasting a variety of foods can influence their children’s eating behavior including food selection and preferences, as well as their nutritional status. These influences can affect their children’s physical and cognitive development. Health professionals have become increasingly concerned about the growing problems with overweight in children including the shift in beverage intake away from milk to less nutrient dense beverages such as sweetened beverages. This lecture will highlight the work done by the Michigan State University (USA) Early Health Start research team in the area of nutrition in early childhood and relationship to the family. The challenges of including a focus on health and nutrition in the larger context of cognitive and socio-emotional development will be discussed from a research and program development perspective.

489 Master Lecture 23: The Infant as Catalyst: Promoting Early Parent-Infant Relationships through the Newborn Behavioral Observations (NBO) System
J. Kevin Nugent (United States)
For infant mental health professionals, the newborn period and the first months of life may well be the teachable moment par excellence”, since it is a major transition period in the life of the child, the life of the parents and the life of the family. We developed the Newborn Behavioral Observations (NBO) system to meet the needs of pediatric professionals who want a more relational or family-centered model of preventive care to support the parent-infant relationship during this critical transition period. Inspired by and building on our work with the NBAS, the NBO is used as a relationship-building method to sensitize parents to their infant’s competencies and individuality and thus strengthen parents’ confidence, and practical skills in caring for their children. The infant - the infant’s behavior- is at the center of the interactive session which consists of 18 neurobehavioral items and yields a comprehensive profile of the infant’s behavioral repertoire.

491 2006 New Investigator Address: Opening our Minds to the Baby’s Mind
Claire DeAnne Vallotton (United States)
I describe my recent and ongoing research on the symbolic capacity of preverbal children and the effects of infants’ use of symbol and communication tools on their social interactions, their caregivers' perceptions, and their own social-emotional development. Preverbal infants and toddlers are capable of representing emotions and feelings, among other concepts, through symbolic gestures. When caregivers see infants’ explicit symbolic behavior they are more responsive to infants’ cues and more in tune with their emotional expressions. When infants use symbolic gestures, parents open their minds to their babies they find the infant's behavior more acceptable and feel their relationship is more rewarding. Importantly, both parents' stress and child's language delays make it harder for parents to accurately see their children's experiences. Further influencing development, both words and gestures act as mental tools for children to build their own social skills; early pointing predicts development of
toddlers’ social-emotional themes acted out in play, and toddlers' use of words predicts development of self-regulation. Importantly, gender differences in early language are reflected in self-regulation, leaving boys more vulnerable to delays in both domains. Future research should investigate whether using symbolic gestures as a parent-child intervention increases children's social-emotional understanding and self-regulation skills, and whether the reduction in parenting-related stress resulting from better infant-parent communication leads to sustained healthy parent-child relationships and reduction in maltreatment.

493 Presidential Address: Infant Mental Health Around the World
Tuula Tamminen (Finland)
Every culture has impact on infant mental health and each culture promotes mental maturation based on cultural values, attitudes and parenting practices. Understanding of culture-specific developmental pathways during early childhood and culture-sensitive parenting in different parts of the world opens up new perspectives and challenges for both clinicians and researchers. E.g. evaluating and comparing sensitivity of early parent-infant interaction through Japanese concept of AMAE, from Western cultural viewpoint or in African cultural contexts reveal how tightly combined to cultural values the whole concept and definition of sensitivity are. There are very little research data on prevalence and spectrum of infant mental health problems and disorders of parenting in different parts of the world. Cultures role in early psychopathology is not yet understood, the known risk factors and processes are either universal or individual. There are clear needs for both epidemiological research projects among infants in cultural context and well-designed cross-cultural studies on etiological mechanisms before we understand cultural features either as protecting factors or increasing vulnerability. World wide cultural integration could mean new possibilities to promote early parenting. World Association for Infant Mental Health with affiliates in 50 countries or states offers a fascinating window to view infant mental health around the world.

497 The Uses of the NBAS with At-risk Infants: Japan
Tomitaro Akiyama (Japan)
We have used the Neonatal Behavioral Assessment Scale (NBAS) for the early assessment of high-risk infants that may become cerebral palsied and / or mentally retarded. We have also used it for the evaluation of infants with congenital neuromuscular diseases such as spina bifida, congenital multiple arthrogryposis and congenital myopathies. Our uses of the NBAS have showed that it is one of the most valuable tools for interventional management of high-risk infants and ones with congenital neuromuscular diseases, because of its fundamental principle which is to identify the characters and capacities of individual infants. Furthermore, our studies on neonatal behavioral assessment have provided a strong evidence that the NBAS is a reliable method for predicting later developmental disabilities of low birth weight or premature babies, and have revealed that the early intervention enables to prevent secondary disabilities of high risk infants. Finally, we will present results from our follow-up study of 21 healthy full-term neonates born in the Goto Islands.

498 The Uses of the NBAS in Diagnosis and Intervention and in Pediatric Training: Portugal
Joao Gomes-Pedro (Portugal)
The contemporary Portuguese family system has experienced deep changes in its organization and functioning, in parallel with new risks and vulnerabilities requiring adaptive prevention and intervention programs. Pertinent assessment is needed for diagnosis and intervention. The NBAS is an exceptional assessment instrument and clinical approach, which we have used for a long time in our pediatric department. Indeed, it has been shown to work adequately in early prevention and intervention. Establishing an alliance with parents in their process of becoming mother/father namely reinforcing early attachment through a shared discovery of the baby, we are showing, as others in many countries, the positive influence of this relational model on the child's healthy growth and development, as well as in the attachment relationships. The empirical evidence and theoretical background incorporated into the NBAS philosophy led us to introduce, with success, this approach into the pre-graduate curriculum of the University of Lisbon, aiming at sensitizing and training the future doctors for a more humanized medical practice, based on a relational paradigm, we have called Medicine based on Relationship. We will present the preliminary results of this integration. Presently, we have a project to introduce this relational model in the National Health System in Portugal. Based
on thirty years of clinical practice with NBAS, the overall goal of the project is to promote more support and protection to the child and its family, developing a complex network of health professionals and other allied professionals trained on NBAS / Touchpoints approach.

