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Infancy in Times of Transition

Program Abstracts

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From the Editor:

The abstracts in this special supplement to the Infant Mental Health Journal (IMHJ) are organized to match the Program Book distributed at the 12th World Congress of the World Association for Infant Mental Health. The Program Book is available on-line through the WAIMH web page. The one exception to format occurs for posters. Poster session abstracts are listed separately, by day, at the end of the supplement rather than being embedded within the session by session flow of the abstracts. Where abstracts are not presented, they were not supplied. Because United States or United Kingdom versions of English are so widely used in scientific journals, we have not edited abstracts on the basis of usage. The following is an example of a correct citation to this collection of abstracts.


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Precongress General Sessions
Tuesday: June 29, 2010

10:00-12:30 Precongress Symposium 1
Chair: Boris, N. W. (United States).

The evolutionary roots of human cooperation: Collaboration and helping in chimpanzees.
Melis A. P. (Max Planck Institute for Evolutionary Anthropology, Leipzig).

On becoming a social partner: The ontogeny of prosocial behavior and cooperation.
Gräfenhain M. (University of Gottingen)

Infants’ and young children’s cooperative communication, and some lessons we have learned by autism.
Liebal K. (Max Planck Institute for Evolutionary Anthropology, Leipzig)

Discussion of the papers from a clinical perspective.
Boris N. W. (Tulane University, United States), Bürgin D. (University of Basel, Switzerland)

13:30-16:00 Precongress Symposium 2
Consulting for Infant Mental Health in a Changing World: Considerations of Culture and Country
Chair: Emde R. N. (United States)

Principles of Community Engagement: Implications for Infant Mental Health
Fitzgerald H. E. (Michigan State University, United States)

International Panel: Commentaries
Tomlinson M. South Africa
Tamminen T. Scandinavia
Watanable H. Asia
von Klitzing K Europe
Cherro Aguerre M. South America
Emde R. N. North America

16:30-17:45 Congress Opening Ceremony

Antoine Guedeney (President of WAIMH)
Christine Clauß (Minister of Social Affairs and Consumers Protection, Free State of Saxony)
Neil W. Boris (Chair of Program Committee)
Kai von Klitzing (Chair of Local Organizing Committee)
Heidi Simoni, Karl Heinz Brisch (Presidents of GAIMH)

Music as a Guide from the very Beginning. Performance of the Leipzig Land Children’s School of Music and Art
17:45-18:45 Plenary Lecture 1
Moderator: Tomlinson M. (South Africa)
Infancy in Times of Transition
von Klitzing K. (University of Leipzig, Germany).

19:00 Welcome Reception
Sponsored by the City of Leipzig
Thomas Fabian (Deputy Mayor, Deputy for Youth, Social Welfare, Health and Education, City of Leipzig).
Wednesday June 30, 2010

8:00-9:00  Master Lectures

Moderator: Lehmann E. (Germany)
MCL 1 Im Übergang in die Kinderwelt: Frühe Kontakte unter Kindern aus entwicklungspsychologischer Perspektive/
Simoni H. (Switzerland)

Moderator: Hiermann P. (Germany)
MCL 2 Infant jealousy in the transition from one child to two
Hart S. (United States)

Moderator: Kroll M. (Germany)
MCL 3 Infant directed infant-parent psychotherapy: One model for developing a therapeutic relationship with the baby and his parents
Paul C. (Australia)

Moderator: Piotek T. (Germany)
MCL 4 The science, practice, and policy of improving orphanages: Should we? Could we? How?
McCall R. & Groark C. J. (United States).

Moderator: Koch G. (Germany)
MCL 5 Evidence-based argument for a family axis on the next DC 0-3: Clinical implications for assessment, treatment and brain
research in infant psychopathology
Keren M. (Israel)

9:00-10:00  Plenary Lecture 2

Award Ceremony: Serge Lebovici Award
Moderator: Boris N. W. (United States)

Serge Lebovici Distinguished Lecture
Early Experience and Brain Development: The Bucharest Early Intervention Project Zeanah C. H. (Tulane University, New
Orleans, United States)

General Sessions
10:30 - 12:00

CT1  Clinical Teach-In: Circle of Security: Transition from attachment research to clinical intervention
Cooper G. (Circle of Security, United States)

After a half century of rewarding work on the nature of human attachments, Bowlby said "&it has none the less been disappointing
that clinicians have been so slow to test the theory's uses" (1988, pp. ix-x). The Circle of Security (COS) intervention is helping bring
life to Bowlby's hope of clinical applications for his theory. The COS is a video-based early intervention model that makes explicit use
of attachment theory to understand the nature of each dyad's struggle, clarify treatment goals, evaluate outcomes, guide therapists in
becoming a secure base for caregivers, and create a direct approach to helping caregivers establish themselves as a secure base for
their children. Therapists use the COS graphic to teach caregivers about the secure base phenomena and insecure attachment.
Caregivers then enhance their observational and inferential skills by applying that learning via videotape review of their children's
attachment behaviors and their own responses to those behaviors. With newly acquired knowledge and increased skills, caregivers are
invited into reflective dialogue. This dialogue, with ongoing video review, helps caregivers assess their specific strengths and
struggles. The memories, mental representations, and defensive strategies which contribute to their difficulties are then explored. This
process provides the opportunity for caregivers to reevaluate the accuracy and effectiveness of their current internal working model
and associated behaviors. Caregivers are then in a position to modify or enhance the accuracy of their working model and behavioral
responses to better serve their children's needs. Effectiveness of the COS 20-week group protocol with high-risk, low-SES parents (N
= 65) was evaluated with a pre- and post-test design. Results indicate that high-risk toddlers and preschoolers were positively
impacted by the COS treatment approach. Approximately 70% of the children coded as disorganized prior to the intervention shifted
into an organized classification (i.e., secure, avoidant or ambivalent groups), and almost two-thirds of these children shifted into the
secure group. McNemar's tests showed these shifts to be significant (p < .001). Adaptations to the COS model have also shown
positive results in a program for incarcerated mothers and in a home visitation program for economically stressed families. Basic concepts of the COS intervention will be discussed and the COS treatment protocol will be presented. Videotape of treatment with parents will be used to illustrate the key aspects of the process.

S1 Symposium: Feeding disorders during infancy: Assessment, diagnosis, longitudinal outcome and therapeutic approach
Moderator: Paul C. (Australia)

Ammaniti M. (University of Rome, Italy)
Around 25%-35% of infants and young children manifests feeding problems (Carruth et al., 2004) which tend to persist over time (Dahl et al., 1994; Jacobi et al., 2003). In the last years there have been advance in clinical understanding of the feeding disorders differentiating various severe problems, through a classification system which describes the clinical phenomenology and provides operational diagnostic criteria (Chatoor et al., 2002; DC: 0-3R , 2005). The Symposium is articulated in order to present the diagnostic classification, the clinical pictures, the longitudinal outcome and the therapeutic approach of infantile feeding disorders. Irene Chatoor will outline the operational diagnostic criteria of a new diagnostic Classification of Feeding Disorders which delineates six feeding disorders; they can be differentiated from each other by different symptom constellations and different etiologies and they can be differentiated from milder and subclinical feeding problems by criteria of impairment (DC: 0-3R, 2005; Chatoor & Ammaniti, 2007). Massimo Ammaniti will present findings from a longitudinal study of Infantile Anorexia which examined the children from infancy to childhood (2-8 years); results of the study shed light on the relationship of Infantile Anorexia to eating disorders of later childhood, as well as the possible impact of maternal psychopathology on the child’s emotional development over time. Loredana Lucarelli will present a study on the specific subtype of "Post-traumatic feeding disorder"; findings of the study confirm the specific clinical features of emotional dysregulation in children with Post-traumatic Feeding Disorder and the interconnections between psychological of mothers' and children's profile. Miri Keren will present the results of a pilot study that compared the outcome of feeding-focused guidance with mother-infant touch-focused intervention on a clinical sample of infants and toddlers, diagnosed with Chatoor's criteria of Infantile Anorexia; findings suggest that this mode of treatment fosters improvement of the relationship, and not only of the feeding behavior. Anna Maria Speranza will be the discussant of the Symposium.

S2 A new diagnostic classification of feeding disorders
Chatoor I. (Children's National Medical Center, United States)
In the past feeding difficulties and growth problems have often been classified as "Failure to Thrive", and in 1994 the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) introduced for the first time "Feeding Disorder of Infancy and Early Childhood". The definition of feeding disorder is however so narrow that it does not address feeding disorders which are not accompanied by growth failure or which have associated medical conditions. Chatoor has developed a classification of Feeding Disorders which delineates six feeding disorders. They can be differentiated from each other by different symptom constellations and different etiologies. Most importantly, each feeding disorder responds differently to different interventions, and what may be helpful for one feeding disorder may be ineffective or even contraindicated for another feeding disorder (Chatoor, 2009). Feeding disorder of State Regulation is seen in young infants in the first few months of life and Feeding Disorder of Reciprocity is mostly diagnosed in the first year of life. This feeding disorder has been described in the literature as Non-Organic Failure to Thrive, as Maternal Deprivation and as Neglect. The next two feeding disorders are both characterized by food refusal and are often confused with each other. Infantile Anorexia is characterized by inconsistent food refusal and growth deficiency. These toddlers would rather play and talk than eat. Sensory Food Aversions is characterized by the child's consistent refusal of certain foods because of the taste, texture, smell or temperature of the food. The children eat well if offered their favorite foods. Both types of feeding problems can occur together, but each feeding disorder has a different etiology and responds to different interventions. Posttraumatic Feeding Disorder can occur at any age and is sometimes seen in very young infants in the first year of life. Depending on the feeding experience that the child associates with the distressing and traumatic experience to the oro-pharynx or gastro-intestinal tract, the infant may refuse to drink any milk from the bottle or the child may refuse to eat any solid food that needs to be chewed. In severe cases, the infant or child may refuse to eat altogether. Finally, Feeding Disorder Associated with a Medical Condition can also occur at any age and is often overlooked especially in infants with "silent reflux" who may stop eating when they experience discomfort.

S3 Infantile anorexia and developmental risk factors: A prospective study from infancy to childhood
Ammaniti M. (Sapienza University of Rome, Italy), Lucarelli L. (University of Cagliari, Italy), Cimino S. (International Telematic University "Uninettuno", Italy)
Introduction: Longitudinal studies have demonstrated that around 70% of children diagnosed with food refusal and poor weight gain in infancy continued to have eating problems at four and six years of age (Dahl et al., 1992, 1994) and that early feeding problems, such as "picky eating", early struggles with food and problem meals are related to Anorexia and Bulimia Nervosa during adolescence (Kotler et al., 2001). Consequently, early diagnosis and effective treatment of feeding disorders are critical for the child's healthy development. Objectives: 1) to evaluate, through a follow-up study of the original children diagnosed with Infantile Anorexia at the age of 5-8 years, their health, growth and emotional/behavioral functioning over time; 2) to identify the continuity of maternal and child risk factors in the original infantile anorexics and their mothers over time. Methodology: Sample. N=140 of the original anorexic
patients and their mothers, paired with a control group, has been investigated. Tools and procedures. The sample was evaluated through parental interviews, medical reports and clinical assessment on feeding and emotional/behavioral problems of their children, and maternal psychopathology, and through the following clinical tools: Eating Attitude Test-40, Symptom Checklist-90-Revised, Child Behavior Checklist. Results: High percentage (~80%) of the original anorexic patients are at risk of later problems with their eating patterns; they were found to gain less weight and suffer from persistent feeding disturbances with selective eating patterns, fear/mistrusting of new foods, eating excessively slowly at mealtimes, a delay in self-eating. Moreover, the original patients showed significantly higher scores in anxiety during separation from the caregiver, moodiness, contrary and uncooperative behavior, stubbornness and angry moods. Mothers of the IA infants still showed symptoms such as anxiety/depression, somatization and concern over their own eating regulation, suggesting an association between mothers’ dysfunctional psychological states and the continuing feeding and emotional regulation difficulties in their children. Discussion and Conclusions: our study points out the need for longitudinal research to shed light on the relationship of Infantile Anorexia to eating disorders of later childhood and adolescence, as well as the possible impact of maternal psychopathology on the child’s emotional development over time.

S4 Infantile post-traumatic feeding disorder and infantile anorexia: A clinical evaluation on maternal and child risk psychopathological factors.
Lucarelli L. (University of Cagliari, Italy), Cimino S. (International Telematic University "Uninettuno", Italy), Zavaroni D. (Università de Brasilia, Brazil), Ammaniti M. (Sapienza University of Rome, Italy)
Introduction: The Post-traumatic Feeding Disorder has been introduced to define clinical evidence characterized by intense anticipatory anxiety of the child at the sight of food and great distress if the child is encouraged to eat by the caregiver; these children often show clinical history of actual unpleasant events namely of highly food or oral traumatic experiences due to medical treatments. Objective: To identify variables and interactive features of the maternal and child psychological profile in the context of some types of feeding disorders: Post-Traumatic Feeding Disorder, Infantile Anorexia and Food Sensory Aversions. Methodology: Sample: The sample consisted of 80 mother-infant dyads (age range of children: 17-36 months). Tools and procedures: Observing mother-child interaction during feeding was assessed using the following coding systems: Feeding Scale and Feeding Resistance Scale. The mother's psychological profile was assessed through the Psychiatric Symptom Checklist and Eating Attitude Test. The psychological profile of the child was assessed by the Child Behavior Checklist 1½-5. Results: Interactive variables: There were significant differences between all clinical groups examined and the control group to scores of Feeding Scale. In particular, children with Post-traumatic Feeding Disorder obtained higher average scores in all dimensions of Feeding Resistance Scale. Risk indicators in the psychological functioning of mothers: mothers of children with Post-traumatic Eating Disorder get average scores higher anxiety than mothers of children with Infantile Anorexia. Risk indicators in the psychological functioning of children: Children with Post-traumatic Feeding Disorder obtained higher average scores in Externalizing syndromes (aggressive behavior) than other clinical groups and control. Discussion and Conclusions: The results of our study confirm the specific clinical features of emotional dysregulation in children with Post-traumatic Feeding Disorder and the interconnections between psychological of mothers’ and children’s profile.

S5 Infantile anorexia: A pilot study comparing feeding-focused guidance with mother-infant touch-focused intervention
Keren M. (Israeli Association for Infant Mental Health, Israel)
A previous study (Keren et al, 2001) had shown that feeding interaction elicits more withdrawal behavior in clinic-referred infants than play interaction does, regardless of the reason for referral. In a later study (Feldman et al, 2004), we found that the domain of physical intimacy in the interaction marked a special area of concern in the case of Feeding disorders in Infancy. Three forms of maternal touch were reduced: Affectionate touch (promotes cognitive development), Proprioreceptive touch (supports physical growth), and Unintentional touch (free-floating closeness between mother and child). Feeding disordered infants demonstrated clear signs of touch aversion: they responded with withdrawal and rejection to mother’s touch, were more withdrawn during feeding. Our findings support Polan et al (1994)’s study on the quality of touch among feeding disordered infants. The clinical implication of these findings was that reciprocal touch quality and proximity should be addressed specifically in the treatment of feeding disordered infants. We will present here the results of a pilot study, (N=11 Infants (11-36 mos, 4 boys, 7 girls, diagnosed with Chatoro’s criteria of Infantile Anorexia), that compared the outcome of feeding-focused guidance with mother-infant touch-focused intervention. Infants and mothers were randomly assigned to a “Touch group” (study group) and to a “Picnic group” (control group) intervention. Both groups showed significant improvement in dyadic reciprocity (p<0.01), in dyadic conflict and struggle for control (P<0.05). Mothers in both groups reported better general functioning of the infant. Still, the Touch group was significantly more efficient than the Picnic group in lessening the level of “struggle for control”, that is the core conflict in Infantile Anorexia.
If replicated, this finding may suggest that this mode of treatment fosters improvement of the relationship, and not only of the feeding behavior, and therefore may be the treatment of choice for relational feeding disorders.

S6 Symposium: Psychodynamic psychotherapy for under fives - concepts and perspectives
Chair: Tuters E. (Canada)
Göttken T. (University of Leipzig, Department of Child and Adolescent Psychiatry and Psychotherapy, Germany), von Klitzing K. (University of Leipzig, Department of Child and Adolescent Psychiatry and Psychotherapy, Germany)
Psychodynamic Psychotherapy Symposium II: Psychodynamic psychotherapy for under fives — concepts and perspectives of psychodynamic diagnostics and treatment Problems in early parent-infant interaction are associated with severe mental health
problems in infants. Retrospective reports reveal that anxiety and dysphoric mood are rooted in abnormalities detectable as early as childhood or adolescence (e.g. Kim-Cohen et al., 2003). Nevertheless, opportunities for early intervention are often missed out. This symposium introduces the concepts of early intervention for mental health problems in infants from a psychodynamic perspective of clinical diagnostics and treatment. Paper 1 (Louise Emanuel) presents The brief intervention project (BIP) — under fives (BIP). This early intervention will be undertaken in community outreach settings in North London and is based on psychoanalytic understanding of non-verbal elements of infant-parent-interaction. Paper 2 (Tanja Göttken, Kai von Klitzing) provides the concept of Psychoanalytic Short-Term Psychotherapy (PaKT) for infants showing affective disorders and emotional symptoms (PaKT) in Leipzig (Germany). Aim of the treatment is to focus on an actual conflict theme that underlies the observable behaviour of the child. Psychoanalytic parent work supports parents also in their mentalization about the child. Paper 3 (Delfina Miller) Negativists or Depressed? discusses underlying processes of aggressiveness in externalizing and internalizing syndromes throughout the evaluation of 57 psycho-diagnostic processes of children under five years with conduct disorders in Montevideo (Uruguay). Paper 4 (Björn Salomonsson) from Stockholm (Sweden) discusses possibilities and methods of communicating in child analysis with under fives. Do therapists reach the infant directly, or do they reach him/her only indirectly, via the mother? These questions will be addressed by means of description of a child analysis.

S7 The Brief Intervention Project - clinical work with under fives
Emanuel L. (Tavistock Centre, United Kingdom), Urwin C. (Tavistock Clinic, United Kingdom) The Child and Family Department of the Tavistock Clinic is conducting a clinical treatment programme based on the model of brief, psychoanalytically informed interventions, run by child psychotherapists and other clinicians, for parents with children under five. This will be undertaken in community outreach settings in North London, as well as in the Clinic, to ensure ease of access for families. Unless the referral indicates unusual complexity and co-morbidity, all under fives in one geographical area will be allocated to the Brief Intervention Project. The subsequent 5 session intervention will function either as an assessment for longer term work or treated as a brief therapeutic intervention in its own right. The aim of the project is to demonstrate how close observation of parents' and young children's non-verbal behaviour and communications, and the application of psychoanalytic understanding to these observations, enable clinicians to intervene at an inter-personal and intra-psychic level, to promote change and ameliorate symptoms. We aim to measure the effectiveness of the brief intervention by using standardised measures, and to undertake a qualitative evaluation of the model, attempting to identify those factors in families which indicate brief work as a treatment of choice, compared with those where longer term treatment is indicated. The interventions will follow a basic manualised structure, within which the clinician will apply her observation skills and an awareness of transference and counter-transference phenomena to her understanding of the clinical situation.

S8 Negativists or Depressed? Underlying processes of aggressivity in externalizing and internalizing syndromes
Miller D. (Universidad Católica, Uruguay) Evaluación del juego y la narrativa del niño, así como de la imagen ofrecida por padres y maestros, a través de las cuales inferiremos condiciones de su regulación afectiva, del desarrollo moral y de las características de su mundo interno, en relación a su edad y entorno. Contrastaremos dentro de esta evaluación la información obtenida por las diferentes técnicas que nos brinden perspectivas que puedan ser luego contrastadas.

S9 Mother-infant therapy experiences may inspire mother-toddler therapy
Salomonsson B. (Unit of Child Psychiatry, Karolinska Institute, Stockholm, Sweden) Work with under-fives implies working with children in developmental transition, as they move from nonverbal to verbal functioning. Working in joint mother-infant psychoanalytic treatments has inspired me to use the same setting with children of 2-3 years. I have been able to follow the transition into verbal communication and the ramifications of infantile trauma into toddlerhood. One common trauma is due to postnatal depression. Mother-toddler therapy helps the mother to vent her guilt feelings of having damaged the baby. The child is helped to counter seeming late effects of infantile trauma such as unruliness, obstinacy and affect dysregulation. I will present therapeutic work with a girl from 16 months to 3½ years of age. She developed ways of expressing her fantasies by moving from bodily Gestaltung to verbal communication. What was first an anxious and intractable craving for the breast later developed into her fear of holes and ghosts; first, she insistently played with a hollow arm-chair in my consulting room. Later, she told of other thrilling and frightening holes, finally to reveal her fear of nightly ghosts and monsters. Therapy helped in reducing her fears and her mother’s guilt feelings.

S10 Psychoanalytic Short-Term Psychotherapy (PaKT) for children between 4 and 10 years of age showing affective disorders and emotional symptoms- concept
Göttken T. (University of Leipzig, Department of Child and Adolescent Psychiatry and Psychotherapy, Germany), von Klitzing K. (University of Leipzig, Department of Child and Adolescent Psychiatry and Psychotherapy, Germany) Depression nowadays is the most frequent psychic disorder in adult life. Retrospective reports show that anxiety and dysphoric mood are rooted in abnormalities already observable in childhood or adolescence (e.g. Kim-Cohen et al., 2003). Despite of this the possibility of early intervention is often wasted. Depression in Children often comes along with anxiety and conduct problems like temper tantrums, somatisation, lack of fantasy and play inhibition. In our clinical experience some of these children with emotional
symptoms (often boys) also show externalizing symptoms to ward off their feelings of helplessness, anxiety and experiences of loss. Short-term therapy is a strategy to treat a high number of children with emotional symptoms and affective disorders with or without conduct disorders effectively in an outpatient setting. The concept of psychoanalytic parent-infant work (PaKT) (Göttken & von Klitzing, 2008) uses the tool of observation of the parent's and children's non-verbal behaviour by awareness of the transference and counter-transference in scenic understanding. Aim of the treatment PaKT is to focus on an actual conflict theme that underlies the observable behaviour of the child and to understand the child's symptom as an interpersonal conflict between the child and its parents. PaKT covers 20-25 sessions in mixed settings (child and parents together, child alone and parents alone). PaKT comes along with parent work to support parents in their parenting capacities and their mentalization about the child. In free play with the child the process of mentalization will be enhanced. There will be a verbalization of the psychodynamic hypothesis in an appropriate language during a play sequence to the child or a narrative episode given by the parents will be used to introduce the psychodynamic focus. The concept will be shown by means of case material of under fives.

**S11 Symposium: Attachment in high-risk samples: Foster care, institutionalization and disadvantaged families**

Chair: Spangler G. (University of Erlangen, Institute of Psychology, Germany)

Spangler G. (University of Erlangen, Institute of Psychology, Germany)

Loving and stable relationships with the primary caregiver are essential preconditions for a healthy development (Bowlby, 1951). Children from disadvantaged families and children who have to be placed into new homes (foster families or institutions) have been found to be at increased risk for a variety of social, psychological, and behavioral problems. In the present symposium, developmental pathways — particularly attachment development - of children in foster families, institutions and disadvantaged families are investigated. Based on the results, the relevance of diverse risk and protective factors for children's development is discussed. The longitudinal study presented by Soares & Diaz (Title "Development in children placed in institutions: Contributions of individual characteristics, early family context, and institutional experiences") focuses on developmental pathways and caregiving quality in children placed in Portuguese institutions. Thereby, the authors analyze the contributions of individual characteristics, early family context, and institutional experiences on children's development. Nowacki et al. as well as Bovenschen et al. present data about attachment behavior, attachment representation and behavioral problems in a sample of German foster children. Whereas Nowacki et al. focus on the contribution of foster caregivers' attachment representation to the attachment behavior and representation in foster children (Title - The influence of foster parents' state of mind on the development of attachment behavior and representations in foster children”), Bovenschen et al. investigates the relation between children's attachment patterns and the presence of emotional and behavioral problems in foster children (Title -Attachment behavior and representation in foster children: associations with emotional and behavioral problems”). Finally, Eckstein & Ahnert investigate the effects of an intervention focused on improving care and attachments patterns in disadvantaged families (Title "Mother-child and care provider-child attachments in disadvantaged children: Intervention-based changes"). More specifically, the study probes whether unstressed relationships to child care providers have a positive influence on inadequate mother-child attachments.

**S12 Development of children placed in institutions: Contributions of individual characteristics, early family context, and institutional experiences**

Soares I. (University of Minho, Portugal), Silva J. (School of Psychology, University of Minho, Portugal), Marques S. (University of Minho, Portugal), Baptista J. (University of Porto, Portugal), Mesquita A. (University of Minho, Portugal), Oliveira P. (School of Psychology, University of Minho, Portugal), Martins C. (University of Minho, Portugal), Rangel-Henriques M. (Faculty of Psychology and Educational Sciences, University of Porto, Portugal), Sousa N. (University of Minho, Portugal), Dias P. (Catholic University of Portugal, Portugal), Zeannah C. (Tulane University, United States), Carlson E. (University of Minnesota, United States), Lyons-Ruth K. (Harvard Medical School, United States), Belsky J. (Birkbeck University of London, United Kingdom)

For the last sixty years, clinicians and researchers have documented the deleterious effects of institutional rearing on the development of young children. While there is abundant research on the overall effects of institutionalization, there are limits in understanding (a) the conditions under which such care undermines - or does not - child functioning and (b) the mechanisms by which those effects occur. Does it have to do with the children themselves, as biological-developmental agents? What about their actual rearing experience at the institution? And what about the role of children's earlier experiences within their family of origin in their current developmental functioning? Addressing these critical issues, our study focuses the development and caregiving quality in 75 children placed in Portuguese institutions, from birth to 30 months. Children were assessed based on a protocol administered in several timings: with a baseline assessment at the time of admission, and afterwards, every three months. The protocol included measures related to child's development (physical growth, cognitive level, temperament, neuro-endocrine and socio-emotional functioning and attachment disordered behaviours), to the family context (socio-demographic, family relations, prenatal care and, maternal emotional negligence), and to institutional caregiving experiences (quality of the child-caregiver relationship and of institutional rearing context). Using the same protocol, a cross-sectional study was also conducted with children within the same age-range and already placed at the institutions for at least 6 months. Preliminary findings with a small sample (N=47) revealed delayed child's physical and cognitive development, and high levels of daily cortisol production at the time of their admission at the institution. No significant catch-up was found except in motor development, after three months of institutionalization. Preliminary findings highlighted the relevance of both family and institutional risk factors for attachment disordered behaviours. Indiscriminate attachment was positively correlated with
maternal emotional-neglect and marginally related to prenatal risk factors. The existence of a caregiver of reference (N=30) seemed also critical: whereas inhibited attachment was associated with the absence of a caregiver of reference, the child's indiscriminate attachment behavior was marginally negatively associated with the duration of this selective relationship.

S13 The influence of foster parents’ state of mind on the development of attachment behavior and representations in foster children

Nowacki K. (University of applied sciences and arts Dortmund, Germany), Bovenschen I. (Friedrich-Alexander University Erlangen-Nürnberg, Institute of Psychology, Germany), Spangler G. (University of Erlangen, Institute of Psychology, Germany), Roland I. (University of applied sciences and arts Dortmund, Germany)

Loving and stable relationships with the primary caregiver are essential preconditions for a healthy development (Bowlby, 1951). Children who have to be placed into new homes following severe traumatization have often developed insecure and desorganized attachment behavior and representations. In this phase of transition into new living conditions it is interesting to see the kind of influence of their new caregivers on the attachment patterns of these children. Earlier studies have shown the importance of the new substitute caregivers’ state of mind with regard to attachment for the development of attachment behavior in these young foster children (Dozier, 2005; Stovall-McClough & Dozier, 2004). In a current German study, conducted in the region of Erlangen/ Nuremberg and Dortmund, the attachment behavior and representation was assessed within fifty preschool foster children and their foster parents, using the Story Stem Completion Task (Page & Bretherton, 1995), a German version of the Attachment Q Sort (Waters & Deane, 1985), a separation-reunion situation in a laboratory, and the Adult Attachment Interview (George, Carol, & Main, 1984, 1985, 1996). The attachment patterns of the foster children show low security scores in the attachment behavior and representation and high scores concerning the disorganized working model. This is congruent with results of other studies (e.g. van den Dries et al., 2009; Oosterman & Schuengel, 2008). The results also reveal interesting correlations between the foster parents’ state of mind with regard to attachment and their foster children's attachment representations. Foster children with a foster mother having a secure working model had significantly higher security scores in the Story Stem Completion Task than foster children with a dismissive primary caregiver. There is also a correlation between the foster childrens’ attachment behavior and the foster parents’ attachment representation. This implicates amongst others a careful selection of foster parents concerning their own consciousness of their attachment experiences and a good support system to enhance their qualities as new caregivers. The necessity of longitudinal data especially concerning the development of the attachment patterns of the foster children will be discussed.

S14 Attachment behavior and representation in foster children: associations with emotional and behavioral problems

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Based on adverse experiences before being placed into new homes (e.g., neglect and/or physical, emotional, or sexual abuse), foster children have been found to be at increased risk for a variety of social, psychological, and behavioral problems (e.g., Lawrence et al., 2006). According to attachment theorists (e.g., Sroufè, 2005), the formation of secure attachments may be one factor by which children sustain or return to adaptive trajectories. Recent studies investigating the relation between attachment and the presence of emotional and behavioral problems in foster children showed somewhat mixed results depending on which level (behavior vs. representation) attachment is assessed (Ackerman & Dozier, 2004; Oosterman & Schuengel, 2008). Therefore, first aim of the current study was to examine the relation between attachment behavior, attachment representation and the occurrence of behavior problems in foster children. Additionally, associations between attachment as well as problem behavior and placement characteristics (age at placement, time in placement, reasons for placement) were investigated. In the current study, attachment behavior, attachment representation and behavior problems were assessed within 50 foster children between 3 to 8 years of age. Attachment behavior was measured using a home observation (Attachment Q-set; Waters & Deane, 1985) and a separation-reunion procedure based on the Strange Situation; attachment representation was examined by a Story Stem Completion Task (Bretherton et al., 1990; Golby et al., 1995). Additionally, foster parents' report of children's externalizing and internalizing behavior problems (Strengths and Difficulties Questionnaire; Goodman et al., 2000) was included. Results showed that foster children showed both lower level of attachment security and higher level of disorganization than children in low-risk samples. Additionally, foster children showed more emotional and behavioral problems than normative samples. Both attachment behavior and representation were associated with children's problem behavior. In line with recent findings, stronger associations were found for attachment behavior. Future longitudinal studies are needed to elucidate the causality of the association. Neither attachment nor problem behavior were related to time in placement. Age at placement did predict emotional and behavioral problems but not attachment indicating that children's attachment development does not benefit less from foster care if placement occurs after the first months of life. Still running analyses will show whether reasons for placement predict individual differences in attachment and problem behavior.

S15 Mother-child and care provider-child attachments in disadvantaged children: Intervention-based changes

Eckstein T. (University of Vienna, Austria), Ahnert L. (University of Vienna, Austria)

Children from disadvantaged families rarely possess secure mother-child attachments. It is unknown to what extent additional non-maternal attachments provide possibilities for improving the mother-child attachment. The present pilot study proves whether unstressed relationships to child care providers have a positive influence on inadequate mother-child attachments. The pilot study was
conducted at a child care center located in a socially disadvantaged urban area. Before the six-month intervention in family and child care center began, the domestic situation of 15 children aged 1 to 5 years had been seriously affected by diverse family problems. The intervention focused on improving children's care and patterns of attachment at home and in child care, as well as on developing mothers-care provider relationships. The quality of mother-child and care provider-child attachment (AQS), cognitive abilities (Bayley/ K-ABC) and behavioral problems (CBCL) of the children were measured before and after the intervention, in addition to maternal personality (NEO-PI-R) and life satisfaction (FLZ). Most of the mothers were unemployed single parents (many of them with more than one child) who lived in an economically disadvantaged environment and reported dissatisfaction with their personal living conditions. Before the intervention started children showed better attachments to their care providers than to their mothers. The children had difficulties with emotion and aggression regulation as well as attention, and their cognition showed a delayed development. The partnership between mothers and child care providers proved to be problematic and difficult. After the intervention, mother-child attachments improved significantly, while the engagement of the child care providers decreased. Children's cognitive functioning also showed improvement, their behavioural problems, however, remained. In sum, children's care patterns changed for the better and the initiation of a partnership between mothers and child care providers has been established.

S 16 Symposium: GAIMH-Symposium: Models for the combined in- and out-patient treatment of parents together with their infants and toddlers.
Chair: Brisch K. H. (Germany)
Brisch K. (Children's Hospital, Ludwig-Maximilians University, Germany)
Severe disturbances of mother-father-infant interaction can be treated in out- and in-patient clinical settings. Different clinicians present their model of approach to treat mother/father-infant/toddler dyads. While Hornstein and Hartmann present their in-patient models of treatment, Deneke reports from her out-patient treatment of psychological or psychiatric ill patients. von Hofacker, in contrast, presents his clinical unit for in-patient treatment of infants and toddlers with psychosomatic diseases, with a special impact on feeding disorders.

S17 Mother-child relationship quality improvement as effect of an interaction-focussed psychotherapy program for mothers with postpartum disorders
Hornstein C. (Mutter-Kind-Station, Psychiatrisches Zentrum Nordbaden, Germany)
The bond to the infant as well as the interaction with the baby are two aspects of the mother-child relationship that could be disturbed by mothers with postpartum psychiatric disorders. Dysfunctional maternal cognitions may also influence the development of an emotional bonding and the establishment of a positive interaction with the child. Because interactional mechanisms are important in the transmission of developmental disorders, an early treatment is vital according to preventative aspects of child well-being. While the number of in-patient treatment facilities for mothers with postpartum psychiatric disorders together with their babies are increasing in Germany only few mother-baby-units exist, which offer therapy for these disturbed aspects of the mother-child relationship. The program presented here is especially suited for mothers with postpartum psychiatric disorders and their babies up to two years of age and focuses on the mother-child relationship. Parameters of mother-child relationship were examined at the beginning and the end of the 6-weeks-program and compared by 53 mothers with postpartum disorders (33 depressive, 20 psychotic). Overall, the results pointed out a clear improvement of the assessed parameters for both, the psychotic mothers and the mothers with affective disorders at the end of the treatment. After the treatment, the quality of the interaction, the maternal bond to the baby as well as mothers' perceptions and beliefs about their parental capacity were significantly improved for both diagnostic groups. Considerations about the effect sizes of the therapy are not possible due to the study design. Although benefits of the treatment are clear, more controlled research may be needed.

S18 In-patient-treatment of mothers and infants
Hartmann H. (LWV Hessen, Germany), Deneke C. (Universitätsklinikum Eppendorf, Germany), von Hofacker N. (Klinikum München, Germany), Hornstein C. (Mutter-Kind-Station, Psychiatrisches Zentrum Nordbaden, Germany)
After some short hints to the history of inpatient mother-infant-treatment in psychiatry, especially in Germany, this concept of treatment as sort of early intervention on a mother-infant ward will be presented. Psychoanalytic and attachment theory based considerations are the basis for interventions for the mother as well as for the mother-child-relationship. The consequences of certain disorders for the children not only by classical psychiatric postpartum disorders but also by severe psychic traumas and personality disorders of the mother are shown. Different access (through e.g. psychotherapy, group therapy, video interaction, including fathers and families) is used for changing the mother-infant-relationship as well as for the treatment of the disorder of the mother. Finally a video taped example of a mother-infant-interaction and how it changed will be shown.

S19 Parent-baby therapy for postpartum crises in a child psychiatric day clinic
Deneke C. (Hamburg University Clinic for Child and Adolescent Psychiatry, Germany)
The multimodal treatment concept of the parent-baby day unit in the Hamburg University clinic for child and adolescent Psychiatry is presented. Core parts of this concept are parent-baby interaction therapy and psychoanalytically oriented individual therapy for the mothers. The special indications and boundaries for day treatment as part of a comprehensive psychosocial care and implications for different diagnostic groups and grades of severity are discussed. The experience of more than 14 years shows, that day treatment may
be successful even in the more severe cases, provided that complementary support for the family outside the hospital is organized.

**S21 Networks for treatment of early intervention disorders at German-speaking area**
Thoms E. (Park-Krankenhaus, Germany)
This workshop introduces networks from member states of GAIMH. We present the claiming population of these networks and the involved institutions. High extensive clinical pattern require multiprofessional cooperation of various medical and psychosocial facilities.

**S 22 Symposium: Child emotion regulation, temperament and dyadic interaction: epidemiological, family systems and attachment studies of risks and challenges**
Chair: Weatherston D. (United States)
Punamäki R. (University of Tampere, Finland), Myhre, M. (Norwegian Centre for Violence and Traumatic Stress Studies, Norway), Lindblom J. (University of Tampere, Finland), van Ee E. (Centrum 45, Netherlands), Qouta S. (Gaza Community Mental Health Programme, Palestinian Territory)
Optimal emotional regulation is one of the core tasks in early childhood, and therefore more knowledge is needed about the origins, antecedent and risks of that development. It is agreed that early caregiving environment plays a central role in emotion regulation, by enhancing child's ability to monitor, evaluate and modify emotional responses. New findings about mechanism of transgenerational transmission of risks and trauma and dynamics of the early interpersonal environment are contributing to our understanding of emotion and temperament development. The symposium brings together researcher from epidemiological, family systems, and attachment approaches. The topics cover the role of maternal childhood trauma in predicting child temperament and wellbeing (Myhre, Thoresen & Dyb), the quality of family-systems predicting child self-regulation (Lindblom, Tolvanen, Flykt, Tulppala, & Punamäki) and dyadic interaction and child development in traumatic conditions of war (Qouta, Kassab-Helmi, & El Sarraj) and refugee (Ei).

**S23 Violence, sexual abuse, and depression in mothers of young children: Impact on infant temperament and behavior**
Objectives. This study investigated violence, sexual abuse, and depression in women, and the potential impact on temperament and behavior in their children in a large and prospective study of mothers and their children (the Norwegian Mother and Child Cohort Study). Methods. Women were recruited in pregnancy, and questionnaire data were collected in several waves (response rate 94%). Lifetime exposure to sexual abuse, violence and/or emotional violence in the mother was measured in pregnancy. Depression in the mother (HSCL-4) was measured at all waves. Infant temperament was assessed by Infant Characteristic Questionnaire (ICQ-7) at 6 months and by Emotionality, Activity, Shyness and Sociability Temperament Survey for Children (EAS-11) at 18 months. Behavior was assessed by the Child Behavior Check List (CBCL-11) at 18 months. Results. In the 23,135 mothers, 28.2% reported lifetime exposure to at least one violent or abusive event. Self-reported depression was higher in exposed (20.6%) compared to non-exposed (9.1%) (OR: 2.58, 95% CI = 2.38 — 2.80). A dose-effect relationship was observed between the number of exposure categories and odds of depression in the mother. This study will investigate the associations between exposure to violence/abuse in the mother, depression in the mother, and temperament and behavior in their children.

**S24 Early family systems and development of self-regulation**
Lindblom J. (University of Tampere, Finland), Punamäki R. (University of Tampere, Finland), Tolvanen A. (University of Jyväskylä, Finland), Flykt M. (University of Tampere, Finland), Vänskä M. (University of Tampere, Finland), Unkila-Kallio L. (Helsinki University Central Hospital, Finland), Tiitinen A. (Helsinki University Central Hospital, Finland), Poikkeus P. (Helsinki University Central Hospital, Finland), Sinkkonen J. (Save the Children, Finland), Tulppala M. (Helsinki University Central Hospital, Finland)
Objectives. This study explores how family dynamics during the child's first year predict development of child's affect regulation. Researchers are unanimous about the about the importance of mother-child relation for child's affect regulation, but the effects of whole family systems are less understood. In this presentation the family system is conceptualized to set the stage for developing affect regulation. We hypothesize that dysfunctional family systems force the child to constrain affective experiences by defense mechanisms, for example by defending against enmeshment by using avoiding defenses. Moreover, we hypothesize that more balanced family systems provide the child co-regulatory resources and models for efficient emotion regulation. METHODS. To capture the complex pathways shaping the development of affect regulation, we have followed a sample of families (N=694) during pregnancy (T1), and at the age of 2 months (T2), 12 months (T3) and 7-8 years (T4). During the child’s first year (T1-T3) both parents answered questionnaires about their triadic relations within family (dimensions of autonomy and intimacy). When the child was 7-8 years old (T4) parents filled questionnaires about their child’s affect regulation (emotion regulation and defense mechanisms). A longitudinal latent profile analysis is applied to identify dynamic family systems, and their prediction on child’s affect regulation are analyzed with profile analysis. RESULTS. We aim to expand understanding about the building up of qualitatively different affect regulation profiles, consisting of both conscious and nonconscious processes. Results will be presented at the congress.
**S25 The impact of war trauma on refugees and their young children**
van Ee E. (Centrum 45, Netherlands)

Objectives: Traumatized refugees face many challenges in rearing their children. Their interactional capabilities are severely challenged by intrusive past memories and insecurity of the future. They need to raise their children within a new culture often without any social support and sometimes with severe posttraumatic stress symptoms. How do they manage? This presentation examines how posttraumatic stress symptoms alter the parent-child interaction and consequently the attachment bond with and the development of their young children. Method: The presentation will analyse and review the scientific knowledge of the effects of parental trauma on the parent-child interaction in the general population. Similarities and differences between depressed or anxious mothers and their children will be discussed. Preliminary research results are presented concerning this study on the impact of intergenerational transmission of war trauma on the development of the young child. The presentation will highlight and give case examples of formation of dyadic interactions between refugee mothers and their young children from different cultures. The participants of the symposium are provided video material on parent-child interactions to show analytic and different manners to interpretation. The contribution of the observational material to the clinical practice with war-traumatized refugee mother-child dyads will be highlighted.

**P154 Intergenerational transmission of trauma: The role of mother-child-interaction and emotional processing**
Qouta S. (Gaza Community Mental Health Program, Palestinian Territory), Kassab-Helmi A. (Gaza Community Mental Health Program, Palestinian Territory), El Sarraj Eyad (Gaza Community Mental Health Program, Palestinian Territory), Punamäki R. (University of Tampere, Finland)

Objectives. Our study examines dynamics of mother-infant dyadic interaction in traumatic conditions and consequences on child development. The presentation focuses on maternal mental health, mother-infant interaction and child well-being during the first year of life in dyads experiencing traumatic events such as home demolition, air raids and losses of dear ones. Method. The material consists of 40 Palestinian mother-child dyads and their video-taped interaction is analysed according to Care-Index —procedure capturing the maternal behaviour (sensitivity, controlling behaviour and responsiveness) and child behaviour (co-operation, passivity, difficulties, compulsiveness), and mutual emotional processing and responsiveness. Our aim is to model the links between severity of trauma, maternal depression and mother-child dyadic interaction. Our hope is to contribute to interventions that facilitate early healthy infant development and enhance optimal mothering in traumatic conditions.

**S26 Symposium: Early prevention strategies in Europe - impact on child's development and family characteristics**
Chair: McKelvey L. (United States)
Discussant: Korfmacher J. (United States)

Sierau S. (Germany), von Klitzing K. (Child and Adolescent Psychiatry, University of Leipzig, Germany)

Research suggests that early prevention programmes are the most effective means of mitigating risk factors and promoting positive mental health. Early interventions are becoming increasingly popular despite the lack of rigorous evidence concerning the effectiveness of early prevention in a European context. This symposium integrates new findings of evaluated and manualized early prevention programs from three European countries. Paper 1 informs about the "Preparing for Life" program, a five-year home-visiting mentoring initiative for pregnant women in disadvantaged areas of Dublin (Ireland) aiming to improve the school readiness of their children Paper 2 presents the "CAPE-DP" (Compétences Parentales et Attachement dans la Petite Enfance) program of Paris (France) which evaluates the impact of a targeted psychological intervention for socially vulnerable pregnant women. Paper 3 provides findings that the German "Pro Kind" home-visiting program starting during pregnancy and enduring until the child's second birthday fosters positive cognitive and psychomotor child development at 12 month of age. In this context, the study presented in paper 4 examines the effects of young mother's individual coping strategies, social support and stress on their partnership satisfaction. The findings of this symposium will be discussed by Jon Korfmacher, an expert in home visiting preventive interventions for families at risk in USA.

**S27 Irish early childhood interventions: Introducing the Preparing for Life programme**
Doyle O. (Ireland)

The intergenerational transmission of socioeconomic inequalities in children's health, and cognitive, behavioural and emotional development emerge early in life. Limited evidence suggests that targeted, early intervention programmes are an effective means of reducing these inequalities. A series of early childhood interventions have recently been initiated in Ireland with the aim of changing the life trajectories of at risk children. Preparing for Life (PFL) is a five-year school readiness programme which involves the antenatal recruitment of a cohort of 200 pregnant women residing in three disadvantaged areas of Dublin. The aim of the programme is to work with families from pregnancy onwards to help and support the healthy development of the child. Participants are randomly assigned to a high-treatment group or a low-treatment group. All programme participants receive developmental toys, facilitated access to enhanced pre-school and public health information, in addition to the services of a support worker. Participants in the high-treatment group also receive one-to-one weekly mentoring from a trained mentor and group parent training using the Triple P Positive Parenting Programme. The experimental groups are also compared to a matched comparison group using small area population
statistics and cluster analysis to identify comparable communities. The effectiveness of the PFL programme is being evaluated using an experimental longitudinal design that collects data on the children's improvement in physical health and motor skills, social and emotional development, and behaviour, learning, literacy and language development, and the parent's physical and psychological health, and parenting skills. Data is collected at pre-intervention, 6mnts, 12mnts, 18mnts, 24mnts, 3yrs, 4yrs and 5yrs. Parallel to this, a process evaluation is being conducted using a multi-sequenced design to assess programme implementation and fidelity. The programme began in January 2008. The experimental programme aims to provide real time evidence on best practice in early interventions.

S28 The CAPEDP Research-action in Paris
Saïas T. (France), Guedeney A. (Bichat-Claude Bernard Hospital, France), Guedeney A. (Bichat-Claude Bernard Hospital, France) In Paris (France) the "CAPEDP" program has been taking place since 2006, and aims at "medium-risk" women, that are often at the margin of the public health system (young (<26yo), primiparous, having one or several psychosocial vulnerability factors: social isolation, low income, low level of education). CAPEDP aims to evaluate the impact of a targeted manualised intervention compared to care as usual on the children mental health and parenting skills when the child is two years old, and on the prevalence of maternal postnatal depression at 3 and 6 months after the birth of the child. It also aims to evaluate the impact of the intervention on the children attachment behaviours, on the knowledge and use of the health and social care system, by the families, on the educational and professional integration of the mother, on the mothers’ perceived social support and on the children development.