**499 The Uses of the NBAS in Catalonia: Spain**
Carme Costas-Moragas (Spain)
Catalonia, with Barcelona as its capital city, has a population of 7,134,697 inhabitants with the birth rate of 11.6 per 1,000 inhabitants, and the infant mortality rate is 3.22 per 1,000 live births. The Government of Catalonia provides free public health services to everyone, (as all other Autonomous Communities do throughout Spain), and has developed a network of 72 early intervention clinics for children from 0 to 6 years of age. In this context, the clinical psychologists who uses the NBAS as a diagnostic and therapeutic tool, has increasing in the last years. These psychologists are trained by the Barcelona NBAS Training Site, an inter-disciplinary team (3 psychologists and 1 paediatrician) belonging to the following universities: Autonomous University of Barcelona and University of Barcelona. Our main activities are teaching and dissemination of the NBAS as well as research using the NBAS. The 98% of our trainees are psychologists working in above mentioned early intervention clinics. Our main research objective was (and still is) to examine various risk factors and their effects on neonatal development. In this area we have analyzed the effects of low birth weight, prematurity, the bilirubin and lead levels, etc. At the same time, we have also studied the normal behavior of the newborn. It consists on a statistical analysis of the NBAS obtained in a sample of 220 normal at term newborns born in Barcelona. With these data we could provide clinically relevant information that would enable clinics to improve conditions for newborns in neonatology units as well as at early intervention clinics.

**500 Training and Use of the Neonatal Behavioral Assessment Scale in Australia**
Beulah Warren (Australia)
Dr Berry Brazelton visited Australia in 1978 and trained a small group of professionals on the use of the Neonatal Behavioral Assessment Scale. Initially the Scale was used in research and later, as training on the scale in Australia became possible, clinicians as well as researchers sought reliability. Reliability accreditation was sought by therapists of different disciplines, speech, occupational and physical therapy, neonatologists and paediatricians. Increased awareness of the significance of the infant’s earliest relational experiences to later development has increased the applicability of the NBAS. The strength of the Scale as an informer of the baby’s unique characteristics and capabilities provides understanding of the infant’s contribution to the parent-infant relationship where that relationship is at risk, either because of factors relating to the infant or the parent. The Scale has been taught to infant mental health workers and post graduate students to facilitate their understanding of the specific attributes of infants and possible contribution to the dynamic interaction with their parents. Case material will be presented from a variety of clinical settings and situations where clinicians are using the Scale, to highlight the use of the NBAS as intervention.

**501 The NBAS in the United Kingdom: Meeting a Need for Health Professionals and Parents**
Joanna Hawthorne (Great Britain)
In 1997 the UK government funded a new programme, Sure Start, designed to support families and the social, physical and emotional development of children from birth to 4 years old in deprived areas. In the same year the Brazelton Centre in Great Britain was founded to introduce NBAS training to the UK. The NBAS is an excellent tool for understanding newborn behaviour, and helps parents read their babies signals and cues. Multidisciplinary teams of health professionals in the community have been trained in the NBAS (150), including psychologists, health visitors, midwives, physiotherapists, occupational therapists and nursery nurses. Trained hospital personnel include: neonatal nurses, midwives, physiotherapists and paediatricians. Questionnaires are being sent to all trained health professionals and preliminary feedback shows that many of them find the information they gain about infants during NBAS training is new knowledge that was not gained during their professional training. Further findings will be presented. The Welsh government has funded a similar programme to Sure Start called Flying Start. The Brazelton Centre will carry out a project exploring parent's reactions to the NBAS used as a supportive intervention in the community. Measures will include: Parental perceptions of the baby, a parent-infant attachment scale, an infant characteristics questionnaire, a
self-esteem inventory, a father involvement measure and the EPDS, the postnatal depression scale. Research has shown that an intervention with the NBO (based on NBAS concepts) increases maternal sensitivity and reduces the likelihood of postnatal depression, and these factors will be explored.

**502 The Use of NBAS in Denmark: The Influence of a Research Tool on Practice and Early Interventions in Infancy**  
Hanne Munck (Denmark)

In 1974 our infant research group in Copenhagen realised the exceptional possibilities of the new systematic observational tool named Neonatal Behavior Assessment Scale (NBAS). We have used the scale ever since - for research, in training, and in therapeutic work with infant families at our University Clinic. The strength of the scale was and still is, that it in a sensitive and systematic way incorporates the most significant knowledge from infant experimental science. The focus of NBAS on capacities, competence and individuality in the newborn was a great help in the dramatic change from rigid and rigorous care routines at hospitals, that had been based solely on somatic considerations, towards more flexible, individualised, and attachment facilitating aspects in the caring for the new family. The documented and demonstrated capacities of the newborn infant to give appropriate cues to the caregiver about needs and wellbeing also implicated a new look on the parent part. Instead of assuming a mother-instinct, we now see the parent as a sensitive and attuned partner to her and his baby interacting in an ongoing dialogue and this also gave room for fathers to be looked upon as capable of taking care of his infant. The paper will discuss the ongoing process of implementing data from our research studies on infants, fathers, and early interaction into our interventions and therapeutic work with newborn families.

**505 The Subjective World of the Very Sick Baby**  
Campbell Paul (Australia)

During the first few years of life some babies can spend large amounts of time in hospital with debilitating or life threatening illness. There is a significant literature, which looks at the mental health experience for parents and staff in the situation and the profound ethical and clinical dilemmas that may have to be faced. But how does the baby feel through such a start to life? There are many parents who appear to be able to provide extra-ordinary devotion to meet their baby’s need for emotional and physical survival. This presentation will explore the subjective experiences of babies with chronic illness or disability. What do babies remember of medical trauma in the first years? What is the impact upon the baby of parents having to leave their infant in hospital? Babies do have a range of psychological defenses, for example dissociation and detachment. Under what circumstances are these defenses detrimental to the baby’s emotional and relationship development? We will present some data on the experience for infants with severe gastrointestinal and other disorders at the Royal Children's Hospital, Melbourne.