S29 Effectiveness of early home visiting in preventing adverse developmental outcomes — Preliminary results of the German pilot project — "Pro Kind"
Jungmann T. (University Rostock, Germany), Kurtz V. (Criminological Research Institute of Lower Saxony, Germany), Ziert Y. (Criminological Research Institute of Lower Saxony, Germany) Objectives: "Pro Kind" is running as a pilot project in three German federal states (Lower Saxony, Bremen and Saxony) since 2006. It is an adaptation of the US evidence-based home visiting Nurse-Family-Partnership Program (e.g. Olds et al., 2004). Financially and socially disadvantaged first-time mothers are supported already during pregnancy. The practical work of the home visitors is grounded in developmental theories of human ecology, self-efficacy, and human attachment. Home visitation aims at detecting and reducing prenatal risks and dysfunctional care of the infants in their first two years of life as well as strengthening resources in the family context. If these goals are achieved, home visiting is expected to enhance resilience of the children and help them to complete the upcoming developmental tasks Methods: Effectiveness of the pilot project "Pro Kind" is tested using a longitudinal randomized control group design. The mothers-to-be are registered as soon as possible in their pregnancy (12th to 28th weeks of gestation); 674 women are enrolled in the pilot project so far. Detailed standardized questionnaires concerning for example maternal health or attitudes towards their children are completed by the participants at enrollment, near the end of pregnancy and at the children's age of 6, 12 and 24 months. Children's cognitive and psychomotor development is measured at all three times by the German adaption of the Bayley Scales of Infant Development-II (Reuner et al., 2006); language development is assessed by several well-established German instruments at 12 and 24 months of age (ELFRA 1 and 2, Grimm & Doil, 2006; SETK-2, Grimm, 2000). Early onset behavior problems are assessed by the German version of the Child Behavior Checklist (CBCL 1 ½ - 5 years, Achenbach & Rescorla, 2000) at the age of 24 months. Results: So far there are no significant effects on maternal health behavior or self rated parental competencies in pregnancy (n=352). Whereas child neuro-developmental outcomes are comparable in treatment and control group at the age of 6 months, mental development proceeds significantly more favorable in treatment group children thereafter until 12 months of age (F(1;95) = 5.72, p < .05). A similar trend shows up for language development. Preliminary results are discussed from a developmental science perspective in consideration of complex biopsychosocial interactions.

S30 Effects of individual coping strategies, social support and stress on first time mother's perception of their partnership satisfaction
Sierau S. (Germany), Klein A. (Child and Adolescent Psychiatry, University of Leipzig, Germany), Jungmann T. (Criminological Research Institute of Lower Saxony, Germany), Ziert Y. (Criminological Research Institute of Lower Saxony, Germany), von Klitzing K. (Child and Adolescent Psychiatry, University of Leipzig, Germany) Partnership satisfaction as one of the major indicators of relationship functioning is deeply influenced by developmental transitions, especially by the first childbirth. Researchers have observed different postbirth changes from significant declines in partnership satisfaction to stable or increased courses varying by characteristics of the individual, the partnership, and the pregnancy itself. The vulnerability-stress-adaptation model (Karney & Bradbury, 1995) gives a conceptual framework to understand changes in partnership satisfaction as a function of enduring vulnerabilities, the impact of stressful events and the degree to which partners engage in adaptive processes. In view of recent studies of first time parents mainly focusing on married, well-educated, employed women, it is necessary to acquire differentiated knowledge about the transitional course of first time mothers living under risky psychosocial and financial conditions. The present study of 201 first time mothers (21 years on average) examines the effects of their individual coping strategies, perceived social support and reported stress on their perception of partnership satisfaction. Two assessment points from 36th week of gestation to six month after birth are considered. The young women currently participate in the pilot project "Pro Kind", a home visiting program for pregnant women in difficult financial and biopsychosocial situations characterized by socioeconomic deprivation, unfinished education, psychological impairment and experiences with domestic violence. First results support the assumptions of
positive individual coping as a mediating variable between perceived social support and partnership satisfaction. For the postnatal assessment point, a further direct connection between social support and partnership satisfaction is detected. Relationship satisfaction impacts the family climate and the emotional health of the child. To illuminate the changing process of the partnership satisfaction is essential for an efficient support of first time parents considering the prevention of child abuse and neglect as well as the promotion of parental competences and positive child rearing.

**VP1 Video Presentation: High risk home-visited mother-infant pairs at home at play.**
Cherland E. (University of Saskatchewan, Canada), Sampson C. (Saskatoon Health Region, Canada).
High risk home-visited mothers have demonstrated significantly better sensitivity and improved infant responsiveness to their interactions compared to control mothers and infants (Barlow 2007, Field 1980). Other interactive improvements from home-visiting include greater positivity to their child, increased warmth and more involvement with their child compared to control mothers (Black, 1995, Olds 1986). Only a few studies have examined the interaction between mother-infant pairs in home have been videotapes and scores (Barlow, 2007). Objective: To assess maternal sensitivity and scaffolding and infant interaction in the home setting of high risk mothers who have received intervention. Method: All mothers attending a community program for high risk prenatal care were screened for psychiatric risk using the Brief Symptom Inventory in the year 2000. (Degrodatis, 1983) The women were screened for the Engaging aboriginal families in research in a West Australian context mothers accepted and received home visiting. Videotapes of 16/24 high risk home visited mothers interacting with their infants in their homes were taken by the home visitors. All infants were 12 month of age. Interaction of the mothers were coded for sensitivity, scaffolding and following of infant lead adapting Bigelow et al. (2004) measures. Similarly, the infant's joint attention and play were measured using measure adapted from Bigelow et al. (2004).

**VP 2 Video Presentation: The clinical value of mother-infant close observation during feeding**
Hays M. (France)
The clinical value of mother-infant close observation during feeding, using the Prague observation scale. Nowadays, breastfeeding is considered as the best way of taking care of a newborn, according to researches which emphasize the benefits on the infant's health. As a result of breastfeeding, the close relationship between the baby and her mother seems obvious. Nevertheless, feeding a newborn is a very significant emotional experience. Parents, but also nurses, feel very touched and often anxious. What is at stake? The survival and the health of the baby take place in a human relationship. This encounter is a very intense moment: body to body and emotional exchanges. S. Lebovici claimed that the baby creates her mother; she acts on the mother (and on the father as well), using her innate competences, as T. Brazelton showed. Hence, considering breast- or bottle feeding as an encounter between two individuals, leads to eliciting a great value in the attitude and behavior of both the mother and the baby during the feeding. How do they act on each other? Is there attention for the rhythms and initiatives of the newborn? We need a close observation and a method. Eva Sulcova, a Czech psychologist, presented the Prague Newborn Behavior Description Technique in Tampere (WAIMH Congress, 1996). In France, Marie-Aimée Hays (PhD psychologist) has adapted this research scale including feeding assessment, and has developed a clinical version, which is the subject of the video presentation. The clinical application shows the value of close observation as a support for the baby's initiatives and the mother's responsiveness before, during and after suckling. Such a psychic space makes possible the psychical working out of the conflict between the devouring intimacy and the painful separation due to the birth. Two short films are presented: in the first one, we pay attention to the mother-newborn adjustment, and discover the pleasure they share in that dynamics. The second one shows some difficulties: the mother repetitively needs to move her two months old baby roughly away from the breast, just when the infant sucks — very close to the mother's body. Then, the infant clings to the light instead of looking at the mother's face or breast.

**VP 3 Video Presentation: What can we learn about infant development through cross-cultural infant observation**
Barnett L. (United Kingdom)Infant health practitioners and researchers have only recently become interested in cross-cultural parenting practices and their differing effects on infant development. Cultures vary in the way communication develops between infants and their caregivers: some emphasise touch, others speech. Some are more in tune with the EEA (the Environment of Evolutionary Adaptedness) than others. Can we assess which cultural elements are best for infant development? Is the North American "Scientific" stance culture free? How does it match up to the EEA? What can we learn from video clips of parent-infant interaction in New Guinea, Western India, Nepal and Finland?

**WS1 Workshop: Applications of the BioBehavioural Catchup Intervention across cultures**
Watson S. (Australia), Puckering C. (University of Glasgow, United Kingdom) The Attachment & Behavioural Catch-up Intervention (ABC) was developed by Mary Dozier from the Infant Caregiver Lab, University of Delaware. The ABC intervention is a 10 session home visiting intervention designed for Foster parents and high risk birth parents. It is now being adapted for parents who have adopted children from overseas. The intervention addresses 3 primary issues- helping parents/caregivers to see that their children need nurturance even thought it may not be apparent; helping parents/caregivers providing nurturing care even though it may not come naturally to them; helping parents/caregivers provide a responsive environment that helps children develop self regulatory capacities.
The 10 session training is provided to parents in their own home, typically when the children will be present. The sessions are videotaped, both for playback to the parent/caregiver, and for supervision. The individuals who implement the intervention are called parent trainers, and participate in a 4 day course, followed by weekly supervision. Christine and Sally have participated in this 4 day training and supervision. In this paper they will briefly outline the ABC Intervention program. They will present case studies with video footage to demonstrate their application of it in Scotland and Australia. They will reflect on their experience of using the program, and what they have learnt from it specifically, but also general reflections on the use of such a "Live" Video intervention home visiting program.

WS2 Workshop: Translating knowledge of infant mental health for adoption teams
Chair: Wittenberg J. (Canada)
Wittenberg J. (Hospital for Sick Children, Canada)
Although knowledge about infant mental health and development have grown at an astonishing rate over the past 50 years, large and important populations of healthcare workers are unfamiliar with basic information. Most are unfamiliar with signs and symptoms of distress in infants. Most are not able to assess relationships and the likelihood that these will be supportive or will interfere with normal development. There are insufficient numbers of infant mental health specialists and this can be expected to remain true into the future. This symposium addresses the process of providing education, knowledge and expertise about infant mental health to healthcare workers ranging from parents who are the primary healthcare providers for infants and children, to family doctors and specialty teams in the community and in a large tertiary care paediatric healthcare centre. Dr. M. Zilibowicz, a developmental paediatrician, describes his work to help parents understand infant mental health through the use of Watch Wait and Wonder. Dr. J. Clinton, a child psychiatrist, describes an initiative to enable family doctors screen all infants in the province of Ontario at age eighteen months. Dr. Martin St-Andre, an infant psychiatrist, describes his work as a consultant to an adoption service in which he increases knowledge and expertise about infant mental health in adoption workers. Dr. Jean Wittenberg, an infant psychiatrist, describes his work to increase knowledge and expertise in infant mental health as a consultant to two programs in a tertiary care paediatric healthcare centre.

WS3 Watch Wait and Wonder (WWW); Parent - child education program and video
Zilibowicz M. (Hospital for Sick Children, Canada)
Watch Wait & Wonder (WWW) is a well researched and highly effective intervention that uses a child led approach to heal troubled relationships between parents and young children. The concept was first described by Frank Johnson and colleagues in 1980 and then further developed and researched by Elizabeth Muir and colleagues in Toronto in the early 1990's. By learning to watch and not intervene parents become more attuned and sensitive to their child's communication. Supported in their play, yet unrestrained by adult instruction the child is allowed to express their inner life and develop a sense of self while the parent begins to appreciate their child's individuality. This allows a new rhythm to develop in the attachment relationship. By being given the freedom to explore while held in the safety net of the parents benign presence and attention children develop the capacity to be alone. It is this kind of aloneness with ones own inner world that Winnicott proposes is the foundation of all creativity My experience as a Developmental and Behavioural Paediatrician is that www is a concept applicable to children and parents in the general community and that it has the potential to be part of a universal approach to parenting. I have adapted the original www concept and developed a video which demonstrates how to do Watch Wait & Wonder in the home setting. The video discusses its many uses which include settling difficult behaviours such as tantrums and aggression, fostering children's imagination and creativity in play, settling difficult sibling rivalry situations, triggering a surge in general development including speech and language and helping parents to enjoy their children more. Some parents report falling in love with their child for the first time. Used in this way www can be used in a wide variety of paediatric and community child health settings, by Child and Family Health Nurses, Child Care Workers, Paediatricians and most workers working with children and families. This includes group work for parents struggling with behaviour / attachment problems in their children. I have conducted pilot research in regular Long Day Centres which demonstrates that a significant number of the parents who used www found it enormously helpful.

WS4 Translating knowledge of infant mental health for primary healthcare providers: The 18 month assessment
Clinton J. (Hospital for Sick Children, Canada)
Is it possible to design a universally available screening program for developmental issues, including attachment in a Primary health Care setting? Can primary care practitioners then be educated about how to deal with these issues appropriately in their practices? Is it ethical to do so if resources are not available for the children identified as in need of specialized supports? The need for such a system is evident as studies suggest that only 30% of children with developmental issues are detected prior to school entry. The province of Ontario, Canada has an annual birth cohort of approximately 140,000 children so the impact of a successful program has far reaching implications. This session will describe an Ontario initiative. In Ontario, under a provincial health care plan, Family physicians and pediatricians provide the well baby care for virtually all children under two through a series of well baby visits. With the mounting evidence of the profound impact of early detection and intervention on a variety of child health issues, including mental health, Ontario has launched an "Enhanced 18 month well baby visit" initiative. The goals are to get all children off to the right start by discussing development with families, connecting them to community resources which enhance parenting, and early detection and treatment of children with concerns. The 18 month visit was selected as a starting point as it is the last scheduled visit before school
entry at age 4, it is a busy time developmentally, and an age where parents can encounter new challenges as their child grows. The enhanced visit consists of a consistent, focused developmental review and evaluation completed by a primary health care provider in collaboration with parents. It recommends the use of an age-appropriate developmental screen, and review with the caregiver of a brief standardized tool. Examples of tools include the Rourke Baby Record which is an evidence based guide for health professionals in the delivery of well baby care, and the Nipissing District Developmental Screen, a parent completed developmental checklist.

**WS5 Translating knowledge of infant mental health for adoption teams**
St. André M. (Sainte-Justine Hospital and Université de Montréal, Canada), Carignan M. (CHU Sainte-Justine, Canada), Desrosiers F. (Centre Jeunesse de Montréal – Institut Universitaire, Canada)

Objectives: 1) To describe an infant mental health training initiative organized by the adoption team of a large Canadian child protection agency, the Centre jeunesse de Montréal Institut Universitaire 2) To describe key clinical topics that are discussed with the adoption team 3) To describe the effects of this collaboration on service delivery, liaison with medical services, research and adoption policy development in Quebec. Adoption clinicians have an established expertise for managing complex legal issues, assessing adoption postulants, matching infants with optimal families, supporting adoptive families, and screening for developmental and child psychiatric problems. The complexity of these tasks require adoption teams to stay abreast of the most recent infant assessment and treatment methods. To reach this objective, leaders of a Montreal adoption team initiated several training projects. One such initiative has been monthly clinical discussions with an infant psychiatrist from CHU Sainte-Justine, a tertiary care mother-child hospital. The discussions are attended by adoption team members and leaders, clinical psychologists, child protection workers involved with biological families, and trainees from various fields including social work and child psychiatry. The team originally requested discussing the assessment of postulants presenting various risk factors for adoption. The training agenda progressively evolved to discuss pre- and post-adoption issues - not only for parents but also for dyads and individual infants. Using clinical verbatim and videotapes, team members regularly present material related to the following topics: -Detection of Unresolved/Disorganized attachment representations among postulants for adoption -Prevention and early detection of post-adoption depression -Detection of constitutional vulnerabilities among adopted infants, including language, neurosensory and cognitive difficulties - Early detection of dyads/triads potentially at risk for failure of adoption, including families with signs of early relationship disorders and families where the adopted infants have histories of late adoption or extreme deprivation. The presentation will conclude by describing some effects of this collaboration on improving liaison between social and medical services, stimulating adoption research and facilitating adoption policy development in Quebec.

**WS6 Working in a tertiary care centre**
Wittenberg J. (Hospital for Sick Children, Canada)

Infants form a large proportion of patients of major paediatric health centres. Many require treatment that begins at birth and continues for many years. Many experience intrusive and painful treatments. Sensitive, comforting responses from parents may be interfered with by their own distress as well as by systemic factors that override parents’ ability to reduce infants’ distress. In other cases the hospital provides services to high risk populations that demand higher than average sensitivity and supportiveness from staff. Many paediatric staff do not recognize either the infants’ signals of pain and distress or the importance of the parent-infant relationship in helping the infant regulate those experiences. This presentation will describe the experience of developing consultation services to two separate programs in a tertiary care centre. The Complex Care Program serves children who have severe medical problems often dating from birth. Long and recurring hospitalizations that may include surgical interventions are common. Lack of normal stimulation, normal handling and human contact often characterizes hospital environments. Severe medical disorders in their infants are associated with very high stress in parents. Highly stressed parents have more difficulty providing sensitive and soothing responses even when those are made possible in the environment. The consultant’s work has focused on providing education to staff about infant observation and about the impact of stress on infants’ physical and psychological development and on their healing and recovery from the medical disorder in the context of case-based consultations and team meetings. The Young Families Program treats teen mothers and their babies, both groups being patients of the paediatric centre. This is a notoriously difficult population to serve in that they are often significantly traumatized, impulsive, mistrustful, and immature with regards to being parents. They often refuse or do not collaborate in psychiatric or psychological services. Their babies are at risk for attachment problems as well as for exposure to significant degrees of abuse and neglect although their mothers may be well intentioned. Their lives tend to be disorganized and chaotic as is their involvement in the Clinic. The consultant’s work has been to foster higher levels of knowledge and expertise with regards to infant mental health in Clinic staff by developing structured approaches to psychiatric and relationship assessment and to provide clinical case consultations and interventions to selected patients in collaboration with Clinic staff.

**WS7 Workshop: In and out of synch: Developmental transitions for caregivers and infants in childcare**
Recchia S. (Teachers College, United States), Shin M. (Montclair State University, United States), Lee S. (Ewha Womans University, South Korea), Loizou E. (University of Cyprus, Cyprus), Lee Y. (Brooklyn College, City University of New York, United States)

Although researchers have explored the powerful impact of parent-infant synchrony on infants’ development, learning, and physical and mental health, much less is known about the ways that non-parental caregivers understand, interpret, and respond to infants with whom they have a professional caregiving relationship. Of further importance is the nature of responsive connections between infants and their caregivers around potential stress points such as transitions. Grounded within a social constructivist theoretical framework,
this symposium uncovers various ways in which infants' and caregivers' experiences can be "in synch" or "out of synch" within everyday practice and through periods of developmental and environmental transitions. A brief introduction to this overarching inquiry will precede the presentation of four qualitative studies which explore issues surrounding cultural and linguistic diversity, environmental stress, specific transitions from one classroom to another, and the impact of infants' developmental changes on caregivers' responsiveness. Video clips and observational anecdotes will be used to illustrate infants' daily experiences with their peers and caregivers in childcare, focusing on individual differences, continuity and discontinuity factors in transition experiences, and implications for policy and practice. The presentations will be followed by our discussant's comments and an active engagement period between the presenters and the audience.

**WS8 Caregivers and infants in synch: Understanding and responding to developmental transitions in childcare**
Shin M. (Montclair State University, United States), Recchia S. (Teachers College, United States), Loizou E. (University of Cyprus, Cyprus), Lee S. (Ewha Womans University, South Korea)

This qualitative study investigated social interactions between two infants and their caregivers within a childcare context. Naturally occurring behaviors were videotaped, following the children over the course of two separate one-week periods, the first before they reached one year and the second at approximately 16-17 months. The timing was purposeful in that it allowed us to examine transitional changes at the end of the first year, including newfound mobility, more proficient motor skills, and increased linguistic communication. Findings from this study demonstrate how the social interactions and exchanges between infants and caregivers vary and transform “in synch” as the infants develop.

**WS9 Exploring the connection between developmental changes and relationship development with peers and caregivers**
Shin M. (Montclair State University, United States), Lee S. (Ewha Womans University, South Korea)

This case study described changes in one infant’s relationship development with her peers and caregivers in times of developmental transition. Multiple sources of data, including natural observations, videotaped observation, and document analysis, were used to describe her developmental process from 10 months to 14 months. During the data collection period, the infant demonstrated significant changes in her body mastery skills and other developmental milestones. Her independent walking ability provided her more independence in her exploration and greater access to peers and caregivers, contributing to her multifaceted relationship building process.

**WS10 Caregiver and infant out of synch: Challenges in understanding and responding to linguistic and cultural diversity**
Shin M. (Montclair State University, United States), Recchia S. (Teachers College, United States)

This case study illustrates the challenges that caregivers experience when they are “out of synch” with a particular infant from a culturally and linguistically diverse family who is experiencing his first out-of-home care setting. Videotaped observations revealed how infant caregivers could easily miss the infant’s subtle, nonverbal cues, failing to achieve synchrony with the child in everyday practice, play, and routines. Through a careful examination of differences between the caregivers’ expectations and the infants’ expressions, issues of diversity in culture, language, and joint attention are articulated and explored.

**WS11 Caregiver-child relationships as a context for continuity in child care**
Recchia S. (Teachers College, United States)

This paper focuses on one aspect of continuity—the caregiver-child relationship—within a larger global study of continuity in child care based at a University-affiliated child care center. Case studies are presented of two toddler boys, followed as they transitioned from their infant classroom to the preschool classroom at the age of approximately 2-1/2 years. Data from caregiver notes, developmental progress reports, coded teacher interviews, Attachment Q-Sets, and the Pianta Student-Teacher Relationship Scale (STRS) were analyzed and integrated. Results are discussed in terms of individual differences in child behavior and caregiver perceptions, continuity and discontinuity factors in the transition experience, and implications for policy and practice.

**WS12 Workshop: The Colic Clinic: A family treatment approach to infant cry and sleep problems**
Twomey J. (Brown Center for the Study of Children at Risk, United States)

The Infant Behavior, Cry & Sleep Clinic, known as the “colic clinic”, is a family-centered, short-term, collaborative pediatric and psychological treatment approach that addresses infant cry and sleep problems within the context of the impact these difficulties have on parent-infant relationships, parental mental health and family functioning. Parents who identify infant crying as problematic benefit from an approach to treatment that includes attention to their experiences. The stress of attempting to soothe an inconsolable infant often leads to feelings of frustration, incompetence, and anger. In the most severe instances, this can set the stage for child maltreatment or abuse. For example, shaken baby syndrome is often the end result of a parent or other adult being unable to cope with infant crying. In other instances, parents may have thoughts of harming their infant or may feel that the infant's crying is interfering with being able to establish a close, nurturing relationship with their baby. At the initial session, parents frequently express feelings of hopelessness and despair, often characterized as being "at the end of my rope". Our clinical experience has taught us that it is important to intervene early with a comprehensive approach that alleviates parental stress, supports parental strengths, and develops strategies to reduce the infant's crying and improve infant sleep. Parents are given detailed written recommendations aimed to alleviate infant distress and discomfort and promote healthier sleep habits. Using a power point presentation and video clips from sessions, this
workshop will explain the colic clinic model, describe therapeutic aspects of the initial session, the development of written recommendation and the use of data-collecting tools, such as Infant Behavior Diaries. We will discuss how working with parents to increase their efficacy and confidence in their parenting abilities contributes to improved infant-parent relationships.

**WS 13 Workshop: Playful Parenting: Group therapeutic procedures for parents and their young children who are difficult to read and to engage**
van Dijk M. (tCentrum, Netherlands), van Niel M. (tCentrum, Netherlands)
This workshop presents an integrative group-therapeutic program which is based on behavior therapeutic (Bandura, 1997; Jenner, 2000) as well as on floortime (Greenspan, 1997; Solomon, 2004) and infant psychotherapeutic principles (Beebe, 2003; Cohen et al., 2002; Oppenheim, 2008). We will show and discuss the therapeutic procedures we use in this program to enhance the quality of parental interactive behavior. As commonly accepted in Infant Mental Health the parent-child relationship should be the focus of assessment and interventions. Central focus program is on stimulating sensitivity (Vliegen, 2005). A pilot study indicates significant improvements in sensitivity and decrease of parental stress. Parents learn to understand the challenging behavior of their child with problems in communication. The group-program consists of 12 weekly sessions and a follow up. Parent-child group sessions (three parent-infant dyads) alternate with the parent-group sessions. Besides the mothers also fathers are involved and written information about child developmental issues and parenting styles is given to the parental couple (Bakermans-Kranenburg et al., 2003). During the parent-child sessions the parents are stimulated to follow their child's lead: aim is to increase parental imitation of the child and to stimulate parents to follow their child's tempo. Each parent is asked to engage in free-play with his/her child and each dyad is videotaped. Parents learn to observe, to structure and to participate sensitively in the child's play. Also the parents are stimulated to practice play-techniques as pretend play, putting into words of non-verbal play, use of time concepts and theory of mind. Behavioral therapeutic principles such as self-modeling, self-efficacy and reinforcement by group, video-replay and therapists facilitate the process of parents to practice the floortime play-techniques. The videotaped interactions of each parent-infant dyad are used as a tool to structure the parent-group sessions. Parents are stimulated to analyze the interactions with their infant in detail. They are encouraged to identify transference and more fully see the interactions with their infant. Therefore video-replay fragments are carefully selected by the two therapists (psycho-dynamic and cognitive-behavioral trained). Parents learn to see things from the child's point of view and parental sensitivity increases through more adequate perception of the infant and the parents own representations.

**WS14 Workshop: Transnational families and their infants: examples, conceptual issues and clinical implications**
Bohr Y. (York University, Canada), Kwong K. (Hunter College CUNY, United States), Whitfield N. (York University, Canada)
Little attention has been paid to the effects of a rapidly globalizing world on infants and toddlers, even though some features of globalization may have a significant impact on young children's development and wellbeing. For example, disruptions in attachment relationships occur in many North American and European transnational families when infants are separated from their parents and cared for by geographically distant relatives for a prolonged period of time. This is the case when new immigrants from diverse cultures send infants back to their country of origin, for instance within the Chinese and South Asian traditions of long-term grandparental care. There is much reason to believe that such separations can have an adverse effect on attachment, the psychological development of children, and the adjustment of parents. Yet Western mental health models do not always accurately capture the full complexity of these truly globalized practices and unique life circumstances, nor do conventional clinical models adequately address the risk and resiliency factors that pertain to immigrant families that experience lengthy transnational separations. The purpose of this workshop is to introduce an emergent field of research and practice by providing an overview of the phenomenon of transnational infancy (Bohr & Tse's (2009) "Satellite babies"), the challenges faced by families who engage in the practice of "reverse migration" (Kwong et al., 2009), and the inadequacy of currently available models to deal with the complexities of these families' needs. Existing studies on: a) social, economic and cultural contexts b) decision-making of transnational parents, c) returning children's adaptation, d) re-unified families' coping, and e) the diverse forms that this practice takes will be discussed (Kwong et al., 2009; Bohr & Tse, 2009; Bohr & Whitfield, 2009; Bohr, Hynek & Shih, in preparation). Preliminary survey data, first-hand accounts, and video material will be used to exchange information with participants about this emerging body of literature. Furthermore, a new model for understanding the diverse developmental pathways of infants in global and transcultural contexts will be introduced. Last, clinical and policy implications will be addressed in an interactive discussion with participants, with the ultimate goal of better supporting families and infants in these transcultural contexts.

12:00-13:30 Poster Session 1 Posters 1-103 (Proceed to Poster Section for Abstracts)

13:30-15:00

**CT2 Clinical Teach-In: The importance of observation and play in assessment, formulation and treatment: A single case study**
Douglas S. (Hincks-Dellcrest Institute, Canada), Tuters E. (Canada)
In this Teach-In we will present our method of training Mental Health Professionals in Infant Mental Health using the application of Infant Observation as developed by Esther Bick (1964, Tavistock, UK) to our process of assessing a family where there is an identified problem with an infant or young child. We will show DVD segments to illustrate our way of understanding the dynamics in
the case using observation of the interactions of the infant/young child in relation to the parents and to the clinician. We will involve
the participants in our way of locating and processing the feelings aroused in the clinicians and the observers and working them -
Through it is our assumption that history taking can also be history making and we use this in a psychodynamic way. We will share
our formulation of the case and the treatment plan. We will demonstrate the use of our relationship-based approach developed by our
Infant-Parent Team at the Hincks-Dellcrest Centre, Toronto, Canada, in the treatment of the formulated problem. We will invite the
participants to tease out the turning points with us in the assessment and treatment of the case. Objectives: 1. to think about the
complexities working within the infant–parent relationship 2. to think about the advantages of an observation team teaching approach
3. to learn about the use of the observers/clinicians feelings to inform understanding and intervention 4. to learn about this relationship
based infant-parent intervention

Invited Lecture:
Moderator: Zeanah C. H. (United States)
Orphanage deficiencies and improvements
McCall R. (University of Pittsburgh, United States), Groark C. (University of Pittsburgh, United States)

S32 Symposium: What have we learned from cases where we felt we did not do enough or felt we failed
Moderator: Thomson-Salo F. (Australia)
Thomson-Salo F. (Royal Children's Hospital, Melbourne, Australia), Daws D. (Tavistock Clinic, United Kingdom), Guedeney A.
(World Association of Infant Mental Health, France), Paul C. (Royal Children's Hospital, Melbourne, Australia), Berg A. (University
of Cape Town and Red Cross Children's Hospital, South Africa)
The panellists discuss those cases where they felt that they may have missed something at the time of the work, or failed in their
intervention, to try to explicate clinical learnings from such cases. Difficult countertransference feelings such as anxiety, guilt and
shame are also explored. Bearing in mind Winnicott's statement about doing as little as possible in public sector cases compared with
private work, and given the complexity of the work with parents and baby present, the topic includes both those cases where clinicians
feel at that time that they had not achieved the outcome they hoped for or when they received feedback subsequently that patients
would have liked them to have done more. The panellists who represent work in London, France, South Africa and Melbourne will
present an overview of when is a failure perhaps not a failure, or the helpfulness of rupture and repair. Two panellists will present
work in specific contexts such as a paediatric tertiary hospital and in child protective settings and there will be an opportunity to
examine one poignant case in detail. Discussion with the audience might include the following issues: How does a clinician know
when they have achieved a therapeutic aim? What can clinicians learn when parents terminate early' with a bang or a whimper? When
clinicians feel that they failed but unsolicited parental feedback subsequently is that the intervention as helpful and successful, was the
clinician too self-critical? Do they follow up for long enough? Is there more a supervisor should have done in those cases where they
feel guilty and anxious that they missed' something in a supervisee's case?

S33 Error and repair
Daws D. (Tavistock Clinic, United Kingdom)
Not only do I sometimes discover after the therapy that I have 'got it wrong', but I may also realise it at the time. However, mistakes,
clumsiness, lack of attunement by the therapist can be useful material. One mother said, the week following a 'mistake' by me, 'I
couldn't stand the thought that you were wrong'. We were able to explore what that meant in our relationship, including my belief that
my thoughts had some validity but were mistimed. The 'wrong' therapist may represent misattuned parents, who might then be
forgiven or tolerated. Especially fruitful, the idea of the therapist's separateness in not understanding everything may liberate parents
to let their infants have different ideas from their own and be separate beings. Tronick's theory of 'interactive error' and 'interactive
repair' applies to the therapist/patient relationship as much as to that of parent and baby.

S34 Lessons from working with very sick infants and their families
Paul C. (Royal Children's Hospital, Melbourne, Australia)
The clinician working with very sick and hospitalised infants can at times feel confused and overwhelmed by the intensity of issues
which confront the infant, family and staff. It may be that we feel we are not able to deliver what is the optimal service for the baby
and her parents. We may feel we have not done enough to understand or ameliorate the distress experienced by the baby, parents and
their carers. The acute paediatric hospital is a complex, fluid and changing human system. The stakes can be very high with disability
or death as possible outcomes for sick infants. An opportunity to talk openly and reflectively with colleagues is essential. Infants with
chronic illness, often have a long term relationship with a paediatric hospital. This provides an opportunity for the infant mental health
clinician to monitor and evaluate the effect of their input when it occurs early in the baby's life. Parents and the child herself provide
powerful feedback about how constructive or otherwise we may have been. Clinical examples will be presented to illustrate the way
we may learn from problems that may arise in the course of ordinary treatment.

S35 When does infant-parent psychotherapy end?
Berg A. (University of Cape Town and Red Cross Children's Hospital, South Africa)
Connecting with a family where the infant is the patient can often induce a therapeutic relationship of a particularly strong or enduring
nature. Because the time of birth and thereafter are affectively charged, the emotional intensity is transferred into the therapeutic relationship which may be stronger than for the usual child therapy case — for the parents it may be a coloured by transference projections; for the infant the therapist is a new person, a new object, one which had been there from early on, but was also felt to be different to those of his or her family. The temptation thus is to return to this first therapist for many years thereafter, and for the therapist to take on the projection of being the one who, because of her early connection with the infant, really knows what is best for the child. A case will be described where the therapist was involved from the time when the infant was 6 months old. The reason for the initial referral was because of the mother's death through suicide. The process of the therapeutic contact over 6 years will be briefly described as well as the unexpected abrupt ending. Reasons for why this unsatisfactory termination should have occurred will be explored, as well as lessons learnt from simply going along with a relationship which seems to have lost its therapeutic objectivity.

S36 Symposium: Emotional Availability (EA) in infant feeding disorders, infant sleep quality, and maternal drug abuse: Clinical applications of the EA Scales

Chairs: Biringen Z., Teti D. (United States)
Discussant: Schuengel C. (Netherlands)

Biringen Z. (Colorado State University, United States), Teti D. (Penn State University, United States), Kim B. (Penn State University, United States), Mayer G. (Pennsylvania State University, United States), Countermine M. (Penn State University, United States), Gueron N. (Ben Gurion University of the Negev, Israel), Atzaba-Poria N. (Ben Gurion University of the Negev, Israel), Meiri G. (Soroka University Medical Center and Faculty of Health Sciences, Ben-Gurion University, Israel), Yerushalmi B. (Soroka University Medical Center and Faculty of Health Sciences, Ben-Gurion University, Israel). Flykt M. (University of Tampere, Finland), Punamäki R. (University of Tampere, Finland), Belt R. (University of Tampere, Finland), Biringen Z. (Colorado State University, United States), Salo S. (Helsinki University Central Hospital, Finland), Pajulo M. (University of Turku, Finland), Posa T. (City of Holloola, Finland), Schuengel C. (VU University Amsterdam, Netherlands)

Emotional Availability (EA) refers to a dyad's capacity for emotional connection and the extent to which the connection is genuinely affectively positive and healthy (Biringen, 2000, 2004; Biringen & Robinson, 1991; Biringen, Robinson, & Emde, 1998; Emde, 1980; Emde & Easterbrooks, 1985; Biringen & Easterbrooks, 2008; Easterbrooks & Biringen, 2000, 2005, in press). In the EA framework, the "emotional range" (the said and the unsaid, the negative as well as the positive) forms a background for our understanding of relationships, and pervades both clinical practice and relationship-based research. EA refers to four caregiver qualities (sensitivity, structuring, nonintrusiveness, and nonhostility) and two child qualities (responsiveness and involvement), with each being wholistic qualities of the relationship. EA is arguably among the most heavily researched tools, numbering almost 100 publications to date, and increasingly utilized in clinical practice. It is appreciated for the reliable estimate it can provide regarding global parent-child relational quality. This collection of papers presents some new clinical applications of the EA Scales. The first study examines infant non-organic feeding disorders, and highlights the significance of EA during mother-infant feeding interactions as well as the mediating role for maternal concern about infant weight gain. Next, using a longitudinal framework, the unresearched arena of EA and infant sleep quality is presented, with emphasis on infant sleep disruptions and difficulties in the context of dyadic emotional availability at bedtime. The third study moves the focus of attention to the maternal side. Few studies have investigated the powerful role of prenatal and postnatal representations and their link with EA in normal and drug-abusing mothers. These papers also take the audience inside the process of what EA "looks like" in these mother-child pairs and facilitate our clinical understanding of these interactions. The symposium represents an international authorship from Israel, Finland, and the U.S., with two projects emphasizing longitudinal relations, and discussant from the Netherlands.

S37 Maternal concern as a mediator of the relation between infant feeding disorders and maternal Emotional Availability (EA)

Gueron N. (Ben-Gurion University, Israel), Atzaba-Poria N. (Ben Gurion University of the Negev, Israel), Meiri G. (Soroka University Medical Center and Faculty of Health Sciences, Ben-Gurion University, Israel), Yerushalmi B. (Soroka University Medical Center and Faculty of Health Sciences, Ben-Gurion University, Israel)

The term Feeding Behavior Disorder (FD) (DC 0-3R; 2005) refers to feeding and growth deficiencies in infants under the age of three that are not explained by organic factors. Today, FD is perceived as a relationship disorder in the mother-child dyad. Research has indicated more negative feeding interactions between infants with FD and their mothers compared to healthy infants, characterized by maternal negative affect, mother-infant control struggles and infant withdrawal and remoteness. However, to the best of our knowledge, no study has examined possible mechanisms that may explain the negative interaction patterns seen for mother-child dyads when having infants with FD. The present study sought to address this issue, by examining maternal feeding perceptions as mediator of the links between FD and mother-infant emotional availability during feeding. Fifty-nine infants (1-3 years old) participated in the study; 29 infants diagnosed with non-organic based FD and 30 healthy infants comprised the comparison group. Mother-child interactions were videotaped during feeding and coded using the Emotional Availability Scale (EAS; Biringen et al, 1998). Mothers were interviewed about their feeding perceptions. Mothers of infants with FD were less sensitive (t(54)=2.5, p<.001. These findings remained after controlling for the duration of infants' daytime naps. Results demonstrate that the specific behaviors parents practice at bedtime may be less important than the emotional quality of these practices, and support the theoretical premise that parents' emotional availability to children in sleep contexts promotes feelings of safety and security and, in turn, better-regulated child sleep. Indeed, the study of parenting in infant sleep contexts may prove to be critical to
understanding caregiving antecedents of socio-emotional outcomes in early childhood. We are currently examining this question longitudinally with infants from 1 to 24 months and plan to present these and additional, longitudinal findings by conference time.

Key words: Emotional availability, infants, sleep quality

S38 Maternal Emotional Availability (EA) at bedtime predicts infant sleep quality
Teti D. (The Pennsylvania State University, United States), Kim B. (Pennsylvania State University, United States), Mayer G. (Pennsylvania State University, United States)

S39 Early maternal representations and Emotional Availability (EA) in drug-using and non-using mothers and their infants
Flykt M. (University of Tampere, Finland), Punamäki R. (University of Tampere, Finland), Belt R. (University of Tampere, Finland), Birgen Z. (Colorado State University, United States), Salo S. (Helsinki University Central Hospital, Finland), Pajulo M. (University of Turku, Finland), Posa T. (City of Hollola, Finland)

Maternal drug-abuse indicates a combination of severe, cumulative risk factors for healthy mother-child relationship and later child development. Researchers agree that among normative mothers, more negative prenatal representations of child, motherhood and close relationships form a risk for adequate parenting. Clinicians also view unrealistically positive prenatal representations as a risk factor. According to some observations, drug-abusing women tend to idealize motherhood and represent the child as a saviour of their lives, but few empirical studies are available among risk parents. To tailor more effective interventions focusing on both representational and relational processes, more information is needed on high-risk mothers. In our study, we analyze the role of maternal drug-abuse and maternal pre- and postnatal representations in predicting emotional availability in early mother-infant interaction. Our subjects were 54 drug-abusing mother-infant dyads (participating in two different intervention programmes) and 50 non-using control dyads. Maternal representations of her child, partner, own mother, self as mother and self as woman were measured at pregnancy and at 4 months with IRMAG, which is a questionnaire based on semantic differentials (Osgood & Suci, 1952), developed by a research group including Zeanah, Stern and Fava Vizziello, and adapted by Ammaniti et al. (1992, 1998). Mother-infant interaction quality was measured by the Emotional Availability Scale (Biringen, 2000) at 4 months. Our results showed, first, that drug-abusing mothers and their children differed from controls in showing less maternal sensitivity and structuring, and more intrusiveness and hostility, (FWilk's Lambda (8, 150) = 3.89, p < .001) and less child responsiveness and involvement (FWilk's Lambda (4,154) = 6.32, p < .001). Second, drug-abusing mothers had more negative prenatal representations in every area, whereas postnatally their representations of child and self as mother were similar to controls. Third, more positive representations of self and own mother buffered against hostility and intrusiveness only among normative mothers, but even increased vulnerability among drug-abusers. The latter unexpected result suggests that unrealistically positive representations may be a risk factor specifically for high-risk women. We discuss the clinical implications of our study and illustrate what the EA looks like for these high-risk dyads.

S 40 Symposium: Observation, development, and reflections around maternal gatekeeping
Chair: Mantymaa M. (Finland)
Frascarolo F. (Research Unit of Centre d’Etude de la Famille, Switzerland), Van Egeren L. (Michigan State University, United States), Rouyer V. (Toulouse University - UTM, France)

Mothers’ regulation of fathers’ involvement with the child is known by the shorthand “maternal gatekeeping”. This term, which initially referred only to the control and restriction of father's physical access to the child, particularly in divorced families, has been widened; it now includes encouragement and facilitation of the father's involvement with the child, even in intact families. Several researchers have shown that maternal mental representations of parental roles, their partner’s caregiving competencies, the qualities of their memories of their own father, and so on, are linked to fathers' involvement. This symposium will include three presentations, each focusing on different aspects of maternal gatekeeping. The first will present a method, the Picnic Game (PNG), which allows observations of maternal gatekeeping in videotaped interactions among fathers, mothers, and 3- and 9-month-old babies pretending to have a picnic. After a presentation of this situation, films of different families taken from a sample of N=60 non-referred Swiss families will be presented to illustrate different types of maternal gatekeeping behaviours. The second presentation traces the development of four types of mothers with different gatekeeping styles (Encouragers, Criticizers, Autonomy Providers and Disengaged), from before the child’s birth to age 3 years in 82 U.S. couples. The findings of this longitudinal study suggest that both pre-birth relationships and issues that emerge after the child’s birth contribute to the development of coparental relationships; they also point to the fathers’ active role in challenging the mothers' decisions in developing the quality of coparenting relationships. The third presentation will focus on parents’ representations of the other parent’s behavior promoting or hindering their own parenting. In other words, findings will discuss not only maternal gatekeeping as perceived by fathers, but also the potential for paternal gatekeeping as perceived by mothers. Data will be presented on survey results with 70 French couples. The discussion will address implications of the results for coparental dynamics and children’s development in the clinical context.

S41 A method to observe maternal gatekeeping behaviors: The Picnic Game
Frascarolo F. (Research Unit of Centre d’Etude de la Famille, Switzerland), Favez N. (University of Geneva, Switzerland)

Mothers’ regulation of fathers’ involvement with the child is referred to as “maternal gatekeeping.” This term initially referred only to the control and restriction of father’s physical access to the child, particularly in divorced families. This notion has since been widened; it now includes encouragement and facilitation of the father’s involvement with the child, even in intact families. Indeed,
several researchers have shown that maternal mental representations are linked to father’s involvement. In particular, paternal caregiving is linked to maternal representations of parental roles, the partner’s caregiving competencies, the qualities of their memories of their own father, and so on. In this presentation, we demonstrate a method, the Picnic Game (PNG), for capturing observations of maternal gatekeeping in interactions between fathers, mothers, and 3- and 9-month-old babies. In this situation the family is asked to pretend having a picnic. The family has at its disposal a bench, a table, chairs, toys and a toy tea set. The instructions invite them to pretend having a picnic during about a quarter of an hour and to tidy up when they are finished. The interaction is videotaped. The PNG can be used with any family and is not restricted by child age (from 6 weeks to 12 years) or number of people (thereby allowing brothers and sisters as well as grandparents to be included). Besides observation of limit-setting, children’s autonomy, family warmth and marital exchanges, the PNG allows observation of coparenting and in particular of maternal gatekeeping. Indeed, maternal gatekeeping can be seen as a specific aspect of coparenting. In a context of supportive coparenting, the mother can promote father’s investment by highlighting his competencies, sharing access to the child, and permitting space for father-baby exchanges. In competitive coparenting, the mother can orient the baby toward herself and restrict the father’s access to the child and undermine his paternal behaviours. Contrasting families from a sample of N=60 non-referred families will be presented to illustrate different types of maternal gatekeeping behaviours. We will discuss how clinicians can use family games to identify indicators of maternal gatekeeping and the implications of such indicators within the context of coparenting and its effects on the child.

S42 The development of maternal gatekeeping before birth to age 3 years
Van Egeren L. (Michigan State University, United States)
Maternal regulation of paternal behaviors is known by the shorthand “maternal gatekeeping.” It can be both facilitative, supporting fathers’ parenting efforts and providing opportunities for father involvement, and discouraging, undermining fathers’ parenting and limiting access for fathers’ to build individual relationships with their children. Based on mothers’ reports of what they do to increase fathers’ parenting behaviors that they like and to decrease fathers’ parenting behaviors that they do not like, previous work has identified four types of maternal regulation: Encouragers, Criticizers, Autonomy Providers, and Disengaged (Van Egeren, 2008). These types, measured when children were age 3 years, were associated with concurrent marital satisfaction, perceptions of family dynamics, and child behavior. This presentation traces the development of these maternal regulation types retrospectively from before the child’s birth to age 3 years in 82 U.S. couples. Prior to the first child’s birth, no differences in self-reported marital adjustment were evident among the four types, but were apparent in marital behaviors, with Autonomous couples showing the most disparate behaviors (mothers least and fathers most positive) and Critical mothers being most positive of all mothers. However, one month after birth, Encouragers reported significantly better marital adjustment than other types, with differences sustained through 6 months, while behaviorally, Disengaged mothers had become most negative and Critical mothers still most positive. By 3 years, while types no longer differed in marital self-reports or behaviors, differences were evident during triadic play with the child in fathers’ involvement with the child (partners of Autonomous and Critical mothers were most involved) and fathers’ constructive disagreements with the mother (again, partners of Autonomous and Critical mothers were most likely to disagree). Interestingly, these two groups had the strongest and opposite links to child outcomes, with children of Autonomous families showing the fewest behavior problems and children of Critical families showing the most. The findings suggest that both pre-birth relationships and issues that emerge after the child’s birth contribute to the development of coparental relationships; they also point to the fathers’ active role in challenging the mothers’ decisions in developing the quality of coparenting relationships.