**506 Experiences with Ventilator Dependent Babies and Their Families**  
Joy V. Browne (United States)

Babies so medically tenuous that they will not survive without mechanical ventilator support and eating through an artificial feeding tube present significant challenges to supporting typical developmental progress and parenting. Regulation of breathing, digestion and pain responses become of primary concern to the medical staff, often overriding attention to the personal experience of the infant and their parents. There is currently little understanding of the interplay between the infant’s experience and responsiveness to even small changes in medical management, and the outcomes of these fragile children. We will present three case studies of medically fragile infants who were born prematurely, and experienced months of chronic ventilator support through tracheotomies, and feeding support through gastrostomies. Similarities will be drawn among the three infants for development of autonomic regulation and dysregulation; arousal and sleep disturbances; movement and restrictions in movement; interactions, communication and relationships with parents and strangers; feeding challenges and feeding relationships; and challenges with irritability and self calming. In addition, the experience of parenting a medically fragile infant within a high intensity environment, surrounded by tenuous life and death experiences with both their child and other children will be examined. Parents’ frustrations and successes in establishing and continuing relationships with their fragile infants will be discussed.
Growing up in the Hospital: Impact on an Infant, Family and Hospital System
Sue Wilson (Australia)

A small but significant number of infants now grow up in hospital, spending their first months to years there. For many of these infants, at least one parent will be present for variable periods of time. One role of the parent is to negotiate the intersecting systems that make up this complex environment. This case presents the experience of one infant who spent the first 8 months of her life in the paediatric intensive care unit in the absence of her parents. She had a diagnosis of Central Hypoventilation Syndrome and required ventilation via a tracheostomy whenever she was asleep. The paper will explore the experience of this infant growing up in hospital and the systems that surrounded her. How has she experienced the absence of a clearly identified primary attachment figure? Has she nonetheless been able to develop a hierarchy of attachments? What defenses has she used to help her manage her situation? What might the impact of this be? The interface with the child protection system will be considered, along with ethical issues involved in the appointment of a foster parent. Discharge home meant the loss of her alive and lively presence and the hope she symbolised amongst the illness and death. Powerful emotions including envy, rivalry, and loss were played out, but were able to be discussed with staff. Work was done with the infant and her foster mother to help make meaning of her experience on the unit and prepare her for the transition home.

A Randomized Controlled Trial of a Post-discharge Neurobehavioral Intervention Program for Preterm Infants: Content of the Program
Karen Koldewijn, Marie-Jeanne Wolf, Dominique Meijsen, Aleid Van Wassenaer, Joke Kok, Anneloes Van Baar (Netherlands)

The focus of this presentation is the content of the Infant Behavioral Assessment and Intervention Program (IBAIP, Hedlund 1998). Preterm infants that received 6-8 home-interventions demonstrated improved behavior and development, at six month corrected age. The goal of the IBAIP is to enhance the infant's social interactions and explorative functions without stress. The program validates andvalues the parents as the most important persons in a baby's life, focusing on parental involvement and empowerment in a strength-based approach. The Infant Behavioral Assessment (IBA, Hedlund & Tatarka 1988) guides the intervention. It was based on the same theory as the Newborn Individual Developmental Care and Assessment Program (NIDCAP, Als 1986), but for infants until 6-8 months. The IBAIP defines 113 behaviors and interprets them as behaviors to approach information, behaviors to regulate themselves during the interaction, or as stress behaviors, painting the infant's self-regulatory competence. Based upon this behavioral picture, the interventionist assists the parent to adjust the environment to match the neurobehavioral needs of their infant and to offer co-regulatory support during the infant's interactions. Thus providing infants with the responsive and nurturing relationship they need to build healthy brain architecture, which is an important foundation for later development. The goal of the IBAIP is to enhance the infant's social interactions and explorative functions without stress, focusing on parental involvement and empowerment in a strength-based approach.

A Randomized Controlled Trial of a Post-discharge Neurobehavioral Intervention Program for Preterm Infants: Neurobehavioral and Developmental Outcome at Six Month
Marie-Jeanne Wolf, Karen Koldewijn, Dominique Meijsen, Aleid Van Wassenaer, Frans Nollet, Joke Kok (Netherlands)

Very Low Birth Weight infants experience problems in self-regulation in early infancy. This is of high concern for their later behavioral and developmental outcome, and affects parenting quality. In 2004 we started a randomized controlled trial to study the effect of the "Infant Behavioral Assessment and Intervention Program" on infant behavioral and developmental outcome. The intervention group received 1 intervention before discharge and 6-8 home interventions, until 6 months corrected age. Control infants received standard care. At 6 months, the Infant Behavioral Assessment (IBA), Self-Regulatory Competency Scale (SRCS), and the Bayley Scales of Infant Development (BSID-II) were administered. 176 infants were enrolled in the study. Mean gestational age was 29.6 weeks in the intervention and 30 weeks in the control group. The IBA and SRCS showed that approach behaviors increased and that stress behaviors decreased to a larger extend in the intervention infants. This was reflected in the Bayley Behavior Rating Scale, with a difference of 18.3 points to the advantage of the intervention infants. The intervention group also performed better on the Mental (7.3 points) and
Motor Index (6.1 points) of the BSID-II. We hypothesize that enhancement of self-regulatory competence benefited the infant's development in the first 6 months of life.

512 A Randomized Controlled Trial of a Post-discharge Developmental Intervention Program for Preterm Infants: Mother-Infant Interaction Outcome
Dominique Meijssen, Marie-Jeanne Wolf, Karen Koldewijn, Bregje Houtzager, Aleid Van Wassenaer, Joke Kok, Anneloes Van Baar (Netherlands)
Very preterm infants (< 32 wks) have more difficulty in interacting with their caregivers. The Infant Behavioral Assessment and Intervention Program (IBAIP) provides post-discharge support by sensitizing parents to the infant's behavior and assists them to give their infant co-regulatory support, in order to enhance mutually satisfying parent-infant interactions. In a randomized trial we evaluated the effects of the IBAIP on mother-infant interaction. The Still Face procedure (Tronick, 1978) was used to observe mother-infant interaction at 6 months corrected age. Mother interaction behavior, infants' responses during play and the effects of the Still Face perturbation are assessed. The intervention (n =57) and control (n =55 ) group did not differ significantly on gestational age and birthweight. One hundred and twelve mother-infant dyads participated in the Still Face procedure. Mothers from the intervention group showed more positive interaction behavior (positive vocalizations, motherese and smiles) compared to the control group mothers. No infant behavioral differences were found in the Still Face procedure. Conclusion: The IBAIP appears to enhance positive maternal interaction behavior. No effects were found in infant interaction behavior. The role of maternal sensitivity during mother-infant interaction will be further examined.