S43 Maternal gatekeeping and/or paternal gatekeeping? Fathers’ and mothers’ representations of coparental dynamics
Rouyer V. (Toulouse University - UTM, France), Ricaud-Droisy H. (Université Toulouse 2, France)
Mothers are generally considered to be the central figure in children’s education, and more largely in family dynamics. They play an important role in fathers’ involvement with the child, conceptualized as “maternal gatekeeping.” Many studies have shown that mothers influence fathers’ involvement with the child by undermining or promoting father-child relationship in many ways. For many fathers, mothers facilitate the relationship with the child through supportive attitudes and actions about the fathers’ ability to parent effectively. From this perspective, maternal gatekeeping could be defined as a dimension of coparental relationship. Indeed, one element of coparenting is “the degree to which parents believe that they have a sound working relationship with their child’s other parent” (Abidin & Brunner, 1995). Several aspects of coparenting can be examined: the value of the other parent’s involvement with the child, the respect of the other parent’s judgments, and the desire to communicate with the other parent. Notably, from this perspective, fathers may also be considered to be gatekeepers, able to promote or undermine the mother-child relationship. However, few researchers have focused on the father’s role in coparental relationships in terms of paternal gatekeeping. The objective is to analyze fathers’ and mothers’ reports of coparental dynamics in parental couples in terms of maternal and/or parental gatekeeping, in order to identify types of coparental dynamics. In this perspective, we shall examine similarities or differences in the fathers’ and mothers’ reports of coparental relationships, using data collected from 70 French couples with 2-5 years-old children, with the Parenting Alliance Inventory (PAI, Abidin & Brunner, 1995). The results will be compared with existing studies using the PAI with couples from other countries, and will be discussed in the perspective of the father and mother active role in coparental dynamics.

S44 Symposium: Contribution of the Pikler approach to what is known with regard to a baby's resources
Chair: Keren M. (Israel)
Vamos J. (Association Pikler Loczy - France, France), Tardos A. (Waimh Hungary, Hungary), Golse B. (Waimh France, France),
Konicheckis A. (Waimh France, France)
In our current hyperactive changing rapid western world it is difficult to give babies enough time to develop within their own rythme. Preserving the quality of the conditions of early development is vital. This is the reason why the Pikler-Lóczy Institute's work in Budapest is so important. It underlines the different needs of babies, especially the time needed to be the actors of their own development. Different aspects of the very special professionalization of the care to the babies provided at Loczy will be evoked in this symposium. * From the angle of movement, we'll study the psychic aspects of free and spontaneous activity of babies as observed at the Pikler Loczy Institute. Movement appears then as one of the first type of symbolisation and link between psyche and soma in the baby. It is part of the integration of personal experiences and of primary subjectivation. * Then we'll present the research work by Emmi Pikler and her colleagues. Observing the activities of the infants with objects (toys) in their nearest environment following their own interest, allowed to study in details the development of manipulation activity. The study includes infants aged 3-12 months. Over 100 forms of the manipulation forms practiced by the infants were recorded. Meanwhile, the children gather also experiences being able to exert an influence on the surrounding. In this process, planning can be discovered more and more obviously, as they imagine in advance the expected effect of their action, and compare the achieved result with the imagined expected result. It is the perfect model of learning to learn. The knowledge of the characteristics of these activities can also provide help in diagnostics. * The unusual approach of mothering by Emmi Pikler helps with newborn babies, which have been abandoned in the Maternity Clinic. A warm and professional attitude based on the model of an adult's baby relationship, is considerably different to the mother's infant relationship. What makes this possible? What observation and training is needed to overcome the aspects of "compassion/pity" for the baby and the "projections/judgement" on the mother. * At last, we'll speak about the therapeutic atmosphere at the Pikler-Lóczy institute according to the question of our renunciation to exrcise our power on children. Our difficulty to get rid of our power on children is linked to our own ambivalence towards the child that we are afraid to have been. Understanding and taking into account of the fundamental needs of babies is at the centre of the reflexions of the Pikler-Lóczy Institute. It is at the exact opposite of the triple reference to rapidity, expertise and results. At last, we will try to go ahead in this idea with the background of the work of Adam Phillips about « the three negative capacities » of human being.

S45 Contribution of the Pikler approach to what is known with regard to a baby’s resources
Vamos J. (Association Pikler Loczy - France, France), Tardos A. (Waimh Hungary, Hungary), Golse B. (Waimh France, France), Konicheckis A. (Waimh France, France)
The unusual type of mothering approach by Emmi Pikler is also a special help with abandoned newborns, an unusual situation in our maternity. We'll present the basic concepts of Pikler focused on the personal/individual body care- history situations of the child in the firsts few days of their lives. The warm but professional approach, based on a model of adult baby realtionship, considerably different from mothet infant relationship, is an application of the Pikler model. The psychological care in body care has a powerful preventive effect. What makes it possible what observation, training, what elabotation permits the staff to overcome compassion/pity for the baby and projections/judgement on the mother is the object of this intervention.

S46 Contribution of the Pikler approach to what is known with regard to a baby’s resources
Tardos A. (Waimh Hungary, Hungary)
The research work by Emmi Pikler and her colleagues has enriched our knowledge of the developmental capacities of infants and young children. The systematic observation of gross-motor development based on one's own initiative helped to recognize many of the characteristics and regularities of gross-motor behavior of infants. Observing the activities of the infants with objects (toys) in their nearest environment following their own interest without the intervention or direct stimulation of the adult allowed us to study and understand in more details the characteristics and directions of the development of this kind of activity, which can be named in different ways: manipulation activity, dialogue with objects, or visual-tactile exploration. The study I am presenting included 7 infants aged 3-12 months. They all could freely choose their position in their playing area providing rich opportunities for movement and activities with objects in a safe environment, and they could follow their own interest without any disturbance. In the study, the data of more than 700 observation protocols, each time for 25-minute durations with quarter minute details, were processed. We recorded over 100 forms of the manipulation forms practiced by the infants, which we grouped in 15 categories. The development of the interactions with objects (toys) surrounding the infant, from touching the object to the more developed form of manipulations, when the infant places one inside another. The frequent occurrence of the different forms of manipulation (not their non-sporadic, random occurrence) is characteristics of age. The time parameters of this activity also show strict regularities. The infants acquire lots of experiences about the various characteristics of the objects. Meanwhile, they gather experiences being able to exert an influence on the surrounding. In this process, planning can be discovered more and more obviously, as they imagine in advance the expected effect of their action, and compare the achieved result with the imagined expected result. It is the perfect model of learning to learn. Practicing these activities also has a self-confirming effect. It is an important element of the initial process of individualization. This way of learning does not substitute the direct learning from the adult, but it supplements it. The knowledge about the development and the characteristics of the manipulation activities can also provide great help in diagnostics.

S47 Therapeutic atmosphere at the Pikler-Loczy Institute, observation and renunciation to power on children
Golse B. (Waimh France, France)
Therapeutic atmosphere at the Pikler-Loczy institute according to the question of our renunciation to our power on children Our
difficulty to get rid of our power on children is linked to our own ambivalence towards the child that we are afraid to have been. Different ways for mistreating someone are possible: to aggress him directly, not to take into account his existence, and, at last, to neglect his fundamental needs. This last point is at the centre of the reflections at Pikler-Loczy Institute, and we will work on it in the light of the triple reference to rapidity, expertise and results which is exactly at the opposite of the piklerian point of view. At last, we will try to go ahead in this idea with the background of the work of Adam Phillips about « the three negative capacities » of human being.

S48  Being in movement
Koniechekis A. (Waimh France, France)
From the angle of movement, we study psychic aspects of free and spontaneous activity of babies as observed at the Pickler Loczy Institute. We can divide movement into basic elements such as equilibrium versus desequilibrium, tension between muscular tone and skin experience, span of intermediary positions, or rhythmic oscillations. Movement appears then as one of the first type of symbolisation and link between psyche and soma in the baby. It is part of the integration of personal experiences. Through its narrative possibilities, free and spontaneous movement supports primary process of subjectivation.

S49 Symposium: Day-care in infancy and early childhood. What do infants, parents and caregivers need?
Chair: Puura K. (Finland)
Kalckreuth B. (GAIMH, Germany), Ahnert L. (University of Vienna, Austria)
Day-care is a controversially discussed way to combine parenthood and professional work in our days. It is strongly promoted by politicians. The emotional needs of the children are widely underestimated. The training of the caretakers must be developed according to the infant’s needs. Actual knowledge will be presented and discussed and enriched by a retrospective and later outcome on the experience in day-care in the former GDR. A perspective from South Korea will show a further access both in training and day-care.

S50 Caring for infants and toddlers in early childhood teacher education in Germany
Viernickel S. (Alice Salomon Hochschule, Germany)
The training of early childhood teachers in Germany is changing. Nearly 60 universities of applied sciences, universities and pedagogical schools now provide study programmes on BA-Level, while still the majority of pedagogues is being qualified by a vocational training in schools. In both contexts, curricula do rarely include relevant issues, concepts and competencies to deal with very young children in their first three years of life. The presentation analyses curricula on BA-Level and presents two of them in more detail that address the care and education of very young children in group settings in an exemplary way. Implications for the development of appropriate curricula for teachers in infant and toddler care are discussed.

S51 Early day-care in German Democratic Republic
Israel A. (IAKJP Berlin, Germany)
In the early seventies 83% of all children from 0 to 3 were in public day-care in the GDR. The impact of these attachment experiences are reflected in 20 psychoanalytic interviews with young adults who spent their first years in these institutions. The reflection of the late outcome of early experience may help to respect the emotional needs of the very young children in the concept of the many day-care institutions which are or will be created now.

S52 Child care for the very young: On stress levels to be held in check
Ahnert L. (University of Vienna, Austria)
In recent years, child care research has started to focus on stress patterns in child care, and has therefore turned to biopsychological indicators of young children's well-being in out-of-home settings. However, only 11 international studies have measured the association of stress and child care in infancy and toddlerhood using biopsychological measures such as cortisol. Only one of these studies dealt with stress on a biopsychological basis, especially if children struggle with the child care entry. All these studies have shown how stressful child care, in general and especially at entry, might be. The present paper will summarize the results. However, there is still a lack of knowledge on under what conditions children cope with the child care environment being exposed, even within the normal population of children and high provision of child care quality. On the other hand, young children's capacity to cope is not sufficiently explored yet. The present paper will therefore discuss some new approaches to clarify open questions on stress reactivity of infants and toddlers in order to better inform the practice of child care.

S53 GAIMH outlines for an developmentally supportive care of babies and toddlers in child day care centers
Mögel M. (Babysprechstunde/Kinder- und Jugendpsychiatrischer Dienst St.Gallen, Switzerland), Brisch K.H. (Children's Hospital, Ludwig-Maximilians University, Germany)
Public efforts to extend institutional day-care in infancy leads to controversial discussions. Can daycare provide developmental support or does it hurt e.g. the infant’s need for secure attachment? The German Speaking Association for Infant Mental Health (GAIMH) recently published a paper, entitled Responsibility for children under three. Recommendations for care and education of
the baby, while the third and final factor matched the original subscale of anxiety about the child-caring role. While further
research is also discussed. The paper addresses those who are responsible for the quality of shared caring which means not only the partnership between parents and child care providers, but also comprehensive services which contribute to the overall welfare of the children and their families.

S56 Symposium: Postnatal depression and the mother-infant relationship: Rethinking assessment and intervention
Chair: Guedeney A. (France)
Milgrom J. (University of Melbourne & Parent-Infant Research Institute, Austin Health, Australia), Wittkowski A. (University of Manchester, United Kingdom), Austin M. (St John of God Healthcare and University of New South Wales, Australia), Milgrom J. (University of Melbourne & Parent-Infant Research Institute, Austin Health, Australia), Rolland A. (Centre Hospitalier Universitaire, France)
Postnatal Depression and the Mother-Infant Relationship: Rethinking Assessment and Intervention 1. An examination of the psychometric properties and factor structure of the Postpartum Bonding Questionnaire in a clinical inpatient sample. 2. Bipolar and unipolar disorder: postnatal outcomes for mothers and infants A multi-centre prospective, controlled, cohort study. 3. Community HUGS: An assessment and intervention playgroup for women with postnatal depression and their infants, using a behavioural framework. 4. A time-limited treatment model for postnatal depression influenced by psychodynamic principles. The symposium will explore topical issues in assessment and intervention for mother-infant relationship difficulties following postnatal depression. The first paper examines the utility of assessing factors such as bonding and anxiety through maternal self report using the Postpartum Bonding Questionnaire and in the context of other existing questionnaires on maternal attachment. The second paper examines longitudinal assessment of mother-infant functioning using both direct observation and maternal self-report, and poses the additional question about what aspects are impaired following severe unipolar and bipolar disorders. These papers set the scene for elucidating protective and risk factors that may be targets of intervention. The third paper presents a brief targeted intervention based on a behavioural treatment for improving the emotional interchanges between mother and infant following depression. The efficacy of this intervention as a community playgroup is evaluated and longitudinal findings presented that treatment of maternal mood disorder is not sufficient to improve relationships. Finally, the fourth paper explores a contrasting approach to the treatment of postnatal depression, influenced by psychodynamic principles and using a time limited model. Free associations are encouraged and include recognition of the need to deal with problems with their infants. A lively debate is then planned raising issues such as: what is the more important: maternal report or observation of mother-infant relationships? Are both behavioural and psychodynamic interventions helpful in improving the mother-infant relationships? Are short-term outcomes meaningful? The symposium will help raise questions about how and why aspects of the mother-infant interaction are impaired following postnatal depression and pathways towards supporting the large number of women and infants likely to be touched by postnatal depression.

S57 An examination of the psychometric properties and factor structure of the Postpartum Bonding Questionnaire in a clinical inpatient sample
Wittkowski A. (University of Manchester, United Kingdom)
Objective: The timely identification of maladaptive maternal thought processes which lead to serious problems in the mother-infant bond is crucial. The Postpartum Bonding Questionnaire (PBQ; Brockington et al., 2001) was developed to assess any disturbances in this relationship. The PBQ is a widely used self-report instrument, which has been administered in clinical and community settings in different countries and compared with other questionnaires, such as the Mother-to-Infant Bonding scale (Taylor et al., 2005) and Blues Scale (Kennerley & Gath, 1989). However, recently its original factor structure has been questioned. The objective of the current study was to examine the factor structure and psychometric properties of the Postpartum Bonding Questionnaire (PBQ) in a sample of psychiatric inpatients in the context of a brief review of existing questionnaires on maternal attachment. Methods: One hundred and thirty-two women who were admitted to a Mother and Baby unit for psychiatric inpatient treatment completed the PBQ and the Beck Depression Inventory (BDI-II). The factor structure of the PBQ was examined using confirmatory (CFA) and exploratory (EFA) factor analysis techniques. Results: The original four-factor structure of the PBQ was not replicated by CFA and EFA in this sample. A three-factor solution was identified as the most stable and clinically meaningful solution. Factors pertaining to impaired bonding, anxiety and irritability and anxiety about childcare responsibilities were identified in the CFA but were not entirely replicated in the EFA. The internal consistencies of the three subscales from the current EFA solution were acceptable. PBQ scores were also significantly associated with depression scores. Conclusion: The findings suggest that the original four factors of the PBQ should be used with caution. In the current study, items pertaining to risk of abuse had to be omitted alongside one other item, resulting in a 22-item item solution with three subscales. The first factor largely overlapped with the original subscale of impaired bonding or a mother's general emotional response towards her infant. Factor 2 appears to examine maternal anger, annoyance and irritability with the baby, while the third and final factor matched the original subscale of anxiety about the child-caring role. While further
psychometric evaluation of this scale is recommended, the PBQ continues to be a valid and suitable research and clinical assessment tool.

**S58 Bipolar and unipolar disorder: postnatal outcomes for mothers and infants**

Austin M. (St John of God Healthcare and University of New South Wales, Australia)

Background: Depression and anxiety research has increased our understanding of how poor mental health can impact on maternal and infant outcomes. There has been less attention paid to mother-infant interactional outcomes for women with severe mood disorders, with virtually no focus on women with bipolar disorder. Methods: An Australian multicentre prospective, controlled naturalistic study which aims to identify how severe mood disorders may impact on maternal and infant outcomes. Drawing on findings and methodologies of the existing “postnatal depression” literature we focus on the relationship between more severe maternal mood disorders (i.e. severe depression and bipolar disorder) and the mother-child relationship (using videoed mother-infant interaction as assessed by the Murray Scale), infant cognitive outcomes (Bailey Scales), maternal functioning (SF14) and experience of parenting. The study also explores the impact of the perinatal period on the course of existing severe unipolar depression and bipolar disorder. Participants are expectant and parturient women with either a past history of or current a) severe unipolar depression or b) Bipolar I or II disorder. They are followed up to 6 months postpartum. Results: Initial results will be presented as case studies and early findings of patterns of mother-infant interactions will be described. Conclusions: The key aim of this study is to extend our knowledge on the smaller, but more critically ill group of postnatal women with severe mood disorders. The study will help explain how and why aspects of mother-child interaction may be impaired in mothers with severe mood disorders. The study will also assist in elucidating protective factors that may encourage successful parenting, and inform the development of interventions that respond to the specific needs of these vulnerable families.

**S59 Community HUGS: An assessment and intervention playgroup for women with postnatal depression and their infants, using a behavioural framework**

Milgrom J. (University of Melbourne & Parent-Infant Research Institute, Austin Health, Australia)

Background: Infants of mothers with postnatal depression (PND) are vulnerable to poor developmental outcomes (cognitive, social and behavioural). These effects may be mediated by a woman's difficulty engaging in behavioural and emotional interchanges with her baby following postnatal depression. This paper will review our previous work that has shown that successful treatment of maternal depression does not necessarily improve the mother-infant interaction. We will then present our brief 3-session targeted intervention. The HUGS program (Happiness, Understanding, Giving and Sharing) takes into account current theories of maternal characteristics and internal working models necessary for a successful interaction, but uses a behavioural framework for intervention. An expanded community-run program (CHUGS) aims to evaluate whether the clinic-based specialized mother-infant program can be delivered as a playgroup and rolled-out into the community. Design and Method: Data was from three sources (1) a longitudinal cohort of postpartum depressed and non-depressed women and their infants 0–42 months; (2) a treatment study of 162 depressed women using a randomized controlled design; (3) two pilot studies of specialised parent-infant interventions. Results: The longitudinal cohort showed elevated parenting stress persisting until 3.5 years postpartum. In the treatment study, 73% of depressed women had clinically dysfunctional mother-infant relations before treatment (compared to less than 3% in the non-depressed group). This rate was still 56% after treatment. During 3 weeks of HUGS specialised parent-infant intervention, there was a more rapid decline in parenting difficulties. Preliminary data from the 10 session manualised Community HUGS playgroup shows good treatment compliance, improvement in depressed mood, p < .05, parenting stress, p < .05, sense of parenting competence, p < .05, and parent-infant interactional reciprocity and positive affect, p < .05. Conclusions: Mother-infant difficulties due to PND are persistent and treatment targeted at maternal mood only has a limited impact on these. Findings suggest that Community HUGS is a promising early intervention for enhancing the quality of mother-infant interactions and maternal competence; however, considerable training is required. It is recommended that criteria for best-practice' treatments for PND include treatment of mother-infant interactions.

**S60 A time-limited treatment model for postnatal depression influenced by psychodynamic principles**

Rolland A. (Centre Hospitalier Universitaire, France), Auer J. (Service de Psychothérapie de l'Enfant et de l'adolescent, France), Berek-Baczynski K. (Servide de Psychothérapie de l'enfant et de l'adolescent, France), Boissou-Bonnet C. (Servide de Psychothérapie de l'enfant et de l'adolescent, France), Hubsch B. (Centre Hospitalier Universitaire, France), Bera-Potelle C. (Centre Hospitalier Universitaire, France), Gubler V. (Service de Psychothérapie de l'enfant et de l'adolescent, France), Pannier S. (Service de Psychothérapie de l'enfant et de l'adolescent, France), Bousin M. (Service de Psychothérapie de l'enfant et de l'adolescent, France)

Background: In our society, we face a tendency towards the romanticization or even the idealization of maternity. However, becoming a mother is neither simple nor natural. During pregnancy, the mother encounters a genuine identity crisis, which permits her to orient towards her child. The psychological reorganizations during pregnancy are also linked to a vulnerability that can lead to the development of maternal post-partum depression. Post-partum depression affects 10-15% of women following the birth of their child and has lasting effects on the early mother-child interactions and also the appearance of developmental problems in the child (attachment insecurity, emotional and cognitive problems), as well as psychological difficulties for the mother with familial and social repercussions. Methods: In 2008, along with the creation of postnatal depression screening in the city of Reims (University Hospital and private clinics), initiated by the child psychiatry services, a new method of treatment was created for depressed mothers in the same service with the help of numerous partners working in perinatal fields. It consists of short group psychotherapy during the
Successful networking itself depends on many factors, for example a common sense about the concept of early prevention and the potential they need to be coordinated - with reliable transitions between the different institutions and participants in this field. Children is not enough to ensure an adequate supply of early childhood prevention and intervention in the community. To tap their full potential they need to be coordinated - with reliable transitions between the different institutions and participants in this field.

The decision for interdisciplinary networking and cooperation as the main topic for the first survey was based on former results of research, outlining that a various number of programs and offers to support families in raising their children is not enough to ensure an adequate supply of early childhood prevention and intervention in the community. To tap their full potential they need to be coordinated - with reliable transitions between the different institutions and participants in this field.

Successful networking itself depends on many factors, for example a common sense about the concept of early prevention and the connected shared and/or different duties and enough resources for sustainable coordination of common activities. Based on these facts the survey interrogated staff in charge of the local authorities about their concept of prevention and intervention in early childhood, their ongoing activities in this field, their preferred cooperation partners, the extensiveness and quality of their interdisciplinary networks and their perceived outcomes of their network activities. Both systems used the same questionnaire thus allowing us to contrast their answers and to figure out the differences and similarities.
S63 Network analysis of child welfare systems and health care systems concerning prevention of child maltreatment
Knorr C. (Ulm University Hospital Department of Child and Adolescent Psychiatry and Psychotherapy, Germany), Kuenster A. (Ulm University Hospital Department of Child and Adolescent Psychiatry and Psychotherapy, Germany), Hofer A. (Ulm University Hospital Department of Child and Adolescent Psychiatry and Psychotherapy, Germany), Kirch D. (Deutsches Jugendinstitut, Germany), Fegert J. (University Hospital of Child and Adolescent Psychiatry Ulm, Germany), Ziegenhain U. (Ulm University Hospital Department of Child and Adolescent Psychiatry and Psychotherapy, Germany)

Background Successful and effective networking evolved to be gold standard to achieve efficient utilization of resources and therefore optimal results in the prevention and intervention of child maltreatment. In particular, child welfare and health care systems need to collaborate in order to deliver comprehensive and high quality services and secure effective interventions for families with various needs of both intensive and/or specific support. Methods are needed for systematic and statistic assessment and evaluation of network structures. Thus there has been increasing interest in network research based on use of matrix algebra and graph theory. Method In our action-research project across four German countries in eight communities we used the statistical method of network analysis (UCINET 5.0 Version 1.00) and graph theory to calculate and visualize particular strength and defects in regional networks. As a first step we investigated frequencies and the quality of contacts between interdisciplinary professionals and systems within each community based on a newly developed questionnaire. Results We visualized all positions in the network. Additionally we used different graph theoretic measures for centrality which show how well institutions are connected in a network. Empirically derived measures are calculated and compared to theoretically intended structures. Intended structures can differ from community to community but should correspond to intended and efficient flow of information. Structural wholes in the network can be divided into generally problematic areas like networking between child welfare systems and health care systems and individual community specific problems. Nevertheless in some communities intended networking correlated highly with actually assessed networking. Based on strength and weaknesses of local networks we tailored specific interventions by systematized feedback on the current network structure in the community in round tables with all actors of the network. Discussion Especially in times of decreasing resources we are reliant on effectiveness. We suggest that structures of networks should routinely be assessed in any community to save money and human resources. Thus good prevention and intervention approaches will not be effective if there are deficits in networking. Concepts to improve core issues like networking between child welfare systems and health care systems should routinely be established. Round tables are suitable settings to improve networking by feedback about actual assessed regional network structures and their deficits and strength.

S64 Evaluation of networks in early prevention and intervention and social warning systems in North Rhine-Westphalia and Schleswig-Holstein
Böttcher W. (Westfälische Wilhelms-Universität Münster, Germany)

As part of the programme - Evaluation of Early Prevention and Intervention for Parents and Children and Social Warning Systems”, the University of Münster is conducting an impact evaluation of 15 projects in the German states of North Rhine-Westphalia and Schleswig-Holstein. Our evaluation design is modelled on the concept of ‘realistic evaluation’ by Pawson and Tilley. The main question of this evaluation is: What concepts of Early Assistance work for what target groups in what circumstances? Our longitudinal quasi-experimental design includes statistical pre-and post-measurement, an analysis of the local support networks and qualitative research approaches. In comparison with traditional randomised control studies, realistic evaluation appears to be the most appropriate approach to generate evidence for the effects of Early Assistance and care treatments. This research approach aims to explore the interplay between the many different contexts of social interaction that have an effect on the receiver of the assistance. Networks between the people involved in Early Assistance are one of these contexts. These can be people of the same or different professions and institutions. The inclusion of effective mechanisms is of great importance to such a research project, as they will help to provide and support a coherent theoretical framework required to measure effects. In this presentation we will give a brief introduction to the design of network analysis and then dis-cuss first results from the ongoing surveys. Central to our research are the following questions: In what form does personal cooperation take place in the daily practice of early childhood prevention? Which mechanisms do these networks trigger and how do they contribute to a helpful support? In order to capture all relevant members of the networks and assess the structure and contents of the contacts between these members we use a quantitative questionnaire with a snowball sampling design. For the empirical evaluation of theoretical configurations (context, mechanism, result), we conduct additional qualitative interviews. By identifying and knowing such effective mechanisms, professional staff is put in a position to make accurate and suitable decisions specific to the individual case and context. On the basis of this evaluation concept we expect conclusions about development potential of local networks of Early Prevention and Assistance.

S65 Symposium: A triadic perspective on the development of parenting from the pregnancy to the child's preschool age
Chair: Risholm-Mothander P. (Sweden)
Korja R. (Turku University, Department of Psychology, Finland)

Joint abstract of the symposium The quality of triadic family interaction is an important contributor to children's socialization and psychological wellbeing including e.g. child's attachment working model. The family alliance as well as the parental attachment begins to develop already during pregnancy. In spite of the several recent findings about the links between the family interaction and child's development, there is still need for more detailed studies about the relations between prenatal factors and triadic family
interaction. This symposium will present the findings of three longitudinal studies of the triadic interaction conducted in three countries (Switzerland, Italy and Finland). All three studies will explore the relations between prenatal interaction or attachment and the quality of triadic interaction at infant's later age. The first study (Switzerland) explores the associations between the parent's representations about the family and the quality of family triadic interactions at the three different time points: during third semester of the pregnancy, at 9 months of infant's age and at 18 months of infant's age. The second study (Italy) investigates how parent's characteristics, contextual stress and support and child's characteristics affect the development of dyadic and triadic competencies from pregnancy to the preschool age of the child. The third study (Finland) focuses on the associations between parents' prenatal attachment representations of their child and the quality of triadic interaction with mother, father and 18 months old child in the groups of families with low or high marital satisfaction. Family triadic interaction is studied in the Lausanne Trilogue Play (LTP) - setting and analyzed using Family Alliance Assessment Scales (FAAS) in the all of three studies. This symposium will offer systematic, consistent and multicultural perspective on the development of triadic family alliance from the pregnancy to the child's preschool age. Chair: Riikka Korja (3rd presentation) Chloé Lavanchy Scaiola (1st presentation) Erika Petech (2nd presentation).

S67 A triadic and contextual perspective on parenting development from pregnancy to the child's preschool age

Petech E. (University of Padova, Italy), Simonelli A. (University of Padova, Italy), Moretti M. (University of Padova, Italy), Poletto E. (University of Padova, Italy)

Background: Many studies have highlighted the central role of the quality of early interactions between the child and his/her caregivers and of the parenting style in putting the basis for child's socio-emotional development and adjustment. The framework provided by Fivaz-Depeursinge and Corboz-Warmery (1999) seems to give the chance for a new view on these issues by moving the focus of the research towards the triadic (mother-father-child) interactive system as the main object of investigation. In this perspective the aims of the study were to investigate the relationship between: a) individual characteristics of parents (affective-relational history, presence of postnatal depressive symptoms), b) contextual sources of stress and support (the quality of the marital relationship, the socio-economic status) and c) characteristics of the child (age, gender, adjustment) and the development of dyadic and triadic competencies from pregnancy to the preschool age of the child. Method: 35 non-referred primiparous families were recruited at child-birth classes. All the families have been seen during pregnancy, at the 4th, 9th, 12th and at the 4th year of the child. Measures include: self-report questionnaires (Dyadic Adjustment Scale, Questionnaire on Father Involvement, Edinburgh Postnatal Depression Scale), interviews (Adult Attachment Interview, Symptom Checklist modified), and observational procedures (Lausanne Trilogue Play). Results: Preliminary results show: a) a substantial instability of the quality of family triadic interactions from pregnancy to the child's preschool age; b) a significant increase both in the quality of triadic interactions and the degree of father involvement during this period; c) a significant association between triadic interactions and father involvement in a cross-sectional and longitudinal perspective. Conclusion: These observations seem to provide a first evidence of the close relationship between the two constructs (the quality of triadic interactions and the father involvement) during early childhood and their mutual interdependence in fostering a relational context functional to the well-being and the development of the child.

S68 The associations between parents' prenatal attachment representations and the quality of triadic interaction with their 18 months old child

Korja R., Räihä H., Tammisto R., Ahlqvist-Björkruth S., Aromaa M., Savonlahti E., Junttila N. & Piha J., (Turku University & Turku University Hospital, Finland)

Background: Parental attachment representations of their child guide parental interaction behavior in caregiving relationships. Parental attachment representations begin to form during pregnancy and are quite stable after infant's birth. The associations between parents' prenatal attachment working models and infant's attachment style are widely studied. More studies are needed about the relations between prenatal attachment and family triadic interaction. Especially, there is need for the studies about the role of father's prenatal attachment in the development of family interaction. The aim of this study is to describe how mother's and father's prenatal attachment representations of their child are associated with the quality of triadic interaction between the 18 months old child and its mother and father. Furthermore, the aim is to evaluate how these associations differ between the families with low marital satisfaction and the families with high marital satisfaction. Study subjects and methods: The study groups include 25 families with low marital satisfaction during pregnancy and 25 families with high marital satisfaction during pregnancy. Marital satisfaction is assessed using The McMaster Family Assessment Device (FAD) and Dyadic Adjustment Scale (DAS) during the last trimester of pregnancy. Mother's and father's prenatal representations of their child are assessed using Working Model of Child Interview (WMCI) during the period of 28 to 32 gestational weeks. The triadic family interaction is assessed in a Lausanne Trilogue Play (LTP) setting using a Family Alliance Assessment Scale (FAAS) at 18 months of child's age. Results: This presentation will present preliminary results about the associations between mother's and father's prenatal attachment representations and triadic family alliance when the child is 18 months old in the groups of families with low or high marital satisfaction.

VP4 Video Presentation: Impact of the birth of an infant born with a cleft lip/palate on maternal subjective experiences

Despars J. (SUPEA, Switzerland), Bolomay L. (SUPEA, Switzerland), Muller-Nix C. (Centre Hospitalier Universitaire Vaad, Switzerland)

This work is a part of a prospective longitudinal study entitled "Impact of a cleft lip and/or palate on maternal stress and attachment representations". We explored the parental subjective parental, at different moments from the announcement of the malformation
during pregnancy up to 1 year of the infant age. We used semi-structured videotaped interviews (CLIP: Clinical Interview for high-risk infants, Meyer et al, 1993) with parents that explored several themes related to the representations of the infant and the construction of the parent-infant relationship. Analyses of the parental discourse could be performed with 22 families. Considering that the family provides the background of a child's psychological and social development, the well being of the parents may represent an important protective factor regarding the child's development. We found that the announcement, prenatally or at birth, of a cleft lip and/or palate appears as a stressful experience for the parents, challenging the transition to parenthood and the encounter with the infant. Parents can experience a shock and have to adjust to the loss of anticipated perfect child. The results of our study suggest that the birth of an infant with a cleft represent a risk factor for parental representations, hence for parent-child relationship. This highlights the importance of offering a support to the parents of infant born with a cleft. The video presentation will display parent discourse illustrating the aforementioned difficulties, and ambivalent feelings.

**WS15 Workshop: Making a difference: implementing and evaluating the effects of Mellow Parenting in Russia**

**Mellow Parenting in Russia - Education for professionals**

Dovbnya S. (Fire Fly, Russian Federation), Puckering C. (Mellow Parenting, United Kingdom), Morozova T. (Fire Fly, Russian Federation)

Background Vulnerable children in "at-risk" families are often suffer from abuse and neglect and are among the most vulnerable groups of the population in Russia. When social support is not available, local authorities sometimes see removing the child as the only means of protection, though it may lead to greater harm to the child's development. The existing family support system doesn't provide an adequate solution to the problem. Fundamental improvement of social services for children is currently defined as a priority for the social policy in the Russian Federation and in its many regions. However, Russian professionals (psychologists, social workers, nurses, etc.) lack the knowledge and skills necessary to bridge the gap between policy and practice. British - Russian "Young Children Attachment Project" was developed to introduce the knowledge and skills necessary to bridge that gap. Method Mellow Parenting Program was chosen for implementation for several reasons: it is well structured, and the evaluation results are very good. The educational needs of the trainees were studied during focus groups. The results of focus group discussions had shown that the participants were vary in their basic knowledge on attachment and support programs. Extra modules on attachment, risk and protective factors, family assessment were developed by British and Russian experts. MP training pack was translated to Russian and edited. 17 Russian professionals took part in MP training in January 2007. Regular supervisions were provided by British and Russian experts. Results After the end of the project another set of focus groups was organized to evaluate the opinion of the trainees. Here are some of their comments: - It is easier now because I have a very powerful instrument to work — video. - I know more now about postnatal depression. We did not notice before how many of our clients are depressed - We have underestimated before how group work could be important for the parents. - I have got a lot. It was very important to know about brain development. Now it is easier to talk with the doctors about attachment. Mellow Parenting groups are now organized in a State Family support Centers in Novgorod and St. Petersburg and approved by the local authorities.

**WS16 Implementation of Mellow Parenting in Russia**

Morozova T. (Fire Fly, Russian Federation), Puckering C. (Mellow Parenting, United Kingdom), Dovbnya S. (the Evo group, Russian Federation)

Background There are estimated to be approximately 800,000 children in state care there - more than in all the Soviet Union soon after the Second World War. Since the parents' own emotional needs, especially for attachment to a constant adult, were generally unmet during their own childhoods, they seem often confused by their babies and small children. One of our partners in St Petersburg, the Korchak Centre, works with and supports parents who themselves grew up in institutions. Many of them left the institution at the age of 7 having had no experience of parenting, but later found themselves with their own young children to look after. Mellow Parenting (MP) is the first structured and evaluated program address both parent and parenting issues in Russia. Method MP training was organized for the staff of women's and children's services to support mothers with young children whose development is at risk. The MP groups for parents were started in St. Petersburg in Novgorod. All the materials for parents and professionals were translated into Russian and edited. Entry criteria for parents to take part in the groups were carefully discussed. Results: NGOs clearly cannot make a large enough impact by direct intervention on a problem of such dimensions without full local authority collaboration. That's why it was so important for us that MP Program was officially approved by St. Petersburg and Novgorod Social Care and Education authorities and started in a District's Family Support Centres in St. Petersburg and Novgorod. Specialists who took part in MP educational course and run the groups reported that they have never seen such a powerful instrument (so intensive program with so strong results for mothers and children). 51 families completed Mellow Parenting program in St. Petersburg and 31 families in Novgorod since the year 2007. The best thing according to the professionals who was running the groups was to observe, how mother were changing. After several sessions mother started to be more emotional, to play with their children, to talk more about their own feelings and also to name their children's feelings. -The parents accepted working with videos very well. They understood nobody is going to criticize or judge them.
WS17 Evaluation of the effects of Mellow Parenting In Russia
Puckering C. (University of Glasgow, United Kingdom)
Mellow Parenting training was first offered to Russian Practitioners in 2007 and intervention has subsequently been run in four sites. As part of a workshop with British and Russian colleagues, this presentation will examine the research outcomes for parents and children who have taken part in the programme and the results compared to a control group.

WS18 Workshop: Infant signing as intervention: Applications in different contexts and cultures
Farkas C. (Pontificia Universidad Catolica de Chile, Chile), Vallotton C. (Michigan State University, United States)
Infant Signing is the systematic use of symbolic gestures to promote bi-directional communication between preverbal children and their caregivers, offering an alternative form of communication until verbal language is possible. This practice has been developed with normally hearing children, and several studies have shown its benefits to the caregiver-child relationship and children's cognitive, linguistic and socio-emotional development. Infant Signing began in United States and has been implemented in many countries, applied with parent-infant dyads and childcare settings, with families from different socio-economical levels. Research from both the United States and Chile offers useful findings about adaptations of Infant Signing in different cultures and intervention settings. This workshop will focus on the applications of Infant Signing with families and childcare settings. Participants will learn (a) what Infant Signs are and how this practice was discovered, (b) the research behind Infant Signs and their effects on the caregiver-child relationship and children's development, (c) general principles and techniques of using Infant Signs with preverbal children, and (d) where to find additional resources for using Infant Signs with families or in child care. Presenters from Chile and the United States will describe the use of Infant Signing in their countries including principles and techniques of appropriately using this practice to support relationships and development, engage participants in discussion about cross-cultural differences in the practice, show videos of Infant Signs in action, and engage participants in practicing some of the techniques used for teaching Infant Signs. A resource folder will provide to participants.

WS19 Workshop: The child's transition to early daycare
Maywald J. (Deutsche Liga fuer das Kind, Germany), Hedervari-Heller E. (Germany)
The child's transition to early daycare (before completion of the third year of life) is an extraordinary challenge which not only includes developmental risks but also opportunities. The child gets to know new people, who, although they are strangers at first, become familiar over time: educators, daycare personnel, the peer group. The relationship to the parents changes. Which factors are decisive in reducing the risks and how can the developmental opportunities be utilized best? How can new attachments be established? What should parents — who would like to have their children in early daycare — know? How should the acclimatization period be set up and how can a partnership-based cooperation with the parents be achieved? The organization of the acclimatization period is not insignificant for the child's protection against mental injuries and in making the child's adaptation to the changed life situation easier. A familiarization period with the parents present which individually adapted to the child is a prerequisite making it possible for the child to experience the environment as protective and stable, and also allowing the child to establish a close relationship to the caretakers. In the workshop the conditions that are necessary to make the transition into early daycare successful are presented from a psychoanalytic, attachment theoretical, and sociological viewpoint. The Berlin acclimatization model — a scientifically founded and field tested program concerning the organization of an early daycare transition period — is elucidated. The basic parameters, structures and characteristic qualities of an educative partnership between specialized personnel and the parents are named. The materials parents and specialists need to prepare a qualified acclimatization will be presented.

15:30-17:00 Interface 1: The transition to multi-child family: Challenges in navigating from three-some to four-some
Moderator: Fivaz E. (Switzerland)
Discussant: Hart S. (United States)
Fivaz E. (Center for family research, Department of Psychiatry, University of Lausanne, Switzerland), Philipp D. (Hincks-Dellcrest Center, Clinical Faculty, University of Toronto, Canada), Keren M. (Infant Mental Health Unit, Tel Aviv University Medical School, Israel), Hart S. (Human Development and Family Studies, Texas Tech University, United States).

17:15-18:45 CT3 Clinical Teach-In: PIPE and Pro Kind- Making a difference for families
Perkins J. (United States), Bromberg S. (UCD Department of Psychiatry, United States)
Implementation of PIPE groups into The Haven Mother's House (Residential Women's Substance Abuse Treatment) The PIPE Curriculum and Model has been implemented and integrated into the infant mental health treatment program at the Haven Mother's House, a residential addiction treatment center for mothers and infants that operates as part of the Addiction Research and Treatment Services (ARTS) in the Department of Psychiatry at the University of Colorado Denver. The known impact of substance abuse on developmental outcomes for young infants and children warrants attention to enhancing the parent-child relationship as a critical aspect of treatment for this population. PIPE's emphasis on providing a partnership between the parent educator and parent, and the interactive, experiential nature of the curriculum allows for a nonthreatening and unique opportunity to intervene and interrupt...
maladaptive intergenerational cycles of caregiving. In high-risk populations, parenting education is crucial to improved caregiving, decreased incidence of child maltreatment, and experiences of increased emotional availability and affective attunement from an infant's caregiver. PIPE's inclusion of supervised parent-child activities provides an opportunity to practice learned material in a way that provides the experience of parenting success that resonates with our parents in a more profound way than parent education alone. As parents gain skill in reading their babies' cues, parenting becomes easier and the trajectory of development is changed for the better. The use of PIPE at the Haven Mother's House is one of a group-based, manualized, strengths-focused program to help mothers effectively read their infant's cues, understand developmental milestones, and integrate age-appropriate expectations into their parenting approach. Specific modifications to tailor the curriculum to incorporate principles of recovery include specific questions reflecting on parenting experiences in recovery versus those in addiction, songs at the start and conclusion of each parent-child group, and a formal graduation. The group process allows for attention from staff and peers and serves as a forum for the infant mental health concepts of shared positive experience and mastery as parents and children simultaneously succeed and grow.

CT4 How PIPE works to support high risk families being emotional competent
Refel M. (Pro Kind Saxony, Germany)
The number of children growing up in underprivileged families and precarious situations is constantly increasing in Germany. Nevertheless the approximate number of those families in the 200,000 family oriented educational programs offered in the country currently amounts 15%. This means that the present programs do not barely address the parents who are in need of special assistance to bringing up their children. Life in an underprivileged situation is often affected by the existence of various risk factors such as poverty, low educational background, unemployment, parental physical or mental disease, violence or abuse experiences, crime and antisocial behavior. Longitudinal research has proven that as the number of risk factors increases the risk of educational deficits and developmental delays increases significantly and thereby increasing the risk for neglect or abuse of the child, especially if protective factors are missing. The first years of a child are critical for healthy mental, emotional and social development. Therefore parents need programs that: " support underprivileged families raising young children. " mentor parents from the very beginning " provide effective structure and methods for varied educational levels " really reach those families who are in need. PIPE (Partners in Parenting Education) is a program which assists parents in becoming emotionally available to their children. It helps parents to be tuned into their child and to build a strong positive attachment with their child. PIPE is interactive. It meets different learning styles and focuses on learning by doing. PIPE implies a four step instructional process. First step is sharing information, then there is a demonstration followed by a supervised parent-child interaction and a reflection by parent and mentor. PIPE empowers parents as they play with their child in their social and emotional competence. PIPE lessons encourage sharing positive emotions in each step of the instructional process. PIPE is implemented in Germany by the home visitation program Pro Kind. The presentation describes the approach to underprivileged families and the methods and didactic ways PIPE works to meet their special needs and backgrounds. PIPE's four step instructional process will be demonstrated by practical examples of home visits in high risk families in Germany.

CT5 The adaptation of a foreign program for families: What must be considered when the PIPE program from the USA is introduced in Germany?
Adamaszek K. (Stiftung Pro Kind, Germany)
Partner in Parenting Education (PIPE), a program developed in the United States, has been adapted for use in Germany. The presentation explores different aspects of that adaptation and compares the implementation in the U.S.A. and in Germany. PIPE is an educational program which addresses empowering emotional and mental health of high risk families with infants and toddlers. Therefore adaptation must consider both the context of early interventions in Germany and the requirements of the families and the professionals. The context in which PIPE is implemented in Germany is the home visitation program Pro Kind, a preventive program for first time mothers in difficult financial and social situations from pregnancy until the second birthday of their child. PIPE has been designed for the same target group, i.e. high risk families. For many years PIPE has been used as a tool in the evidence based US Family Nurse Partnership- NFP, a program Pro Kind is based on. PIPE is set in the current German scientific context which considers the solution and resource focussed approach and health promotion as the most effective way to health of children. This has been acknowledged as a political guideline for the work with children and their families in Germany. It implies secure attachment of mother and child, empowerment of self efficacy and effective interconnectedness, objectives for both Pro Kind and PIPE. At the professional level guidelines and qualifications of the professionals required for the work in the families in Germany (midwives and social workers) differ from those in the USA (nurses, teachers). Respectively this involves different training requirements. The family level addresses the concepts that are being taught and applied to all parents. PIPE concepts focus on basic human needs such as emotional connectedness, trust and interdependence. The adaptation of the language must consider cultural and environmental fitness. Parent child activities like singing, playing and reading are in part universal, but concrete activities like songs, rhythms must be culturally adapted for each country. Adaptation of PIPE into the Pro Kind setting is an ongoing process and evaluation remains an essential part of that process. The presentation will share the lessons that have been learned over the two years that Pro Kind has been integrating PIPE.

CT6 Clinical Teach-In: Parents-infant intervention: Assessment and intervention of infant mental health disturbances in the case of infant- and parent trauma
Leenders F. (Herlaarhof, Netherlands), de Vroomen J. (Herlaarhof, Netherlands), Went M. (Herlaarhof, Netherlands), Batista Wiese
E. (Roosevelt Academy Middelburg, Netherlands)

Interaction can be defined as the reciprocal parent/child reaction, which happens in a continuous developmental process, and implies in physical and psychological regulation mechanisms. This process can be affected by several factors and circumstances, either from the infant and/or the parents. The interventions to be presented and discussed in this symposium were developed by a group of psychologists and psychotherapists in the Netherlands, for diagnosis, prevention and/or treatment of infant's functional and developmental disorders in their relation to parents/child interactions. Francine Leenders, will present as an introduction a model for the assessment and treatment of infant mental health disturbances in case of infant and parental trauma; Judith de Vroomen, will discuss aspects of assessment; Marianne Went, will speak of the possibilities of treatment of infants and parents by EMDR and Elizabeth Wiese, will present a model of parents/infant psychotherapy in psychological trauma treatment.