515 From Relationships to Learning: A Description and Evaluation of Layered Support for Reflective Practice at Child Care
Robyn Dolby (Australia)
Preschool and child care staff work in a field that involves intense emotional relationships, but often do not benefit from the informed support or reflective consultations that other professionals have access to. This paper describes and evaluates a program in which a psychologist is employed on site to support staff and parents to reflect on their own and the children's feelings, particularly at times of stress and conflict, in order to facilitate empathy and emotional availability. A video-clip is used to illustrate the process of container-contained in which the child's preschool teacher provides a holding environment to support the child's leave-taking from his mother and reunion with herself at the start of the child's preschool day. Pre and post test interviews with staff have shown positive changes in their representations of the children: themes of compliance/control (such as struggles over limit setting) reduced and themes of being protective (a reliable source of comfort to the children) increased; and emotional and behavioural problems in the children have reduced.

516 Evaluation of a Professional Development Program to Enhance Nursery Staff's Capacity to Attend to Children's Emotional States
Peter Maurice Elfer, Katy Dearnley (Great Britain)
This paper reports on an evaluation of interventions, with a container-contained theoretical framework with heads of children's centres (nurseries) in England. The training was delivered in two Phases; Phase One over eight sessions to nursery heads and Phase Two where the heads delivered a modified version of the training to their own staff groups with continuing support from the trainers. The intervention strategy with these heads was based on the premise that close attention to staff's preoccupations and the emotional currents that lie below the surface in a non-judgmental group, would assist nursery staff to think about and process their own feelings, thus enabling them to be more thoughtful about themselves and the children. The intention is that staff might then be more empathic to the children's conflicts and less distanced from painful experiences. The training draws on Tavistock style observation, experiential groups and child development theory and was delivered by an early years professional and a child psychotherapist. It has been piloted in an inner London local authority and a city area in the UK with positive evaluations from participants. The pilot does raise questions about how such initiatives can be sustained at nursery level and by the organisation and about the opportunities and tensions involved in this kind of across professional boundary working.

517 A Scrutiny of the Relationship between Parents and Professionals in the Early Years: How Can Effective Partnership be Achieved?
Sue Greenfield (Great Britain)

Lamb (2004) has described the importance of parent-professional partnership to assist infants and young children moderate the stress involved in transitions between home and nursery. This paper therefore evaluates the use of a container contained model to facilitate the relationship between parents and nursery staff. Parental involvement in children's nursery experiences is seen as important in expanding the social and cognitive capacities of children (Driessen et. al., 2005), yet it has been acknowledged that true partnership between parents and nursery staff is rarely easy to achieve (e.g. Wolfendale, 1989; Whalley, 2001; Malin & Morrow, 2004). The aim is to explore how partnership working can be strengthened and the tendency of nursery staff to retreat behind defensive authority positions be avoided. Interviews with parents and staff provide insight into their relationships suggesting that though information is exchanged, communication and collaboration is not taking place and there is a lack of trust between parents and staff. The container contained model is used as a framework to enable both partners to scrutinize their relationship and to explore the ways that they communicate in order to strengthen their partnership. It is proposed that where partnerships are strengthened, stress to infants and young children will be reduced and social and cognitive capacities of young children will be expanded.

518 Keeping the Baby in Mind: Early Family Support.
Angela Underdown (Great Britain)

The socially communicative behaviour of young infants has been increasingly recognised, not as a reflex action, but as an early ability to engage with others (Reddy, Hay, Murray and Trevarthen 1997). This early communicative action is one that infants can control, for example, by breaking eye contact and looking away or by making eye contact, moving the mouth and hands, smiling and vocalizations. The socially interactive nature of young infants requires opportunities to engage with sensitive and responsive interactants and this paper considers the role that attending an infant massage class may play in facilitating such an environment. Following a Cochrane systematic review (Underdown et al 2006) of the existing literature, close observations within infant massage classes demonstrated variability in the way infants sociability and sense of agency was facilitated. It is argued that a container contained theoretical model could be a useful framework for enabling group leaders to explore and develop their roles in facilitating socially responsive environments.

520 Workshop 24: The Heart of the Matter: Attachment Experiences between Mothers and Infants Following Diagnosis of the Infant's Congenital Heart Disease
Jennifer Meryl Re, Samuel Menahem, Suzanne Dean, Andrew Cochrane, Campbell Paul, James Grimwade (Australia)

This is a qualitative study using an attachment lens to explore the experiences of both mother and infant following a diagnosis of Congenital Heart Disease (CHD). Infants who were very ill and required major surgery for their condition in the early weeks of life have been recruited into the study with their mothers following birth. Clinical anecdotal reports have suggested that there may be differences in the experiences of mothers of infants when the diagnosis was made prenatally compared with those with a postnatal diagnosis. Mothers were interviewed in depth when their infants were 2 and 9 months old, about their experiences of diagnosis, their infant's early medical and surgical treatment and about their early and current relationship with their infant. This ongoing study will attempt to bring deeper understandings around mothers' responses to the diagnosis of a very serious medical condition in their infant. The quality of maternal representations and the mother-infant relationship may provide some means of furthering these understandings, while the infant's experience will be explored through observation of maternal-infant interaction and use of the ADBB and Bailey Screening Test. Some preliminary findings will be presented together with aspects of the evocative stories these mothers tell.

521 Workshop 25: The Growing Together Study: The Effects of an Early Intervention Program on Three High-Risk Communities
Jean Hughes, Elizabeth Kay-Rainingbird, Denise Sommerfeld (Canada)

There is little debate that conventional health care systems generally do a poor job of reaching out and engaging high-risk families in services. This presentation discusses a study of GROWING TOGETHER (GT), a population-based, early intervention comprising a comprehensive array of
program services. GT is grounded in an ecological model of family and community development. Our study targeted high-risk families with young children (0-6 years) living in three high-needs communities (population ≈ 22000/community) in Eastern Canada. Two sites were within urban cities (Toronto, Halifax) and the third was located a rural community (Cape Breton). One site was highly multicultural, while two sites were largely Eurocentric. The presentation will examine the longitudinal effects of GT (from birth to 18 months) on the parent (parenting and childrearing attitude, parenting confidence, childhood literacy experiences, community functional capacity, depression), the infant/child (healthy development - physical, psychological, emotional, social, cognitive, speech/language and literacy), parent-child interaction and the family environment (home, chronic family problems). It will identify the factors (parent, child, environment) most critical to parent-child interaction. It will also compare patterns of health service use (tracked throughout the community via linkable administrative databases within the publicly funded health care system) at Baseline and at 18-months. The health service patterns will be compared (a) among GT families and (b) between GT families and all other families within the GT catchment areas of two sites. Finally, the relationship between health service use and use of GT programs and services will be discussed.

522 Workshop 26: Changing the Frame: Flexibility of Folly?
Caron E. Harrang (United States)
Parent-infant psychotherapy is a contemporary clinical specialty that focuses on the relationship between mother and infant. Somewhere between primary prevention (for the infant) and intervention (for the mother) it has yet to be standardized with respect to clinical theory or technique. Much of the literature thus far has focused on the benefits of treating the mother and infant together as opposed to mother or infant separately. Little attention has been given to the setting and how it affects the treatment process and outcome. The author examines the effect of three different settings (office, home, and telephone) utilized in the treatment of one mother-infant dyad over a four year period beginning in the mother's second trimester of pregnancy. Clinical material shows how the mother (and fetus) and later the mother and infant experienced each of these settings and how modifications to the frame seemed to affect the outcome of treatment. The author concludes that flexibility with respect to the frame when combined with rigorous analysis of the patient's material can contribute to a greater sense of holding and containment for both members of the dyad. Stretching the frame may also mirror the demands placed on the woman in her psychic and physical transition into motherhood. Consideration of transference and countertransference dynamics in this case may illuminate how changes in the frame impact psychotherapeutic work with all patients regardless of treatment modality.

523 Workshop 27: Modifying Risky Parental Attributions: A Brief Cognitive Approach to the Prevention of Relationship Ruptures and Infant Maltreatment (the MAP method)
Yvonne Bohr, Norma Sackett diMarco, Leigh Armour (Canada)
Far too many young children, including infants are victims of suspected abuse and emotional trauma each year in North America. The breakdown of parent-infant relationships in particular, and ensuing risk for maltreatment come at an enormous cost for society, and many clinical settings strive to provide effective preventive interventions. However, often families at risk cannot be retained in treatment long enough to reap any benefits, and few truly brief early interventions are available to clinicians who wish to prevent maltreatment. Fortunately, researchers have recently shown that early parental attitudes and behaviors which may lead to worrisome parent-infant interactions can often be successfully changed in a relatively short time. This workshop is designed to introduce participants to a brief theoretically and empirically supported treatment method for parents and young children at risk for relational difficulties We present an approach that applies empirically established cognitive models in a 3 to 4-session intervention based on video-feedback. Parents take part in a videotaped play-based interaction with their infant or pre-schooler. The taped interaction then becomes the basis of an assessment and intervention which focuses on the parent's interpretation, and attributions for her child's behaviors. The clinician and parent collaborate to build upon the parent's strengths as well as to recognize and modify the parent's risky attributions.

524 Workshop 28: A Preventive Intervention and Research Program for Adolescent Mothers to Promote Secure Attachment
Magaly Noblega (Peru)
Adolescent mothers are a group who needs more support on their maternal role because their age and its characteristics can be a risk factor to develop an optimal relation with their children, especially when they are in a context of poverty. Previous research in our context shows that this group has unique characteristics as mothers but they do not receive an intervention considering them. For this reason they need spaces in order to have adequate support and to share their experiences with peers to facilitate their adaptation to their new role. For this we implement a program to promote a secure attachment between adolescent mothers and their children in the Cantogrande area located in the San Juan de Lurigancho district (the most poor district in Lima). In this paper we share our experiences at this program.

525 Workshop 29: Characteristics of Mother-Child Interactions by Teenage Mothers with Infants: Analysis based on Mother's Self-Esteem
Keiko Koumoto, Taiko Hirose, Mitsue Maru (Japan)
To raise children as a mother, there is a need for them to be confident of themselves to a certain extent in what they do, in other words, to have self-esteem. This is because self-esteem is directly proportionate to other life skills and the probability of resolving various problems in life constructively and effectively. Recently, there have been an increasing number of teenage births in respect to the total number of births in Japan. Although literature has discussed financial and social problems, and poor child-raising capacity for teenage mothers, there have been no studies elucidating the self-confidence of mothers in child-raising. The influences of these aspects on mother-child interactions are also not clear. This study therefore focused on the relationships between the self-esteem of teenage mothers with infants and mother-child interactions to verify the appropriate policy for child-raising support for teenage mothers. Subjects were teenage mothers without severe physical or mental diseases, and their children. We assessed 1) mother-child attributes, 2) self-esteem of mothers, and 3) mother-child interactions by using a questionnaire survey, the Japanese version of the self-esteem scale, the Nursing Child Assessment Feeding Scales (NCAFS) and Nursing Child Assessment Teaching Scales (NCATS), respectively. Results of the 10-pair study found that the self-esteem of the study population was significantly lower than the control. For mother-child interactions, the teenage mothers were confirmed to have a tendency of low response to children. These findings suggest that child-raising support for teenage mothers needs to promote mother-child relationships and enhance self-esteem as a mother.