CT7 Clinical Teach-In: Therapeutic techniques in psychoanalytically oriented infant-parent psychotherapy

Staats H. (Family Center, University of Applied Sciences Potsdam FHP, Germany), Ludwig Koerner C. (Family Center, University of Applied Sciences Potsdam FHP, Germany)

Two case examples are presented and offer an introduction to psychoanalytically oriented Infant-Parent Psychotherapy. Cases are discussed with reference to different techniques and therapeutic attitudes of the presenting therapists. Psychotherapeutic work in the tradition of Lieberman, Pawl and Stern (first presenter) is presented alongside a developmental conceptualization of the “between” within the mother-child and patient-therapist interaction following concepts of the psychoanalytic interactional method PiM (second presenter). PiM was originally developed as a treatment for patients who did not profit from interpretative interventions. This method has been widely used in Germany for more than 30 years, often in a group setting. It is little known in English speaking countries, although some references in English are available. Participants, who are familiar with mentalization based treatment MBT may discover some similarities with the PiM. We are aware of the widening use of the concept of interpretation in modern theories of psychoanalytic technique. However, we suggest, that key concepts of the PiM — especially the conceptualization of an “answering” mode of intervention and its differentiation from an “interpretative” mod - may be helpful in understanding and developing Infant-Parent relationships.

Poster Workshop: Prematurity

PW1 The developmental profiles of preterm infants from 40 weeks to 18 months and the relation to the mother's attachment to the infant

Lundqvist-P C. (Skaraborg Institute, Sweden)

There are still many aspects to explore in order to understand the developmental outcome of premature infants. The knowledge about behavioral variability in the neonatal period and the implication for the mother-infant interaction is not so widespread. The purpose of this study was to explore individual behavioral and developmental profiles in premature infants from the age of 40 weeks to 18 months corrected age and the association to mother's attachment style and mother-infant attachment assessed at 6 months of age. Fifty-one premature infants were included in the study, 23 boys and 28 girls. They were consecutively chosen during a period of 9 months. The gestational age varied from 24 weeks to 36 weeks, most of them late preterm infants. The behavioral and developmental profile was assessed using the Brazelton Neonatal Behavioral Assessment Scale (NBAS) and a self-regulation scale (SRS) at 40 weeks and 1 month and Bayley Scales at 3, 6, 10 and 18 months. To assess the spontaneous motor development at 40 weeks and 3 months, General Movements (GMs) was used. The mother's attachment style was assessed with the Relation Scale Questionnaire (RSQ) which is a self-report instrument and mother-infant attachment was assessed by an attachment interview, Working Model of Child Interview (WMCI). Several background factors such as, gestational age, infant and mother morbidity were included. The developmental outcomes will be presented and also their relation the mother's attachment style and mother-infant attachment. We suggest that the results of the study may be of help in better understanding the development of premature infants and also will be guiding in improving the intervention follow up routines.

PW2 The prenatal and neonatal variables associated with infant problem behavior at age 3 — 4 months

Breidokiene R. (Vilnius University, Lithuania), Jusiene R. (Vilnius University, Lithuania), Zemaitiene N. (Kaunas University of Medicine, Lithuania), Sirvinskiene G. (Kaunas University of Medicine, Lithuania), Markuniene E. (Hospital of Kaunas University of Medicine, Lithuania)

Infant problem behavior, such as intensive and frequent crying, sleeping and feeding problems during early infancy are serious challenge and stressors for parents. Mostly crying, sleep and other problems in infancy are transient, but when these problems are persistent they can contribute to maternal depression, parenting stress, subsequent child behavior problems, maternal depression (Wake et al, 2006). The relationship between children's problem behavior and maternal prenatal and postnatal mood disturbances, as well as other risk factors has been well documented. However, the direction of established links or causal relationship among them remains the object of scientific discussions. The aim of this research is to identify prenatal and neonatal psychological and biological factors, associated with infants' behavioral and developmental problems at the age of 3 — 4 months. This research is part of longitudinal study on the early predictors of children's self-regulatory skills. More than 600 women answered questionnaires about their emotional wellbeing and expectations towards infants care during their hospital stay after childbirth. The Edinburgh postnatal
The premature birth and the following neonatal intensive care of an infant cause psychological distress and often have a traumatizing effect on parents. Studies demonstrate the occurrence of symptoms of traumatization in parents, especially mothers, long after hospital discharge of their child. Unresolved psychological trauma may result in a Posttraumatic Stress Disorder (PTSD), which has a negative, long-term impact on parental well-being, attitude and behavior. Emotional conditions have a strong influence on prenatal and neonatal variables. The literature proves largely the traumatic effect of the event of prematurity for parents, but the writings are less abundant about how the siblings live the situation. The eldest children, according to their age, might have some difficulties to understand and to represent themselves what is happening around them. Facing the lack of availability of their parents, they might feel guilty, excluded and live some fear of abandonment. In order to give a place to the eldest children, we have organised a ‘sibling’s group’, which is available to brothers and sisters of the premature child and their parents, in order to prepare the first visit to the baby. The infant by using a specific space offered to him, where he is supported to express in different ways (drawings, games, associations to proposed stories) his present feelings and concerns. The presence of the parents is required, as it permits the parents to be centred and attentive to the healthy child. It also helps them to express indirectly and more easily their concerns with their premature child, and the global reaction of the family.

**PW4  Continuity between NICU-based and community-based IMH interventions for pre-term babies and their families**

Armellini M. (Italy), Cocchi M. (Azienda USL 4 Prato, Italy), Guarducci I. (Azienda USL 4 Prato, Italy), Italiano C. (Azienda USL 4 Prato, Italy)

PREMISE Pre-term birth and premature extra-uterine growth, in the absence of individualized care and special nurturing, determine by themselves an increased risk of altered neural development, as well as interfering with attachment processes and increasing the risk of neurodevelopmental disorders. Having one’s premature baby in a NICU or other hospital facility can be very demanding for the parents, as well as for the baby, making the parenting process a very hard task. Working in a NICU is a very hard task, exposing the nursing and medical staff to a heavy emotional burden. This is the reason why many intervention programs have been developed worldwide in order to facilitate the baby’s healthy growth, promote attachment and parenting processes and helping the staff manage their emotions. OUR EXPERIENCE Prato is an industrial city with a rapid growth of natality due to extra-european immigration. Live births have grown from 1700 per year in 1989 to 3100 in 2008. On half of them are from recently immigrated non-European parents. About 1000 are born from Chinese couples. The Neonatology Unit accepts 12 babies from 29 weeks g.a., with 3 NICU cradles. For four years we have been delivering an IMH intervention composed of three parallel branches: a- NICU-based psychological support program for parents and staff, plus training in individualized care for the staff b- a 30 months neuro-developmental follow-up and early intervention program c- a 20 weeks long home visiting program with doulas for families with higher psycho-social risk. This work is being done in integration between CAMHS and Neonatology ward. Outcome evaluation of the doula intervention is currently being done. WORKSHOP PROPOSAL We believe that it can be fruitful to reflect on different solutions to the problem of continuity between IMH interventions in the Ward and community-based interventions. This should be a narrative account of practices, accompanied by outcome evaluation data or other research proposals. Our data from the evaluation protocol of the Doula are not yet sufficient to measure the effect of this branch of intervention., but can be offered for discussion as a preliminary set. A wider palette of models, interventions and combinations of the two can result from the workshop.

**PW5 Parental Post Traumatic Stress Disorder after preterm birth: Identification, prevention and handling in Neonatal (Intensive) Care and aftercare**

Jotzo M. (Germany)

The premature birth and the following neonatal intensive care of an infant cause psychological distress and often have a traumatizing effect on parents. Studies demonstrate the occurrence of symptoms of traumatization in parents, especially mothers, long after hospital discharge of their child. Unresolved psychological trauma may result in a Posttraumatic Stress Disorder (PTSD), which has a negative, long-term impact on parental well-being, attitude and behavior. Emotional conditions have a strong influence on parental self-confidence; this in turn determines the parent-child relationship which is crucial for a favorable outcome. Therefore, a psychological intervention program for parents of premature infants was designed and evaluated (1,2). Theoretical frame is a model of psychological depression scale (Cox, Holden, Sagovsky, 1987) and Prenatal maternal expectations scale (Coleman, Nelson, Sundre, 1999) were included into the questionnaire. The questionnaire of prenatal environment allowed learning more about social and psychological newborn's family context. The survey data basis was supplemented with the medical data about women's delivery, anesthetics used, newborns' status and adaptation after birth as well. The second measurement is being conducted on the third — fourth month of infant life and it is still ongoing. The data about infant development, social environment, health problems, and maternal postnatal emotional wellbeing are collected. The mothers are also asked to check whether or not the infants were experienced any of the most common problem behavior in infancy (for ex., frequent and intense crying generally, lack of interest in things going on around him or her when awake and alert). Based on the results of the research the predictive analysis of infant problem behavior in respect to prenatal psychosocial variables (socioeconomic factors, preparation for motherhood, social support, relationships with husband/partner) and neonatal psychological (social support, subjective evaluation of delivery difficulty) and biological variables (womens delivery type and course, the type and amount of anesthetics, hypoxia risk factors, newborn's adaptation and others factors) is planned. The findings of this study add to the better understanding on how 3 to 4 months aged infant behavior problems are associated and modulated by different prenatal and neonatal variables.
traumatization, including aspects of the developing parent-child relationship after premature birth. Based on this intervention program and its evaluation, this workshop provides knowledge about the psychological processes of parents after preterm birth as well as consequences with regard to parental PTSD. Furthermore, the workshop points out methods and approaches concerning trauma prevention as well as instructions how to care for traumatized parents in the Neonatal (Intensive) Care Unit as well as in aftercare. The workshop covers the following topics: - Acute Stress Reaction and Posttraumatic Stress Disorder (PTSD) after preterm birth: Definition, symptoms, and course of psychological trauma - Development of PTSD with regard to preterm birth: Strains, stress, risk factors, and protecting factors - Development of parent-infant-relationship after preterm birth: Specific risk factors - Middle-term and long-term consequences of parental PTSD: Consequences with regard to parents, marital relationship, parent-infant-relationship, development and outcome of preterm infants - Trauma-prevention and handling of traumatized parents in the Neonatal (Intensive) Care Unit and in aftercare - Self-competence and self-protection of professionals in the Neonatal (Intensive) Care Unit and in aftercare References (1) Jotzo M (2004). Trauma Frühgeburt? Ein Programm zur Krisenintervention bei Eltern. Frankfurt am Main: Peter Lang (2) Jotzo M, Poets CF (2005). Helping Parents Cope With the Trauma of Premature Birth: An Evaluation of a Trauma-Preventive Psychological Intervention. Pediatrics, 115; 915-919. doi: 10.1542/peds.2004-0370

PW6 Supporting parents in the Neonatal Intensive Care Unit
Turner M. (Child Youth and Womens Health Service, Australia)
Supporting parents in the Neonatal Intensive Care Unit Abstract - Many premature deliveries are physically and emotionally traumatic for mother and infant. Recognising this at the Women's and Children's Hospital we investigated ways to support our parents and began to develop a new support group in mid 2007. In 2008 the new support group, based on psycho-educational principles and neurodevelopmental practice, began at the Womens and Childrens Hospital in South Australia. This group now caters for parents who have children in neonatal intensive care (NICU) and special care nurseries (SCBU) from the Women's and Children's Hospital and other metropolitan hospitals. The group has now been running for twelve months and research is under way evaluating its usefulness for parents and staff. The first part of this presentation will present the group and its changes since 2008 and the results of the first two arms of research. Qualitative interviews have been performed with parents who have attended the group and staff who have worked for a minimum of five years within the nursery. A survey study using the PSS-NICU is underway at present. This is a new approach to group work with these parents and focuses on two areas of the premature infant 1. Neurodevelopmental care — providing the infant with physical support appropriate for gestational age. This involves teaching the parents how to read premature baby cues, how to hold and contain their baby and how to participate in the cares of their baby. By doing this you are able to assist in parents recognising their children as individual and allow them to open a dialogue with their child. 2. Emotional care and attachment principles — we also provide the parents with a safe place for debriefing of traumatic experiences and help the parents build a relationship with their baby. Each parent speaks about the grief over their lost pregnancy, their guilt at having a premature infant and the difficult early relationship with their ill baby. The second part of the workshop will focus on structuring the development of a support group for parents in the NICU, suiting the methods above, and ways to seek and use parental and staff feedback.

PW7 Music therapy with premature infants: insights into systematic review findings and practical approaches
Haslbeck F. (University Witten/Herdecke, Germany)
The incidence of premature infants is rising. Thus, a variety of music therapy approaches has been developed to support these vulnerable patients and their parents in Neonatal Intensive Care Units (NICU). Research on music therapy with premature infants is also expanding worldwide. The purpose of this presentation is twofold: (I) to give an overview over empirical findings on music therapy in the NICU and (II) to present practical approaches of music therapy with premature infants and their parents giving special attention to Nordoff/Robbins' creative music therapy. The presentation is (I) based on early results from a currently on-going systematic integrative review on music therapy in the NICU. Identified studies include interventions from a variety of disciplines and the review findings indicate that music therapy in the NICU has significant benefits on premature infants, i. e. positive effects on behavioral states and physiological parameters. Some studies also show positive aspects of music therapy on "premature parents". The impact of different types of auditive stimulation in the NICU will be introduced and discussed. Furthermore, (II) music therapy approaches with premature infants will be presented. Stimulation concepts such as the "breathing bear," the recorded voice of a child's mother or more complex interventions like "Pacifier- Activated-Lullabies" and "Multimodal Stimulation" will be introduced. The potentials and limits of these approaches will be discussed using case study examples of Creative Music Therapy with premature infants and their parents. Special attention will be given to the quality of music therapy, i. e. how music therapy can evolve in a dialogue with preterm infants and their parents — a topic that, so far, has been rarely touched in the literature. Finally, future trends and implications for clinical practice and research in music therapy in the NICU will be discussed.

PW8 Hidden dangers: Preemies at high risk
Ingalls P. (NA, United States)
Over half a million babies are born prematurely in the U.S. at a cost of $26.2 billion per year. Due to reproductive technologies, preeclampsia, and older women conceiving their first child much later in life, as well as unknown factors have caused a 400% increase of prematurity over the last 10 years. Fetuses and newborns are generally still seen as objects with scant attention being paid to their emotional and psychological capabilities. Third trimester fetuses are quite sentient and are learning at a fast rate through habituation and classical conditioning. The major contributing factor is the attachment process and socialization. Preemies miss out on this process.
-- the cornerstone of development. Neurodevelopment, attachment, language, memory and learning, NICU and risk factors are some of the issues discussed in this paper and popowerpoint presentation

**PW9 The neuropsychoanalytic model, between neuroscience and psychoanalysis: attachment of babies with early epilepsy**

Lisa O. (Necker Hospital, France), Benony C. (Université de Bourgogne, France), Borghini A. (CHUV, Switzerland), Luisa F. (Necker Hospital, France), Golse B. (Hôpital Necker-Enfants Malades, France)

The aim of this presentation is to propose a neuropsychoanalytic model of early development among at risk babies, between neuroscience and psychoanalysis. We will take the example of the early attachment of babies with West syndrome (early epilepsy, appearing during the first year of life, characterized by a mental retardation in 70 to 90%, and an autism within 7 to 30%). Our purpose is to try to differentiate the effects of neurological disease, and the effects of the consequences of these neurological disorders, on the relationship between parents and child, and on the constitution of babies attachment. This takes place within an integrative view of development, which argues that early neurological disturbances may have an effect on the relationship, which in turn may have an effect on the global, including brain, development. Hypothesis: the attachment is not depending on the neurological status of the child, but more on the interaction between mother and child, and the capacity of the child to initiate and respond to the mother. Method: we study the development (Brunet Lezine Scale), the attachment (SSP at 18 months), the interaction (CIB, Coding Interactive Behavior, R. Feldman), and autism (CHAT at 18 and 24 months, CARS, ECAR and ADI at 3 years) among 24 children aged 18 to 3 years. Results: We found 50% of secure infants. Among insecure, we found no Disorganized child, 35.7 % A type (avoidant), 14.3% C type (ambivalent). The type of attachment was not linked with autism, nor with mental retardation, nor with interaction (but we found surprisingly a tendency between reciprocity in interaction and insecure attachment). Discussion : This is the only research we know which assesses the early attachment before autism diagnosis (which can be done only at 2 years). Our results are not congruent with previous findings that mental retardation is linked with insecure attachment (Rutgers 2007, Naber 2007). We should study in details the interaction between mother and child, in order to characterize more precisely the interactive coordination, which is known (Jaffe 2001) to predict attachment categorization. This leads us to promote early integrative interventions at different levels : neurological, developmental, and interactive, in order to prevent secondary interactive disturbances in high risk infants.

**PW10 Preverbal and verbal competence in preterm children from a developmental perspective**

De Schuymer L. (Belgium), De Groote I. (Ghent University, Belgium), Roeyers H. (Ghent University, Belgium)

In a longitudinal study, the development from preverbal to verbal communication skills was assessed in 26 preterm and 28 full term children. Preverbal dyadic competence was examined at the corrected ages of 3, 6 and 9 months in a still-face situation, whereas preverbal triadic competence was examined at the corrected age of 14 months using Mundy's Early Social Communication Scales. At the age of 30 months, the receptive and expressive language skills were assessed using the Reynell Developmental Language Scales. Results suggest that dyadic competence undergoes an important evolution between the ages of 3 and 6 months, to stabilize between 6 and 9 months of age. This evolution was less apparent in the preterm group. Consequently, preterm infants differed from their full term counterparts at the age of 6 months, a difference that was not found at 3 months and seemed to have disappeared at 9 months. At the age of 6 months, preterm infants showed themselves as less actively and less positively involved within the dyadic interaction. At the age of 14 months, preterm infants showed less triadic competencies in comparison to the full term group; they showed similar responses on triadic bids of the interaction partner, but they were less driven to initiate triadic interactions by the mean of pointing and showing. Eventually, at the age of 30 months, a significant proportion of the preterm infants showed language delay. Developmental links were found between the preverbal and verbal communication skills. Language acquisition was predicted by dyadic competence at 6 months and triadic competence at 14 months. No evidence was found for a developmental link between dyadic and triadic competence. Results suggest that preterm children are at risk for social-communicative delay and show the importance to examine the competence of these children from a developmental perspective.

**Poster Workshop: Autism**

**PW11 Early deprivation and autistic spectrum condition development, is there a relation?**

van den Hout B. (CAMHS Sussex UK, United Kingdom), Rodger J. (CAMHS, Sussex Partnership NHS Foundation Trust, United Kingdom), Stermske M. (CAMHS, Sussex Partnership NHS Foundation Trust, United Kingdom)

Studies of early institutional deprivation and attachment theory, predict that severely deprived infants can develop autistic-like traits. We ask if non-institutionalized children who have suffered severe early deprivation and who are subsequently diagnosed with an autistic spectrum condition are different from children with a stable family background who are similarly diagnosed to be on the autistic spectrum? From 175 children seen in an outpatient assessment autistic spectrum conditions clinic, children with a background of severe early deprivation were selected and compared with children from stable family backgrounds. We then compared a range of clinical parameters between the groups. Reflections on aetiology, formulation and further management are discussed.

**PW12 The impact of intensive multidisciplinary intervention on a child with autistic disorder**

Velosa J. (SESARAM, Portugal), Freitas C. (SESARAM, Portugal), Marques A. (SESARAM, Portugal), Caldeira da Silva P. (Unidade de Primeira Infância- CHILC-Hospital Dona Estefânia, Portugal)

Abstract: Autistic disorder is a neurological and developmental disorder that usually appears during the first three years of life. It is characterized by impaired social interaction and communication, which affects how the child sees, feels and interacts with surrounding
environment. The diagnosis of autism is difficult and often not made until late pre-school age. The difficulty of diagnosis arises from co-morbidity with other disorders such as mental retardation, conduct and regulation disorders of sensory processing, deprivation and maltreatment disorder. An early effective treatment is of great importance to accelerate the development of child's competences which have not already been developed. Due to different developmental delays in autistic disorder (socialization, communication, motor, emotional and sensory functioning), a multidisciplinary intervention is required. In the present study, the authors report a case of autistic disorder on a 4-year-old-boy. The assessment has been following since 2007, based on multidisciplinary intervention including "Floortime" program approach. It is worth noting that in the current study 6 video-shows of therapeutic sessions (Floortime and speech-language therapy) and 1 video-show at school context are presented.

PW13 Early differential diagnosis between autism spectrum disorders and ADHD
Sinzig J. (Department of Child & Adolescent Psychiatry, University of Cologne, Germany), Morsch D. (Department of Child & Adolescent Psychiatry, University of Cologne, Germany), Bell H. (Department of Child & Adolescent Psychiatry, University of Cologne, Germany)

Background: Recent studies have not paid a great deal of attention to comorbid attention-deficit/hyperactivity disorder (ADHD) symptoms in autistic children even though it is well known that almost half of children with autism spectrum disorder (ASD) suffer from hyperactivity, inattention and impulsivity and almost 75% were primarily diagnosed with ADHD. Objective: The goal of this study was to identify specific behaviors of children with either ASD or ADHD, in order to have markers that allow to differentiate even in pre-school age between the two disorders. Methods: 140 Children aged 4 to 8 years old with ADHD (n=40) or ASD (n=50) and a typically developing group (n=50) were compared. The applied screening-questionnaire comprised 86 items, that were chosen from well-evaluated questionnaires for ADHD (Fremdbeurteilungsbogen ADHS bzw. Störung des Sozialverhaltens (FBB-ADHS bzw. -SSV, DISYPS)) and ASD (Marburger Beurteilungsskala zum Asperger Syndrom (MBAS), Fragebogen zur sozialen Kommunikation (FSK)). Results: We found significant differences between the two groups. 23 relevant items of the screening-questionnaire, explaining almost 45 % of the variance could be identified. Conclusions: Our findings show that the assessed questionnaire makes a contribution to identify specific behaviors problems in early childhood and enables to differentiate early between the two disorders ADHD and ASD. Thus the questionnaire can be applied to avoid early false diagnosis and medical maltreatment.

PW14 Prenatal, perinatal and infancy history of autism spectrum disorder
Cho S. (Seoul National University, South Korea), Yoo H. (Seoul National University Bundang Hospital, South Korea), Kim B. (Seoul National University, South Korea), Cho I. (Gacheon University, South Korea), Chung U. (Kyungpook National University Hospital, South Korea), Park T. (Chun Buk National University, South Korea), Son J. (Choong Buk National University, South Korea), Kang J. (Seoul National University Bundang Hospital, South Korea), Cho S. (Seoul National University, South Korea), Nam B. (Seoul National University, South Korea)

Objectives: The purpose of this study is to evaluate prenatal, perinatal and infancy history of children with autism spectrum disorder as compared to unaffected siblings and typically developing children. Methods: Subjects with autism spectrum disorder (ASD), their unaffected siblings (SIB) and typically developing children (TC) are recruited. Subjects with chromosomal abnormality or significant neurological problem from infancy are excluded. All three groups were assessed with Korean version of Autism diagnostic interview-revised and Korean version of Autism Diagnostic Observation Schedule and identified as affected or unaffected. Prenatal, perinatal, and infancy history was obtained from primary caregiver by a trained nursing staff through comprehensive interview using a complementary questionnaire. Each item of perinatal and developmental history was compared among ASD, SIB, and TC group using SPSS ver. 17.0. Statistical significance was defined as .05. Conclusion: These results suggest that ASD might be associated with difficulty in control of circadian rhythms represented as sleep difficulty. Also, it does not support the previous controversies regarding relations with prenatal/perinatal complications and ASD, as well as with the vaccination.

PW15 Maternal resolution of the child's ASD diagnosis over time: Thematic continuity and change.
Dolev S. (Israel), Oppenheim D. (Department of Psychology University of Haifa, Israel), Koren-Karie N. (Haifa University, Israel), Yirmiya N. (Hebrew University, Israel), Taube-Dayan S. (Haifa University, Israel), Wachtel R. (Haifa University, Israel)

Background: Receiving a diagnosis of ASD for one's child is a painful experience for parents, one that requires that they realign their thoughts, feelings, and expectations regarding the child. Such realignment, also referred to as "resolution" of the diagnosis, is necessary in order to provide caregiving that is matched to the child's needs and challenges. Since parents continue coping with raising their child with ASD throughout the child's development they are faced time and again with the challenge of coming to terms with the child's diagnosis (showing resolution vs. non-resolution). Furthermore, the experience of receiving the child's diagnosis is described by parents in very different ways, bringing different themes into their narratives. In order to shed more light on this parental process of resolution we are using a content analysis coding to try to explain differences in continuity and change of parental resolution. Objectives: To examine continuity and change in mothers' resolution of the ASD diagnosis of their children over time, in light of the different themes mothers' relate to while talking about this experience using a content analysis coding system. Method: 33 boys diagnosed with Autism Disorder (AD) or Pervasive Developmental Disorder — Not Otherwise Specified (PDD-NOS) and their mothers participated in the study. Mothers' resolution of their children's diagnoses was assessed using the Reaction to Diagnosis Interview (RDI) twice, once when the children were in preschool (ages 2.7-5.8 years), and once when they were in elementary school (ages 8.6-11 years). Maternal Resolution is seen in mothers' recognition of change in their thoughts and feelings with respect to the
PW16 Features of early communication as predictor of developmental outcome
Ljubesic M. (Croatia)

Features of prelinguistic communication are implicated as contributing factor in later appearing language but there is little research of features of prelinguistic communication as predictor of developmental outcome and social communication problems. The aim of this presentation is to analyze late developmental outcome in children with different profiles of prelinguistic communication. The participants were children who went through developmental assessment (Bayley Scales of Infant Development, Mc Arthur-Bates Communicative Development Inventories, Reynell Developmental Language Scales and Pragmatic Profile of Everyday Communication Skills) within Early Communication unit due to parent's concern about their early language development. Their later developmental outcome was checked through control assessment or by telephone survey. Results implicate that already in the age of two, based on communication features and achieved communication milestones at least four developmental trajectories can be distinguished: (a) normal development, (b) late talkers, (c) slower mental and language development (future learning difficulties), (d) autistic spectrum disorder. Results indicate that the emergence of first words is not as predictive for later outcome as the ratio between the frequency of declarative and imperative communicative purposes and measure of social cognition. By considering the features of prelinguistic communication early enough, it is also possible to distinguish between developmental disorders such as autism spectrum disorders and transitory language delay. Early detection and delineation between different developmental profiles is a necessary step for implementing optimal intervention strategies.

PW17 Very early social and motor disorders in autism: a new way for retrospective video analysis
Wendland J. (University Paris Descartes, France), Serres J. (University Paris Descartes, France), Wendland J. (University Paris Descartes, France), Adrien J. (University Paris Descartes, France)

Features of prelinguistic communication are implicated as contributing factor in later appearing language but there is little research of features of prelinguistic communication as predictor of developmental outcome and social communication problems. The aim of this presentation is to analyze late developmental outcome in children with different profiles of prelinguistic communication. The participants were children who went through developmental assessment (Bayley Scales of Infant Development, Mc Arthur-Bates Communicative Development Inventories, Reynell Developmental Language Scales and Pragmatic Profile of Everyday Communication Skills) within Early Communication unit due to parent's concern about their early language development. Their later developmental outcome was checked through control assessment or by telephone survey. Results implicate that already in the age of two, based on communication features and achieved communication milestones at least four developmental trajectories can be distinguished: (a) normal development, (b) late talkers, (c) slower mental and language development (future learning difficulties), (d) autistic spectrum disorder. Results indicate that the emergence of first words is not as predictive for later outcome as the ratio between the frequency of declarative and imperative communicative purposes and measure of social cognition. By considering the features of prelinguistic communication early enough, it is also possible to distinguish between developmental disorders such as autism spectrum disorders and transitory language delay. Early detection and delineation between different developmental profiles is a necessary step for implementing optimal intervention strategies.

PW18 Predictors of optimal outcome in young children diagnosed with an autism spectrum disorder.
Barton M. (University of Connecticut, United States), Berry L. (Children’s Hospital of Philadelphia, United States), Sutera S. (Institute of Living, United States), Fein D. (University of Connecticut, United States)

The possibility that children diagnosed with an autism spectrum disorder at age two may make sufficient progress that they no longer meet diagnostic criteria later in development raises important questions about the possibility of "optimal outcome" in children diagnosed with an autism spectrum disorder. Do such children exist or is the reported outcome associated with less reliable early diagnosis? What characteristics of these children might predict optimal outcomes, if such outcomes can be reliably demonstrated? The present study is an examination of 200 children identified as part of a larger study of the Early Detection of Autistic Spectrum Disorders. Children were identified at about age two through pediatric screening and received detailed evaluations, which resulted in a comprehensive diagnosis at an age of 27 months. As part of the same study these children were re-evaluated at a mean age of 56 months. Nineteen children were identified who met criteria for a diagnosis of an autism spectrum disorder at age two and who no longer met those criteria at the second evaluation. These children are compared to a sample of 134 children from the same study who received an autism spectrum diagnosis at two and retained their diagnosis over the two year span, and 47 children who did not meet criteria for an ASD diagnosis at either their first or second evaluation. The results suggest that variables related to motor development, expressive language, symptom severity as indexed by scores on the Childhood Autism Rating Scale and the early initiation of joint attention are associated with optimal outcome at time 2. Variables such as receptive language ability, repetitive behavior or stereotypies, and imitation were not associated with outcome. Treatment was investigated in a subset of the sample and those results
revealed no association between optimal outcome and the child's age at initiation of treatment or the type of treatment provided. The results are discussed in the context of the emerging literature on optimal outcome including other studies currently in progress, and characteristics of children as well as intervention models associated with positive developmental patterns in children diagnosed with autism spectrum disorders.

**S 69 Symposium: Longitudinal perspective on the relations between maternal attachment representations and dyadic interaction in three different risk groups**

Chair: Latva R. (Finland)

Ahlqvist-Bjorkroth S. (Turku University, Department of Psychology and Turku Institute for Child and Youth Research, Finland), Clark R. (University of Wisconsin School of Medicine and Public Health Department of Psychiatry, United States), Korja R. (Turku University, Department of Psychology, Finland)

For research and clinical intervention purposes, it is important to develop a comprehensive understanding of the quality of the parent-infant relationship. Therefore is essential to assess both internal and external components of relationship. Risk factors in mother, infant or family may contribute to interaction quality responsible for transmission gap between maternal representations and care giving quality. It may be important to look beyond maternal sensitivity by assessing more explicited other aspects of maternal, infant and dyadic interaction quality. This symposium will describe associations between maternal attachment representations and interaction quality in three risk groups (maternal postpartum depression, prenatal birth of infant and low marital satisfaction) assessed with similar methods. In the study of postpartum depressed mothers (n=20) the assessment of attachment representations was conducted using the Adult Attachment Interview (AAI) and assessment of mother-infant interaction quality using the Parent-Child Early Relational Assessment Scale (PCERA) before and after a 15 week Mother-Infant Relational Group Therapy. The pre-treatment mean age of infants was 9 weeks. The security of child's attachment was studied with the Strange Situation paradigm (SS) at 12-13 months of age. Mother's AAI classifications were: 20% secure, 55% dismissing, 10% preoccupied and 15% cannot classified. Greater fear of loss in the AAI was associated negatively with several PCERA scales at post-treatment. SS classifications are currently being coded and will be presented. In the study of 38 preterm infants and their mothers attachment representations were assessed using the Working Model of Child Interview (WMCI) when the children were corrected age of 1 year. The interaction quality was assessed (PCERA) at 6 and 12 months of the infant's corrected age. These results showed that maternal representations are related to the quality of mother-infant interactions and that the distorted representations were more strongly related to a higher number of areas of concern in mother-infant interaction than other representation classifications. In the study of 55 mothers with low marital satisfaction and their infants, maternal representations were studied between 28 — 32 gestational weeks using the WMCI. The quality of mother-infant interaction in feeding situation was assessed using the PCERA when the child was 4½ months old. 67 % of maternal WMCI interviews are analyzed. Preliminary results indicate that 66% of mothers' attachment representations were classified as balanced, 16% as disengaged and 18% as disturbed. The interaction quality is currently being rated and the results of all analyses will be presented.

**S70 Maternal representations, observed quality of maternal caregiving, and infant security of attachment in the context of postpartum depression**

Clark R. (University of Wisconsin School of Medicine and Public Health Department of Psychiatry, United States), Clark R. (University of Wisconsin School of Medicine and Public Health Department of Psychiatry, United States), Hipke K. (University of Wisconsin, United States), Hewitt E. (University of Wisconsin, United States)

A comprehensive portrait of the mother-infant relationship prior to and following mother-infant psychotherapy is important in determining appropriate “ports of entry” and in documentation of change. A mother’s representations of her attachment relationship in early childhood may contribute both to her perceptions of her infant as well as to her affective availability, sensitivity and responsiveness with her infant. Mothers experiencing depression in the postpartum period are at risk for disturbances in these mothering capacities thus, therapeutic interventions focused on involving the mother in assessing and addressing her internal working models of relationships and her perceptions of her child are necessary. This study examined the associations between maternal attachment classification(AAI), perceptions of her relationship with her infant(Psi), and the quality of mother-infant interactions(PCERA) in women with postpartum depression(PPD) and whether observed quality of maternal caregiving moderates the association between maternal attachment representations on the AAI and the child’s security of attachment at 12 months of age. Research participants are women with PPD and their infants under 7 months of age in a treatment study(N=147). Coding is underway by coders trained to reliability who are blind to mothers’ diagnostic status. Data from the analysis of the first 20 women are presented here. At pre- treatment, several associations emerge. Mothers’ AAI classifications were related to the severity of current attachment concerns with their infants. The majority of women were found to be dismissing regarding their current state of mind about attachment relationships (20% Secure (F); 40%Dismissing(Ds);5%Preoccupied; unresolved;(E/U);15%Dismissing/unresolved (Ds/U);5%Preoccupied(E);15% Can’t Classify (CC)). Greater insistence on lack of memory for childhood was associated with greater dyadic disorganization & tension prior to treatment (r=-.51, p=.02); greater insistence on lack of memory for childhood (r=-.47, p.07) and more passivity and vagueness in discourse (r=-.42, p=.04) in the AAI were associated with more intrusiveness, insensitivity, & inconsistency prior to treatment. Greater fear of loss in the AAI was associated with more maternal intrusiveness &insensitivity (r=-.62, p=.01), lower infant play,& attentional skills ( r=-.46, p<.05), more infant dysregulation & irritability (r=-.54, p.<.02) and less dyadic mutuality & reciprocity (r=-.58, p<.01) post-treatment. Findings highlight the importance of a multi-method assessment of mother-infant relationships that includes representational, affective and behavioral domains of functioning that may contribute to
S71 Maternal representations and observed quality of caregiving of mothers with postpartum depression and security of attachment in their infants

Clark R. (University of Wisconsin School of Medicine and Public Health Department of Psychiatry, United States)

A comprehensive portrait of the quality of the mother-infant relationship prior to and following mother-infant psychotherapy is important in determining the appropriate ports of entry (Stern, 1985, Lieberman, 2004) and foci of therapeutic intervention. Mothers’ representations of their own attachment relationship experiences in early childhood may contribute both to her perceptions of her infant and herself in the mothering role, as well as to her affective availability, sensitivity and responsiveness during interactions with her infant. Mothers experiencing major depression in the postpartum period are at risk for disturbances in these mothering capacities (Tronick & Weinberg, 1997) and chronicity of maternal depression is related to developmental delays, emotional and behavioral disturbances in their children (NICHD, 1999). Thus, therapeutic interventions focused on involving the mother in assessing and addressing both her internal working models of attachment relationships and her perceptions of her child and herself in the mothering role are necessary. Are there associations between history of attachment relationships, perceptions of her current relationship with her infant, the quality of mother-infant interactions in women with postpartum depression? Are there associations between attachment history and quality of mother-infant interactions at treatment outcome? Is there an association between maternal attachment history and classification on the AAI and security of attachment of her infant at 12 months of age? Does observed quality of maternal caregiving moderate the association between maternal attachment representations on the AAI and her child’s security of attachment? How can a multi-method approach utilizing both objective and subjective assessments, be used to inform and focus mother-infant psychotherapy?

S72 Association between prenatal maternal attachment representations and quality of mother-infant-interaction: effects of marital satisfaction

Ahlgqvist-Björkruth S. (Turku University, Department of Psychology and Turku Institute for Child and Youth Research, Finland), Räihä H. (Turku University, Department of Psychology, Finland), Savonlahti E. (Turku University, Department of Child Psychiatry, Finland), Korja R. (Turku University, Department of Psychology, Finland), Junttila N. (Centre for Learning Research, University of Turku, Finland), Aromaa M. (Department of Public Health, University of Turku, Finland), Vauras M. (Department of Teacher Education, University of Turku, Finland)

Aim. The aim is to study the relation between maternal prenatal attachment representations and quality of mother-infant-interaction when the child is 4 month old in the group of mothers with low marital satisfaction and in the group of mothers who were satisfied with their marital relationship. Subjects. The study involves a follow-up of 110 mothers. The mothers were recruited to the study at the maternity clinic in the city of Turku, Finland and in the surroundings between September 2007 and August 2009. The collection of follow-up data is still going on. Methods. The mothers and fathers completed at the 20th pregnancy week, the Revised Dyadic Adjustment Scale (RDAS). Inclusion criteria to the study group (n=55) was that either parent evaluated marital relationship low in satisfaction (< 36) and to the control group (n=55) inclusion criteria was that both parents evaluated marital relationship as satisfying (>36). Maternal attachment representations were assessed using Working Model of Child Interview (WMCI) between 28 — 32 gestational weeks. The quality of mother-infant interactions was assessed using the Parent — Child Early Relational Assessment Scale (PCERA) in the feeding situation recorded at home when the child was 4½ month old. An assessment of maternal depression (EPDS) carried out at both time points and pregnancy related anxiety at the 20th gestation week (PRAQR). Results. When 67% of prenatal WMCI interviews were analyzed we found that 66-67% of mothers’ attachment representations in both groups were classified as balanced. In the group of mothers with low marital satisfaction 16% were classified as disengaged and 18% as distorted. In the group of materially satisfied mothers 28% were classified as disengaged and 7% as disturbed. The interaction quality is currently being rated and the results of all analyses will be presented. Keywords: Maternal attachment representations, prenatal attachment representation, interaction quality, marital satisfaction.

S73 The associations between maternal attachment representations and the quality of mother-infant interaction in preterm and full-term infants

Korja R., Ahlgqvist-Björkruth S., Savonlahti E., Haataja L., Lapinleimu H., Stolt S., Piha J., Lehtonen L. & PIPARI-study group (Turku University & Turku University Hospital, Finland)

The aim of the study was to assess the relationship between maternal representations and the quality of mother-infant interaction in a group of preterm and full-term infants. The study groups consisted of 38 mothers and their preterm infants (<1500 g or < 32 gestational weeks) and 45 mothers and their full-term infants. Maternal representations were assessed using the Working Model of Child Interview (WMCI) at 12 months of the infant’s corrected age. The quality of mother-infant interaction was studied using the Parent—Child Early Relational Assessment Scale (PCERA) method at 6 and 12 months of the infant’s corrected age. The results showed that maternal representations are related to the quality of mother-infant interaction in a parallel manner in preterm and full-term infants and their mothers. Furthermore, distorted representations were more strongly related to a higher number of areas of concern in mother-infant interaction than other representation classifications. Our results underline the importance of combined assessment of the subjective experiences of the mother and the quality of mother-infant interaction in clinical follow-up. This is the first study to describe the relation between maternal attachment representations and the quality of mother—infant interaction involving preterm
WS21 Workshop: Mobilizing mentalization in adolescent mothers and mothers in recovery: two mentalized-based mother-infant treatment programs
Mayers H. (United States), Schnall D. (Mahler Mother-Baby Group Project, United States)
This workshop will present clinical material from two mentalized-based mother-infant treatment programs, one targeted toward adolescent mothers and the other toward substance-abusing mothers in recovery. At first glance, both adolescent mothers, and mothers in recovery might seem unlikely candidates for mentalized-based treatments; however, this is precisely the treatment of choice for them. Mothers in the substance-abuse recovery program are generally mandated by the court system or child protective services; many came directly from prison. The mothers in the adolescent program are inner-city high school students. Both groups of mothers are in transition, required to develop a new stable and secure sense of self at the same time that they must help their children develop a beginning sense of self. Both groups of mothers need help improving impulse control and regulating affect, as well as understanding their babies’ communications as meaningful. Research on intergenerational transfer of trauma and the reciprocal management of affect within the dyad attests to the effectiveness of dyadic, mentalized-based treatments for breaking the cycles of poor attachment, destructive, violent relationships, and despair. Mentalization promotes interactions that facilitate infant and maternal mental health. The work we will present illustrates that it is not only possible but critical to develop the capacity to mentalize in these high-risk populations. We will use case examples from treatments that illustrate the challenges and successes we have encountered helping adolescent mothers manage the antithetical pulls of adolescent development and motherhood, and helping mothers in recovery find the words and safety to express their thoughts, feelings and beliefs because they are finally heard. We will explore with our audience the use of mentalization to improve ego functions, process rupture and repair, modulate the expression of aggression, increase the mothers' capacity to hold their babies' minds in their minds and reflect about rather than react to their babies' behaviors. We will also explore the countertransferential responses inherent in this difficult work. We look forward to a thoughtful and thought-provoking discussion among participants committed to intervening with underserved populations of mothers and their babies.

WS22 Workshop: Trauma-informed early childhood mental health training; The child trauma training institute
Sterwin, L. (Child Trauma Training Institute, Jewish Family & Children's Services, United States), Weiss, A. (Child Trauma Training Institute, Parents Place, Jewish Family and Children's Services, United States)
The training needs of infant mental health clinicians are a widely discussed issue in the United States in recent years. The skills and knowledge that professionals require in order to provide early childhood mental health services are being offered through the creation of training programs and endorsement systems. Typically, such training has focused on the developmentally informed foundations of early childhood social and emotional well being, dysfunctions, and relationship-based and family-oriented interventions. The Child Trauma Training Institute (CTI) was developed in response to the growing number of children exposed to trauma in the United States. Clinicians often feel unprepared to address one of the most pervasive issues that impact families in our communities. Many of these families live with chronic trauma associated with poverty, such as domestic violence and drug and alcohol addiction. CTI is a unique collaboration between a non profit organization (Jewish Family and Children's Services) and a university (University of California San Francisco Child Trauma Research Program) that focuses on the often underrepresented topic of trauma and early childhood. Based on our experience we have developed a training model that seeks to integrate trauma theory and practice into broad early childhood mental health practice, including Child Parent Psychotherapy and Mental Health Consultation to Child Care. Acknowledging trauma for both the client and the therapist can be an emotionally charged and a sometimes split off phenomenon that many clinicians, even the most experienced, have difficulty addressing. The unspeakable nature of trauma requires that clinicians learn the skills and have the support necessary to address trauma with the family. We propose that the "stress trauma continuum" concept (Lieberman and Van Horn, 2008) can be incorporated into a training model which allows for the range of early childhood mildly normative stress to extreme trauma exposure. A clinical case will be presented that depicts the integration of a stress-trauma perspective into treatment. In this workshop we will discuss the concept of an integrated training model, related clinical issues, and the development of a structure for this model.
**Thursday July 1, 2010**

**Master Class Lectures**

Moderator: Hiermann P. (Germany)
MCL6 Promoting recovery and resilience in infants and young children following disasters
Osofsky J. (United States)

Moderator: Kroll M. (Germany)
MCL 7 Infants in a rapidly changing world: The next 50 years
Tomlinson M. (South Africa)

Moderator: Koch G. (Germany)
MCL 8 Exploring "The Turning Point": Transformative processes in clinical work with parents, infants and young children
Emanuel L. (United Kingdom)

Moderator: Stadelmann S. (Germany)
MCL 9 Attachment disorders in early childhood: What do we know and where do we go?
Zeanah C. (United States)

Moderator: Lehmann E. (Germany)
MCL 10 The baby and the couple
Fivaz E. (Switzerland)

**Plenary Lecture 3**

**Award Ceremony: WAIMH Award**

Moderator: Weatherston D. (United States)

**Origins of Alcohol Use Disorders: Mental Representations, Relationships, and the Risk-Resilience Continuum**

Fitzgerald H. (Michigan State University, East Lansing, United States)

10:30 - 12:00

**CT8 Clinical Teach-In: Fraiberg in Leipzig: Integrating theories with practice**

Weatherston D. (Michigan Association for Infant Mental Health, United States), Guedeney N. (Institut Mutualiste Montsouris, France), Ribaudo J. (University of Michigan, United States)

As Alicia Liebermann and Charles Zeanah noted in 1999, Selma Fraiberg probably developed the first attachment informed mother-infant psychotherapy although she was not identified then as a devotee of Attachment Theory (Bowlby, 1969). Almost 30 years after the publication of Clinical Studies in Infant Mental Health: The First Year of Life (1980), edited by Selma Fraiberg, we would like to describe how recent research in Attachment Theory validates the concepts developed by Fraiberg, including “ghosts in the nursery,” central to Selma Fraiberg's work and her writing. Julie Ribaudo will present her clinical case work with a 22 month old child and her mother, including a video clip of a brief separation episode, to illustrate themes of intergenerational transmission of the trauma of abandonment and loss. Ms. Ribaudo's clinical understanding reflects Selma Fraiberg's approach to work with very young children and their families. Of particular importance, the work is with the parent and infant together, with attention to the developmental and clinical strengths and risks as expressed in their early developing relationship. Attentive to the dynamics of relationship, Ms. Ribaudo's work highlights the importance of both the “ghosts” and the "angels" in the toddler's nursery. Nicole Guedeney will provide a theoretical framework by focusing on recent advances in attachment research. She will first discuss attachment disorganization using the toddler's symptomatology as a reference. She will then consider behavioural interaction in light of the concept of disrupted affective communication developed by Lyons-Ruth and coded in AMBIANCE with the three domains of disorganizing behavioural maternal behaviour: frightening/frightened behaviour, abdicating behaviour and errors of affective communication. Finally, she will consider the concept of unresolved maternal state of mind rooted in the Adult Attachment Interview. A third contributor, Deborah Weatherston will comment on the concepts presented and the clinical case material, encouraging the audience to consider what Selma Fraiberg understood so long ago about the importance of relationship-based work and bridging the gap between evidenced based research and clinical practice in infant mental health. She will raise questions specific to the theoretical framework introduced by Dr. Guedeney as reflected in Ms. Ribaudo's clinical case.
S79 Symposium: Trauma, attachment, and vulnerable populations: A clinical research update
Chair: Oppenheim D. (Israel)
Discussant: Ansermet F. (Switzerland)
Schechter D. (University Hospital of Geneva, Switzerland), Rusconi Serpa S. (University Hospital of Geneva, Switzerland), Ziegenhain U. (Ulm University Hospital Department of Child and Adolescent Psychiatry and Psychotherapy, Germany), Zeanah C. (Tulane University, United States), Ansermet F. (SPEA, Universities of Geneva and Lausanne, Switzerland)
This symposium will examine recent clinical research on how attachment can help and/or hinder the early child development in the wake of trauma. Within vulnerable populations in which there is an accumulation of risk factors for intergenerational trauma and disturbances of attachment, the panel will consider how attachment-informed inventions in infancy and early childhood might lead to greater repair and prevention of subsequent violent trauma. Daniel Schechter and Sandra Rusconi from the University of Geneva, Switzerland will discuss two projects involving family-violence exposed mothers and their toddlers, one of which was conducted at Columbia University, New York City, USA. This presentation will focus on the relationship of maternal violence-related postransformative stress to child attachment disturbances termed “secure base distortions” involving seemingly disparate behaviors: clinging, self-endangering behavior, hypervigilance and role reversal. This presentation will examine how study of maternal mental representations and stress physiology might deepen our understanding of this relationship and lead to useful clinical applications. Then, Ute Ziegenhain from the University of Ulm, Germany will speak about her research team's important project that examines the effects of an intervention meant to reduce the likelihood of maltreatment by disadvantaged teenage and/or psychically ill mothers of their infants. The dyads she will discuss received attachment-based and video-based intervention and were compared to mother-infant dyads with treatment as usual, meaning mothers in regular medical care and/or service delivery provided by youth welfare. This project focuses on attachment-informed intervention with vulnerable, high-risk families with infants during the first six months of life. Charles Zeanah from Tulane University, New Orleans, USA will present new findings related to his team's attachment-based intervention with Romanian orphans, specifically on individual differences in children and parents as they relate to outcomes. Outcomes assessed include IQ, signs of attachment disorders, internalizing symptoms, externalizing symptoms and functional impairment. François Ansermet of the Universities of Geneva and Lausanne, Switzerland will discuss these three presentations and pose questions on the future directions in the areas of research mentioned. The discussion will be followed by audience discussion.