527 Workshop 30: Minimally Invasive Repair of Pectus Excavatum Improves Psychosocial Behavior in Children
Tadaharu Okazaki, Manabu Okawada, Akihiro Shimotohara, Geoffrey J. Lane, Atsuyuki Yamataka (Japan)
The cosmetic disfigurement can cause psychosocial problems in patients with pectus excavatum (PE). We evaluated the effects of minimally invasive repair of PE, the Nuss procedure (NP), on psychosocial behavior in pediatric patients with PE and their parents. Twenty patients who underwent NP were assessed. Patients and their parents were independently interviewed before and after NP. Indications of NP were cardiorespiratory compromise in 3 patients (group A) and cosmetic problems in 17 patients (group B). All group A patients felt embarrassed/self-conscious because of their chest appearance. Both patients and parents wanted to receive NP. In group B, 16 patients felt embarrassed/self-conscious. Twelve patients in group B wanted to receive NP, but of those, 5 parents wavered the operation initially. Remaining 5 patients did not want to receive NP. However, they underwent NP because of their parental request. NP was successfully performed in all patients except one who required re-operation in group B. In group A, cardiorespiratory status and psychosocial behavior improved markedly. Both patients and their parents were satisfied with post-operative appearance. All group B patients also showed improvement in psychosocial behavior. Both patients and their parents were satisfied after NP even in patients or parents who did not have a consensus about the operation except one who required re-operation. The impact of NP on psychosocial behavior in patients with PE was positive, indicating that NP might be justified for cosmetic reasons and improvement in parent/child interaction.

528 Workshop 28: The ADBB Scale in Well Baby Clinics in France, Italy, and Norway
Antoine Guedeney, Denis Mellier (France), Mikael Heimann (Sweden), Emilia De Rosa (Italy)
The Alarm Distress Baby scale (Guedeney & Fermanian, 2001) has been validated in several countries and used in different settings, clinical and research (Guedeney, 2007). This workshop will present some applications of the scale and discuss some issues in training and into using the scale practically for prevention and early intervention. A French team in Lyon has been using the scale among other validated tools as Cox’s & al EPDS and Fiese’s PIPE to follow some 50 dyads from birth to 2 years, in a well baby clinic setting. A Swede and Norwegian team (Heimann, Lars & al) is planning a large scale study in the Trondheim district, in Norway, to check the effectiveness of the scale as a screening instrument in 4 well baby clinics. An Italian Team (De Rosa & al) has validated the ADBB on an Italian sample and will discuss clinical application with mourning mothers. Issues and experience drawn from both teams in training and in using the scale will be discussed in the light of using it on a routine.

529 Communicative Musicality and Synrhythmia
Stephen Noel Malloch (Australia)
An infant communicates with caregivers through jointly created narratives of emotions and intentions. These narratives are not created through word meanings, but through the dynamic gestures of voice and body that inter-dependently arise during an interaction. Trevarthen has called this process ‘synrhythmia’ – the expression of mind states over an “emotionally regulated intersubjective frontier” through rhythms of expressive body gestures and vocalisations (Trevarthen et al 2006). These narratives of expressive vocal and body gestures are possible due to our innate skill for ‘Communicative Musicality’ (Malloch 1999; Trevarthen & Malloch 2000). Gestures of Communicative Musicality carry particular ‘vitality contours’ (“feeling flow patterns”) of meaning (Stern 1985; 2000), and can lead to co-ordinated companionship between the communicating partners. Communicative Musicality consists of three aspects: pulse, quality and narrative. Pulse is the regular succession of discrete behavioural events through time, allowing a person to anticipate what might happen and when. Quality consists of the contours of expressive intensity moving through time – a vocal contour, for example, will consist of dynamic elements of loudness and timbre. Pulse and Quality combine to form Narratives of expressive meaning. These ‘musical’ narratives allow adult and infant to share a sense of sympathy with each other in a shared sense of passing time. While our ability for Communicative Musicality is evident in adulthood in our creation and appreciation of music and dance, Communicative Musicality is not music and dance. It is the ability to engage and sympathise with the humanly shaped passage of time, and contributes to our sense of connection with and understanding of others.

530 How Early Life is Shared with Rhythm and Sympathy: University Needs and Intuitions and Different Rituals
Colwyn Trevarthen (United Kingdom)
How Early Life Is Shared With Rhythm and Sympathy -- Universal Needs and Intuitions, and Different Rituals. (Trevarthen): Infants are born with Intuitions for the company of human bodies and minds, and mothers have intuitions that match and support those of the infant. They hold each other in the co-regulated rhythms of their movements and physiology. But a human is also born a learner, seeking new habits for the Self, and wanting to discover rituals of play with Others. I will summarise research on inherent bio-chronological principles of the newborn infant’s agency, for its intersubjective requirements, and for the earliest meanings that arise as conventions of engagement between mothers and their babies--comparing Scotland, France and Japan.

531 Prospective Control in the Neonatal Unit in Communicative Musicality
Jonathan Thomas Delafiefield-Butt (Great Britain)
AMAE and CM in infants in Japan: Our Japanese dyads in three institutions in Tokyo revealed CM, duets in pianissimo when the mothers were affectionate, suggesting CM to be a useful clinical tool.

532 AMAE and CM in Japanese Infants
Hisako Watanabe (Japan)
Our Japanese dyads in three institutions in Tokyo revealed CM, duets in pianissimo when the mothers were affectionate, suggesting CM to be a useful clinical tool.
Workshop 33: Infant Mental Health Team Collaboration among Japanese Health Care Professionals
Taiko Hirose, Sonoko Shirakawa, Mayumi Hiramatsu, Kimiko Murase, Taeko Teramoto, Takahide Omori (Japan)
The workshop provides collaborative practices and research on Infant Mental Health (IMH) in Tokyo, Japan and discussion on them. The purposes of the workshop are to show and discuss an IMH team practice and research projects conducted by multi-disciplinary team work in Japan. It has a facilitator and three speakers. The facilitator will introduce the IMH team's clinical practices and outline of its clinical research using NCAST (Nursing Child Assessment Satellite Training) in Tokyo. The first speaker shows overviews of her team, clinical practice, and statistical figures on her practice. Her clinic affiliates with a private pediatric clinic in Tokyo. She also shows typical case studies that needed IMH interventions and support. In conclusion, she will present theoretical discussion and clinical suggestions for IMH practice and research. The second speaker's clinic affiliates with the inpatient and outpatient clinics at a university hospital. Her speech will have the same structure as the first speaker's presentation. The last speaker will present the development of the Japanese version of NCAST and its application to the clinic practices mentioned by the two speakers. She will cover the theoretical and statistical background of the Japanese version of NCAST. She will also discuss the clinical application and limitation of the scale and suggestions for NCAST training in Japan. After all of the speakers finish their presentations, the audience will be asked to ask questions, make comments, and share ideas. In this final segment, active discussions on the speakers' presentations between the speakers and audience are expected.