S80 Attachment based intervention for socially deprived young children
Zeanah C. (Tulane University, United States), Smyke A. (Tulane University, United States), Fox N. (University of Maryland, United States), Nelson C. (Harvard Medical School, Venezuela)
Institutional rearing is known to increase risk for serious disturbances of attachment. Variability in outcomes, however, raises the question of whether early intervention can ameliorate disturbances of attachment in young children abandoned at birth and placed in institutions. This presentation describes the Bucharest Early Intervention Project (BEIP), a randomized controlled trial of foster care as an alternative to institutional care for young abandoned children in Romania. Following screening, 136 children were comprehensively assessed at baseline (ages 6-31 months) and then randomly assigned to care as usual (68) or to placement in foster care (68) that was created for the Project. An additional 72 children who had never been institutionalized were recruited from pediatric clinics in Bucharest. They were followed at 30, 42, 54 and 96 months for follow-up assessments. The intervention was foster care, which barely existed in Bucharest at the time the project began, monitored by BEIP social workers. These social workers were trained by US psychologists experienced in treating maltreated children. Following training, the psychologists continued to provide several hours of weekly consultation to the social workers throughout the life of the project (all children reaching 54e months of age). In that time, there were only two disrupted placements among the 68 children placed in foster care. Initial findings demonstrated that in almost every domain children raised in institutions were delayed or deviant when compared to never institutionalized children. Subsequent assessments determined that foster care was effective in ameliorating most domains of development. The modal pattern of findings was that children in the foster care intervention were intermediate between the care as usual group and the never institutionalized group. In other words, for the group, recovery was incomplete. In this presentation, we will report on individual differences in children and parents as they relate to outcomes. Child characteristics include gender, ethnicity, and genetic polymorphisms of selected genes (BDNF, DAT and COMT). Parent characteristics include age, education, marital status, and caregiving quality. Outcomes assessed include IQ, signs of attachment disorders, internalizing symptoms, externalizing symptoms and functional impairment.

S81 Separation anxious, risk-taking, hypervigilant, and role-reversed: the relationship between early attachment disturbances and maternal traumatization
Schechter D. (University Hospital of Geneva, Switzerland), Rusconi Serpa S. (University Hospital of Geneva, Switzerland)
Aims: This presentation discusses two studies: 1) The first examines whether secure base distortions (SBD; Zeanah and Boris, 2005) are associated with severity of maternal violence-related PTSD and atypical maternal behaviour (AMB), and whether AMB mediates effects of maternal PTSD on child attachment behavior. 2) The second (replication and expansion of the first) explores the relationship of a) maternal mental representations, b) mother-child physiologic reactivity to separation stress (salivary cortisol), c) and SBD. Methods: Study 1: In a community pediatrics sample of mothers and their 12-48 month old children (N=76 dyads), mothers were assessed for PTSD by the Clinician Administered PTSD Scale (CAPS; Blake et al., 1995). SBD of children were measured using the Disturbances of Attachment Interview (DAI; Smyke and Zeanah, 2000; Zeanah et al., 2005), a 12-item semi-structured
interview of the parent that permits observations to be made simultaneously if the child is present. The four SBD-related items are: separation anxiety, self-endangering behavior, hypervigilance, and role-reversal. AMB was rated using the coding scheme from the Atypical Maternal Behavior Instrument (AMBIANCE; Lyons-Ruth et al., 1999) as applied to a video-taped laboratory mother-child interaction sequence (Zeanah et al., 2000). Data were analyzed by T-tests and multiple linear regression. Results: Few children met criteria for DSM-IV reactive attachment disorder (<5%). However, 27.3% of the sample children met criteria for SBD. The four factors of the SBD together had a Cronbach’s alpha of .75. All children meeting criteria for any of the three attachment disturbances had mothers who had a diagnosis of PTSD. Maternal PTSD severity was significantly associated with the number of SBD criteria met on the DAI, with roughly one third of the variance of secure base behavior accounted for by severity of maternal PTSD (ß=.55, p<.001). AMB was related to SBD in this study at a trend-level of significance (ß=.20, p<.1). Discussion: Maternal violence-related PTSD was associated with child SBD. AMB was not found to be a mediator of maternal PTSD effects. Further examination (i.e. Study 2) of the relationship of maternal PTSD and SBD is needed. Study 2: The revised study design and preliminary data regarding 5 PTSD-cases and 5 controls will be presented with video-examples of how maternal narrative data informs the understanding of SBD and their treatment.

S82 Symposium: Traumatic transitions: the journey of the sick infant and their family
Chair: Jordan B. (Australia)
Jordan B. (Royal Children's Hospital, Australia), Brisch K. (Children's Hospital, Ludwig-Maximilians University, Germany), Peter C. (SUPEA Unité de Recherche, Switzerland), Franich-Ray C. (Murdoch Childrens Research Institute & University of Melbourne, Australia), Faugli A. (Oslo University, Norway)
Very sick infants, neonates subjected to surgery and those with ongoing impairments are laying down the psycho-biological basis for their future stress response system while under siege physically and psychologically from the demands of coping with their illness and its treatments. A secure attachment relationship can function as a protective buffer for infants exposed to trauma but parents’ own traumatic stress response to the birth of a sick infant may impair their ability to provide the high levels of emotional scaffolding and sensitive and responsive care that sick infants need to regulate their arousal and stress responses. This dynamic can contribute to poor developmental and mental health outcomes for the infant. In this symposium data will be presented from four studies with sick infants and their families from Germany, Norway, Australia and Switzerland. The first paper will explore the impact of postnatal neurobiological risk factors in very low birth weight premature infants on development including the impact of subtle ongoing neurological abnormalities on daily life. The second paper will present data on 12 month Strange Situation attachment classifications of infants born with cleft lip and palate compared to infants with cleft lip only, and a group of control infants. The complex relationship between the facial appearance of the infant and the subtleties of the attachment relationship between the infant and their mother will be explored. The relationship between trauma symptoms one month after hospital discharge in mothers and fathers of a group of infants who had cardiac surgery in the first 3 months of life and the infant- parent relationship and the infant's cognitive development at one year of age will be discussed in the third paper. The final paper will present cross sectional and follow up data on rates of psychopathology in one year old infants with oesophageal atresia and discuss the impact of invasive medical procedures, maternal posttraumatic symptoms, relational trauma and vulnerable attachment relationships on the mental health of the infant. The aim of this symposium is to identify further research questions and to generate discussion on the implications of the findings for clinical care especially infant mental health interventions for sick infants.

S83 Neurological and cognitive outcome of Very Low Birth Weight preterm infants with 6 years and postnatal neurobiological risk factors
Brisch K. (Dr von Hauner Children's Hospital LMU München/Germany, Germany), Borns J. (Dept. of Psychosomatic Medicine and Psychotherapy, Dr von Hauner Children's Hospital, Ludwig-Maximilians University, Pettenkoferstr. 8a, D-80336 Munich, Germany, Germany)
Introduction: Advances in neonatal care in recent years have resulted in increased survival rates of very low birth weight (<1500 g) preterm children. And even though the prevalence of major disabilities is relatively low among these children, many studies have observed increasing numbers of neurodevelopmental disabilities, including minor neurological disabilities, lower cognitive scores, behavioral and school difficulties. In order to predict the effect that early risk factors and complications may have on the further development of a child, many different postnatal morbidities have been identified as being significant. Objectives: To assess the neurological and cognitive outcome of very low birth weight preterm infants at the mean age of 6.8 years (corrected for prematurity), and to identify postnatal neurobiological risk factors that affect development at this age. Methods: In a longitudinal prospective study, N=93 very low birth weight preterm infants (birth weight: M=956 g, SD=289, range 320-1490; weeks of gestation: M=27.6, SD=2.6, range 23-35) were followed in their development. Neonatal risk was measured with the Nursery Neurobiologic Risk Score (NBRS), including biological risk factors (e.g., birth weight, weeks of gestation) and neonatal morbidities (e.g., infection, intubation, cerebral hemorrhage, seizures, duration of hospitalization). At mean age 6.8 years (SD=4.9, range 6.1-8.4 years, age corrected for prematurity) the cognitive development was assessed using the Kaufmann Assessment Battery for Children and a standardized neurological examination was performed. Results: The mean index on the intelligence scale was 100.7 (SD 14) and on the achievement scale 97.4 (SD 18). Low scores on both scales were significantly associated with postnatal intraventricular hemorrhage (T-Test intelligence/achievement p=.017/.047) and more than 8 days of ventilation (T-Test intelligence/achievement p=.002/.001). While 55% of the VLBW preterms were classified as neurologically normal at mean age 6.8 years, 25% had neurodevelopmental delays and
To explore mental health and mother-infant interaction in children with oesophageal atresia, and to describe medical and psychosocial
medical condition, additional malformations and complications. Previous studies indicate increased risk for psychosocial problems
relatively common congenital anomaly, embracing a clinically heterogeneous group of patients concerning the seriousness of the
Background: The impact of chronic paediatric illness on child development has been well recognized. Oesophageal atresia is a
Hospital Rikshospitalet/University of Oslo, Norway), Diseth T. (Oslo University Hospital/University of Oslo, Norway)
Faugli A. (Oslo University, Norway), Bjørnland K. (Oslo University Hospital Rikshospitalet, Norway), Emblem R. (Oslo University

they may impact on the parents' perception of their child, the infant-parent relationship and interaction as well as the infant' s
discussed. Conclusions: Clinical services need to be mindful of trauma symptoms in parents of infants who undergo cardiac surgery as
30 families were followed up. A developmental assessment of the infant was conducted using the Bayley Scales of Infant and Toddler
important role of the baby’s mood, e.g., when looking at all the trauma symptoms together 34% (26/77) of mothers and 18% (10/55) of fathers
found in the literature. Contrary to our expectations, the facial appearance of infants with CLP seems to have no adverse effect on the quality of their attachment and moreover seems to enhance this quality. However, these results will be
discussed because a large part of the secure infants presents some characteristics of avoidance but not sufficiently to be classified as
avoidant.

S85 Trauma reactions in parents of infants who have had cardiac surgery - is there a relationship with their infant's development?
Franch-Ray C. (Murdoch Childrens Research Institute & University of Melbourne, Australia), Jordan B. (Australian Association for
Infant Mental Health -- Victoria, Australia), Anderson V. (Murdoch Childrens Research Institute, The University of Melbourne, The
Royal Children's Hospital, Australia), Northam E. (Murdoch Childrens Research Institute, The University of Melbourne, The Royal
Children's Hospital, Australia), Cochrane A. (Southern Health, Australia), Menahem S. (Monash Medical Centre, Southern Health &
Monash University, Australia)
Background: Parents of infants who have cardiac surgery experience many potentially traumatic events such as, having their baby
diagnosed with a serious abnormality, witnessing medical procedures, fear of death and disability, and the separation from their infant
often soon after birth. Past studies have found an impact on the mother-infant relationship, as well as the child’s future emotional well
being and behaviour. It is possible that parent well being, including trauma symptoms, impacts on the infant-parent relationship and
the infant’s development. Aims: To describe the prevalence of trauma symptoms in parents of infants who have had cardiac surgery under three months of age. The relationship between mother’s and father’s symptoms of trauma and the infant-parent relationship as
well as the infant’s development one year after discharge was also investigated. Method: One month after their infant was discharged
following cardiac surgery parents (mothers n = 77; fathers n = 55) completed the Acute Stress Disorder Scale (Bryant, Moulds, &
Guthrie, 2000), which measured trauma reactions, and were interviewed about the infant-parent relationship. One year after discharge
30 families were followed up. A developmental assessment of the infant was conducted using the Bayley Scales of Infant and Toddler
Development-III (Bayley, 2006) including the Adaptive Behaviour Scales which measures the infant’s behaviour and development in
a number of areas. Results: 71% (55/77) of mothers and 62% (34/55) of fathers experienced significant dissociative symptoms such as
feeling numb and in a daze. When looking at all the trauma symptoms together 34% (26/77) of mothers and 18% (10/55) of fathers
experienced symptoms consistent with a diagnosis of Acute Stress Disorder according to the DSM-IV-R. No significant relationship
was evident between mother’s levels of trauma symptoms and the infant’s development (cognitive, language or motor development).
However, a significant relationship (p<.01) was evident between mother’s levels of trauma symptoms and scores on the Adaptive
Behaviour Scale in the social, motor and home living skills subscales. Findings about the parent-infant relationship will also be
discussed. Conclusions: Clinical services need to be mindful of trauma symptoms in parents of infants who undergo cardiac surgery as
they may impact on the parents’ perception of their child, the infant-parent relationship and interaction as well as the infant’s development.

S86 Mental health and mother-infant interaction in infants with oesophageal atresia.
Faugli A. (Oslo University, Norway), Bjørnland K. (Oslo University Hospital Rikshospitalet, Norway), Emblem R. (Oslo University
Hospital Rikshospitalet/University of Oslo, Norway), Diseth T. (Oslo University Hospital/University of Oslo, Norway)
Background: The impact of chronic paediatric illness on child development has been well recognized. Oesophageal atresia is a
relatively common congenital anomaly, embracing a clinically heterogeneous group of patients concerning the seriousness of the
medical condition, additional malformations and complications. Previous studies indicate increased risk for psychosocial problems
among children with oesophageal atresia. However, this has not been studied with valid and reliable methods among infants. Aims:
To explore mental health and mother-infant interaction in children with oesophageal atresia, and to describe medical and psychosocial
Factors that may influence the incidence of disturbed mother-infant interaction and psychopathology. Material and methods: The study enrolled all infants treated consecutively during 2000-2003 and their mothers. The eligibility criteria excluded children who died before one year (n=2) and if mother could not speak Norwegian (n=2). Of the remaining 40 patients, mothers of 39 children (98%) agreed to participate. Median age (range) of the children was 13 (12-18) months. The study had cross-sectional and follow-up design. Mother infant interaction and infant mental health were assessed by the Parent Child Early Relational Assessment (PCERA) and Diagnostic Classification 0-3 (DC: 0-3) respectively. Infant development was assessed using the Bayley Scales of Infant Development II. Medical data were recorded from the medical reports. Infant temperament was assessed using Infant Behaviour Questionnaire (IBQ). Self-report standardized questionnaires GHQ-30 and STAIX1-2 were used assessing maternal mental health. A clinical global assessment of Chronic Family Difficulties (CFD) was based on information available from an interview about previous and present family situation, strain or difficulties. Results: The results indicated that most aspects of the mother-oesophageal atresia infant interaction show strengths. However, mothers’ interaction with infants with oesophageal atresia was impaired in the feeding situation compared to controls. Psychopathology was identified in one third of the infants with oesophageal atresia, mainly traumatic related. Significant effect of the mother’s feelings of incompetence on their interaction was found. Prognostic factors predicting mental health were posttraumatic symptoms reported by mother, more than one operation, mechanical ventilation beyond one day and moderate/severe chronic family strain. Relational trauma, vulnerable attachment and impaired self-development are highlighted as possible pathways for psychopathology. Conclusion: Children with OA are vulnerable to mental health disorders, and this study may help clinicians to identify children at risk.

S87 Symposium: Infant regulatory problems: precursors and long-term behavioral and cognitive outcomes
Hemmi M. (Sesam, Switzerland), Bolten M. (University of Basel, Switzerland), Schmid G. (Sesam - University of Basel, Switzerland), Wolke D. (University of Warwick, United Kingdom)
Joint abstract: Infant excessive crying, sleeping, or feeding problems, often referred to as regulatory problems, are found in approximately 20% of all infants and are allied with high parental burden and frequent use of health services. Although regulatory problems appear to be transient phenomena in the majority of infants, it has been suggested that they may adversely affect behavior and cognitive outcomes in later childhood. Some etiological models suggest that the hyper sensitivity to stimuli, ineffective regulatory competences, or early deficit in executive control, may be early precursors pointing to less effective regulation of behavior later in childhood. Recently, it has been suggested that prenatal stress may alter the infant's brain development resulting in an immaturity in the neurobehavioral status and thus, may cause regulatory problems. This symposium involves research on precursors and outcomes of infant regulatory problems, with three different longitudinal studies and one meta-analysis examining both the influence of pre-, peri-, and postnatal factors on the infant's regulation as well as the influence of regulatory problems on the development of behavior and cognitive problems in early and middle childhood. Findings of the four papers show that pre-, peri-, and postnatal stress, neuro-physiological, and psychosocial factors are precursors of infant regulatory problems. Furthermore, feeding and persistent regulatory problems were predictive of adverse preschool behavior and cognitive development. Children with multiple regulatory problems in infancy were at increased risk for ADHD and other externalizing behavior problems in middle childhood, above all when several other risk factors were prevailing. The discussion of the symposium emphasizes the developmental pathway of former regulatory disturbed children as well as the need of intervention strategies on both maternal well-being and regulatory problems in order to prevent later psychiatric and developmental problems.

S88 Predictors, persistence, and long-term outcome of infant regulatory problems
Schmid G. (University of Basel, Switzerland)
Aim: To determine pre-, peri-, and postnatal predictors and the persistence of regulatory problems (RP), i.e., excessive crying (> 3 months of age), feeding, and sleeping difficulties, from infancy to preschool age, and to evaluate whether RP at 5 months are predictive of preschool cognition, adaptive behaviour, and social skills. Method: A prospective population study of newborns admitted to neonatal care. Prenatal data were obtained from the medical records in the obstetric units, while peri- and postnatal data were collected prospectively. RP at 5, 20, and 56 months of age were obtained via parent interviews and neurological examination, and preschool adaptive behaviour and social skills by parent ratings. Mental development was measured with the Griffiths Scale at 20 months, and cognitive assessments were conducted at 56 months. Logistic and linear regression analyses, structural equation modelling, and analyses of variance were conducted. Results: 30.7% suffered from RP at 5 months of age, and more than half of the sample had RP at least at one measurement point. In about 8% of infants RP persisted across the preschool years. Pre-, peri, and postnatal neuro-physiological and psychosocial factors were predictive of infant RP. Multiple RP and feeding problems increased the odds of eating problems at 20 and 56 months. Persistent RP and feeding problems were predictive of deficits in preschool adaptive behaviour and social skills. In girls, RP were directly predictive of lower cognition at 56 months, even when controlled for confounders, whereas in boys, the influence on cognition at 56 months was mediated by delayed mental development at 20 months. Conclusions: Infant RP are predictors of preschool adverse behaviour and cognitive development. Thus, our results can be used in terms of early recognition of at risk groups for RP.

S89 Regulatory problems and psychiatric outcome: Infancy to middle childhood
Wolke D. (University of Warwick, United Kingdom), Samara M. (University of Warwick, United Kingdom)
Regulatory Problems and Psychiatric Outcome: infancy to middle childhood Authors: Dieter Wolke and Muthanna Samara Objective: The relationship between regulatory behaviour problems (feeding, sleeping and crying problems) during infancy and later preschool period and externalizing problems (conduct disorder, oppositional defiant disorder, ADHD) assessed at 6;9 years and 7.5 years was investigated. Methods: Participants were mothers and their infants (ALSPAC study) studied since pregnancy (N: 6401-7969 with longitudinal data). They completed questionnaires about regulatory behaviours including sleeping (e.g., sleep onset problems), crying (e.g., soothability) or feeding (e.g., food refusal) problems for their infants (4 weeks, 6 months) and again when toddlers and preschoolers (15-18 months, 24-30 months, 38-42 months). Three variables were constructed: 1. Whether the children had single or multiple regulatory problems (none, single, double, triple), 2. Whether the onset was early (i.e. in infancy 4 weeks or 6 months) or late (15-42 months) and 3. Whether the regulatory problems were persistent (early and late onset) or not. At 6;9 years, mothers completed the Strengths and Difficulties Questionnaire (SDQ), a screening instrument for behaviour and emotional problems. At age 7 years 6 months, children received clinical diagnoses (DWM-IV) based on parent and teacher reports in the Development and Well-Being Assessment (DAWBA). Results: Compared to those without regulatory problems, children with early onset and persistence (early and late) of triple regulatory problems had significantly more frequent behaviour difficulties, including emotional problems (Mean: 1.7; 2.2 respectively), conduct problems (Mean: 1.7; 2.3), hyperactivity/inattention (Mean: 3.6; 4.3), poorer peer relationships (Mean: 1.1; 1.6) and prosocial behavior (Mean: 8.0; 7.7) on the SDQ at 6;9 years, and were found at higher risk to be diagnosed with ADHD (early: OR: 2.6, 95% CI 1.3-5.4; persistent: OR: 2.4, 95% CI: 1.2-4.9) at 7.5 years even when adjusting for family adversity at pregnancy and sex. Early onset of triple regulatory problems were also at higher risk to be diagnosed with ODD/CD (OR: 1.7, 95% CI: 1.04-2.9) at 7.5 years even when adjusting for family adversity and sex. Conclusions: Children with multiple regulatory problems in infancy are at increased risk for ADHD and other externalising behaviour problems in middle childhood. Early identification and intervention may help to reduce regulatory problems and prevent later psychiatric problems.

S90 Associations between regulatory problems in infancy and long-term behavioral outcomes in later childhood - A meta-analysis
Hemmi M. (Sesam, Switzerland), Wolke D. (University of Warwick, United Kingdom), Schneider S. (University of Basel, Switzerland)
Objective: Infant excessive crying, sleeping, or feeding problems, often referred to as infant regulatory problems (RP), are found in approximately 20% of all infants. Uncertain is whether RP have long-term consequences on the child's behavior. We conducted a quantitative meta-analysis of 22 studies testing the association between RP and internalizing, externalizing, and ADHD problems. Methods: All longitudinal studies that tested the association between infant RP and childhood behavior problems (BP) statistically were included in the meta-analysis. A total of 14913 children (1935 with RP) were tested. We used Cohens' d to express the association between RP and BP. Heterogeneity of the effect sizes was assessed using the Q statistics and meta-ANOVAs and meta-regressions were conducted to assess the influence of moderators. Rosenthal's classic fail-safe N and correlation of sample sizes to effect sizes were used to assess publication bias. Results: The weighted mean effect size (ES) for the main BP — RP association was .41 (95%CI=.28-.54) indicating that children with former RP show more BP in childhood than controls. Externalizing and ADHD problems were the strongest outcome of total RP. Meta-ANOVAs revealed no significant moderating influences of RP co-morbidity (Qb=.76; p>.05), type (Qb=1.94; p>.05), or duration (Qb=2.26; p>.05), and any of the family risk factors. Method factors (i.e. RP informant, RP measurement technology, age, and sample characteristics) and number of risk factors may be a source of inconsistent findings within the literature. Conclusions: The meta-analyses suggest that children with former RP show more BP in childhood than controls. Former sleep and multiple disturbed children of multi-problem families are faced with the worst outcomes in terms of externalizing and ADHD problems.

S91 Early infant regulation - the role of pre- and postnatal stress
Bolten M. (University of Basel, Switzerland)
Introduction: Unexplained excessive crying in 1- to 3-month-old infants is a common problem for parents and health services. One proposed explanation is an immature neurobehavioral status caused by adverse pre-, peri- or postnatal conditions. Stress during pregnancy, especially, has a suggested association with changes in brain development and delayed developmental milestones in offspring. The purpose of this study was to examine the relationship between pre- and postnatal stress and infant's behavioral regulation prospectively during the first 6 months of postnatal life, taking into account an array of confounds suggested in the literature. Methods: We used a prospective longitudinal design with data points in pregnancy and at approximately 10 days, 3 months, and 6 months postpartum. Pregnant women completed several questionnaires on pre- and postnatal stress and the Composite International Diagnostic Interview, German version (DIA-X; Wittchen & Pfister, 1996). Demographic, obstetric and lifestyle variables were also obtained from interviews and from medical records, and were examined as possible confounds. At all three postnatal data points, mothers kept a validated 3-day 24-h behavior diary to assess durations of infant crying/fussing. Newborns' behavioral regulation was assessed at day 10 postnatal, using the Neonatal Intensive Care Unit Network Neurobehavioral Scale (NNNS). Results: Infants of mothers with high negative life change scores engaged in more crying/fussing than infants born to mothers with low life stress scores, throughout the first 3 months postpartum. Furthermore, pre- and postnatal stress was correlated with poorer infant self-regulation scores on the NNNS. Conclusions: Prenatal life stress is associated with infant crying/fussing after delivery. To prevent or reduce excessive infant crying, improve infant self-regulation, and foster an adaptive parent-infant relationship, professionals attending expectant mothers should give special consideration to their emotional well-being.
Symposium: Pregnancy and the emergence of co-parenting
Chair: St.-Andre M. (Canada)
Discussant: Fivaz E. (Switzerland)
S92 Pregnancy and the emergence of co-parenting
Ammaniti M. (University of Rome, "Sapienza", Italy)
During pregnancy, especially the first one, a progressive transition emerges in the expectant couple towards the acquisition of the parental identity and affiliative recognition of the fetus as one's own child. Simultaneously there is an important development towards co-parenting, which implies a reciprocal sharing and recognition of the experience of pregnancy, of the partner's parental role and of the coparental relationship in relation to the child-to-be. Prenatal co-parenting has been studied through interviews or by observational methods. In this symposium three studies have used, among various instruments, versions of the Lausanne trilogue play paradigm (pre and post natal LTP, Fivaz-Depeursinge & Corboz-Warnery, 1999), to assess the prenatal co-parenting and the post-natal family alliance. In the prenatal LTP, the parents enact their first encounter with their child in playing with a doll. The first study (Simonelli et al) is an Italian replication of a Lausanne longitudinal study; it confirms the psychometric characteristics of the prenatal LTP, enlightens the most important dimensions of the prenatal co-parenting alliance and depicts the evolution of the co-parenting and family alliance up to 9 months. The second study (Darwiche et al) concerns pregnancy after infertility. It asks whether the struggle to conceive complicates the development of co-parenting during pregnancy and up to 9 months post-natal. The resolution of the infertility diagnosis is assessed with an interview. The first results show that men who resolved their infertility diagnosis are more able to refocus their attention on the pregnancy and to develop a bond with their future baby. The third study (Ammaniti et al) explores the importance of ecography in the dynamics of pregnancy, both in visualizing fetus behaviors and as an ecological stimulus to activate and study co-parenting. An adaptation of the prenatal LTP to watching the baby through ecography allows to analyze each parent's dialogue with the fetus and some dimensions of the co-parenting alliance. The fourth paper (Piontelli) is a commentary on the impact of ultrasound on mothers, fathers and society by a long time specialist who has witnessed through her studies of fetal movement in particular the deep impact of ultrasound, both beneficial and problematic, on parents and on our culture. The symposium will close on a discussion by E. Fivaz-Depeursinge on the importance of interventions on co-parenting during pregnancy.

S93 Do prenatal coparenting interactions predict post-natal family interactions? An Italian replication study.
Simonelli A. (University of Padova, Italy), Bighin M. (University of Verona, Italy), Franci M. (University of Rome, "Sapienza", Italy)
Background: This study combines the interactive-relational perspective, which describes early development in terms of quality of adult-infant interactions, and the Lausanne developmental systems approach, which focuses on father-mother-infant primary triangle, beginning with its formation during pregnancy and is based on the Lausanne Trilogue Play observational paradigm. The aims were to investigate a) the psychometric characteristics of the administration and coding of the pre-natal and post-natal LTP procedure in the Italian culture and the comparison with the Lausanne validation studies; b) the characteristics of the triadic interactions during pregnancy; c) the patterns of stability and change in the triadic family interactions from pregnancy to 9 months. Method: 150 non-referred primiparous families were recruited at child-birth courses of two Italian hospitals. In addition to validated questionnaires, observational data were collected at the 7th month of pregnancy and the 9th month of baby’s life through the LTP procedure. Results: Aim 1: The data show a good reliability of the LTP coding (a = .73) and a consistent factorial structure in line with the Lausanne validation studies (Carneiro et al., 2006; Favez et al., 2006). (The Italian group shows a specific distribution in the Structure of the Play with a mean of 7.13, higher with respect to the coding system.) Aim 2: The Structure of the Play and the Intuitive Behaviours Scales seem the most representative dimensions in the prenatal period, which are also predictive of family interactions at 9th month post-natal. Aim 3: Whereas the Lausanne longitudinal results show a relative stability of the family alliance over the first two years, the Italian multilevel analyses highlight an improvement of the family alliance over the first year. Findings show a linear relation between the time and the quality of family interactions (t=4.78; p<.001; B= 2.36), that improves by 2.35 point in each observational phase: there is no stability of family interactions, but the quality of triad family interactions increases from pregnancy to parenthood. Conclusion: Coparental capacities in pregnancy represent an interactive matrix for the construction of the early family relations in the first year and may be considered as protective factors in the child development of early triadic interactive abilities.

S94 Pregnancy after infertility: does the struggle to conceive complicate the development of co-parenting?
Darwiche J. (Department of Psychiatry, Switzerland), Fivaz E. (Department of Psychiatry, Switzerland), Darwiche J. (Department of Psychiatry, Switzerland), Favez N. (University of Geneva, Switzerland), Desplands J. (Department of Psychiatry, Switzerland), Germond M. (CPMA-FABER, Switzerland), Guex P. (Department of Psychiatry, Switzerland), Simonelli A. (University of Padova, Italy), Bighin M. (University of Verona, Italy), Franci M. (University of Rome, "Sapienza", Italy)
Background. Pregnancy after infertility is a period of multiple reorganizations (transition from couple to family and from infertility to parenthood). The pregnancy period is characterized by more pregnancy-related anxieties in infertile couples compared to control couples. Does the struggle to conceive complicate the development of coparenting during pregnancy? Method. 86 couples were met before their fertility treatment (time 1); 34 couples at the 5th month of pregnancy (time 2); 30 families with their 9 months-old baby (time 3). At time 1, couples take part in a semi-structured interview to evaluate their resolution of the infertility diagnosis. At times 2 and 3, they participate in the Lausanne Trilogue Play (Fivaz-Depeursinge & Corboz-Warnery, 1999), an observational assessment tool aimed at assessing the prenatal co-parenting alliance (time 2) and the family alliance after birth (time 3). Validated questionnaires are used to investigate the marital relationship, the bonding to the baby and the maternal adjustment to motherhood. The hypotheses were
that the infertility diagnosis resolution should be correlated with adaptation to parenthood and that the prenatal coparenting alliance should predict the postnatal family alliance. Results. Preliminary results show that infertility diagnosis resolution is correlated with bonding to the fetus for fathers (F(1) = 4.57, p<.05). The mean of the prenatal coparenting alliance is similar to the one observed in non-clinical samples (Favez et al., 2006; Simonelli et al., 2008). The pre-postnatal evolution (N = 28 families) show that half of couples (15/28) maintained the same level of alliance between the pre- and the postnatal stages, be it high or low. There is a deterioration of the alliance for 10 couples and an amelioration for 3 couples. At 9 months postnatal, N = 18/28 families have a dysfunctional alliance, which is below the results of Favez et al. where the majority of the families are coded as functional.

Conclusion. The first results show that men who resolved their infertility diagnosis are more able to develop a bond with their future baby. At the prenatal stage, the coparenting alliance is similar to the ones observed in non-clinical samples but there is a higher level of dysfunctional family alliances in the infertility sample after birth. One reason might be the gap between their idealized representations of being a family and the real family interactions afterwards.

**S95 Watching the baby through ecography: Pre-parental dialogues and interactions**

Ammaniti M. (University of Rome, "Sapienza", Italy), Mazzoni S. (University of Rome "Sapienza", Italy), Menozzi F. (University of Rome "Sapienza", Italy)

Background. During pregnancy, parents-to-be have to face deep challenges, share fantasies on the baby and activate the Triadic Capacity (Von Klitzing et al., 1999), in order to include the partner and the baby into the relationship. Several studies show that obstetric ecography is able to stimulate and promote shared mental representations of the baby; this could play an important role for the development of a bonding with the baby, for paternal involvement and for the construction of the coparental relationship (Draper, 2002; Ekelin et al., 2004; Campbell, 2006; Sedgmen et al., 2006). The literature on co-parenting brings to light the possibility to observe the coparental system beginning from pregnancy and underlines a stability of interactive patterns, from pregnancy to first months of baby's life (McHale et al., 2004; Carneiro et al., 2006). Method. This exploratory study aims at observing the role of obstetric ecography in activating the parental system during the last trimester of pregnancy. Couples are asked to review the last 4D ecography video and to interact in four distinct parts, as in the prenatal Lausanne Trilogue Play paradigm (LTP, Carneiro et al., 2006); the procedure, which is a part of a wider assessment, takes about 5 minutes. At present, 15 couples at first pregnancy were observed and their interactions were coded. All couples underwent a 4D ecography between 24th and 28th week of pregnancy and all fetuses are healthy. Non-verbal interactions are coded in order to assess the prenatal coparental alliance (Carneiro et al., 2006) with an adaptation of prenatal LTP scales. Furthermore, maternal and paternal dialogues are coded to observe individual differences in two distinct areas: "anticipation of parental identity" and "acknowledgement of the baby". Results. This observational procedure seems to be able to capture pre-parental dialogues and interactions showing a sensitivity toward individual differences. Some dimensions of prenatal coparental alliance are observed, as Couple Cooperation and Intuitive Parenting Behavior; moreover, an acknowledgement of the baby and a parental identity are observed both in maternal and paternal dialogues. These results confirm the possibility to observe the coparental relationship during the last trimester of pregnancy and emphasize the importance of obstetric ecography for the development of parenting and co-parenting.

**S96 Some reflections on the impact of ultrasounds on mothers, fathers, and society**

Piontelli A. (University of Milan, Italy)

Since the publication of Lenart Nilsson photographs in 1965 the image of the fetus has changed profoundly greatly affecting everyone, from religious leaders to perspective mothers. The miracle of life has taken on a new mystique. Probably few know how those idyllic images were obtained and manipulated. The advent of ultrasounds has opened a whole new, revolutionary era making it possible for maternal-fetal medicine to begin. Huge advances have been made since then and the fetus has become a patient in its own right. Besides medical advances, ultrasounds have impacted deeply on societal views and on parental perceptions about pregnancy. When ultrasounds were first introduced the scans were difficult to interpret and the fetus was a rather abstract image. Mothers were precociously made aware that a new life was enfolding within them, but worry more than attachment was stirred up. Few fathers were present at scans back then. By the late-mid '80 matters changed. Equipments became more sophisticated and fetuses increasingly photogenic'. Currently we are bombarded by 4D images. Though most pregnancies are subject to few and brief scans, fetal imagery has invaded all sorts of media and publications. Since early fetuses seen in profile are more camera-friendly and look like miniature children they are indeed over-represented. Even before quickening, mothers have become aware of carrying a child' in their womb. Such precocious awareness has impacted on them in several ways. Amongst others attachment to the fetus is pushed back to the early stages. Besides beneficial effects, precocious attachment has transformed miscarriage into the loss of a child', an extremely traumatic event. Ultrasounds have impacted on fathers. Companions are increasingly present at scans which make them feel participants in an event that was once almost exclusively a women' matter. Some go overboard and take over the whole event. Ultrasounds have had a profound impact on society as well. The mother's body and identity are erased by scans. The focus is all on the fetus perceived as an independent entity. Whilst the fetus has become the centre of increasing attention and concern, mothers often run the risk of being considered as mere containers of the miracle of life'.

**S97 Symposium: Outcome research in psychodynamic psychotherapy for under fives**

Chair: Emanuel L. (United Kingdom)
Götken T. (University of Leipzig, Department of Child and Adolescent Psychiatry and Psychotherapy, Germany), von Klitzing K.
Analyses of Treatment by Time effects at six months significantly favoured MIP on maternal depression and stress, and mother-infant relationship difficulties. Mother-infant psychoanalytic treatment (MIP) is a treatment method where the psychoanalyst tries to enter into a dialogue primarily with the child, and to also take into account the mother’s feelings of guilt, depression and insufficiency. MIP is used at the Mother-Infant Psychoanalysis Project of Stockholm (MIPPS). The Infant study into a dialogue primarily with the child, and to also take into account the mother’s feelings of guilt, depression and insufficiency. MIP is used at the Mother-Infant Psychoanalysis Project of Stockholm (MIPPS). The Infant study of the process of mentalization will be enhanced. There will be a verbalization of the psychodynamic hypothesis in an appropriate language supplemented with parent work facilitate parenting capacities and mentalization concerning the child. In free play with the child the observable behaviour of the child and to understand it as an interpersonal conflict between the child and his/her parents. PaKT is a strategy to treat a high number of children effectively. Intervention: PaKT entails 20-25 sessions in mixed settings (child and parents together, child alone and parents alone). Aim of the treatment is to focus on an actual conflict theme that underlies the observable behaviour of the child and to understand it as an interpersonal conflict between the child and his/her parents. PaKT is supplemented with parent work facilitate parenting capacities and mentalization concerning the child. In free play with the child the observable behaviour of the child and to understand it as an interpersonal conflict between the child and his/her parents. PaKT is a strategy to treat a high number of children effectively.

**S98 Psychoanalytic Short-Term Psychotherapy (PaKT) for children - Evaluation of outcome and indication**

Gotthken T. (University of Leipzig, Department of Child and Adolescent Psychiatry and Psychotherapy, Germany), Klein A. (University of Leipzig, Department of Child and Adolescent Psychiatry and Psychotherapy, Germany), White L. (University of Leipzig, Department of Child and Adolescent Psychiatry and Psychotherapy, Germany), von Klitzing K. (University of Leipzig, Department of Child and Adolescent Psychiatry and Psychotherapy, Germany)

The aim of the study is a systematic evaluation of the outcome of "Short-Term psychoanalytic therapy (PaKT) for children with affective disorders and emotional symptoms between 4 and 10 years of age" (Gotthken & von Klitzing, 2008) in a controlled trial with a clinical sample of N=30 children. Primary research questions are: a) Can we observe a significant reduction of symptoms after the treatment with PaKT? Are there significant improvements in variables that are directly linked to the therapeutic concept, such as: b) an improvement of parental mentalization, c) an enhancement of the mentalization of the child and d) an improvement in the childs stress-regulation? Background: Depression nowadays is the most common psychological disorder in adult life (Bramesfeld & Stoppel, 2006). Retrospective reports reveal that anxiety and dysthrophic mood are rooted in abnormalities detectable as early as childhood or adolescence (e.g. Kim-Cohen et al., 2003). Nevertheless, opportunities for early intervention are often missed out. Short-term therapy is a strategy to treat a high number of children effectively. Intervention: PaKT entails 20-25 sessions in mixed settings (child and parents together, child alone and parents alone). Aim of the treatment is to focus on an actual conflict theme that underlies the observable behaviour of the child and to understand it as an interpersonal conflict between the child and his/her parents. PaKT is supplemented with parent work facilitate parenting capacities and mentalization concerning the child. In free play with the child the observable behaviour of the child and to understand it as an interpersonal conflict between the child and his/her parents. PaKT is a strategy to treat a high number of children effectively.

**S99 An RCT in Sweden comparing mother-infant psychoanalytic treatments with Treatments As Usual**

Salomonsson B. (Unit of Child Psychiatry, Karolinska Institute, Stockholm, Sweden)

During Oct.-05 – Jan.-09, an RCT compared mother-infant psychoanalytic treatment (MIP) with Treatment As Usual (TAU) in Stockholm. 80 mothers with infants < 18 months were interviewed with 6-month outcome interviews. INSTRUMENTS: Primary; mother-reported depression (EPDS) and infant functional problems (ASQ:SE) and interviewer-rated relationship (PIR-GAS). Secondary; mother-reported stress (SPSQ) and psychic distress (SCL-90), externally rated video-interactions (EAS). RESULTS: Treatment by Time effects significantly favoured MIP on the EPDS, SPSQ and PIR-GAS. Qualitative pre-treatment “ideal type” assessments yielded two infant types; those “affected” and “unaffected” by the disturbance. Two maternal types, the “Participators” and the “Abandoned”, reflected attitudes to psychoanalysis. For the “affected” infants, the PIR-GAS improved significantly more from MIP. For the Participators, the maternal EAS improved significantly more from MIP, and for the Abandoned, it improved nonsignificantly more from TAU.

**S100 Troubled babies - troubled kids? A follow-up study of children in the MIPPS.**

Winberg Salomonsson M. (Unit of Child Psychiatry, Karolinska Institute, Stockholm, Sweden)

Background: Problems in the mother-infant relationship comprise three domains; maternal distress, infant functional problems, and relationship difficulties Mother-infant psychoanalytic treatment (MIP) is a treatment method where the psychoanalyst tries to enter into a dialogue primarily with the child, and to also take into account the mother’s feelings of guilt, depression and insufficiency. MIP is used at the Mother-Infant Psychoanalysis Project of Stockholm (MIPPS). The Infant study of the process of mentalization will be enhanced. There will be a verbalization of the psychodynamic hypothesis in an appropriate language supplemented with parent work facilitate parenting capacities and mentalization concerning the child. In free play with the child the observable behaviour of the child and to understand it as an interpersonal conflict between the child and his/her parents. PaKT is a strategy to treat a high number of children effectively. Intervention: PaKT entails 20-25 sessions in mixed settings (child and parents together, child alone and parents alone). Aim of the treatment is to focus on an actual conflict theme that underlies the observable behaviour of the child and to understand it as an interpersonal conflict between the child and his/her parents. PaKT is supplemented with parent work facilitate parenting capacities and mentalization concerning the child. In free play with the child the observable behaviour of the child and to understand it as an interpersonal conflict between the child and his/her parents. PaKT is a strategy to treat a high number of children effectively.

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relationships. Effects were non-significant on infant functional problems, general psychic distress, dyadic interaction ratings and CHC consumption. The Follow-up study: In this study I intend to investigate the children when they are 4½ years old. Since the mean age of the children was 5 months at the start of treatment, the average time passed is 4 years. At the age of 4½ the children have a lot more means of expressing themselves and a vocabulary sufficient to participate in investigations and tests in which language is an integral part. The hypothesis is that at 4½ years of age the group of children, who during infancy was in MIP treatment, will function better than the TAU-group with reference to social, emotional and cognitive functioning. The study aims at answering the question how the different treatments MIP and TAU in early infancy have influenced the child’s further social, emotional and cognitive development scored from ratings from the mother, the day-care teacher and the interviewer.

S101 Symposium: Co-regulation in early mother-infant interaction: Laboratory measures and in situ observations
Chair: Cabrera N. (United States)
Harder S. (University of Copenhagen, Denmark), Vaever M. (University of Copenhagen, Denmark), Delafield-Butt J. (University of Edinburgh, United Kingdom)
Early mother-infant interactions have increasingly been examined by researchers in order to better understand the nature of these often subtle processes, which have been found to be important for a number of developmental outcomes such as attachment and developmental status. From an initial focus on the sensitivity of the mothers’ to their infants’ communications, the past several years have been marked by an increasing interest in the contribution of the infant to the interaction process. Recently, a systems view of the dyad has been put forward focusing on the co-regulation process, that is, the social process by which both individuals in the interaction dynamically alter their actions with respect to the ongoing and anticipated actions of their partner. This approach seeks to explore the unique dimensions of an emerging, overarching relational history that is being negotiated jointly by social partners. In this symposium, we will present data on mother-infant interactions recorded using high-precision motion capture and audio-video technologies. These data are derived from a larger, ongoing longitudinal study at the Copenhagen University Babylab of early co-regulation in mother-infant interactions through vocal and motor modalities. Our aim is to improve and develop our understanding of effecting co-regulation in the dyad through detailed micro-analytic behavioural analyses. The symposium starts with a paper on vocal co-regulation and the development of a preverbal dialogical pattern between mother and infant, which contributes to the forming of an attachment relationship. Here, the nature and development of rhythmic coordination and turn-taking in five mother-infant dyads during the infants first year of life will be explored. The second paper presents analyses on negotiations of relational space and provides kinematic measures of co-regulation through body movements that adjust attention and intimacy. Our third paper examines parts of mother-infant engagements that produce shared, co-created story-making episodes. These form narratives that build excitement and joy through movements of the voice and body that appear important for dyadic attunement. Finally, in our fourth paper we step back from the laboratory setting to consider how these elements of co-regulation are played out and interwoven in the fabric of everyday life. Here mother-infant vignettes from the Tavistock Infant Observation method are presented and discussed in relation to our experimental findings for an improved, and more considered understanding of the affective qualities of early co-regulation.

S102 Development in vocal co-regulation in early mother-infant communication from infant 4th to 13th month
Harder S. (University of Copenhagen, Denmark), Vaever M. (University of Copenhagen, Denmark)
Non-verbal vocal interaction is an important channel for affective communication and co-regulation between mother and infant. This interaction is also emerging to the development of an attachment relationship. As early as 3–4 months of infant age a dialogical pattern seems to emerge, where turn taking is actively coordinated by both partners. Recently, Jaffe, Beebe, Feldstein, Crown, and Jasnoff (2001) examined rhythmic coordination in vocalizations between mothers and infants at 4 months of age and found that a midrange level of coordination predicted secure attachment at one year. The aim of the present study was to explore the development of the rhythmic coordination of vocalizations during the infant first year of living, the period where also the attachment pattern is first established. A semiautomatic method for measuring vocal on-off patterns from digital audio recordings was developed in the project. The method was found to be time efficient and reaching a high level of interrater reliability. Five mother-infant dyads were recorded during a 10 minutes face-to-face interaction, at infant 4, 7, 10 and 13 months of age. The changes in rhythmic coordination and turn taking during this period will be presented and discussed in relation to infant age and socio-affective development.