Workshop 34: Conducting Child Parent Psychotherapy with Mothers and their Infants Affected by Domestic Violence
Talia Hatzor, Patricia Stern (United States)
This workshop will describe the application of Alicia Lieberman's model of Child Parent Psychotherapy treatment for infants and their parents affected by domestic violence at the Family Peace Program of New York Presbyterian Hospital. This therapeutic approach based on parent-infant psychotherapy addresses the violence and its effects within the context of the family with specific focus on the attachment system. We will emphasize its implementation with mothers who are still involved with the violent partner while in treatment which negatively affects their capacity to care for their children. To re-establish the child sense of safety and maternal care the therapist attempts to shift the mother's focus from the violent partner back to the child's need for care and protection which, as a result, increases the mother's parenting care and decreases her involvement with the dangerous partner. We will present two cases of Child Parent Psychotherapy involving Latina mothers, focusing on the specific difficulties that arose in treatment from the complex interface between the mother's own traumatic history and the urgency to address the current domestic violence and trauma plaguing the victimized mother and young child. Both mothers experienced intense distress and difficulty regarding their parenting and were often unable to focus on their child's needs because of the constant personal threat to the mother's own safety. We will discuss the importance of engaging the mother in a reflective process while current and further violent trauma is still being inflicted. The importance of engaging other supportive agencies and extended family will be addressed in the context of the specific difficulties that are brought about when working with families with domestic violence along with the sensitivity and awareness of cultural issues that are crucial in understanding and intervening with these families.

Workshop 35: Forming Vital Bonds - Singing and Rhyming as Psychotherapeutical Intervention to Promote the Relationship between Infants and their Parents
Eva Norling Bergdahl (Sweden)
Depressed and anxious mothers are not usually open and playful when communicating with their infants. Singing together with your infant is one way to communicate and relate that answers the infants needs for reciprocity, activity and vitality and in an immediate way. The aim of the study is to examine the singing-together-session as a part of treatment in a baby-parent unit: Do the therapists use singing-together as a psychotherapeutical tool, if so, how? What significance, if any, does it have for treatment results? In a theoretical survey the significance of music and musical elements, and also of how learning and development are achieved, is examined. Empirical data is collected in a focus
group with experienced therapists from four different baby-parent units. Results: 1. Singing-together is used as a structuring tool in treatment: as a form of ritual to begin and end the group session and to gather the group end bring focus to the infants. 2. Singing-together as a whole or specifically chosen songs and rhymes are used as tools to promote and strengthen the attachment between mother and infant, here- and now in the group. Songs and rhymes function as scaffolds while the relationship is formed and enhanced. 3. Singing-together is used to regulate affects and emotions on individual-, dyad- and group levels. The therapists have a holding function for mothers who find it difficult to slow down to meet their infant in an attuned way. 4. Changes of bodily positions during singing-together: sitting, standing, walking/dancing, have significance as a treatment tool. Songs may, by its form and content, facilitate and pave the way to physical contact between infant and mother. 5. Singing-together have an empowering effect on sense of self and identity on different levels: individually for infants and mothers, dyadically and on group level. The results are discussed from three meta perspectives: phylogenetically - human development in an evolutionary context, ontogenetically - psychic development in humans in a life-perspective, and finally from research and thoughts around mechanisms and components at work in psychotherapeutic treatment.

536 Clinical Teach-In 20: Dancing in Space: Closeness, Distance, and Space in the Mother-Baby Couple
Zippy Kalish, Irit Kushilevitz, Ruty Orenstein, Anat Raviv (Israel)
The paper presents various aspects of the maternal-infant bond through descriptions of closeness, distance and space. Spaces are important for development: the enclosed mother space, the open, outside world spaces, and the spaces of transition between the two. Each developmental phase has its own optimal distance and space between mother and child. This varies with each mother-child pair according to their temperament and predilection, resulting in space that becomes the possession of each individual, giving him room to grow, the possibility of coming and going and the capacity to separate from, and reunite with, a loved object. If this process fails, the space that both separates and unites is not available and the individual is threatened by engulfment or isolation. This paper will describe several styles, in which the mother-baby space develops during the first year. It is based on infant observations carried out over one year. The question rose as to the facilitating and obstructing factors that could describe the development in space during these first months. Even if the first observations revealed difficulties in mutual adaptation, we expected that over the year, change and development would take place in that special spatial dance between mother and baby. Adjustments can enhance development if they take into account the attachment, separation, mutual and self-regulation aspects. Looking at four observational cases we found a spectrum that includes a good-enough style, one which enables normal development, and various forms of relationships where obstruction and formation of development-arresting, pathogenic factors were observed.

537 Clinical Teach-In 21: Psychodynamic Psychotherapy and Training - Treating Infant-Parent Problems (IPP) with Case Presentations
Elizabeth Tuters, Sally Douliis (Canada)
The workshop will present a clinical intervention used for training infant psychotherapists; Infant/Parent Psychotherapy (IPP). This infant led, relationship intervention requires the active participation of the clinician with the infant and with the parent. The clinician engages with both the infant and the parent and helps the parent to reflect on and understand the needs of the infant, and subsequently, the needs of the parent. The IPP intervention will be demonstrated using DVD clips of the progress of the work. Two case studies will be used to illustrate and teach the principles of the intervention and how these principles are used for training and how the trainees respond to the experience.