S103 Kinematics in co-regulation of relational space in mother-infant communication: Methods and categories
Vaever M. (University of Copenhagen, Denmark), Køppe S. (University of Copenhagen, Denmark), Køppe S. (University of Copenhagen, Denmark)
Proximity and distance to partner are significant non-verbal features in communication and indicative of social engagement and of importance for infant cognitive and socio-emotional development. All social behavior takes place in a physical setting. The main focus of this paper is on the spatial behavior of mother and infant in the creation and co-regulation of "the relational space". Spatial behavior consists of proximity, orientation and movement in a physical setting. Spatial behavior is a very straight forward non-verbal signal since it can be measured in terms of distance or orientation. Proximity is the distance between two people. It can be regarded as the result of one of the persons or as the result of a joint behavior of both of them. In mother-infant communication movement of the head and bodily orientation to partner are central in the negotiation and co-regulation of relational space. Establishing proximity, distance
and disengagement by head movement e.g head aversion serve as means in self-regulation both physiologically and psychologically, but has also other-regulating effect. Likewise by leaning towards and directing head towards partner proximity and closeness is established. In this paper a method for capturing head and torso movement in mother infant interaction, the development of position categories from kinematic data and preliminary analyses of the negotiation of space from a small sample of mother-infant dyads will be presented.

S104 The non-verbal narrative in sharing and meaning-making: A route to regulatory balance
Delafield-Butt J. (University of Edinburgh, United Kingdom), Harder S. (University of Copenhagen, Denmark), Vaever M. (University of Copenhagen, Denmark), Köppe S. (University of Copenhagen, Denmark)

Human dialogue composes narratives, or stories that unfold social meaning. Narratives are episodes of story-making composed of a general four-part structure that (i) opens, (ii) builds, (iii) reaches a climax of intensity, and (iv) recedes to quiescence again. This basic structure is present in episodes of early mother-infant proto-conversation. Their co-creation appears to be a foundational process that gives shared meaning to interpersonal relations. In infancy, these shared events last around ten to fifteen seconds and are enacted by gesture and voice that altogether create a story with expressive timing in common rhythm and with a shared rise, climax, and quiescence of excitement. Here, I present an analysis of movement and vocal data recorded from five mother-infant pairs at four, seven, ten, and thirteen months of age to identify narrative events, their frequency, and their importance in generating attunement for affective co-regulation within the dyad.

S105 Mother-infant co-regulation in the fabric of everyday living - observations and comments drawn from the Tavistock model
Calvoocressi F. (Scottish Institute of Human Relations, United Kingdom)

Experimental data from the previous three empirical studies of mother-infant co-regulation in a laboratory setting will be considered in relation to vignettes from the observation of mother-infant co-regulation in a natural setting, using the Tavistock method of infant observation. At the heart of this observational method is attention to the to-and-fro of infant and parent/carer interaction in an everyday situation, and a focus on personality development in the early months in the context of the dyadic relationship. Here, I present some extracts from such infant observations of infants at 4 -5 months.

S106 Symposium: Paternal depression, early father-infant interactions and child development
Chair: Ramdanchani P. (United Kingdom)
Sethna V. (University of Oxford, United Kingdom), Trautmann-Villalba P. (Department of Child and Adolescent Psychiatry and Psychotherapy, Central Institute of Mental Health, Germany), Paulson J. (Eastern Virginia Medical, United States)

The early years of children's development are of enormous importance for their future health and wellbeing. Parental care and sensitivity in parent-child interactions during the first years of life are key predictors of optimal child development. Maternal psychopathology can have a significant effect on these early interactions, leading to an increased risk of behavioral, emotional and cognitive problems. Maternal depression in particular has been studied extensively and consistent patterns of associated child difficulties have been established. Paternal depression, and early father-child interactions have been far less examined, and this symposium draws together research from three groups in Germany, the USA and UK, that have studied the influence of fathers early on in their children's lives. The three papers presented will explore: evidence regarding the contribution of father-toddler interaction on subsequent child behavioral development; an examination of the context and impact of depression in fathers, both prenatal and postnatally, on the wider family; and finally the impact of paternal depression in early father-child interaction, and consequently on the risk for child behavioral problems. The three presentations, coupled with a 30 minute discussion period, should lead to an illuminating discussion of the critical factors involved in paternal depression, early father-infant interactions and child development.

S107 Father-toddler interaction: Differential contribution to the development of behaviour problems in girls and boys
Trautmann-Villalba P. (Department of Child and Adolescent Psychiatry and Psychotherapy, Central Institute of Mental Health, Germany), Laucht M. (Zentralinstitut für Seelische Gesundheit, Germany)

While the significance of the mother-child relationship for child adjustment has been studied intensely, the influence of the father has been increasingly acknowledged only in the last few years. The parenting quality has been shown to play a decisive role in the development of children's conduct problems. Studies on externalizing behaviours revealed that more negative and less positive parenting will predict more externalizing problems. The absence of positive involvement, insensitive and intrusive control strategies, and harsh, coercive and punitive parenting have been related to the onset and persistence of conduct disorders, while warmth, responsiveness and sensitivity, i.e. dimensions of parenting that promote and reinforce prosocial behaviours in children, have been associated with lower rates of later behaviour problems. In an epidemiological cohort study, the development of 384 children was followed from birth to young adulthood. At the age of 2 years, a subgroup of 87 father-child dyads (43 girls and 44 boys) was videotaped during a 5-minute semi-structured play session. Paternal and child interactional behaviours were coded by trained raters. The long-term predictive relationship between the quality of father-toddler interaction and child behavior problems until adolescence was examined. Results indicated that interaction patterns in toddlerhood were related to later problem behaviours (from age 4 to age 15) and that the predictive value of the father-toddler interaction depended on the gender of the child. A number of significant but different links emerged in girls and boys. Our results corroborate the view of fathers' differential contribution to the development of
psychopathology in girls and boys. In particular, a higher susceptibility emerged in young girls to a father parenting style that is characterized by a lack of support, inadequate control and negative affect.

**S108 Prenatal and postpartum depression in fathers: Implications for partner relations, coparenting, and family dynamics**
Paulson J. (Eastern Virginia Medical, United States)

Maternal birth-related depression has received abundant attention from clinicians, researchers, and public health advocates. Contrasting this, depression in expecting and new fathers has only recently moved towards recognition and organized investigation. From the growing literature on paternal depression, its risks to young families and developing children are becoming clear. Still, its incidence, correlates, family consequences, and early childhood outcomes remain an emerging field of study. Research in our lab on this topic shows that depressed co-resident fathers are less engaged with their infants. Related to this, one longer-term effect is decreased reading with associated minor decrements in child expressive language at age 2. A separate study of non-resident fathers also found depression to be associated directly with decreased involvement, with coparenting relationship quality mediating this association. Our new meta-analysis includes 49 studies that document the rate of paternal depression at different times between conception and one year postpartum. It shows that (a) Rates of depression among expecting and new infant exceed estimated base rates in adult men; (b) Reported rates of paternal depression are higher in the United States compared to those in studies from other countries; and (c) Paternal depression demonstrates a consistent moderate correlation with maternal depression. This last finding is particularly significant in light of oft-reported correlations between depression and parental relationship quality, parent-infant interactions, and coparenting. These studies, and others, combine to form the context for an emerging theoretical model of birth-related depression in both partners. This model implicates parental relationship and coparenting alliance as important mediators of both depression in the other partner and effects on early child emotional and developmental outcomes. Future research guided by an integrated two-parent conceptualization should include prospective tracking of both parents in order to allow for faithful descriptions of how relational dynamics and coparenting are related to parental depression and may interact with depression to affect child outcomes. Practice implications are relatively clear in message, but complex in execution: increasing the screening for and recognition of depression in new fathers in care settings with which they engage is important for both family health and child development.

**S109 The impact of paternal depression in infancy: A mechanism for the inter-generational transmission of risk**
Sethna V. (University of Oxford, United Kingdom), Murray L. (University of Reading, United Kingdom), Psychogiou L. (Department of Psychiatry, University of Oxford, United Kingdom), Ramchandani P. (Department of Psychiatry, University of Oxford, United Kingdom)

Background: Depression in the post-natal period impacts on parenting and is associated with an increased risk of adverse outcomes. Research has consistently revealed impaired interactions of postnatally depressed mothers and this is one pathway by which children are affected. Evidence suggests that depression in fathers in the postnatal period is also associated with an increased risk of child behaviour problems, yet we are only beginning to understand the factors that explain this intergenerational transmission. This study examines: (i) paternal behaviours with their three month old infants in fathers with and without depression (N=118) and (ii) the mediating role of early interactions in explaining adverse child outcome at 12 months. Method: This study is part of an on-going longitudinal investigation, The Oxford Fathers Project. Families were assessed when infants were three months and one year old. Paternal depression was assessed using the Structured Clinical Interview for DSM-IV (SCID). Observational measures of father-infant interactions were coded using the Global Rating Scale (GRS, Fiori-Cowley and Murray, 1996) and the Paternal-Physicality Affect and Touch Scale (P-PATS, Sethna, Murray and Ramchandani, 2008). Externalizing behaviours were measured using maternal ratings on the Child Behaviour Checklist CBCL/1½-5. Results: Depressed fathers were more withdrawn compared to controls and decreased engagement mediated the association between paternal depression and child behaviour problems. Conclusion: Children of depressed fathers are more likely to experience disengaged parenting behaviours and are consequently at increased risk of behaviour difficulties. These parenting behaviours may be a potential target of intervention.

**S110 Symposium: Developing mental health services for infants in institutions**
Chair: Turunen M-M. (Finland)

Turunen M. (Finnish Association for Infant Mental Health (Pirpana/Finland, Finland), Fontell T. (Helsinki University Central Hospital, Finland)

Studies have shown that failure to provide a stable attachment figure for infants who have been taken into care has serious implications for the child's development and later functional capacity in the society. Many countries with severe economic problems have great challenges in creating new structures for services for families in risk if institutional care is to be minimized. Even in situations where the economical development has made it possible to provide better material care for children, the emotional needs for good early relationship are not recognized. Enough of toys and carers does not benefit the children if there is not a working model that supports development of good attachment relationships with a specific adult. The presenters in the symposium will show how in different countries development of services and new training struggle to introduce the current level of knowledge of infant mental health in mainstream services for children at risk. Despite of historical, economical and cultural differences between countries, there is a common recognition by experts that still much needs to be done for implementing in practise the knowledge we already have. The symposium includes presentations from Finland, Bulgaria, Romania and Russia. The aim is also to enhance networking within Waimh for future benefit of infants in this region.
Video Presentations:

VP5 Intersubjectivity construction and cognitive development in babies born after an autistic child: an application of the research program PILE

Robel L. (Necker Hospital, France), Rousselot-Pailley B. (Necker Hospital, France), Golse B. (Hopital Necker-Enfants Malades, France)

The prevalence of autism is 50 times higher in brothers and sisters of an autistic child. They are therefore considered to be at risk for autism. Several studies have shown that, even when they don't develop a pervasive development disorder, they often have delays in the development of speech. In our study, we have included three 3 months old babies, one with two autistic siblings, one with a brother with a mental retardation, and one with a normally developing brother. We have followed these babies from 3 to 9 months old every month through an interactive videotaped session using three different situations: a free interaction, an interaction mediated by a toy, and an interaction mediated by a song. We have coded these video sessions to analyze the quality of the baby-parent interaction with the CIB scale, and the presence of motor or interactive disorders with the ECA-N and the ECCIM. We have then followed the cognitive development of these babies at 12, 18, 24, and 36 months with the Brunet-Lézine-R and WPPS13 scales, as well as the language skills at 3 years. We measured the autistic risk at 18 months with the CHAT. We show that the baby from the autistic family has lower interactive and motor skills before 9 months old in the free and in the object-mediated interaction, but not in the song-mediated interaction. Parents of this boy appears to be highly competent. The social and language development of this baby is lower at 12 and 24 months of age, but is normal at three. He has no sign of autistic risk at 18 months, and no diagnostic of autism at 3. We discuss the meaning of the early observations seen in the baby with autistic siblings, and the potential impact of these follow-up setting in the construction of intersubjectivity in babies at risk.

VP6 Fetal origins: Dynamics of biological, psychological, and social development

Ingalls P. (United States)

Fetal programming was originally studied epidemiologically connecting environmental influences during pregnancy with long-lasting biological effects: such as specific diseases, death of humans and animals. The concept in this paper includes programming effects on the psychological and social levels. Interdisciplinary evidence is used to broaden the nature/nurture debate to include the fetus and newborn as active participants in the process of development with both positive and negative results via biological, neurochemical, and psychological interactions. Some major influences that can lead to adverse programming, both short- and long-term, are maternal stress and depression; viral infections, teratogens, medication, and substance abuse; and the child's own responses to environmental stimuli. Disorders such as schizophrenia, autism and Tourette's syndrome are possible outcomes of pre-and perinatal programming. Autobiographical material is presented to illustrate long-term adverse psychological impact. Some early programming effects are permanent, others are not. Early intervention may allow for compensation or even reversal of adverse psychological programming.

VP7 Parental trauma in the case of a premature birth: Evolution of subjective experience and narratives through 11 years of follow-up

Borghini A. (CHUV, Switzerland), Muller-Nix C. (CHUV, Switzerland)

This video session is dedicated to the exploration of parental trauma after a premature birth and its evolution across years. Five mothers of infants born very premature (< 33 weeks GA) have been interviewed three times: early after the end of the hospitalization, few months after and 11 years after the birth. This video tends to explore how the parental subjective experience concerning the traumatic effects of a premature birth will change across time. Moreover, this video tries to understand how the child subjective experience at 11 y.o. may be impacted by the parental trauma. The mother and child subjective experience is explored through narratives. The interviews at 11 years have been conducted and analyzed using the PDI (Parental Development Interview, Aber & Slade, 1985) for the mothers and the CAI (Children Attachment Interview, Shmueli-Goetz, Target, Fonagy et al, 2008) and FFI (Friends & Family Interview, Steele & Steele, 2003) for the children. The first interviews with the mothers after the birth were conducted and analyzed using the CLIP (Clinical Interview for high-risk infants, Meyer et al, 1993) and the WMCI (Working Model of the Child Interview, Zeanah, 1995).

VP8 "Early Relationships and Child Development" - Training Russian professionals in attachment - learning to observe

Dovbnya S. (Fire Fly, Russian Federation), Morozova T. (Fire Fly, Russian Federation), Britten S. (HealthProm, United Kingdom)

"Early Relationships and Child Development" is a documentary film made for professionals dealing with young children and their families. The film was made by British and Russian professionals as a part of the "Young Children Attachment Project" financed by EU. The Aim: Childcare and social work professionals in Russia and other transitional countries lack training in observation and need to learn how to spot signs of poor attachment and understand what young children are saying without words. The main aim of the video is to emphasize the importance of good attachment and to show how to spot signs of poor attachment in children from baby homes. The video will discuss the biological, physical and emotional discomfort caused by poor attachment and emphasize that baby's emotional and social needs are crucial to his development. Using footage shot in one of the baby homes in Russia the video will demonstrate that even though children don't remember the early childhood trauma, the physiological, psychological and emotional damage caused by poor attachment Structure: 23 minutes documentary film is following the stories of four children placed to the baby home. In the video we will see that although these children can't yet speak about their distress, they can show us how they are feeling. They tell us how they feel instead by how they look and what they do. As adults with use of words, we can translate that into words.
We will observe some of the types of behaviors that signal the need for attachment and emotional involvement. The Child Care Policy in many countries is aimed to prevent institutionalization of young babies and many clinicians working with children today have not seen the effects of institutions on child development. This footage can help clinicians to recognize the signs of partial deprivation of secure attachment to, and reciprocal relations with, a parent or substitute. This documentary is used in Russia to train Child Care professionals (psychologists, social workers, medical professionals). It was also used to help future foster and adoptive parents to learn more about the needs of stable secure relationships. The video has the English Subtitles.

WS23 Workshop: The process of change in the provision of mental health care for infants and children in the transition from a communist regime to a democratic system

Tuters K. (Canada), Blaua Z. (WAIMH - Latvia, Latvia), Salaka S. (Momnieclub, Latvia), Sebre S. (University of Latvia, Latvia)

The panelists will share with the audience the process of change that has taken place over the past 2 decades, as one of the former Soviet republics (Latvia) went through the transition from a communist regime to a democratic system. The process is similar to a lot of the other countries that went through a similar metamorphosis. Latvia has been fortunate in having had a fair amount of assistance from Western countries. This has had both a positive & stimulating effect, but also one that has caused confusion and resistance in trying to introduce new ideas into old settings. The panelists will take the audience through a progression of changes in the context of infant & child care, starting from the point of description of the previous system and mental health care approaches that existed in the Soviet era (both positive & negative). This will be compared with the newer approaches that have been gradually introduced. The next part will examine more closely the complicated process of change, that involves having to give up previously held beliefs and long-standing health care structures. Part of the problem has been the "importation" of approaches that have been successful 'best practices' in the Western part of the world, but when "parachuted" into a new and very different setting & culture, these approaches falter. Optimally there should have been a process of evolution so that a new system can be consolidated. The third part will present a very successful project that evolved in terms of organizing the medium (TV & Internet) to reach out to young families. The concept was to establish an internet peer-group for young mothers through the medium of a web-site called Momnieclub. Along with that there was a regular and popular educational broadcast TV program for young parents. Both of these projects were developed by an energetic and very capable young mother herself. She will illustrate her presentation with DVD clips. The last part of the symposium gives examples of other successful projects that started as joint ventures, when colleagues from the West brought their experience & ideas to Latvia and enabled the Latvian colleagues to adapt these projects to suit the local culture and needs. This was not without growing pains. The emphasis here was on promoting healthy emotional development as contrasted with the emphasis on physical development in the communist era. Hopefully there will be a lot of productive discussion as colleagues share their own experiences of going through the transition of systems changes of different sorts and different levels.

WS24 Overview of the infant and child care system under communism - Its positive and negative aspects.

Blaua Z. (WAIMH - Latvia, Latvia)

In the Soviet system the health of the infant/child and mother was a priority. However, the emphasis lay heavily on the side of physical health, and much less on the side of emotional health. On the positive side - during pregnancy mothers had access to prenatal care at least once a month. The expectant mother received paid leave of absence from work 8 weeks prior to delivery, and 8 to 12 weeks post delivery. Beyond that period a mother had the choice to stay off work without pay and the work place had to guarantee her position when she returned. Paediatricians looked after the infants & children at intervals of 4 weeks or less. The main medical institutions had children's services attached to them where paediatric sub-specialists were available for children who needed more complex health care. All of this was paid for by the State. In the Soviet Union pre-school teachers had to have a university level education. Children were encouraged to join group activities where they could choose music or ballet or drama, etc. according to their talent. Sports were very important in schools. On the negative side — the primary approach to infant & child care was a biological one. There was very little available in terms of psychological education or support. Newborn infants in the Obstetrical ward were kept separate from their mothers to prevent infections. Children that were born handicapped were usually advised to be placed permanently into children's homes so that parents could return to their jobs. Initially in the Communist era the official position was the promotion of State-run Daycares as the preferential way of looking after infants & children. Only later on was it acknowledged that parents are the most important care providers in the early years of life. In the Soviet Union, courses in psychology or mental health were hard to find. There was no scientific literature available from the West. In Latvia the Faculty of Psychology was founded in 1991. This type of information was enthusiastically embraced. Psychological teaching then became incorporated into Medical Schools and Teachers Colleges. In the last two decades Infant & Child Psychology has blossomed in university settings. There is also a great public interest in this area, as well as much more awareness of the infant's and mother's psychological needs. Mothers are able to take a leave of absence from their work of up to 3 years.

WS25 The complex dynamics of change when a large social system is in transition

Tuters K. (Canada)

I will share my experience over the past 20 years of a close working relationship, where I was the professional mental health liaison between the Latvian mental health facilities and child-care institutions, and the Canadian counterparts, and international associations. Coming originally from Latvia, but having spent my professional and academic life in Canada, I have had the privilege of understanding both systems. I will present my involvement in being part of the process of change in the mental health care field that
evolved in Latvia - both as an observer and also as a catalyst. Starting from the project (1992) where the Latvian Ministry of Health invited me and a team of Canadian colleagues to help them modernize the general mental health care approach, to helping found the Latvian Psychotherapy Association, to encouraging the Latvian colleagues who were working with infants & children to organize a WAIMH affiliate. There have been many lessons that both sides have had to learn in the process of introducing new ideas into established traditional settings, where the cultural differences play a significant role. These projects gave me also a first hand opportunity to observe what happens when people who are originally from the same culture (even blood relatives) end up, because of the war growing up in very different political systems and ideologies. The result is significant differences in personalities, such as the aspect of basic trust, the capacity to exercise choice and foster creativity, self-esteem & self-image.

WS26 Attachment-based parent and preschool teacher training and research programs
Sebre S. (University of Latvia, Latvia), Pirsko L. (University of Latvia, Latvia), Skreitule-Pikse I. (University of Latvia, Latvia), Milzupe A. (University of Latvia, Latvia)
Upon the basis of attachment theory and related principles, several parent and preschool teacher training programs, parent-child interaction programs and parent-child focused research programs have been developed in Latvia during the past two decades. One of the most established parent and preschool teacher training programs has been -Encouraging Children's Emotional Development", which has also recently been positively evaluated in a program effectiveness study, indicating greater emotional availability after participation in the program. Positive parent-child interaction encouragement is also at the focus of implemented programs such as ALI and Marte Meo. Recent attachment-based research has included story stem completion narrative analysis in relation to attachment insecurity and reports of parental abuse. Research on preschool children's behavior problems has shown association between parental insecure attachment ratings, with different strength of association according to parent and child gender.

Workshop: Music therapy
WS27 Music and autism in a classroom
Sindelar M. (Centro de Investigaciones en Psicologia, Switzerland), Meini C. (University of Eastern Piedmont, Italy), Guiot G. (Associazione Cantabile, Italy)
Since birth infants are active and communicative partners engaged in protoconversations with caretakers. Motherese, the simplified language adults spontaneously use with infants, has a musical structure. In line with the Communicative musicality approach we believe that for developmental and evolutionistic reasons music is a preferential tool to favour communication and coordination and to promote group identity. A musician, a clinical psychologist working with the DIR/Floortime method and a cognitive psychologist carried on a musical experience with autistic (ASD) children aged 5 to 7 years. Each child participated at their school with 10 typically developed classmates and their teachers. Our ASD children love music and enjoy playing and singing. With music, they overcome some communicative and social difficulties, maybe thanks to the presymbolic-emotional and poorly referential features of this language. For example, children who were walking randomly recognized their space and the group’s position; their bodily posture changed with music, facilitating joint attention; the gleam in the eyes appeared when participating in musical communication. A particular attention was devoted to the voice: being the product of a human body, it is very important to help ASD children “resonating” with their peers and understanding their mental states. Also, when singing children learned linguistic skills, e.g., they ameliorated vowels’ pronunciation and understood how a question and an answer differ in melodic contour. Taking into account the unique sensory motor profile of each ASD child -the way each one processes the information from the world and from others- we proposed rhythmic music with high proprioceptive input (for under-reactive children) and smooth and calming music for avoidant and easily overwhelming children. To ameliorate intentionality and enlarge circles of communication we promoted situations favouring the spontaneous activity of the ASD child and the response of both group and conductor. So a combination of semistructured and spontaneous activity are the main components of our approach, which has both therapeutic and educational impacts. In the musical group, all the ASDs appeared to be more attentive, motivated, better performing and able to teach their acquired skills to their peers. We take this to be fundamental to help the inclusion of ASD children in a school regular program, a micro setting reflecting the daily world life.

WS28 Music therapy for children with developmental trauma — clinical experience with a creative arts therapeutic approach
Erhardt I. (Dr von Hauner Children’s Hospital LMU München/Germany, Germany), Brisch K.H. (Children's Hospital, Ludwig-Maximilians University, Germany)
Introduction: Music moves humans emotionally early on. Infants and children are receptive to elements of music such as melody, rhythm, and tone color. Music therapy is a psychotherapeutic approach that utilizes music as a medium to help patients to experience and to express themselves non-verbally in a pre-symbolic way by improvising on different music instruments, singing, and movement with classical music. Children with developmental trauma have difficulties in regulating their affects, especially anxiety, and relating to other children. Such children often find it difficult to distinguish between their need for proximity, their anxiety, and the internalization or projection of aversive feelings into destructive behavior against themselves or others. Method: The music therapist helps the children to express themselves by musical means by attuning to their play and helping them to regulate their affects. This fosters a therapeutic relationship with children who have experienced relational trauma and help them to experience implicitly that another person is listening and responding to their signals and understands the relational meaning. Additionally, a communicative base
is provided on which the child can explore intrapsychic and interpersonal space. In a first step, an individual approach is necessary. Therapeutic goals focus on early psychological developmental abilities such as improving the regulation of affect and distinguishing self and other. After that, group music therapy with other children is indicated to enhance their social skills and communication. Mutuality and reciprocity can be experienced in musical improvisations and dialogues with the help of the therapist. Presentation: A clinical case will be presented to demonstrate aspects of the process of a school-aged child with early developmental trauma. To this end, videotaped sessions in individual and group music therapy will be shown, and music therapy will be discussed as a powerful therapeutic approach involving preverbal expression and communication.

**WS30 Workshop: Ultrasound in pregnancy**

**WS31 The ultrasound consultation program**

Boukydis Z. (Semmelweis University Medical School, Hungary), Stockman A. (Illinois Institute of Technology, United States)

In the past decade, researchers and clinicians have recognized that routine ultrasound screens done during pregnancy have the potential to effect maternal-fetal attachment and maternal investment in health during pregnancy. This symposium will present the work of three groups in four countries (United States, Hungary, Switzerland and Finland) who have developed research and clinical programs to explore ways to evaluate parental response to ultrasound and ways that medical ultrasound may be enhanced with principles from infant mental health. Included in the symposium: 1. The ultrasound consultation program (Zack Boukydis, Ph.D.1,2., Alexandria Stockman, MS1) — Research on the effects of ultrasound consultation during standard second trimester sonographic screens and differences in responses based on womens' depression and anxiety; 2. Prenatal triadic family functioning and ultrasound (Werner Stadlmayr, MD 3, Boris Tutschek, MD3, Zack Boukydis, Ph.D.1,2) Presentation of the first results generated by a newly developed research tool (tc_sono20), that assesses couples' behavior while viewing videos of sonograms in mid-trimester pregnancy; 3. Prenatal intervention for substance-abusing pregnant women: Enhancing maternal reflective functioning in the context of ultrasound consultation. (Marjattetu Pajulo, M.D.4 Eeva Ekholm, M.D.5 Zack Boukydis, Ph.D.1,2) - Experience developing a comprehensive intervention (to enhance reflective functioning during repeat ultrasound consultations) for substance using pregnant women. This work can be used in hospital clinics to enhance the mother-child relationship and reduce substance use. Each presentation will address; (1.) the clinical background, past research and theoretical influences; (2.) current work including a description of research and/or clinical protocols; (3.) description of new ways to understand and measure prenatal parent-infant attachment in the context of ultrasound screens; (including ways to delineate methods to assess when viewing ultrasound is beneficial and when viewing may provide the context for the exacerbation of confused or troubled feelings); (4.) experience developing collaborations between medical systems and infant mental health oriented professionals; (5.) videotapes of mothers, couples and families watching/ responding to ultrasound; (6.) future directions for each group's work; (7.) training programs arising from the work; and (8.) a comprehensive reference and resource list.

**WS32 Prenatal triadic family functioning and ultrasound**

Stadlmayr W. (Frauenklinik des Inselspitals, Universitatsklinik, Switzerland), Tutschek B. (Univ. Hospital Bern, Inselspital, Dep Obstetrics, Switzerland), Surbek D. (Univ. Hospital Bern, Inselspital, Dep Obstetrics, Switzerland), Boukydis Z. (Semmelweis University Medical School, Hungary)

We, first, will outline the concept of triadic family functioning', composed of the complementary approaches of triadic interaction' and triadic capacity': We will refer to pioneer works developed by the work groups of E. Fivaz-Depeursinge/ A. Corboz-Warnery (Lausanne Trilogue Play) and of D. Bürgin/ K. v. Klitzing (Triadic capacity parents interview) and detail theoretical considerations how these approaches may be combined in an ultrasound setting. Second, the setting of tc_sono20' will be presented, a protocol in which (i) a 12-15-minute-videotaped ultrasound session is recorded; (ii) the couples are invited to watch this videotape on their own while being videotaped again, and (iii) the parents-to-be talk shortly about their experience in an unstructured 12-15-minute-interview focusing on the (i) difference between part 1 and 2 (watching ultrasound separately or together), and what ultrasound parts were most impressing. Videos of the 1st and 2nd part of tc_sono20 will be presented and discussed from a clinical perspective. Finally, the comprehensive computer-assisted evaluation process we are about to develop will be shortly outlined and results of 20 families, exploring how the couples' interactional variables are associated with maternal/ paternal anxiety, depression and attachment, will be presented. With respect to A) the couples' behavior we found (i) the degree of shared intensity of expressiveness' to be associated with the maternal attachment', (ii) overall intensity of gesture' and (iii) expressed overall intensity of relationship with child' to be negatively associated with the maternal attachment', yet positively associated with the maternal depression and anxiety status', and (iv) the visual feedback behavior' to be negatively associated with maternal attachment'. With respect to B) individual behavior we found (i) both the degree of maternal and paternal percentage of talking about his child' to be negatively associated with maternal attachment', yet positively associated with maternal depression and anxiety status', and (ii) maternal percentage of talking about her child's temperament' to be associated with maternal attachment'. This is (iii) in line with paternal percentage of talking about his child's temperament' to be positively associated with paternal attachment', yet negatively associated with paternal depression and anxiety status'. Furthermore, we found (iv) paternal percentage of talking about his child's assumed subjective experience' and (v) degree of positive estimation of ultrasound technique' to negatively associated with paternal attachment'. These results need further theoretical considerations.
More research is needed to clarify outcomes for maltreating families and children. Direct observations of parent-child interactions are indispensable. Parenting competency assessments are an intervention depending on cultural, individual, social and legal norms. Individual parent, child and contextual characteristics must be addressed and understood in each assessment. Child maltreatment in the early years results in consequences for the lifespan. Professionals conducting parenting competency assessments that involve infants and toddlers need special training in infant mental health and legal systems. Both parenting competency and child maltreatment are defined with variations depending on cultural, individual, social and legal norms. The aim of the intervention is to reduce or eliminate the mothers' substance use and to encourage women to become more motivated to take care of their own health and well-being. The intervention is designed to improve the mothers' prenatal attachment, to improve their ability to recognize the baby's needs and to prevent misinterpretations of the baby's behaviour. The intervention is built on a strong theoretical basis and combines medical expertise of several specialties (obstetrics, pediatrics, psychiatry) with psychology and social work. The six-session intervention include: 1) three home-visits focusing on strengthening maternal reflective functioning RF (Fonagy et al. 2002, 2008; Slade et al. 2002, 2005), 2) two enhanced prenatal obstetric ultrasound consultation sessions, with RF work elements added (Boukydis et al. 2006, 2009) and 3) one consultation on neonatal behaviour after birth together with the mother/parents (Boukydis & Lester 2008). All intervention sessions are led by trained staff members. The efficacy of the intervention will be carefully evaluated with a randomized control group design, with participants from Turku University Hospital maternity policlinic. All other routine care and follow-up will be carried out as usual with both intervention and control groups. In the current symposium presentation, the idea, content and structure of the specific intervention will be described in more detail. Preliminary experience of carrying out the intervention and research data will be presented when possible.

12:00-13:30 Poster Session 2 Posters 104-217

13:30-15:00

**S111 Symposium: Forensic aspects of infant psychiatry**

Chair: Luoma I. (Finland)

**Filicide: Psychiatric and psychosocial characteristics of parents who kill their infants**

Tyano S. (Tel Aviv University, Israel), Osofsky J. (LSU Health Sciences Center, United States), Wittenberg J. (Hospital for Sick Children, Canada), Tyano S. (Tel Aviv University, Israel), Golse B. (Necker Hospital, France)

This first presentation will describe the development of a judicial-mental health partnership designed to assist the court in making more informed decisions about the best interest of young children by adding scientific knowledge about development, prevention, intervention, evaluation and treatment. The outcome of the multidisciplinary approach will be illustrated through presenting a case vignette of a mother and baby showing the challenges and strengths of intervention. Finally, overall outcomes of the intervention and directions for the future will be presented. The second presentation focuses on unique characteristics in the assessment of competency for parenting infants and toddlers, a concept that straddles infant mental health and legal systems. Both parenting competency and child maltreatment are defined with variations depending on cultural, individual, social and legal norms. The third presentation, will be about filicide. Distinction between neonaticide and infanticide is emphasized. The different kinds and related factors to each of them are outlined, based on epidemiological studies. Parental motivations for filicide are reviewed, first from the psychiatric aspect, then from a developmental and psychodynamic perspective. Factors in the infant that increase the risk for filicide are also reviewed. The forth participant will discuss the three presentations.

**S112 Legal assessment of parenting competency**

Wittenberg J. (Hospital for Sick Children, Canada)

This presentation focuses on unique characteristics in the assessment of competency for parenting infants and toddlers, a concept that straddles infant mental health and legal systems. Both parenting competency and child maltreatment are defined with variations depending on cultural, individual, social and legal norms. Individual parent, child and contextual characteristics must be addressed and understood in each assessment. Child maltreatment in the early years results in consequences for the lifespan. Professionals conducting parenting competency assessments that involve infants and toddlers need special training in infant mental health and development. Direct observations of parent-child interactions are indispensable. Parenting competency assessments are an intervention that may work best when coordinated with interventions in child protection, social service, infant mental health and legal systems. More research is needed to clarify outcomes for maltreating families and children.
S113 Symposium: Healing maltreated children: Adaptations of the Circle of Security intervention for biological, foster, and adoptive parents

Chair: Boris N. (United States)
Marvin R. (Mary D. Ainsworth Child-Parent Attachment Clinic, United States), Page T. (Louisiana State University School of Social Work, United States)

In the United States, the proportion of very young children served by Child Protective and Foster Care Services is rising steeply. These children embody the idea of "multi-risk," typically face special challenges in adaptive functioning over their development, and require innovative and effective relationship interventions. This symposium focuses on an increasingly well-known attachment-based intervention, The Circle of Security (COS), and its use with birth- and foster/adoptive -parents caring for children under 6 years of age from this population. First, a brief overview of the COS approach, its roots in attachment theory and research, and its application to maltreated children, will be presented by one of the creators of the model. The ways in which the COS perspective is particularly useful in assessing maltreated children and their attachment-caregiving relationships will be underscored. Next, issues that are unique to these children and their birth parents will be highlighted with videotaped case material and outcome data from one ongoing project. This project uses the original COS intervention, a group-based, 26-week intervention including both parent education and parent psychotherapy. Initial results will be presented as 8 case studies, with pre- and post-intervention data indicating significant relationship changes in at least half of the sample. Following this, we will discuss ways in which key characteristics and needs of foster and adoptive parent-child relationships influenced the refinement of the Circle of Security approach. For example, most foster and adoptive toddlers and preschool children exhibit unique and especially challenging patterns of attachment behavior in their new placements. These patterns are not recognized as attachment behavior by many foster/adoptive parents unless they receive specialized coaching, often leading to parenting practices that are not matched to the child's specific need in that moment. Identification of the special needs of foster/adoptive placements led to the development of the Circle of Security Parenting Course, a 10-12 week intensive intervention that helps foster and adoptive parents to better recognize and respond to the special cues and needs of their children. This intervention will be described and illustrated with video clips. Finally, the workshop will conclude with a two-part discussion: a) the process through which this refinement of the COS intervention is being disseminated in Virginia (USA), Ontario (Canada), and Norway; and b) lessons we have learned in helping to make family preservation/reunification, and foster and adoptive placements, more healing for young children through the Circle of Security framework. The three presenters will engage in a dialogue among themselves, followed by discussion between audience and presenters.

S114 The Circle of Security Parenting-Course©: Helping foster and adoptive parents meet the challenging needs of their children

Marvin R. (Mary D. Ainsworth Child-Parent Attachment Clinic, United States), Whelan W. (Mary D. Ainsworth Child-Parent Attachment Clinic, United States)

The Circle of Security (COS) intervention has successfully been used to help high-risk birth parent-child dyads improve their attachment-caregiving relationships. Clinical experience suggests it is also helpful in the case of foster and adoptive families caring for children with histories of maltreatment and removal from their birth homes. This has led one of the original developers of the COS, and colleagues, to design a variation of the framework and protocol specifically for use with foster and adoptive families. The original COS protocol was designed to help shift patterns of interaction in dyads that have presumably been on the same "relationship developmental pathway" since the child's birth. In part for this reason, the original protocol consisted of a parent-education/coaching phase, followed by a phase of intensive psychotherapy with the parent. The case of foster and adoptive families is distinct for many reasons, two of which are: 1) the child often comes to this new set of relationships with attachment and exploratory patterns that are puzzling to the new parent, difficult to interpret and manage, and resistant to change; and 2) the child and new parent have not been on the same "relationship developmental pathway" — their patterns of interaction are often not reciprocal to one another, and it becomes the foster or adoptive parents' job to help the child develop new, more organized and secure, interaction patterns. From a relationship perspective, it becomes the job of these healthier parents to help the child "dance a new and healthier interactive dance." This implies, in turn, a slightly different focus in intervening in support of these families. There is more need to coach the parent in understanding the maltreated child's confusing behavior and "miscues," and less need for intensive psychotherapy with the parent. The Circle of Security Parenting-Course is designed with these and other unique characteristics in mind. Using slides and video clips, we will describe this 12-session course, focusing on its unique structure of: educating the parent in a user-friendly way about current findings in developmental psychology, trauma and brain development, and attachment research; coaching the parent in applying this knowledge to his/her own maltreated child; shifting the parent from a tendency to make negative inferences about the child's intentions toward a tendency to make more positive, kinder inferences; practicing this application until it becomes relatively automatic; and helping both parents in the family learn to use the Circle of Security framework in thinking about and supporting each other as co-parents. The presentation will end with preliminary outcome data from two projects (one in Virginia and one in Ontario) in terms of parents' reactions to the course.

S115 A pilot application of the Circle of Security parenting intervention with maltreating mothers in the U.S.

Page T. (Louisiana State University School of Social Work, United States)

Background The evidence basis for parenting interventions for maltreating parents is very limited. The purpose of this pilot study was to adapt The Circle of Security, an emerging evidence-based parenting intervention founded upon attachment theory, to maltreating
parents in the U.S. We hypothesized post-test improvements in children's attachment security, parents' insightfulness into children's relational motivations, more empathic attitudes, lower parenting stress, and reduced behavior problems. Methods Eight mothers participated, each of whom was randomly referred for parenting services by a child welfare agency. Demographics included: 7 Caucasian, 1 Hispanic; mean age 25; 50% less than high school ed.; 50% substance abuse history; impoverished, rural residence. Children were 6 boys, 2 girls; age range 16-69 months (mean=48 months). Reasons for referral included: Inadequate supervision/protection (4); substance abuse/dependence (3); domestic violence (3); and physical abuse (2). Five of the 8 children had been in foster/kin placements at some point. The Circle of Security is a 26 week intervention that uses reviews of videotaped parent-child interactions in group sessions. Parents are taught to recognize their children's alternating needs for exploration and attachment (conceptualized as a continuous relational circle) to identify relationship problems and to adapt new behavior to address these problems. Using a pre-post design, parent and child assessments included: the Preschool Strange Situation Procedure (SSP), an observational measure of attachment; Insightfulness Assessment (IA), an interview measure of parents' empathic awareness of their children's needs; Parenting Stress Index (PSI); Adult/Adolescent Parenting Inventory (AAPI); Child Behavior Checklist (CBCL). Results Results are presented as 8 case studies. Mothers' and children's categorical ratings on the IA and/or SSP improved for 4 of 8 (one of the remaining 4 dyads was rated high at both observations). Three dyads saw no significant changes, each of whom was classified as insecure-disorganized. No dyads changed from relatively more secure to less secure. Externalizing behavior was reduced for 6 of 8 children; 2 of those making positive changes were in the clinical range at time 1 and in normal range at time 2. Similar profiles were obtained on the Parental Distress subscale of the Parenting Stress Index. Conclusions Half of participants showed some improvements in relationship qualities and/or children's attachment security. The Circle of Security warrants further study as an intervention for high-risk parents, as it appears to address important aspects of parental competence and children's emotional security.

S116 Symposium: Whose rights count? Negotiating practice, policy and legal dilemmas regarding infant-parent contact when infants are in out of home care
Chair: St.-Andre M. (Canada)
Jordan B. (Royal Children's Hospital, Australia), Bisaillon C. (Centre Jeunesse de Laval, Canada), Bryce G. (NHS Greater Glasgow and Clyde, United Kingdom), Miron D. (Tulane University Health Sciences Center, United States)

This symposium will open with a presentation by Brigid Jordan from Australia on the contribution of an infant mental health perspective and a focus on infant's rights to a public health approach to the prevention of abuse and neglect of infants. Papers from Scotland, Quebec and America will discuss issues concerned with the central dilemma of ensuring that the infant in out of home care is provided with a secure attachment and care-giving relationship with someone who is not their parent, while simultaneously working to ensure that the infant has an ongoing meaningful relationship or can be united with their parents where this is in their best interests. From a child rights' perspective, visits with parents should provide a benefit and not incur physical or emotional costs or risks for the child. Sometimes the infant has a right to no contact with their biological parents. Claud Bisaillon from Canada will present clinical vignettes describing the severe distress that many children experience after visits to their biological parents and how the child's reactions may impair the ability of the foster carer to act as a safe haven. Claud will discuss modalities developed by the team to help the child (supervised visits, low frequency, short duration of visits, ways for helping the child before and after the visit). Devi Miron from the Tulane Infant Team in New Orleans will present data from two years of consultation work to describe the team's work with foster carers and other players in the legal and child protection system to ensure that the focus in decision making is on the best interests of the child. Vignettes and video of caregiver — child interactions during visits will be used to illustrate the rationale for the team's recommendations regarding scheduling and structuring of visitation. The presentation by Helen Minnis and Graham Bryce from Scotland will describe the use of a mapping and modelling process involved in translating the New Orleans model to Scotland. This approach has allowed them to identify the constituent parts of the dilemma regarding contact between an infant in out of home care and their biological parents with a view to facilitating a resolution that both fits the new Scottish context and meets the best interests of the child. This will be illustrated by presenting data from the qualitative analysis of a pilot case. The aim of this symposium is to promote discussion about how to ensure the least distress and the best possible developmental outcomes for infants who have been subjected to abuse and neglect.

S117 The contribution of infant mental health to a public health model for the prevention of abuse and neglect of infants.
Jordan B. (Royal Children's Hospital, Australia), Sketchley R. (Murdoch Childrens Research Institute, Australia)

In many jurisdictions infants make up the majority of children notified to statutory child protection services and are the fastest growing age group placed in out of home care. Recently commentators have argued for a public health approach to the prevention of abuse and neglect of children (The Lancet 2008). This paper discusses how an infant mental health perspective might inform a public health approach to the prevention of abuse and neglect of infants with Australian context used as an example. Possibilities include enriched primary health and welfare services, health promotion campaigns, specialist early child care and education programs, an expanded infant-sensitive focus for adult-based support services and increased access to infant mental health services. However, a rights-based perspective also requires the social investment and commitment to those infants who have been harmed by abuse and neglect to ensure that their rights take precedence over parents' rights. The conflict between infant's rights and parent's rights is often enacted in the arrangements made for infants placed in out of home care to have contact with their biological parents. From a human rights and tertiary prevention perspective, visiting arrangements for infants need to ensure that the infant is not further harmed, has the best chance of recovery from abuse and neglect and can participate fully in life now and in the future. The complex issue of optimal
visiting arrangements for infants in out of home care will be explored from the perspectives of attachment theory, human rights and a public health model.

S118 Torn between two worlds: Foster home children’s reactions to visiting their biological parents and attachment theory
Bisaillon C. (Psychologist, Canada), St-Andre M. (CHU Sainte-Justine, Canada), Fortin G. (University of Montreal, Canada), Gauthier Y. (University of Montreal, Canada)
Youth courts frequently make judgements that children aged 0 to 3 who live in a long-term foster home arrangement (i.e. up to majority) should have regular visits with their biological family. The usual reasoning is that the child should not lose the attachment ties that he has developed - or should develop - to his biological parents, even though the project is a long-term stay in a foster home. The same phenomenon also holds true for children who live in concurrent-planning foster-adoptive home, the so-called “mixed bank” program in Quebec. We will present clinical vignettes where we have observed the severe reactions of the child to such visits, during the visit, but mostly afterward, upon his return in the foster home or the foster-adoptive home. Such reactions usually take several forms: anxiety, strong need for proximity, sleeping problems, regressive behaviors, aggressive outbursts, psychosomatic difficulties. In addition to being an important source of distress for the child, these reactions may also directly influence the foster parents' ability to act as a safe haven for him in times of distress. We also note that frequent comorbid developmental disorders — such as cognitive, language and neurosensory difficulties — set foster children at higher risk of presenting such reactions. We understand such reactions, within the attachment theory, as manifestations of a severe insecurity: these visits are felt by the child as a threat to the attachment ties he has already developed to the new mother figure, or that he is in the process of developing. We will discuss recommendations that we have elaborated to make such visits more livable for foster children and families — whenever they have to be continued. We will describe modalities to help the child, such as supervised visits, low frequency and duration of visits, and ways for helping the child before and after the visit. We will describe our clinical efforts to provide foster parents with an understanding of their child's attachment needs and to support the parent's emotional availability and reflective functioning. We will finally discuss the basic question of the need for permanency in a child in regard to the need to keep contact with his genetic background, at such an early age.

S119 Infant mental health consultation to child protection workers: focus on visitation planning in the best interest of the child
Miron D. (Tulane University Health Sciences Center, United States)
Foster care workers are charged with the seemingly insurmountable task of balancing the needs of maltreated children, the parents who are trying to reunify with them, foster parents caring for the children, and the demands of the court system. In Louisiana, two programs support foster care workers in making recommendations regarding reunification. In New Orleans, the Tulane Infant Team, comprised of psychiatrists, psychologists, and social workers provide assessment and treatment to children, ages 5 and under, and to caregivers and make recommendations to the child protection system and the juvenile court. Developed from the Infant Team model, experts in infant mental health are providing consultation to foster care workers and child welfare management in Lafayette regarding cases involving children under age 5 years. Although child welfare law in the United States emphasizes the best interest of the child in permanency planning, our observations are that the child welfare system struggles with how to consider this perspective when developing case plans and making day-to-day decisions such as determining the frequency, length, and structure of visits between birth parents and their children when the parent is working other components of the case plan towards reunification. Another is visit planning when the children are placed in a foster home which is up to a hundred miles from where their birth parent resides. This presentation will emphasize the need to carefully assess the best interest of the child when planning visitation and will recommend that foster parents be involved in visits during transportation, in the waiting room near the visit, and in some cases, sitting in the visitation room with the birth parents in order to support the child. Case vignettes will be used to illustrate the process of helping foster care workers approach cases from the perspective of the best interest of the child. Qualitative and quantitative analyses of records of meetings between foster care workers and infant mental health experts, conducted over a period of 2 years, will be used to 1) describe the process of consultation; 2) report on the effort to shift the topics most frequently discussed from focusing on parents' needs and rights to emphasizing children's needs, as well as parent-child relationship needs; and 3) discuss specific recommendations to child welfare workers regarding scheduling and structuring visitation. Video of caregiver-child interactions during visits will be used to further illustrate the rationale for these recommendations.

S120 Giving children the best chance
Bryce G. (NHS Greater Glasgow and Clyde, United Kingdom), Minnis H. (University of Glasgow, United Kingdom), Follan M. (NHS Greater Glasgow and Clyde, United Kingdom)
What role should quality of contact between a maltreated child and the birth family at initial assessment play in determining the decisions that are to be made about the future care of the child? It is not uncommon to encounter extreme distress in a maltreated child (who is living in foster care) during contact with the birth parent. We suggest that observing this during the early stages of assessment of a maltreated child is likely to influence workers towards termination of contact. In New Orleans, a carefully evidenced approach towards assessment and intervention with birth families of maltreated children has been developed in which every family is given the opportunity to take part in an intervention aimed at improving parent-child relationships, even if that relationship appears very
negative at the point of assessment (Zeanah & Larrieu, 1998). Herein lies a conflict: the workers' instinct may lead them to reduce or even end contact when faced with extreme distress on the part of the child, while the New Orleans model promotes work with every family regardless of the initial presentation. By providing enough evidence for the legal system to ensure the right permanent placement for the child, the New Orleans system prioritises the child's long-term interest over the short term pressure to abandoning the assessment process because of the child's current distress. We are currently piloting a version of the New Orleans programme in Glasgow, Scotland, and have already encountered this dilemma. We are using a "mapping and modelling" approach towards developing this complex intervention (Campbell et al., 2007) that includes qualitative analysis of key informant interviews with staff in New Orleans and with clinicians, social workers and policy makers in Scotland. In this presentation we will briefly describe the New Orleans model and the mapping and modelling process involved in translating this to Scotland. This approach has allowed us to tease out the constituent parts of this dilemma regarding contact with a view to facilitating a resolution that both fits the new Scottish context and meets the best interests of the child. This will be illustrated by presenting data from the qualitative analysis of a pilot case.


S121 Symposium: I FEEL Pictures in three countries
Chair: Schiffman R. (United States)
Nagaya S. (Chukyo University, Japan), Fukatsu C. (Osuna Womens University, Japan), Hamada Y. (Keio University, Japan), Inoue K. (Yokohama National University, Japan), Hirano N. (Hokkaido University of Education, Japan)
1. Development of the Japanese version of IFEEL Pictures The IFEEL Pictures Study Group in Japan obtained the IFP in 1987, and attempted to use it in Japan. Two problems, however, emerged. First was that we could not classify responses accurately by the original category system translated into Japanese. Second was that the Japanese subjects could not identify emotionally, therefore difficult to respond empathetically, with the pictures of American infants. To counteract these problems, we developed the Japanese version of the IFEEL Pictures (JIFP) comprising thirty photographs of the facial expressions of Japanese 12-month-old infants, as well as our own coding system which contains new categories, such as "amae (object seeking)" and "self-assertion". Detailed developmental process will be presented at the symposium. 2. How the JIFP study evolved We have thus far conducted a variety of studies on mother-child relationships using the JIFP and found that an analysis of the JIFP responses according to the category system was unsuitable for investigating a person's childrearing characteristics and identifying problematic mother-child relationships. We therefore created a new analysis method focusing on mother-child relationships, called the Relationship Assessment Categories (such as Deviated Responses (D), Object Seeking (OS), Satisfaction/Frustration of Needs (FN), Basic Emotions (BE), Physiological States (PS), Attentive/Concentrated States (AC), Simple Description of the Picture (SD), and Rejection (R)). We will present several studies using these categories at the symposium.

S122 Adapting the IFEEL Pictures lexicon of emotion words to the Flemish language culture (Belgium)
Vliegen N. (Leuven University, Belgium)
In Flanders, the Dutch speaking northern part of Belgium, we choose not to change the pictures of the original American version of the IFP-test, but to create a language specific lexicon of emotion words with their own categorizations. In the original American lexicon, approximately 350 emotion words are listed, each word with its dominant affect category it belongs to. Each emotion word is listed in one of twelve basic affect categories: surprise, interest, joy, content, passivity, sorrow, cautious/shy, shame/guilt, disgust, anger, dislike, fear. We extended the lexicon, to 1020 Dutch emotion words. There are important similarities in the way the Belgian and American subjects classify their emotion words under a certain basic affect category, yet there are also important differences. By making our own list of frequently used Dutch emotion words and by creating our own language specific categorizations, we created a scoring system that is more adapted to our own language culture. In the Leipzig symposium, we will explain the different sub-steps in this kind of cultural adaptation. Moreover, we were the first group to use this test with children. Affect interpretation specificities in normal development and in several clinical groups will be shown. We will also look at changes in affect interpretation under the influence of psychodynamic child psychotherapy.

S123 The IFEEL Pictures Test: A Peruvian adaptation and validation
Traverso P. (Pontificia Universidad Católica del Perú), Traverso P. (Pontificia Universidad Católica del Perú), Nobleaga M. (Pontificia Universidad Católica del Perú)
Due to the interest in finding an instrument which explores primary caregivers' interpretation of the emotions of children, the need to adapt and culturally validate the IFEEL Picture test (Infant Facial Expressions of Emotions from Looking at Pictures, IFP) emerges in three countries with three culturally different contexts: Peru, Japan and Belgium. This test was created by Emde, Butterfield and Osofsky in 1993. The objective of the IFP is to explore and identify the meaning that a person grants to the affective signals which are expressed in the face of young children. This test involves a series of photographs of children expressing different emotions. These pictures serve as a stimulus which promotes the expression of the emotions that the caregivers consider the children feel, hereby depicting the understanding they have of the emotional language of the children. In addition, the IFP allows the study of individual and group differences in the interpretation of infants' emotions, in clinical environments as well as non-clinical, providing a general structure for understanding the different factors that may arise when trying to interpret the emotions of infants. Emde et al (1993) were
interested in photographs of emotional facial expressions which had an ambiguous or not precise meaning, acknowledging the existence great variability in the interpretation affects. Moreover, the background of the images—which might render situational insights about the emotional expressions — is neutral, in such a way that the subject being evaluated has the opportunity to construct meanings from the interpretations of the answers. For this reason, the IFP could also be considered a projective test, permitting to study the emotional world of the caregiver in depth. The IFEEL Pictures Test: A Peruvian Adaptation and Validation In Peru a new version of the IFEEL test has developed, using photographs of children with ethnic features which are representative of Peru. In this manner, and following the procedures of the original test, a new code book of emotional lexicons was elaborated. This Peruvian version was administrated to a group of 171 mothers of a low socioeconomic level. Parting from the results and from a rigorous process of analysis conducted by the investigation team, a new code book of emotional lexicons was created. This Peruvian version was administrated to a group of 171 mothers of a low socioeconomic level. Parting from the results and from a rigorous process of analysis conducted by the investigation team, a new code book of emotional lexicons was elaborated. At the same time, average scores were established concerning the frequency with which each group of emotions appears. This version was later administered to a group of 300 people from medium socioeconomic level, including mothers, fathers, and adults who are not parents. This paper will present the Peruvian version of the test, the proposed code book, as well as the main results which compare the characteristics of the emotional interpretation according to variables of sex, age, socioeconomic level and parenting.

S124 Symposium: Optimising mothers’ sensitivity to the behaviours of their at-risk neonates

Chair: Latva R. (Finland)

Newnham C. (Parent-Infant Research Institute, Australia), Newnham C. (Parent-Infant Research Institute, Australia), Ferretti C. (Murdoch Children's Research Institute, Australia), Shoemark H. (Royal Children's Hospital, Australia), Rolland A. (Hospitalier Universitaire Reims France, France)

Maternal sensitivity to infant behavioural and emotional cues is emerging as an important predictor of optimal infant development. The theoretical underpinnings of this association come from attachment theory, and increasingly from evidence from the animal literature which shows that species-specific maternal behaviours (and in humans this is emerging to be maternal sensitivity) reduces stress and facilitates brain development in infants. In this symposium, Carol Newnham will present evidence that maternal sensitivity can be taught to the mothers of hospitalised preterm infants and that white matter development in the brains of infants of intervention mothers was subsequently enhanced. The relationship between measures of maternal sensitivity and brain development will be presented. She will show examples of sensitive and insensitive maternal responsiveness. Carmel Ferretti will report the results of a large study with preterm mothers who had been involved in sensitivity training. She will present data that identify individual maternal characteristics that facilitated the mothers’ ability to become sensitive in their dyadic interactions. By identifying the maternal risk factors, future interventions can be adjusted and more targeted to help these mothers. Helen Shoemark conducted a qualitative analysis of the interactions between medically-fragile infants and a music therapist (herself) who uses voice (including infant-directed speech and singing) as the mode of contingent, sensitive responding. The micro-analyses of these interactions identified components that can be taught to and used by mothers of these infants. Finally, Anne-Catherine Rolland will present data from a French sample of preterm mothers. Her group sought to identify maternal and infant predictors of Post Traumatic Stress Disorder (PTSD). PTSD is emerging as a mental health problem in mothers of preterm infants and puts the mother at-risk for interactional difficulties with her infant. Mothers of preterm and medically-fragile infants are themselves at-risk for interactional difficulties because of the trauma they experience that is associated with the difficult birth and infant survival problems. Yet their infants are also at-risk for developmental problems and need the best possible parenting input from their mothers. The studies presented in this symposium demonstrate some of the excellent work being done in Australia and France that seeks to identify best-practice for these parents and their infants.

S125 Sensitive parenting effects brain changes in preterm infant

Newnham C. (Parent-Infant Research Institute, Australia), Ferretti C. (Murdoch Children's Research Institute, Australia), Shoemark H. (Royal Childrens Hospital, Australia), Rolland A. (Hospitalier Universitaire Reims France, France)

Background: The original study that used the Mother-Infant Transaction Program (MITP) (sensitivity training) with mothers of preterm infants found cognitive advantages for infants of intervention mothers that began at 2 years, became significant at 3 years, and increased thereafter to become functionally and clinically significant at 9 years. We assume the long-term effects of the MITP occurs via a reduction in infant stress and improved mother-infant attachment. The aim of this study was to assess early changes in brain development of very preterm infants following an MITP hospital-based intervention. Method: Forty-eight mothers (52 infants) consented to participate to a randomised controlled trial of the MITP intervention. Following randomisation and at term equivalent age, infants had MRI brain scans, and for 27 infants diffusion tensor imaging (DTI) sequences to measure the maturity of white matter were also obtained. Diffusion parameters of interest included apparent diffusion coefficient (ADC) and fractional anisotropy (FA) in 12 selected regions of interest. At term age we also videotaped mothers bathing their infants. Bath interactions were coded for maternal sensitivity, infant and dyadic responses. Results Significant group differences favouring the infants of intervention mothers were found in ADC and FA values, with the strongest effect in superior regions. Bath coding data (and video examples of sensitive parenting) and their relationships with measures of brain development will be presented. Conclusions: These preliminary results suggest that the MITP intervention may enhance myelination and brain connectivity, possibly by reducing infant stress levels, and may explain the long term effects previously reported following this intervention.
S126 Maternal, infant and social contextual determinants of maternal sensitivity in a very preterm cohort.

Ferretti C. (Murdoch Childrens Research Institute, Australia), Newham C. (Parent-Infant Research Institute, Australia), Rolland A. (Hospitaletal Universitaire Reims France, France), Shoemark H. (Royal Children's Hospital, Australia)

Background. The present study focuses on the determinants of maternal sensitivity (defined as a mother’s ability to perceive and interpret her infant’s signals and communications and respond appropriately by adjusting her behaviour to accommodate her infant’s needs and characteristics). While there have been a number of studies emphasizing maternal sensitivity as a factor influencing attachment and the need for promoting maternal sensitivity for effective mother-infant interaction, limited information is available on the factors that influence maternal sensitivity in dyads involving preterm infants. This study will extend on the existing literature and make a unique contribution to the field of maternal sensitivity by examining a range of determinants that support an ecological perspective and draw factors from the maternal, infant and social contextual domains in support of a transactional model to determine maternal sensitivity and specifically to a preterm population. Aim. The primary aim is to identify significant maternal factors: maternal well being - depression, anxiety and stress, maternal attachment representations, attachment to her infant and parenting competence, infant factors: temperament and medical risk status and social-contextual factors: SES that predict maternal sensitivity in a preterm population. Design and methods. Sample: 123 very preterm infants (<30 weeks gestational age) born at Royal Women’s Hospital and Mercy Hospital for Women, Melbourne, Australia and 109 mothers (recruited between April 2007 – Oct 2009). Outcome measures: At 40 weeks (term equivalent) all infants videotaped during a bath session to assess mother’s level of sensitivity to her infant’s cues with the Preterm Mother-Infant Interaction Scale (PREMIIS) and mothers completed a questionnaire package. The included maternal measures were the Depression, Anxiety and Stress Scales (DASS), Post Bonding Questionnaire (PBQ) and the Parenting Sense of Competence Scale (PSOC). Infant measures used were the Neonatal Perception Inventory (NPI) and the Neonatal Medical Index (NMI) and the demographic factors examined were; SES, income, educational qualifications and maternal occupation. Results. The results of this study will be presented and may then be helpful in targeting those mothers most at-risk for interactional problems.

S127 Explicating interplay with the medically fragile newborn infant

Shoemark H. (The Royal Children's Hospital Melbourne, Australia)

The availability of the hospitalized newborn infant for interplay with his/her mother is significantly enhanced by maternal sensitivity to the cues of the infant. But what are the cues of availability for dyadic interplay? This paper presents the findings of a qualitative doctoral dissertation in which infant-therapist interactions are described, analyzed and interpreted. Audio-visual data from 94 sessions were sampled to select three significant moments in interplay (one each of positive, “moving along”, and negative). These were subjected to micro-analysis by the therapist and four expert reviewers to illuminate the infant’s experience. The reviewers engaged with the therapist in a facilitated, video-cued discussion. The transcribed material collated from the reviews and discussions was used to create “thick descriptions” of the significant moments. These descriptions were annotated for explicit and implied infant and therapist behaviors and subjected to thematic analysis. The outcome was fourteen sets of behaviors used by the medically fragile newborn infants to indicate availability for interplay and twenty sets of behaviors that the therapist used in response to the infants. The interaction between these infant and therapist behaviors provided seven markers of interplay between the music therapist and the medically fragile newborn infant. These identified components of infant-therapist interaction can now be used to construct a framework to help mothers interact in a sensitive and contingent way with their medically-fragile infants.

S128 Prematurity and maternal posstraumatic stress disorder: Mother's and baby's influencing factors.

Rolland A. (Centre Hospitalier Universitaire , France), Eutrope J. (Service de Psychothérapie de l'Enfant et de l'adolescent. CHU, France), Lempp F. (Serveide de Psychothérapi de l'enfant et de l'adolescent. CHU, France), Aupetit L. (Centre d’Action Médico-Sociale Précoce, France), Varnier A. (Centre de recherche, d'investigation clinique et d'aide méthodologique. CHU, France), Wolak A. (Centre de recherche, d’investigation clinique et d’aide méthodologique. CHU, France), Barbe C. (Centre de recherche, d'investigation clinique et d'aide méthodologique. CHU, France), Nezelof S. (Service de psychiatrie de l'enfant et de l'adolescent. CHU, France), Sibertin-Blanc D. (Service de pédiopsychiatrie. CHU, France), De Mare L. (Centre d'Action Médico-Sociale Précoce, France), Bednarek B. (Service de Pédiatrie et de Réanimation Infantile. CHU, France)

Objectives: The birth of a very premature infant is a critical event for a woman. Many studies have shown that unprepared premature mothers are at greater risk of psychological disorders than mothers of full-term infants. A study is in progress in France to estimate the influence of mother's posttraumatic stress disorder on the interactions of dyads. The second objective of the study is to assess the consequences of the premature difficulties had by dyads on infant's behavioral and developmental outcomes. Methods: The prospective study takes place in 3 neonatal intensive care units (NCIU) in France (Programme Hospitalier de Recherche Clinique 2008-2011 CHU Reims France). 150 to 450 dyads have to be recruited after very premature birth (<32 weeks of gestation) during the infant's hospitalisation. They are followed through five visits in the course of an 18-month period. The first and the second visits (2 weeks after delivery and 2 to 15 days before the NCIU infant's discharge) allow the collection of data on obstetrical, psychological, and sociodemographic factors. It also assesses different characteristics of mothers and dyads: depression, anxiety and posttraumatic stress disorder occurring in mothers (EPDS-Edinburgh Postnatal Depression Scale; HADS-Hamilton Anxiety and Depression Scale; PPQ-Perinatal Posttraumatic Stress disorder Questionnaire, SSQ-Social Support Questionnaire), as well as quality of interaction in the dyads (DMC-Dyadic Mutuality Code). The same scales of evaluation added to the PIPE-Pediatric Infant Parent Exam and to Denver Scale (which measures baby's development) are used during the 3 following visits in the 6th, the 12th and finally the 18th month, after...
Video Presentations:

VP9 Interactions between visually impaired mothers and their children
Gosme C. (Hôpital Necker, France), Benony C. (Université de Bourgogne, France), Golse B. (Hôpital Necker, France), Candilis D. (Institut de Puériculture de Paris, France), Thoueille E. (Institut de Puériculture de Paris, France), Soulé M. (Institut de Puériculture de Paris, France)
I will show some videos on interactions between mother and child to compare characteristics of the interactions between control-dyad and dyad with visually impaired mothers. This is a four year follow-up study made in association with Necker Hospital in Paris on a population of twelve dyads of mother with visual impairment and their children. Evaluation is based on psychoanalysis and attachment theories. The study will focus on the particularity of these dyad to build the interrelation.

VP10 Evolution of children's narratives during analytic therapy
Zigante F. (Necker Hospital, France), Borghini A. (CHUV, Switzerland)
This video is dedicated to give full particulars of three young children's narratives using the Attachment Story Completion Task. These children are selected from a study cohort of thirty clinical children receiving analytic therapy who have been assessed once every year during their 4 years treatment. In this study, the attachment narratives are used as a way to assess the process of change inside therapy. This video shows main tendencies for the attachment profiles' evolutions considering verbal and especially non-verbal play. Particularly, the video focuses on the improvement of secure dimension and decrease of disorganization during a long run. The video also shows deconstruction and reconstruction phases of the narratives according to these three young children's psychopathology throughout the therapeutic process.

WS34 Workshop: Emotional Availability (EA) Training: Short, practitioner version
Biringen Z. (Colorado State University, United States)
Emotional Availability (EA), as a construct, refers to the capacity of a dyad to share an emotional connection and to enjoy a mutually fulfilling and healthy relationship (Emde, 1980; Biringen, Robinson, & Emde, 1998). The Emotional Availability (EA) Scales were designed to assess both sides of this relationship, including four components on the caregiver side (sensitivity, structuring, nonintrusiveness, and nonhostility) and two on the child's side (responsiveness to the caregiver and involvement of the caregiver). The EA Scales are a mainstay of parent-child relational assessment as well as a powerful clinical tool. EA brings a dyadic or relational perspective to interactions, emphasizing that any aspect of the adult's behavior is dependent upon that of the particular relationship with a particular child. Further, the framework emphasizes the child's contribution to the interaction, but in the context of a relationship with a particular adult. Thus, a dyadic cyclic environment is key, with each partner dynamically influencing the other. Although the adult dimensions are distinguished from the child dimensions, the emotional availability of both the adult and the child is viewed from within the relationship. This dyadic imperative means that EA of one of them can only be meaningfully assessed when the other's complementary interactional behavior is taken into account. In addition to a dyadic cyclic environment, the same individual is viewed as experiencing different levels of emotional availability in different relationships, further reinforcing the relational rather than individual or trait-like view of this concept. Typically, EA Training takes 4 full days, and the original forms (17 pages) require video and a minimum of two viewings for accurate scoring. In this tutorial, the presenter will describe the short training for practitioners (lasting less than one day of online work) and real-time scoring of EA, without the necessity of video. A 2-page form is utilized. Once used solely for data collection in scientific programs, now the tool is applicable to practice settings. The presenter also will provide research-based evidence for the effectiveness of this shorter version from two separate investigations, one with child care providers and the other with parents.

W35 Workshop: Food refusal in infants and toddlers: differential diagnosis and treatment
Chatoor I. (Children's National Medical Center, United States), Hommel S. (Parent Infant Toddler Counselling, Germany)
When an infant or young child refuses to accept the food which the caretaker offers, it often sets the stage for intense conflict between parent and child and causes distress in both. This workshop will address four feeding disorders (classified by Chatoor, 2002; 2009)
which are characterized by food refusal: Infantile Anorexia, Sensory Food Aversions, Posttraumatic Feeding Disorder, and Feeding Disorder Associated with a Medical Condition. Infantile Anorexia and Sensory Food Aversions both begin between 6 months and 3 years of age, during the transition to spoon- and self-feeding. Both are characterized by food refusal, and the children are often described as "Picky Eaters". However, toddlers with Infantile Anorexia are inconsistent in their food refusal, and may eat a food one day but refuse it the next day. Their underlying problem is that they do not seem to feel hunger like other children, and they would rather play and talk than eat. They usually eat inadequate amounts of food and become malnourished. On the other hand, children with Sensory Food Aversions refuse certain foods because of their taste, texture, temperature or smell, but they eat well when offered their favorite foods, and they are usually of normal weight although their diet may have inadequate amounts of micronutrients.

Posttraumatic Feeding Disorder and Feeding Disorder Associated with a Medical Conditions can occur at any age of the child and are also characterized by food refusal. After a traumatic event to the oropharynx or gastro-intestinal tract, such as choking, gagging, vomiting, intubation or force-feeding, the child develops a fear of eating and may refuse to drink from the bottle or refuse all solid food, depending on the mode of feeding that the child associates with the traumatic event. On the other hand, an infant or child with a medical condition, such as gastro-esophageal reflux, may stop feeding when experiencing discomfort or pain. Each of these feeding disorders has a different etiology and responds differently to different interventions. With the help of videotapes, the presenters will discuss the differential diagnosis and treatment for each of the four feeding disorders. Dr. Chatooor will present a multidisciplinary approach in a referral based hospital in the United States, and Mrs. Hommel will discuss how to translate that approach to managing feeding disorders in private practice in Germany.

WS36 Workshop: Weaning from the feeding tube: A treatment program for infants and children
Wilken M. (Darmstadt Child Hospital Princess Margaret, Germany), Jotzo M. (Darmstadt Child Hospital Princess Margaret, Germany), Krahl A. (Darmstadt Child Hospital Princess Margaret, Germany), Goila G. (Darmstadt Child Hospital Princess Margaret, Germany), Lettgem B. (Darmstadt Child Hospital Princess Margaret, Germany)
The prevalence of prolonged tube feeding in infants and children is increasing. Specific risk factors for prolonged tube feeding are prematurity, congenital malformation, former critically illness, mental or motor disabilities. The medical restrictions inhibit or disturb the development of a normal feeding behavior in the first months of life. After recovery from the illness, some infants refuse oral intake. Tube feeding can cause or maintain a parental posttraumatic stress disorder (PTSD) with regard to the actual and/or former medical conditions and treatment of the child. For these cases a treatment program for tube weaning has been developed. The theoretical frameworks are self-regulation concepts as well as concepts of trauma therapy with infants and parents. A structured therapy plan contains the following topics: - Diagnostic procedure and therapy preparation: A medical, swallowing and psychological diagnostic protocol has been developed to decide if tube weaning can be successful. - Nutrition reduction: Following a structured procedure adapted to the medical condition and needs of each child the intake of liquids and food via the feeding-tube is reduced. - Medical treatment during tube-weaning: Daily pediatric monitoring and 24 hour stand-by of a pediatrician or treatment in a pediatric unit guarantee the physical safety of the child. - Psychological treatment during tube-weaning: Psychological intervention focuses on the enhancement of the child's self-regulation, the support and improvement of the parent-child-interaction and trauma-therapeutic interventions for the child as well as the parents. Children and parents are accompanied and guided during the feeding situations. - Aftercare: Aftercare for 6 to 12 month is needed to counsel parents in cases of food refusal. In this workshop we will describe the tube weaning process and demonstrated therapeutic aspect in video examples. Focus will be on infants with posttraumatic feeding disorders and chronically medical conditions as well as in parents with PTSD.

WS37 Workshop: Mentalization-based interventions for substance abusing mothers and their infants and toddlers
Suchman N. (Yale University School of Medicine, United States), Pajulo M. (University of Turku, Finland), Kalland M. (University of Helsinki and The Mannerheim League for Child Welfare, Finland)
This workshop will provide information about mentalization-based approaches to intervening with substance abusing mothers and their infants. The scientific rationale, assessment strategies, therapeutic techniques, case vignettes and preliminary findings will be shared in an interactive format. Background: Many abused substances have been shown to affect the dopaminergic pathways in the brain, areas which are associated with initiation of behavior, hedonic reward and motivation. These central dopaminergic pathways are also critically involved in an adult's capacity to invest in the care of the infant. Drug abuse may be seen as a co-optation of this endogenous value system. Once this system is co-opted by an addiction to a drug the individual is less able to invest in caring for an infant. The substance exposed mother and child are difficult regulatory partners for each other. The exposed infant often has an impaired ability to regulate his states of wakefulness, sleep or distress, and needs more parental help. At the same time, the mother usually has a reduced capacity to read the child's communicative signals and a reduced tolerance for coping with a distressed and difficult to soothe infant. This combination easily leads to a viciously negative cycle that culminates in withdrawal from interaction and increased risk for child neglect and abuse. From all of the existing risk factors found in the situations of substance-abusing mother-baby- pairs, the most important one is that the mother is unable to pay enough attention and keep the baby's experience and needs in her mind. Treatment approach: In mentalization-based interventions, mothers are helped to invest in their child instead of substances, and to "reset" the focus of the reward system by enhancing the mother's satisfaction with positive interaction experiences with her baby. The mother becomes less focused on her craving for the drug and more on her investment in the infant. Mothers are
also supported in adopting a mentalizing stance to toward the baby's behaviour by viewing actions as determined by underlying emotions and intentions.

**WS38 Workshop: Learn to become a better observer of parenting strengths: A new measurement tool and strategies for supporting positive parenting**

Roggman L. (Utah State University, United States), Innocenti M. (Utah State University, United States), Cook G. (Utah State University, United States), Jump Norman V. (Utah State University, United States)

Even in times of change and transition, in situations of crisis or chaos, infants and children need support for their early development. Many infant-toddler programs attempt to promote parenting that supports early development, but have no practical or objective way to assess parenting, identify parenting strengths, or evaluate positive changes in parenting. For these programs, a practical observational measure of positive parenting is needed to guide interventions and monitor program quality. Existing measures, however, typically require extensive time and training. PICCOLO (Parenting Interactions with Children: Observations Linked to Outcomes) is an observational parenting measure developed to fill this need. PICCOLO is a user-friendly, easy-to-learn, reliable, and valid observational measure of positive parenting with children age 1 to 3. It is designed to be used by practitioners in infant-toddler or early childhood programs, particularly those delivering services via home visits. Based on over 4,500 observations of parent-child interactions among European-American, African-American, and Latino low-income families, the 29-item PICCOLO measure has demonstrated both psychometric strength and practical utility. It provides a meaningful measure of parenting behaviors that predict developmental outcomes for children. PICCOLO measures four domains of parenting, based on the research literature: affection, responsiveness, encouragement, and teaching. Our validity data show that behaviors in these domains are linked to later outcomes in child language, cognitive skills, and social behavior. By collaborating with practitioners in three different infant-toddler programs, we developed PICCOLO as a culturally sensitive strengths-based measurement tool, currently available in English and Spanish, to be used by home visitors to assess and support positive parent-child interactions. Practitioners have reported that PICCOLO helps them observe specific parenting behaviors that they can then build upon with parents to support children's early development. PICCOLO provides a starting point for building on current positive parenting practices and can be used to plan intervention activities, identify staff training needs, and track program outcomes. This workshop will provide basic information on PICCOLO and show brief video examples of the parenting behaviors it measures. Opportunities for questions and discussions will help participants understand not only the measure itself but also appropriate ways to incorporate the measure into strengths-based parenting programs.

**WS39 Workshop: Mother-infant interaction**

Garez V. (EPS Erasme, France), Muller-Nix C. (CHUV, Switzerland), Devouche E. (Université Paris Descartes, France), Trevarthen C. (University of Edinburgh, United Kingdom)

In their spontaneous interactions, mothers and infants build repertoires of communicative motifs based on repetition and variation of expressive units that carry meaning. Studying the impact of interactions on infant emotional regulation and behavior has had considerable consequence on adaptation and adjustment of therapeutic management of mothers and infants during the immediate postpartum and the first year of life. In this symposium, we will focus on interactions in three different settings: - in the case of normal contexts of development of non-clinical mothers and infants and their mutual regulation during the first months of life, we will examine vocal interaction and the specific function of imitation and repetition in the development of infant's prosodic competences; - when infants are born prematurely and therefore parental expectancy and infant development is affected by the infant's prematurity itself; we will discuss parental traumatic experience, related in particular to the infant being at risk for his survival, to parent-infant relative separation due to intensive medical care, and to fears for the infant outcome; - in situations where mothers are grieved with personal history of abuse, trauma and neglect we will study how their personality disorder dictates their emotional reactions and impeedes the infant's and their own emotional regulatory capacities. Each of these three contexts will then be discussed in order to extract invariants in parent-infant interaction and their importance in the establishment of a secure sense of self for the infant. We will expand on how, in the course of pathology, whether because of infant prematurity or of maternal psychopathology parent-infant care integrating this knowledge may now move forward towards better medium-term comprehensive management.

**WS40 Mother-Infant interaction in preterm infants: Effects of an early intervention and links with maternal stress**

Muller-Nix C. (CHUV, Switzerland), Forcada Guex M. (Centre Hospitalier Universitaire Vaud, Switzerland), Borghini A. (CHUV, Switzerland), Pierrehumbert B. (Centre Hospitalier Universitaire Vaud, Switzerland), Ansermet F. (University Hospital of Geneva, Switzerland)

Premature birth is a very special example of a stressful and intense emotional experience for parents in the perinatal period that carries potentially long-term consequences particularly concerning the quality of mother-infant interactions. Objective: This study firstly examines how an early intervention aiming at improving maternal sensitivity will modify mother-infant interactions characteristics. Secondly, the study explores how maternal factors such as intensity of maternal stress during the infant's hospitalization and maternal signs of post-traumatic stress few months after the birth will have an impact on the quality of dyadic interactions. Methods: 50 very premature babies (born less than 32 weeks of gestational age) and their mothers have been randomized into two groups receiving or not an early intervention when the infants were four months (corrected for prematurity). Dyadic interactions have been recorded just
before and after the intervention. Maternal and infant interactive behavior, including sensitive responsiveness, involvement, level of activity and intrusiveness, has been assessed using the Care-Index (Crittenden, 2005). Maternal stress during hospitalization has been assessed using the Parental Stress Index just after the end of hospitalization and signs of post-traumatic stress have been measured just before the intervention using the Perinatal Posttraumatic Stress Questionnaire. Results: The first results show that the early intervention improves the quality of mother-infant interactions in the sense of increase in sensitivity and decrease in intrusiveness. Mothers expressing highly stress through questionnaires are more intrusive and less sensitive.

**WS41 Playing too little and yet too much! When Borderline mothers and their three-month old infant try to interactively unsuccessfully regulate**

Garez V. (EPS Erasme, France), Apter G. (EPS Erasme, France), Devouche E. (Université Paris Descartes, France)

Numerous studies on maternal depression have shown its consequences on mother-infant interaction and even on infant emotional and cognitive development, generally emphasizing negative impact. However, results have shown very diverse childhood outcome and still fail to link the manner in which maternal interactive qualities directly initiate infant reaction, in turn triggering emotional as well as behavioural response. Our team has now been leading an ongoing longitudinal study with mothers diagnosed with personality disorders, specifically with borderline personality generally linked to history of abuse, trauma and neglect. Our objective was to examine quantitative and qualitative interactions in theses psychopathological situations in order to ameliorate management strategies of this population as well to develop knowledge on transmission of trauma. Microanalysis of mother-infant interaction of 92 dyads using the Still face Face-to-Face Paradigm showed that Borderline personality mothers and their three-month old infants were involved in a number of behaviours that paradoxically combined paucity of variation in interaction and excessiveness of initiation and excitement in those same interactive sequences. As a result, the infant is then faced with the necessity to follow its mother as much as possible to both satisfy her and its own agenda. The regulatory effort is visible through different behaviours on different levels, the autonomic nervous system responses and more sophisticated self soothing techniques. When faced with the unanticipated interruption of such an ardent interactive cycle, the infant is not relieved. Even more than in other research groups, the Still face effect has a dramatic impact that moves on to the reunion period rendering it an often impossible challenge to overcome. This shows us how a minor stress, in case of a tense and already challenging relationship enhances disorganization with much more dysregulation on the part of the infant henceforth rendering its mother unable to re-establish an already fragile relationship. After having shown the elements of our research with video examples we will discuss the therapeutic implications of these first results and how it seems necessary to implement early interventions emphasizing infant emotional scaffolding.

**WS42 Workshop: Buddhist psychology, its relevance and use in parent-infant psychotherapy: Links to psychoanalysis and integration with attachment theory**

Pozi -Monzo M. (NHS, United Kingdom)

Following the interest shown at the WAIMH Congress in Japan on the topic of Buddhism and Infancy, we are re-visiting this topic with new ideas and different contributors. The workshop will include an experience of meditation and mindfulness as well as some theoretical ideas and clinical vignettes. My part of the presentation explores some Buddhist principles and links them to psychoanalytic ideas. Both traditions of psychoanalysis and Buddhism have been interested in the understanding of the nature and functioning of the human mind, of mental states and emotions. Both have been concerned with social and emotional learning. Babies in the West are studied in their interactions and social responses with their mothers and fathers and depending on the quality of such relationship, the babies will be able to develop more or less healthily. Children in Buddhist countries are raised — from very early on — to respect life, to be gentle and compassionate. In particular, I shall compare the concepts of suffering and attachment in the two traditions and rely on some Buddhist ideas from the Tibetan and Theravada school and on psychoanalytic ideas by Bion, Bowlby and Winnicott. I shall use clinical vignettes from my work with mothers, fathers and babies within a National Health Service Clinic in England to illustrate the concepts of suffering, reverie, mindfulness, compassion, awareness, containment and transformation. Transformation is an extremely important process in both Buddhism and psychoanalysis as it can change negative, destructive emotions or pathological states of mind in the mother-father and infant relationship into a purer state of mind, a more benign and developmentally sound interaction. A Buddhist background adds an invaluable dimension to training, analysis and continuous professional refinement. It adds a philosophical and existential dimension, which can sharpen and help embrace, accept and work even with some horrid aspects of human conditions and realities. It can be of deep sustenance to believe that we all have our unfinished business to work through in this life and that even the most unpleasant, negative experiences are impermanent. They change all the time and can be seen as teachers to help us mellow and change internally. This can enrich the therapeutic activity and refine the awareness of the patient and the therapist's state of mind and countertransference.

**WS43 Buddhist psychology, its relevance and use in parent-infant psychotherapy, links to psychoanalysis and integration with attachment theory**

Powrie R. (Child Youth and Womens Health Service Adelaide South Australia, Australia), Pozzi -Monzo M. (NHS, United Kingdom)

This workshop will consist of two parts and will demonstrate, through clinical experience, the use of Buddhist psychological concepts and principles in parent-infant psychotherapy and therapeutic work with mothers and infants at risk in pregnancy. The first part will provide a view point from work within a Perinatal and Infant Mental Health Service in a maternity hospital in Australia incorporating
therapeutic work using mindfulness. Mindfulness put simply is patient, receptive non-judging awareness and is a core teaching in Buddhist psychology. An overview of the links between mindfulness from a Buddhist tradition and mentalization a particular kind of mindfulness (operationalised as reflective functioning) will be given as these fundamentally relate to attachment security. Clinical work with women during pregnancy specifically using mindfulness based interventions individually and in group classes (Mindfulness Based CBT) will be described with a discussion of how these may impact on maternal reflective capacity, and unhealthy maternal pre-conceptions of their infants as well as reducing psychological distress. The second part will follow with a theoretical presentation and links between psychoanalytic ideas and Buddhist principles illustrated with clinical vignettes from Parent-infant work within a National Health Service Clinic in England. Both traditions of psychoanalysis and Buddhism have been interested in the understanding of the nature and functioning of the human mind, of mental states and emotions. Both have been concerned with social and emotional learning. Babies in the West are studied in their interactions and social responses with their mothers and fathers. Children in Buddhist countries are raised — from very early on — to respect life, to be gentle and compassionate A comparison between the concepts of suffering and attachment in the two traditions will be given with ideas taken from the Tibetan and Theravada schools of Buddhism and on psychoanalytic ideas by Bion, Bowlby and Winnicott. Clinical vignettes from work with mothers, fathers and babies will be used to expound on the concepts of suffering, reverie, mindfulness, compassion, awareness, containment and transformation. Transformation is an extremely important process in both Buddhism and psychoanalysis as it can change pathological states of mind in the mother-father and infant relationship into a pure state of mind, a more benign and developmentally sound interaction. Participants will be invited to discuss their own work from this standpoint and also have an opportunity to be led in some experiential learning of mindfulness.

15:30-17:00
Interface 2: Families struggling with substance abuse--a longitudinal case study of a young child and her parents--A clinical discussion of the child's different relationships to the two parents and consequences for development.
Moderator: Moe V. (Norway)
Presenters: Risholm Mothander P. (Sweden), Latva R. (Finland)

WAIMH Membership Meeting
Ceremony: Honorary President Distinction

CT9 Clinical Teach-In: Lessons learned from working with under-privileged immigrant mothers and infants with severe trauma and domestic violence
Hatzor T. (Parent Infant Program of Columbia University Center for Psychoanalytic Training and Research, United States)
In this paper I will describe my work at an inner city program in New York City that I co-founded and directed and which provided mental health services to mothers and their young children exposed to domestic violence. This program provided Child-Parent Psychotherapy, a relationship-based treatment approach developed by Alicia Lieberman and Patricia Van Horn: reflective parenting groups for mothers, and attachment based reflective groups for their children. Both the dyadic and group work modalities apply psychoanalytic principles, attachment theory and an understanding of the effects of trauma on children and parents, along with infant mental health knowledge and intergenerational transmission of trauma. The families served at the program were in their majority undocumented Latino families, and some of West Africa, also mostly undocumented. As a result of my work with these families living in a climate of violence, threats, and terror, families who were suffering from deprivation, disadvantage and socio-economic oppression, operating with different cultural norms, I will argue for the urgent need of mental health professionals working with young children and their families to get involved in the socio-economic and political order which ails these families. It is so urgent precisely because it is this order which affects and perpetuates the psychic pain and trauma that these families and their children are suffering from. I will use clinical examples and descriptions of the difficulties of providing trauma treatment to these families to show the urgent need for the therapist to take the socio-political context into consideration, and to recognize its effects on the relational unconscious and the transference/counter-transference dynamics. I will argue for the application of the principles of “Liberation Psychology” as articulated by Ignacio Martín-Baró as the basis and guiding principles for complementing psychotherapeutic work with disadvantaged families. Martín-Baró argues for the need to focus on conscientious services which provide socio-political advocacy for deprived families (humanistic/progressive psychology) rather then to prioritize the scientific/research approach. I will use this idea to encourage mental health professionals to participate in social action through their work.

CT10 Clinical Teach-In: Babies, mothers, cultures and migrations: A transcultural perspective
Moro M. (Avicenne Hospital (APHP), France), Rezzoug D. (Avicenne Hospital, France), Ferradji T. (Avicenne Hospital, France), Baubet T. (Avicenne Hospital (APHP), 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…?

CT11 Clinical Teach-In: Challenges of working with infants of severely mentally ill mothers
Sved-Williams A. (Children, Youth and Womens Health Service Adelaide Australia, Australia)
Infants aged 3 years and under are admitted with their mentally ill mothers to a parent-infant unit in Australia. Frequently, at admission, staff find many concerning features in the infants: gaze avoidance, hyperarousal, depressed affect, and developmental delays as well as interactional difficulties between mother and infant. A recent audit of subjective and objective measures of parent-infant attachment, developmental screens, and full paediatric examination has focused even more attention on the infant needs. In turn, this focus has intensified work with mothers on their traumatic pasts, and also on staff counter-transference issues. With compromised infants, assessment and management of the problems in the family are difficult, and include diagnostic dilemmas, treatments which do not always go as planned, and the arousal of counter-transference issues in staff. This teach-in will commence with statistical data and theoretical approach regarding the infant and mother-infant population of the unit. Then, 2 cases will be presented which highlight the clinical problems and purported successful management and also transference and counter-transference issues arising.

CT12 Clinical Teach-In: Alternative joint custody with children less than 6 years olds: High risk situation for attachment disorders
Berger M. (France)
Since 2002, the French law about divorce has accepted the principle of shared joint custody for children with equal residence, without taking the age of the child into consideration, without preliminary studies, or any precautions about the possible consequences on affective development. We have already registered 300 situations in which under sixes in alternate custody arrangements have shown major and hard to treat attachment disorders. This has been confirmed by a large 1999 study by Solomon & George. Other authors, such as Y. Gauthier, J. Weallerstein, have underlined those risks for infant mental health. The onset of these troubles is triggered by conflict within parents, particularly when one of the parents does not allow the other to be evocated when he or she is in charge of the child, with the risk for the child that the other parent is sort of "lost" for him or her. But other studies (E. Izard, P. Levy Sousan, H. Rottman) based on clinical observations reveal that even when this kind of custody has been set up with the agreement of both parents and out of conflictive relationships, children can show signs of psychical suffering close to a post traumatic syndrome, while some others show a more pernicious symptomatic picture that takes the form of a "perfect child syndrome". Between these two syndromes, some intermediary clinical forms can be observed including psychosomatic disorders, major anxiety, phobias, aggressive attitude, depressive syndromes, denial of separation, emotional detachment, splitting, loneliness feeling and, in particular, great insecurity. One hypothesis would be that the facing of the repetitive material and emotional losses caused by the shared equal residence overflows the child's capacities for emotional regulation, leading therefore to the creation of symptoms. These problems will be illustrated by the case of a 3 year old child subjected to this kind of custody since the age of eight months. More studies are needed with sufficient methodology to compare and follow infants experiencing joint custody with infants of divorce who reside in one residence only with a primary caregiver, and infants who are not experiencing divorce.

Poster Workshop: Emotional Availability Scales
Facilitators: Birigen Z. (United States), McMahon C. (Australia)

PW19 Emotional Availability (EA): Risky relational processes in an international context
Biringer Z. (Colorado State University, United States), Atzaba-Poria N. (Ben Gurion University of the Negev, Israel), Gueron N. (Ben Gurion University of the Negev, Israel), Meiri G. (Soroka University Medical Center, Israel), Yerushalmi B. (Soroka University Medical Center and Faculty of Health Sciences, Ben-Gurion University, Israel), de Zeeuw M. (Dimence - KIDZ Expertise centre, Netherlands), Kersten-Alvarez L. (Radboud University Nijmegen, ), Mueller D. (Dept. of Psychosomatic Medicine and Psychotherapy, Dr von Hauner Childrens Hospital, Ludwig-Maximilians University Munich, Germany), Kern C. (Dept. of Psychosomatic Medicine and Psychotherapy, Dr von Hauner Childrens Hospital, Ludwig-Maximilians University Munich, Germany), Brisch K. (Children's Hospital, Ludwig-Maximilians University, Germany), Salomonsson B. (Unit of Child Psychiatry, Karolinska Institute, Stockholm, Sweden), Cotiga A. (Romanian Society for Experiential Psychotherapy, Romania)
As an observational instrument, emotional availability (EA) refers to a dyadic look at the emotional interactions between adults and children, and features 4 caregiver dimensions (sensitivity, structuring, nonintrusiveness, and nonhostility) and 2 child dimensions (responsiveness to the adult and involvement of the adult). EA includes both the said (the verbal) and the unsaid (nonverbal) aspects of global emotional communication between interactive partners. Each of these observational dimensions is described on a continuum,
ranging from high to inconsistent to low. EA is increasingly appreciated for the reliable estimate it can provide about global relational quality for assessment of at-risk groups and for the window it provides for treatment possibilities. The 5 posters, from an international authorship, include contributors from Israel, Netherlands, Germany, Romania, and Sweden and a moderator from the US. The first poster describes EA for children with feeding disorders and highlights the role of both mother-child and father-child interactions, as well as the role for father involvement for this at-risk condition. The second poster examines EA in normal mothers as well as mothers with borderline personality disorder or depression, and highlights the role of child temperament in helping to create a transactional process of development. The third poster examines EA in a group of young children who were born prematurely and who are being followed longitudinally through the early years. Using a randomized control trial, the fourth poster highlights the efficacy of mother-infant psychoanalytic treatment 'versus treatment as usual' in decreasing maternal stress and depression and in enhancing mother-child EA. The final poster changes the focus of EA from observations to maternal report, using the recently developed EA-Self Report. In a group of women undergoing psychotherapy, it examines how maternal prenatal representations predict mother's postnatal self-report of nonhostility toward the infant. This collection of studies examines EA as an observational instrument to examine basic science research questions in at-risk or clinical populations, as a tool for program evaluation, and as a self-report measure. Emotional availability (EA) as a multi-dimensional concept and assessment for clinically relevant research and risky relational processes is highlighted.