538 Clinical Teach-In 22: Reconsidering Parental Sexuality, and Infant Excitement and Greed: What is Lost in Infant Mental Health without These Concepts?
Frances Thomson-Salo, Campbell Paul (Australia)
We suggest that in infant mental health some potentially useful concepts - those of parental sexuality, and infant excitement and greed are relatively neglected. If they were more readily available, we could potentially gain access to a more resonant countertransference as well as a wider understanding of the experience of parents and their infant. The baby as subject would emerge more fully. Winnicott
viewed greed as a normal part of human endowment, but parents and clinicians often view it more ambivalently and not so much as potentially life-enhancing. We also reconsider the concept of infantile sexuality in the first year and suggest the following conceptualisation. A real connection between the mother and the infant is highly exciting for them both. This base is needed to start the baby off well. But for the processes of separation-individuation and thinking to take place, both mother and infant need to pull back from the other. The connection may have been erotic for the mother and if she cannot make the turn back to the father, she may become stuck in a perverse state of mind. One important clinical application is with babies in Neonatal Intensive Care Units, whose handling has prevented healthy investment in their bodies: the many traumatic oral interventions often lead to difficulty feeding. Clinicians, if they recognize the totality of the infant’s bodily endowment, could then focus as much on helping the infant find the excitement in feeding as on questions of technique and attachment. This teach-in will be illustrated with case vignettes and videos.

539  **Words for Touching (Les Mots Pour Toucher)**
Catherine Barbier, Gerard Schmit (France)
We know that it is absolutely necessary to accompany the parents whose baby is in a neonatal intensive care unit: the parents are shocked, they experienced trauma as they are not prepared to this sudden birth. This shock paralyses their ability to think and the relationship to their newborn baby. This accompaniment is multidisciplinary and involves doctors, nurses, social workers. But the discussion with a psychoanalyst is specific, it must take into accounts the parents personal history and allow them to put into perspective some events of their lives and some feelings and ideas that are sometimes too hard to accept and which overcome them. We encourage the parents to talk to the child about these discussions or afterwards it is the psychoanalyst with his parents’ consent. This allows the infant to find his own place within the filiation. In this presentation, the case of Mary born at 25,5 weeks gestation will illustrate this approach.

540  **The Effect of Information only vs. Therapeutic Playgroups vs. Both on Mothers and Their Preterm Infants in the First Year of Life**
Carol Newnham, Bronwyn Leigh, Nisha Brown, Jeannette Milgrom (Australia)
Mothers of preterm infants report a lack of availability of information relating to many aspects of their preterm infants' behaviour and development. We aimed to evaluate the effect of three information-based conditions on the wellbeing of preterm infants and their mothers: in the first condition, mothers took part in a 3-hour workshop; in the second condition mothers attended 8 x 2-hour therapeutic play sessions; and in the third condition, they attended both. The information to be imparted was manualised into both workshop and interactive playgroup formats. It comprised preterm infant and parent issues, interactive play ideas that are helpful to development and information on attachment and development in general. Outcomes to be presented were taken at 3 time points and included infant temperament and development, maternal depression and infant-related parenting stress.

541  **From the Medical-Nursing Object to the Baby-Object: Assist the Parenting by Joint Observation of the Infant’s Competencies**
Anne-Catherine Rolland, Franciska Lempp, Laurence De Mare (France)
In this abstract we’ll present an experience, from the Reims university hospital, conducted over the last three years - the use of the neonatal behavioral assessment of Brazelton in NICU a proposition made to all the parents of premature baby (born before 32 weeks gestation), just before the discharge. We’ll report the way to organize this assessment made by different professionals of the infant, the awareness offered to the nursing and medical staff employed in NICU, the practical organization and the encounters with the parents. These clinical observations have highlighted important areas of this clinical time, which show the child's different competencies to his parents. This helps them to consider him as a subject, and no longer a medical nursing object, and also decrease their anxiety of death. In addition, we regard the parents input about their feelings toward this assessment, during a pediatric examination at three months post discharge and we will report those results. The discussion will focus on the clinical issues of this assessment, effective intervention tool, specially for helping the parents to interact with their premature baby.

544  **Infant Mental Health in Asia**
To be Announced (Japan)
I will firstly overview infant health in Japan as developed after World War II. Then talk about Nepal, Laos and other Asian countries where I worked. Based on my experience with each country I will give an overview of possibilities and obstacles in Eastern Asian countries due to unique culture, history and current situations.

545 Infant Mental Health in Vietnam  
Nguyen Tien Dung (Vietnam)  
Dr. Nguyen Van Loc, MD.: Deputy Director, National Hospital of Pediatrics will give an overview of existing infant mental health issues in Vietnam. He will touch on the plight of infants and families during the Vietnam War and its aftermath and prospects of future directions of infant mental health in Vietnam. His talk will be followed by Dr. Nguyen Tien Dung: Vice Head, Department of Pediatrics, Bach Mai Hospital Hanoi, Vietnam

546 Infant Mental Health in Laos  
Bounnack Saysanasongkham (Laos)  
Dr. Bounnack Saysanasongkham: Deputy Director, Mother and Child Health Hospital in Laos will give an overview of existing infant mental health issues in Laos. He will touch on the plight of infants and families in the past and present and will touch on the prospects of future directions of infant mental health in Laos.

547 Infant Mental Health in Cambodia  
Sok Touch (Cambodia)  
Dr. Sok Touch, MD., PhD.: Director of Communicable Disease Control, Ministry of Health, will give an overview of existing infant mental health issues in Cambodia. He will touch on the plight of infants and families during the Vietnam War and its aftermath and prospects of future directions of infant mental health in Cambodia.

548 Infant Mental Health in Nepal  
Ranendra Shrestha (Nepal)  
Ranendra Shrestha: Director, Neonatal Unit, Kanti Children's Hospital, Maharajgunj, Kathmandu, Nepal will give an overview of existing infant mental health issues in Nepal. He will touch on the plight of infants and families during the Vietnam War and its aftermath and prospects of future directions of infant mental health in Nepal.

549 Infant Mental Health in Bangladesh  
Stephan Chowdhury (Bangladesh)  
Dr. S.M. Jahangir: Director, Maternal and Child Health Training Institute, Directorate of Family Planning, Azimpur, Dhaka-1205, Bangladesh 8. Dr. Stephan Chowdhury: Medical Director, CHRISTian Hospital Chandraghona, Rangamati Hill Tracts, Bangladesh

550 Infant Mental Health in Pakistan  
Ayako Tokunaga (Pakistan)  
Ayako Tokunaga will give an overview of existing infant mental health issues in Pakistan. She will touch on the existing issues and problems of infants and family in the past and present and talk about her view of future directions of infant mental health in Pakistan.