**PW20 Emotional Availability and children with feeding disorder: Do fathers matter?**

Atzaba-Poria N. (Ben Gurion University of the Negev, Israel), Gueron N. (Ben Gurion University of the Negev, Israel), Meiri G. (Soroka University Medical Center and Faculty of Health Sciences, Ben-Gurion University, Israel), Yerushalmi B. (Soroka University Medical Center and Faculty of Health Sciences, Ben-Gurion University, Israel)

Feeding disorder (FD) is a general term often referred to as Non organic Failure to Thrive (NOFTT). This term applies to infants who experience feeding and growth problems not explained by medical factors. Research suggests that FD in infancy is associated with mother-infant relationship disturbances. For example, mothers of children with FD were more intrusive and showed more negative affect than mothers of control children. Children with FD were more negative and withdrawn than control children. To the best of our knowledge, no study has investigated the role of fathers in families having children with FD. The current study aimed to examine mother-child and father-child interactions in families having children with FD and in a comparison group. In addition, the study explored the moderation effect of paternal involvement on both father-child and mother-child relationships. Fifty-six children (1-3 years old) and their parents participated: 28 children (FD group) were diagnosed with NOFTT, and 28 healthy children (comparison group). Mothers were interviewed about their relative involvement in child care. Mother-child and father-child interactions during play and feeding were videotaped and coded using the Emotional Availability Scale (Biringen, Robinson, & Emde, 1998). Both mothers and fathers from the FD were less sensitive (F(1,54)=4.48, p<.05), structuring (F(1,54)=3.33, p<.10) and non-intrusive (F(1,54)=3.81, p<.06) during play, as well as less sensitive (F(1,49)=6.04, p<.05), structuring (F(1,49)=6.99, p<.05), and non-intrusive (F(1,49)=7.86, p<.01) during feeding compared to parents from the comparison group. Infants with FD were less responsive to both parents during play (F(1,54)=11.17, p<.01) and feeding (F(1,49)=11.91, p<.001) and involved the parents less in their play (F(1,54)=10.31, p<.01) and feeding (F(1,49)=12.14, p<.001) sessions, as compared to comparison infants. Furthermore, it was found that the FD group mothers were more sensitive than FD group fathers (t(23)=2.12, p<.05). However, this difference was seen only when coupled with low paternal involvement. In families where fathers were more involved, no difference was evident in paternal and maternal sensitivity. These findings highlight the importance of fathers’ involvement especially in families having children with FD. High paternal involvement with children having FD may serve as a catalyst for the development of fathers’ sensitivity to their children as well as reduce maternal burden.

**PW21 Prenatal attachment, birth complications, and self-reported postnatal Emotional Availability (EA)**

Cotiga A. (Romanian Society for Experiential Psychotherapy, Romania)

Psychotherapeutic work deals often with unexpressed or repressed emotional problems, but sometimes we also deal with another kind of profound problem—the lack of mother’s emotional connection with her unborn baby as well as her newborn baby. Such unavailability often can warrant special psychotherapeutic intervention. Few studies have focused on the relation between prenatal maternal attachment to the unborn baby, perinatal child health status, and postnatal Emotional Availability (EA). The study targeted 60 women in the prenatal period (third trimester) who completed J. Condon’s Antenatal Emotional Attachment (Condon, 1993). When the infants were between 6 months and 1½ years of age, 40 of these women completed the Emotional Availability (EA) – Self Report (Biringen et al., 2005). Results indicated that mothers’ prenatal attachment was predictive of the presence of the nuchal cord (around the neck at birth) (Phi = 0.7, p<0.05; Spearman r = - 0.32, p = 0.05). However, no relation was found between maternal prenatal attachment and the newborn’s Apgar score (Phi=1.23, Spearman r = - 0.03, p=0.78) or newborn’s birthweight (Spearman r = - 0.01, p = 0.88). Interestingly, a significant negative correlation was found between maternal prenatal attachment and self-reported EA nonhostility, as Biringen et al, have defined nonhostility at the self-report level (r = - 0.39, p < 0.05, r² = 0.14). These findings suggest that mothers’ negative feelings for the fetus could reach perinatal and the early postnatal period. This is one of the few studies utilizing the EA-Self-Report.
PW22 Emotional Availability (EA) in mother-child and father-child interactions: Development in an international context
McMahon C. (Macquarie University, Australia), Martins E. (Instituto Superior da Maia, Portugal), van Bakel H. (Tilburg University, Netherlands), Salo S. (Helsinki University Central Hospital, Finland)
The thematic content of this Poster Workshop is emotional availability (EA) in mother-child and father-child interactions. EA refers to 4 caregiver qualities (sensitivity, structuring, nonintrusiveness, and nonhostility) and 2 child qualities (responsiveness to the adult and involvement of the adult) and is assessed with the observational EA Scales (Biringen et al., 1998; Biringen, 2008). Although framed as adult and child qualities, each of the EA dimensions is actually dyadic, and it is the relationship that is assessed. The 4 posters from an international authorship, comprised of Australian, Dutch, Finnish, Portuguese, US, and UK contributors, highlight the role of EA in predicting significant aspects of infant and parent development from infancy through the preschool years. Two of the posters focus on the role of fathers, both in connection with mothers in the family context, as well as separate agents of emotion socialization. The first paper on fathers, from Portugal, examines the association between infant emotion regulation and father-child emotional availability, as well as the role of infant temperament. The second paper, from the Netherlands, examines whether fathers can moderate the effects of maternal emotional complaints on child outcomes, with an examination of the gender of the infant. The additional 2 posters from Finland/US and from Australia/UK focus on mother-child EA and how EA is associated with important aspects of child development (e.g., not only social/emotional competence but also cognitive and language competence), as well as parent characteristics (including stress and the parent's proclivity to represent the child as a separate individual whose behavior is meaningful and purposeful — "mind-mindedness"). Rather than sole reliance on the concept of parental sensitivity, many of the papers emphasize the multi-dimensional EA framework (including the "negative" EA qualities, such as nonintrusiveness and nonhostility) and also the child's side of emotional availability. Three of the papers use the 3rd edition of the EA Scales, whereas the paper from Finland extends the use of the EA system and will describe findings with the 4th edition (including 7 sub-scales for each of the 6 EA dimensions). These studies, all conducted in the context of low-risk mother-child and father-child interactions, confirm the value of examining the richness and complexity of parent-child emotional availability/unavailability.

PW23 Maternal mind-mindedness, parenting stress and Emotional Availability in mothers of pre-school aged children
McMahon C. (Macquarie University, Australia)
Aims: Parenting stress reflects parents' conscious perceptions of their child as difficult, their relationship with their child as dysfunctional, and negative experiences in the parental role. A large body of research links parenting stress with less optimal parenting and child outcomes. We examined the extent to which individual differences in mothers' mentalistic representations of their preschool aged children (mind-mindedness) were related to parenting stress and observed parenting behavior Method: Participants were 86 Australian mothers and their first-born preschoolers enrolled in a prospective study. Mind-mindedness was assessed through analysis of mothers' responses to an interview invitation to describe their children, coded according to the extent to which descriptions focused on children's mentalistic attributes. Parenting Stress was assessed with the Parenting Stress Index (PSI) and parenting behavior was assessed by coding a 20 minute free play interaction using the Emotional Availability (EA) Scales. Results: Factor analysis of the six EA scales yielded two factors: "EAPositive" (Maternal: Sensitivity, Structuring; Child: Responsiveness, Child Involving; 60% variance); "EANegative" (Maternal Non-Intrusiveness, Maternal Non-Hostility: 17% variance). Separate regression analyses controlling for maternal education confirmed that more negative parenting behavior (Lower scores for EANegative) was related to higher parenting stress and lower mind-mindedness, respectively. Parenting stress predicted EANegative: β = -.40, t = -4.02, p = .000, R² = 17%; but not EAPositive, β = -.19, t = 1.61, p = .104, R² = 3.3% and mind-mindedness predicted EANegative β = .32, t = 3.11, p = .003, R² = 11%; but not EAPositive, β = .01, t = 6.01, p = .921, R² = 0.2%. Structural Equation Modeling indicated that the relationship between mind-mindedness and negative parenting behavior was indirect, mediated by parenting stress. Discussion: Mothers who were more "mind-minded" (ascribed more thoughts, feelings intentions in descriptions of their child) reported lower parenting stress and engaged in fewer negative behaviors when interacting with their child. Further, the relation between mind-mindedness and maternal behavior was indirect mediated through parenting stress. Key words: emotional availability, parenting stress, mind-mindedness

PW24 Emotion regulation: Importance of father's Emotional Availability (EA) and infant temperament
Martins E. (ISMAI, Portugal), Soares I. (University of Minho, Portugal), Freire M. (ISMAI, Portugal), Amendoia M. (ISMAI, Portugal), Martins C. (University of Minho, Portugal)
Few studies focus on the importance of fathers for the development of emotion regulation, especially in the early years. This investigation aimed at analyzing the role of father-infant interactional quality and infant temperament for the infant's emotion regulation. To assess relational quality, we used the Emotional Availability (EA) Scales (Biringen et al., 1998) which measure 4 caregiver (sensitivity, structuring, nonintrusiveness, and nonhostility) and 2 child qualities (responsiveness to the caregiver and involvement of the caregiver). Emotion regulation is a developmental achievement influenced by caregiving as well as the child's own characteristics, as for example, temperament (Calkins & Hill, 2007). Fathers are thought to be particularly important for the development of emotion regulation, as their play is more rough than that of mothers (Lewis & Lamb, 2003), thus creating the context for greater emotion activation and subsequent opportunities for the development of regulatory strategies (Diener et al., 2002). The study targeted a low-risk sample, with 52 father-infant dyads. At 10 months, father-baby interactions were video-recorded in the familial context for later scoring of EA (Biringen et al., 1998) and dyadic emotion regulation (Martins & Soares, 2006). Fathers completed the Infant Characteristics Questionnaire (ICQ, Bates et al., 1979). We found that flexible emotion regulation was related
with higher EA (summing of all scales, t (50) = 3.51, p = .001), that is, with a greater capacity of the dyad for emotional signaling, and the fathers' ability to understand the child's emotional experience. Regarding father's perception of difficult temperament, we found no differences for the total score on the ICQ, t (50) = .996, p = .32. However, when focusing on the temperament subscales (Fussy-difficult, Dull, and Unpredictable), a significant multivariate effect emerged (Wilk's lambda = .76, F (2.47) = 2.2, p = .048) due likely to the significant univariate effect on fussy-difficult (F (1, 48) = 7.71, p = .008). A flexible strategy of emotion regulation was associated with the father's perception of the infant as more irritable, with higher protest intensity and as having difficulties to sooth. These results will be discussed in terms of: the importance of the emotional availability for the infant's emerging emotion regulation and the importance of the infant's capacity to signal his/her distress for having its needs met.

**PW25 Interrelationships between Emotional Availability and early childhood cognitive, language, and socioemotional development**

Salo S. (Helsinki University Central Hospital, Finland), Flykt M. (Tampere University, Finland), Korja R. (Helsinki University Hospital, Finland)

The purpose of the study was to examine the concurrent relationships between Emotional Availability (EA) dimensions (4th ed; Biringen, 2008) and cognitive, language, (Bayley III) and socioemotional development (Socioemotional Growth; Greenspan, 2004) among 115 randomly selected Finnish infants and toddlers at ages 8, 12, 18, and 24 months. It has been hypothesized that early emotional interaction may be significantly related to early childhood socioemotional development as well as later language development and overall cognitive capabilities. Examining these links becomes especially relevant with respect to early prevention of child developmental problems. EA was evaluated from 10 minute videotaped free-play by observers blind to other information. Bayley-III (cognitive and language scales) test was conducted by a clinical psychologist. Children's socioemotional development was assessed through the Social Emotional Developmental Scale (Greenspan, 2004) at 8,12, 18 and 24 months, still-face paradigm (8 months) and Social Initiatives and Responses Scale (8, 12, and 18 months) (Uusitalo et al., 2009). The preliminary analyses showed meaningful relations between the study variables, maternal sensitivity was significantly and positively correlated with indices of socioemotional development (r = .28-.48) in different age groups. Additional analyses regarding other dimensions of EA are being conducted and will be available by the date of poster presentation. According to preliminary results, focusing on EA may give important cues for designing early prevention/intervention models with respect to infant developmental problems.

**PW26 Father's emotional availability: A buffer against the negative influences of prenatal maternal emotional complaints?**

de Bruijn A. (Tilburg University, Netherlands), van Bakel H. (Tilburg University, Netherlands), van Baar A. (Utrecht University, Netherlands)

Background. Maternal emotional complaints during pregnancy are associated with increased difficulties in child development. Besides fetal programming effects (see e.g., Barker, 1995), the quality of postnatal interaction style may also play an important role. The quality of postnatal maternal emotional availability (EA) moderates the association between prenatal maternal emotional complaints and child outcomes (Kaplan et al., 2008). However, less is known about the possible role of paternal emotional availability. Fathers with high EA may buffer the negative effects of maternal emotional complaints during pregnancy. Otherwise, fathers may also show high levels of emotional complaints and form an extra risk factor for their child's behavioural problems. The quality of father-child interaction processes is studied in a group of families where the mothers reported prenatal emotional complaints (prenatally exposed group) compared to a group that did not report emotional complaints (prenatally non-exposed group). Methods: Healthy pregnant, Dutch Caucasian women (N=132, M age = 30.9 years, SD = 3.8) completed questionnaires of anxiety and depression in week 12, 24, and 36 during pregnancy. When the children were between 23-60 months of age (67 girls, 65 boys, M age = 38.6 months, SD = 9.4) both parents completed the Child Behaviour Check List (CBCL 1½ -5) and questionnaires concerning their current emotional complaints. During a home visit, mother-child and father-child interaction was assessed using the Emotional Availability Scales (EAS). Results: For girls, fathers of the exposed group showed more current emotional complaints (p < .01) compared to fathers of the non-exposed group. No significant differences were found in the quality of the father-child interaction processes between the prenatally exposed and non-exposed group. In the prenatally exposed group, for boys, fathers had better scores than mothers for the EA scales sensitivity (t(29) = -2.17, p < .05), structuring (t(29) = -2.16, p < .05), and involvement (t(29) = -2.39, p < .05). For prenatally exposed girls, mothers showed more non-intrusiveness (t(27) = 2.07, p < .05) than fathers. Conclusion: Fathers of girls in the prenatally exposed group reported more current complaints than fathers in the non-exposed group, which adds to their children's risk. Fathers especially got more involved behaviour of their sons and they showed more sensitivity and non-intrusiveness in interaction compared to the mothers. This may indicate a buffering effect for the sons in the prenatally exposed group. However, further research is needed.

**PW27 Mothers with Borderline Personality Disorder and EA**

de Zeeuw M. (Dimence, Netherlands), de Zeeuw M. (Dimence - KIDZ Expertise centre, Netherlands), Kersten-Alvarez L. (Radboud University Nijmegen.)

Background: The goals of this study were to: (1) compare the quality of the mother-infant interaction in mothers with Borderline Personality Disorder (BPD) to those of healthy mothers and depressed mothers; (2) compare the development of infants of BPD mothers with the normal population; and (3) investigate which BPD mothers and infants are most at risk for having low quality interactions with their infants. Methods: Mother-infant interaction was observed in 24 mothers with BPD and their infants (1—18 months). Methods: Mother-infant interaction was observed in 24 mothers with BPD and their infants (1—18 months). Interaction was assessed using Bayley-III (cognitive and language scales) test was conducted by a clinical psychologist. Children's socioemotional development was assessed through the Social Emotional Developmental Scale (Greenspan, 2004) at 8,12, 18 and 24 months, still-face paradigm (8 months) and Social Initiatives and Responses Scale (8, 12, and 18 months) (Uusitalo et al., 2009). The preliminary analyses showed meaningful relations between the study variables, maternal sensitivity was significantly and positively correlated with indices of socioemotional development (r = .28-.48) in different age groups. Additional analyses regarding other dimensions of EA are being conducted and will be available by the date of poster presentation. According to preliminary results, focusing on EA may give important cues for designing early prevention/intervention models with respect to infant developmental problems.

**PW28 Maternal sensitivity and its buffering role for the impact of prenatal maternal emotional complaints on children's socioemotional development**

Bayley-III (cognitive and language scales) test was conducted by a clinical psychologist. Children's socioemotional development was assessed through the Social Emotional Developmental Scale (Greenspan, 2004) at 8,12, 18 and 24 months, still-face paradigm (8 months) and Social Initiatives and Responses Scale (8, 12, and 18 months) (Uusitalo et al., 2009). The preliminary analyses showed meaningful relations between the study variables, maternal sensitivity was significantly and positively correlated with indices of socioemotional development (r = .28-.48) in different age groups. Additional analyses regarding other dimensions of EA are being conducted and will be available by the date of poster presentation. According to preliminary results, focusing on EA may give important cues for designing early prevention/intervention models with respect to infant developmental problems.

**PW29 Emotional availability and its buffering role for the impact of prenatal maternal emotional complaints on children's socioemotional development**

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**PW30 Emotional availability and its buffering role for the impact of prenatal maternal emotional complaints on children's socioemotional development**

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The quality of mother-infant interaction was rated using the Emotional Availability Scales (maternal sensitivity, structuring, non-intrusiveness, non-hostility, child responsiveness and involvement), and were compared to ratings reported for healthy and depressed mothers in earlier studies. Child development was assessed using the Bayley Scales of Infant Development (BSID-II).

Results: Mothers with BPD were less sensitive (t(24) = -5.41, p < .05) and higher infant activity levels (p < .05). Lower maternal structuring was predicted by three child characteristics: higher Activity Level (p < .05) lower Soothability (p < .05) and more Distress to Limitations (p < .05). Finally, higher levels of maternal Intrusiveness were predicted by one child characteristic only, namely an older age of the child (p < .01). The percentage of explained variance was 35.5% for Sensitivity, 41.5% for Structuring, and 38.4% for Nonintrusiveness. Conclusions: Mothers with BPD have very low quality interactions with their infants, on average, compared with both healthy mothers and depressed mothers. Characteristics of the child predict the quality of the mother-child interaction in BPD mothers.

PW28 EAS as an outcome variable in MIPPS, the Mother-Infant Psychoanalysis Project of Stockholm
Salomonsson B. (Unit of Child Psychiatry, Karolinska Institute, Stockholm, Sweden)

In Sweden, mother-infant relationship disturbances are usually handled by nurses at Child Health Centres (CHC), sometimes with child psychiatric support added.

STUDY: 2005-2009, a randomized control trial (RCT) compared mother-infant psychoanalytic treatment (MIP) with Treatment As Usual (TAU) at Stockholm CHCs. Eighty mothers with infants≤1½ years were recruited via internet ads and local CHCs and interviewed twice at a 6-month-interval. INSTRUMENTS: Primary outcomes; mother-reported depression (EPDS; the Edinburgh Postnatal Depression Scale) and infant developmental problems (ASQ; the Ages and Stages Questionnaire: Social-Emotional), and interviewer-rated relationships (PIR-GAS; the Parent-Infant Global Assessment Scale). Secondary outcomes; mother-reported stress (SPSQ; the Swedish Parental Stress Questionnaire), distress (SCL-90; the Symptom Check List-90), and externally rated video-recorded interactions (EAS; the Emotional Availability Scale).

RESULTS: Intent-to-treat analyses significantly favoured MIP on the EPDS, F(1,68.8) = 5.826, p = .018, the SPSQ, F(1,67.1) = 4.298, p = .042 and the PIR-GAS, F(1,67.8) = 8.248, p = .005. Qualitative pre-treatment “ideal type” assessments yielded babies “Affected” and “Unaffected” for the disturbance, respectively. Two maternal types, “Participators” and the “Abandoned”, reflected attitudes to the therapy process. For the “Affected” infants, the PIR-GAS improved more from MIP than TAU, z = 2.89, p = .004. For the Participators, MIP was superior to TAU on the maternal EAS subscales, z = 2.43, p = .015. For the Abandoned mothers, TAU was superior to MIP on the EAS, but nonsignificantly.

CONCLUSIONS: MIP had a significant positive impact on dyadic relationships and maternal stress and depression, especially for Participator mothers and Affected infants. The EAS added information on therapeutic specificity, thus helping the clinician in treatment choice. FOLLOWUP: The sample will be interviewed and tested at 4½ years to evaluate long-term treatment effects.

INSTRUMENTS, MOTHERS: The Working Model of the Child Interview (WMCI), the ASQ; EPDS, SPSQ, SCL-90, and the SDQ (Strengths and Difficulties Questionnaire). INTERACTION: the EAS. CHILDREN: Children’s Global Assessments Scale (C-GAS), Wechsler Preschool and Primary Scale of Intelligence (WPPSI-III), the Machover Draw-a-Person Test, and the Story Stem Assessment Profile (SSAP).

PW29 Emotional Availability in mother-child-interaction of former preterm infants at the age of 6 years and maternal attachment
Mueller D. (Dept. of Psychosomatic Medicine and Psychotherapy, Dr von Hauner Children's Hospital, Ludwig-Maximilians University Munich, Germany), Kern C. (Dept. of Psychosomatic Medicine and Psychotherapy, Dr von Hauner Children’s Hospital, Ludwig-Maximilians University Munich, Germany), Borns J. (Dept. of Psychosomatic Medicine and Psychotherapy, Dr von Hauner Children's Hospital, Ludwig-Maximilians University, Germany), Brisch K. (Children's Hospital, Ludwig-Maximilians University, Germany) Introduction: Very low birth weight preterm infants (= 1500 g) bear a considerable risk for physical and psychological complications such as neurological disabilities or developmental disorders. For parents, the diagnosis of having a preterm infant is a very stressful event and the worry that the infant might have cognitive and motor disabilities can be an influential factor in the mother-child-interaction. This becomes particularly important at the time of school enrollment (at 6 yrs) when the child faces the challenge of integrating into an extended social network and becomes exposed to cognitive demands. This study examines the relationship between emotional availability in mother-child-interactions at the age of 6 and maternal attachment. Our hypothesis was that mother-child-dyads show a higher level of maternal sensitivity and structuring skills (as per EAS methodology) and also that children show more responsiveness towards their mothers when the mother is securely attached, independent of the child’s neurological development.

Methods: In a longitudinal prospective study (N=127) former preterm infants with very low birth weight (birth weight: M=935 grs, SD=285, range 1490-320; weeks of gestation: M=27.4, SD=2.5, range 23-35) were observed at the age of 6 (N=110). Maternal sensitivity and children’s responsiveness towards their mothers were assessed using the Emotional Availability Scales (Biringen, Robinson, & Emde, 1998). The child’s neurological development (control variable) was measured by a clinical examination. Maternal attachment was assessed with the Adult Attachment Projective Test (George, West & Pettem, 1997). Results: Preliminary data will be presented.
Poster Workshop: Parental Mental Illness
Facilitator: Dickstein S. (United States)

PW30 A mother-infant unit for PPD mothers and their babies: Treatment principles and results of a follow-up study.
Vliegen N. (Katholieke Universiteit Leuven, Belgium), Vliegen N. (Leuven University, Belgium), Luyten P. (Leuven University, Belgium), Casalin S. (Leuven University, Belgium), Tang E. (Leuven University, Belgium), Nijssens L. (Leuven University, Belgium)

Worldwide, from the 1980s onwards, mother-infant units have been founded to meet the needs of severely depressed mothers and their infants. In this poster workshop, we discuss the background, development, and treatment principles of a mother-infant unit in Flanders (Belgium), and summarise the results of a broad, multi-method follow-up study of 41 mothers and infants hospitalised in this unit. In each presentation, findings and principles will be illustrated by a clinical vignette. First, Vliegen and colleagues will describe the development and treatment principles of the mother-infant unit, with an emphasis on the role of the setting as a physical and social environment that serves as a holding environment (Winnicott, 1954). In a second presentation, Casalin and collaborators will present preliminary results of a follow-up study conducted shortly after admission to the mother-infant unit and on average three and a half years later. Results concerning severity of depression, anxiety, anger, positive and negative affect, and self-reported emotional availability will be discussed. In a third presentation, Tang and colleagues, based on a detailed interview at follow-up using the Life History Calendar (LHC; Axinn, Pearce & Ghimire, 1999; Caspi et al., 1996) method, will focus on the trajectories of mothers after discharge. Finally, Nijssens and colleagues will discuss the influence of PPD on the mother-infant interaction, using the Emotional Availability framework (Biringen, 2000, 2004; Emde, 1980). A clinical vignette of a mother and her baby engaging with one another during hospitalisation and a second time at follow-up, will be presented to illustrate how mother-infant interaction in some cases improved considerably while in other cases made little improvement.

PW31 A mother-infant unit for PPD mothers and their babies: Background and treatment principles
Vliegen N. (KULeuven, Belgium), Vliegen N. (Leuven University, Belgium), Luyten P. (Leuven University, Belgium), Dox c R. (Mother Infant unit Bethanienhuis, Belgium), Lenaerts M. (Mother-Infant unit Benthanienhuis, Belgium)

From the 1980s, worldwide several mother-infant units have been founded to meet the needs of severely depressed mothers. Mother-infant units are typically part of a larger psychiatric hospital and often developed from a former ward for depressed women. We will describe a mother-infant unit in Flanders (Belgium), showing how the setting as a physical and social environment serves as a holding environment (Winnicott, 1954). The unit integrates psychodynamic, systemic as well as cognitive behaviouristic principles; and is based on three basic assumptions concerning PPD and mental health. First, the depressed mother is treated at an individual level, with special attention to the relationship with her partner. A psychodynamic approach is offered with regard to the conflictual themes of early motherhood, and cognitive behaviour therapy is offered when indicated, focusing upon finding a better way of handling cognitions, emotions, and behaviour. Second, treatment of the mother-infant relationship is an important part of the hospitalisation, focusing on three major topics: (a) individual or parent-child psychotherapy addresses mother’s representations of the baby; (b) an emotional available (Biringen, 2000; Emde, 1980) and reflective (Sharp & Fonagy, 2008) nursing staff creates an environment that enables the baby to become a more responsive interaction partner (Sameroff, 2004) and that supports mothers with a limited educational background to develop new and/or better parenting skills; and finally (c) the creation of a supportive environment in the outside world is fostered. For mothers without a stable and supportive network, building up and maintaining such a network can be one of the major aims of treatment. This multi-disciplinary and multi-focus perspective will be discussed from a clinical point of view.

PW32 Trajectories after hospitalisation: Interviewing postpartum depressed mothers concerning life history
Tang E. (Leuven University, Belgium), Kempke S. (Leuven University, Belgium), Permentier F. (Leuven University, Belgium)

Though research on postpartum depression is substantive, relatively little is known about the trajectories of severely depressed mothers and their children following hospitalisation in a mother-infant unit. Hence, this study of a small sample of inpatient severely postpartum depressed mothers (N=41) retrospectively investigated mother and child developmental trajectories from the birth of the target child onwards to almost four years later. To this end, a Life History Calendar (LHC; Axinn, Pearce, & Ghimire, 1999; Caspi et al., 1996; Freedman, Thornton, Camburn, Alwin, & Young-DeMarco, 1988) was used, as this method is designed to collect detailed individual-level autobiographical event timing and sequencing data by encouraging recall at both thematic and temporal levels (Belli, 1996). In a second presentation, Casalin and collaborators will present preliminary results of a follow-up study conducted shortly after admission to the mother-infant unit and on average three and a half years later. Results concerning severity of depression, anxiety, anger, positive and negative affect, and self-reported emotional availability will be discussed. In a third presentation, Tang and colleagues, based on a detailed interview at follow-up using the Life History Calendar (LHC; Axinn, Pearce & Ghimire, 1999; Caspi et al., 1996) method, will focus on the trajectories of mothers after discharge. Finally, Nijssens and colleagues will discuss the influence of PPD on the mother-infant interaction, using the Emotional Availability framework (Biringen, 2000, 2004; Emde, 1980). A clinical vignette of a mother and her baby engaging with one another during hospitalisation and a second time at follow-up, will be presented to illustrate how mother-infant interaction in some cases improved considerably while in other cases made little improvement.

PW33 Mother-infant interaction and emotional availability during and after hospitalisation.
Nijssens L. (Leuven University, Belgium), Casalin S. (Leuven University, Belgium), Tang E. (Leuven University, Belgium)

Several studies have suggested that the severity and chronicity of depression rather than a diagnosis of depression are related to children’s negative outcomes (e.g., Ashman et al., 2008) as well as to mother-infant interaction (Teti et al., 1995). In this presentation, the influence of maternal PPD on the mother-infant interaction will be discussed, using the Emotional Availability framework (Biringen, 2000, 2004; Emde, 1980). A clinical vignette of a mother and her baby engaging with one another during hospitalisation and a second time at follow-up, will be presented to illustrate how mother-infant interaction in some cases improved considerably while in other cases made little improvement.
PW34 Characteristics of inpatient postpartum depressed mothers: A follow-up study.
Casalin S. (Leuven University, Belgium), Kempke S. (Leuven University, Belgium), Luyten P. (Leuven University, Belgium)
Data from a small follow-up study of mothers who were admitted to the mother-infant unit due to severe PPD will be presented. Mothers were interviewed shortly after admission and on average three and a half years later. Two major findings emerged from this study, which have important implications. First, on average, mothers were functioning relatively well three and a half years after admission. Yet, second, in line with other studies, two subsamples could be identified: one consisting of mothers who appeared to have recovered from depression, and a second of mothers who continued to suffer from (severe) depression. The characteristics of both groups will be discussed, and clinical implications of these findings will be summarised.

WS44 Workshop: New directions in reflective practice: What can we reflect on?
Boukydis Z. (Semmelweis University Medical School, Hungary)
In infant mental health, there is an emphasis on reflective practice in supervision and clinical work. This workshop asks the question, “what is an important place of attention during reflection and how might this change how we understand the process of reflection?” The workshop identifies a unique place of attention: “How we attend to, and make use of — one’s immediate felt sense’, of parent-infant interactions.” One's felt sense is preverbal, concretely felt in' one's body, can be attended to, and can be explicated’. Explication involves learning to ask specific open-ended questions of one’s immediate felt sense, learning to attend to perceived changes and waiting for conscious understanding. The process of attending to the felt sense is developed during supervision and practiced in clinical work. The training has been done with IMH clinicians in eight countries. In the field of psychotherapy, the process has been extensively researched and is commonly called focusing’ (Gendlin, 2007) and focusing-oriented psychotherapy’ (see www.focusing.org ). Research and training related to focusing has made a valuable contribution to how we understand change processes in psychotherapy, especially the importance of developing the focusing process in therapists and clients. Developing the ability to attend to the felt sense (to focus) in work with parents and infants, has a dual purpose: 1. clarifying how well one is able to be present with parents and infants (and learning to identify and change one's barriers to being present); and 2. using one's felt sense of interactions to clarify what (who) is changing in observed interactions and who (parent, infant, both) may be having difficulties in being responsive’. The practice of attention to the felt sense (focusing) is often a complement to other types of training in IMH. Examples and guidelines for integration with other methods will be given. The workshop will introduce participants to the basics of attention to the felt sense’ aka focusing; provide practice sessions for learning to attend to, and interact with, one's felt sense; give guidelines for integration into reflective practice during supervision and ongoing clinical work; provide detailed handouts and references; demonstrate how learning this process can help to increase awareness of change processes in parent-infant interactions; and highlight how this method is being integrated into ongoing parent-infant consultation and therapy (Boukydis, 2004).

WS45 Workshop: Use of EA (Emotional Availability) scales to evaluate two interventions
van Andel H. (Dience, Netherlands), Salo S. (Helsinki University Central Hospital, Finland)
Use of Emotional Availability (EA) Scales to evaluate a foster care parent/foster child preventive intervention in the Netherlands. We have developed an intervention focused on the special needs of foster children and their foster families. The intervention is based on principles of attachment theory and includes both a psycho-educational component and video-based feedback. Six home visits target on a specific aspect of the foster-parent foster-child interaction. The principles of the intervention will be explained during the Video Presentation. We use several instruments to evaluate the efficacy of this intervention pre and post in a RCT design (e.g., EA scales, ITSEA, the child's salivary cortisol) but in this Video Workshop, we focus on presenting a case-study approach to investigate the efficacy of the intervention in changing Emotional Availability (EA), the observational system assessing 4 caregiver qualities (sensitivity, structuring, nonintrusiveness, and nonhostility) and 2 child qualities (responsiveness to the caregiver and involvement of the caregiver). The aim of this presentation is to demonstrate the use of Theraplay, an active, attachment-based play therapy, to increase EA between high-risk mothers and their infants. An attachment-based therapy, Theraplay is an active, interactional therapy using adult-structured play and non-symbolic activities suited for the infant's developmental level as well as reflective discussions between the therapist and the mother. In play sessions the therapist guides mother and infant through playful, nurturing, and emotionally engaging play activities, e.g., songs, infant massage, blowing bubbles etc. Maternal reflective function is stimulated. A pilot study with 6 Theraplay and 6 clinical control dyads will be described, and video cases shown for 2 cases (a withdrawn, depressed and traumatized mother) at pre-and post-treatment interaction using a semi-structured interaction observation, Marschack Interaction Method, evaluated through EA, maternal reflectiveness. Saara Salo, Hanna Lampi & Sandra Lindaman Saara Salo, clinical psychologist, Theraplay- and family therapist

WA46 Workshop: Relational interaction, infant mental health and the transition of sleep
Middlemiss W. (University of North Texas, United States), Porter L. (Centre for Attachment, New Zealand)
Background: According to mainstream media and professional evidence, infant sleep and crying are two of the most common concerns of parents, as well as main motivators to seek advice. Our knowledge of what impacts infant development, underpinned by the interplay between biophysiological health, psychological well-being and relationship quality, is now significant. Given these advances in infant mental health understanding, it is critical to bridge the gap between professional knowledge and parental advice by
incorporating relational understandings into our direct work with families. While infant sleep is on the minds of parents, it is often overlooked by those within infant mental health. How a family negotiates infant sleep is seen by most as reflective of parenting style or goals. If the sleep does not eventuate in an expected manner, the infant is typically jettisoned into domains of the medical profession, which categorises sleep patterns according to behavioural issues of nightwakings and signaling, and in turn, interacts with families and advice-giving in behavioural, non-relational manner. Literature reviews on evidence-based treatments for infant sleep concerns identify solely behavioural approaches uninformed by an infant mental health model. Yet sleep—-as transition to be negotiated multiple times a day in infancy—is clearly a relational, as well as biophysiological, issue and requires input from the field of infant mental health. Workshop Format: This workshop will examine infant sleep as a transition, using the key concepts of secure base/safe haven (Bowly/Ainsworth), infant communication (Papousek) and reflective function (Fonagy), to summarise how the psychological and socio-emotional realms of infant development coexist along the biological development toward more settled, mature sleep. Using the infant mental health teachings of Schore (psychoneurological construction of attunement and shame) and parent-infant psychotherapy (Muir, Lojkasek, etc.), and Fraiberg, as well as research completed by the authors addressing mother-infant stress responses across the sleep routine, this workshop will engage participants in discussions of how we can understand infant sleep in its larger context of relationship health and how disturbances in the relationship (exhibited both by infants and the parents) can be indicators of issues that are best supported through a relational, not behavioural, intervention. Participants will have the opportunity to contribute to discussion across different mother-infant sleep transitions and relational concerns as a foundation to develop this understanding.
FRIDAY JULY 2, 2010

Master Class Lectures

Moderator: Kroll M (Germany)
MCL 11 Key elements in teaching the practice of clinical infant mental health: Observations, generalizations, theoretical and metapsychological concepts
Tuters E. (Canada)

Moderator: Koch G. (Germany)
MCL 12 Assessing withdrawal behavior in infancy
Guedeney A. (France)

Moderator: Dieball S. (Germany)
MCL 13 Children's home environment and their development: A cross-cultural view
Bradley R. (United States)

Moderator: Gottken T. (Germany)
MCL 14 Communicative musicality and amae
Watanabe H. (Japan)

Moderator: Fuchs S. (Germany)
MCL 15 Attachment, trauma, and attachment disorders: From theory to therapy and prevention
Brisch K. H. (Germany)

9:00-10:30
Symposium: DC: 0-3R: Developmental transitions in clinical use and training
Chairs: Thomas J. (United States), Moe V. (Norway)
Discussants: Emde R. (United States), Guedeney A. (France)

S129 DC: 0-3R: Developmental transitions in clinical use and training
Thomas J. (The George Washington University School of Medicine, United States), Moe V. (National Network for Infant Mental Health, Norway), Risholm Mothander P. (Nordic (Sweden) Association for Infant Mental Health, Sweden), Frankel K. (University of Colorado Denver School of Medicine, United States), Emde R. (University of Colorado, Denver, United States), Guedeney A. (World Association of Infant Mental Health, France)
The developmental transition of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised (DC: 0-3R) and the corresponding developmental transitioning of our international clinical use and training will be featured. Presenters and discussants from Norway, Sweden, the United States and France will detail their varied DC:0-3R clinical, training and leadership experiences. Panel and audience debate will focus on how our international differences and similarities guide the evolution of our interdisciplinary diagnostic process, treatment and training. Vibeke Moe, Ph.D., will describe the development of the National Network for Infant Mental Health that guides, coordinates and provides training for clinicians at regional sites around Norway. Their main objective in using the DC: 0-3R is to ensure the quality of the regional diagnostic and treatment services. Their clinical experience and data demonstrate that the earliest signs of mental problems are difficult to diagnose on Axis I, the Clinical Diagnoses. Together, Axis I and Axis II, the Relationship Classification, support more clear diagnostic conceptualization. This presentation will frame further discussion and clarification of some Axis I diagnostic categories. Pia R. Mothander, Ph.D., will discuss data from a collaborative study with Rigmor Moe in Oslo that aimed to explore the value of the DC: 0-3 and compare it to independent ICD-10 diagnoses. The major issue is how to balance the costs and benefits of adding the age-specific DC: 0-3 to a larger clinic using the ICD-10 with a broad range of ages. Important discussion points will include: Are the DC 0-3 classification criteria clear and user-friendly enough to fulfill this need? Karen Frankel, Ph.D. will outline the transition of the Zero to Three National Center for Infants, Toddlers and Families' DC: 0-3 Training Taskforce with the 2005 publication of the DC: 0-3R. Drs. Frankel and Thomas, will discuss how the evolution of current training practices and guidelines are being informed by clinical use and training nationally and internationally. The presentation will also highlight challenges encountered during the development of their training efforts. Discussants Robert Emde, M.D. and Antoine Guedeney, M.D. will then share their perspectives as DC: 0-3R leaders in the United States and in France and will guide panel and audience responses and debate.

S130 Experience with the use of DC: 0-3R in clinical settings in Norway; need for further discussion and clarification of some of the diagnostic categories
Moe V. (Norwegian Network for Infant Mental Health, Norway), Grette Moe R. (National network, Norway), Olafsen K. (Univ. of
Tromsø/Clinic for Child and Adolescent Psychiatry, University Hospital of North Norway, ), Breen G. (Child and Adolescent Mental Health Outpatient Clinic, Tønsberg, Norway, Vilde Parent-child Institution, Tønsberg, Norway)

Background: There has been an increasing awareness of the need for developing better mental health services for infants, toddlers and their families in Norway. Too many vulnerable children were given help much too late. This was the background for the establishment of the National Network for Infant Mental Health in Norway. One main responsibility of the Network has been to train clinicians in the use of the DC 0-3 R system. To ensure the best quality in infant mental health work, a national registry is planned. This will serve as a structured basis for monitoring the quality of services. DC 0-3 R will be included in a standard package in addition to ICD 10. PIR-GAS will be used in all cases. Discussion: The experience with using the DC 0-3 R in Child Mental Health out-patient Clinics has been good. Albeit with an agreement among clinicians about the need for a diagnostic system especially suited for infants and toddlers, there are especially three issues that have been subject to discussion: 1. Since the main objective of the DC 0-3 R implementation is to ensure the quality of the services, it is important that all clinicians use at least some of the same assessment methods. Hence, there is a need to reach an agreement on qualitatively good assessment methods, manageable in a clinical practice, as the basis for diagnostic formulations. 2. The emphasis on early intervention has lead to an increase in referrals of infants under 12 months. Referrals are often due to worries concerning the caregiver's mental problems and possible negative consequences for the child. Clinical experience has shown that the soft signs of emerging mental problems in the youngest infants is often difficult to diagnose, due to the categorical splitting up of the Axis I diagnoses. However, many of these children are classified as having a Disordered Relationship on Axis II. In a Norwegian study of 138 children from 0-3 years, 121 children were classified as having a Disordered Relationship or Features of Disordered Relationship on Axis II. 3. The diagnosis Regulation Disorders of Sensory Processing has been discussed on the ground that individual variations in temperament are not part of the diagnostic concept. Thus, it has been argued that in order to establish sound case formulations, the child's temperamental sensitivity to sensory stimulation, and the achievement of regulation, should be included in evaluations to avoid unfounded labels of underlying disorders.

S131 Why use DC: 0-3R? Experiences from implementing DC: 0-3R in Scandinavia
Risholm Mothander P. (Stockholm University, Sweden), Grette Moe R. (National network, Norway)
Clinicians both in Norway and Sweden have for years framed infant mental health problems in a parent-infant relationship context. Parents are considered to be the experts of their own infants and their needs have guided the planning of interventions. However, changes in the psychiatric and primary health care systems have increased the demand of evidence based infant assessments and family intervention methods. Many Scandinavian infant-parent programs are today organized within bigger child and adolescent psychiatric clinics. When diagnostic systems are introduced, the systems already in use for the older children, like DSM or ICD, are also applied for the younger age groups. The aim of the Norwegian study was to explore the value of DC 0-3 and compare it to the ICD 10 system. Data was drawn from a parent-child program serving families with pre-school children at Nic Waals Institute (NWI), an outpatient child and adolescent psychiatric clinic in Oslo. DC 0-3 was introduced as part of the assessment procedure for referred families with infants below 4 years of age during a period of 3.5 years. The diagnostic information was described within the frame of DC 0-3 Axes I and II. Independent diagnoses were made following ICD 10 criteria. 203 infants and their parents were referred to the parent-child program; 40 families (20 %) did not go through the diagnostic procedure and 23 families (23 %) were referred to other clinics. The remaining 138 infants and their parents went through the diagnostic procedure, including home and day care visits and videotaping of a free play situation. 68 % of the infants were diagnosed within DC 0-3 Axis I, with regulatory disorder, disorder of affect and traumatic stress disorder being the most frequent diagnoses. In addition, 48 % of the infants were classified as having a relationship disorder according to DC 0-3 Axis II, with an additional 40 % which were considered to be at risk for developing a relationship disorder. 63 % of the infants were diagnosed with ICD 10, where the non-specific ICD-diagnoses were mostly used. The predominant diagnoses were Mixed conduct and emotional disorder, Emotional disorder and Mental disorder, NOS. The burning issue is how to balance the cost of introducing an alternative diagnostic system with the benefit of getting a better tool for describing mental health problems among the youngest children. Are the DC 0-3 classification criteria clear and is DC 0-3 user-friendly enough to fulfill this?

S132 Learning to use the DC: 0-3R: The growth and development of training in a new diagnostic system.
Frankel K. (University of Colorado Denver School of Medicine, United States), Thomas J. (George Washington University School of Medicine, United States)
This presentation will begin with a brief overview of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised (DC:0-3R). A history of the rationale and process of development of the system will be detailed. The presenters will then describe the process and content of their training experiences as part of the DC: 0-3 R Training Task Force of Zero to Three: National Center for Infants, Toddlers and Families. The DC: 0-3 R Training Task Force is charged with training clinicians and clinician groups in the use of this system across the United States and internationally. Dr. Thomas is Chair of the DC: 0-3 R Training Taskforce and Dr. Frankel is an active member. Efforts to develop appropriate training processes and materials have spanned 14 years. Initial training efforts included a casebook and brief training workshops. The presenters will discuss lessons learned from those initial efforts that led to the need to significantly revise their training tools and processes. Drs. Thomas and Frankel will detail current practices and guidelines for what is considered appropriate training in the use of the DC: 0-3 R. The presentation will also highlight the challenges encountered during the development of their training efforts. Additionally, over the past 14 years, the DC0-3R trainings have been part of larger training initiatives in infant mental health within several states of the United States. The
The heterogeneity of women with postnatal depression is often overlooked. This paper will discuss the importance of assessing during the transition to motherhood. Empirical findings support heterogeneity of pathways to depression and anxiety indicating a need antenatally. In sum: Replication in several large community samples provides evidence this model is a valuable independent variable in to breastfeed. " Reciprocators prove resilient, healthily ambivalent and less likely to postnatal disturbance even if depressed antenataly. In sum: Replication in several large community samples provides evidence this model is a valuable independent variable in research into maternal mental health. By delineating subgroups, it has clinical validity in terms of identification of important beliefs during the transition to motherhood. Empirical findings support heterogeneity of pathways to depression and anxiety indicating a need for different therapeutic approaches. Further work is needed to explore associated vulnerabilities/protective factors for each orientation and impact on offspring.
trauma histories, anxiety and personality disorders as co-morbid conditions in PND. Mothers experiencing depression are at risk for disturbances in mothering capacities and chronicity of maternal depression is related to developmental delays and emotional and behavioral disturbances in her young child. However, little attention has been paid to how attachment histories and co-morbid conditions translate into interactions with ones infant for the mother with PND as well as their moderating impact on treatment efficacy. In our treatment study of 147 women with major depression in the postpartum period and their infants, 69 % of women were diagnosed with co-morbid anxiety disorders and 21% with personality disorders. Relationship profiles were least disturbed for mothers with depression and co-morbid anxiety, compared to mothers with either depression alone or those with depression and personality disorders. Mothers with major depression and co-morbid anxiety were found to express more positive affective involvement, sensitivity and responsiveness with their infants. Findings are most striking in the infant domain of the Parent-Child Early Relational Assessment (PCERA), which measures infant behavioral and affective functioning. Significantly higher quality of infant play and relatedness and less infant dysregulation and irritability were noted for infants of women with co-morbid depression and anxiety. Greater Fear of Loss in the Adult Attachment Interview (AAI) among mothers was related to less improvement in maternal caregiving quality and more infant dysregulation & irritability following treatment. Fear of Loss may be an important moderator of treatment efficacy for further study and suggests this aspect of maternal state of mind may be an important port of entry for intervention. Co-morbid Borderline Personality disorder was related to infant speed to anger and co-morbid anxiety and personality disorders were also found to differentially impact women's responsiveness to treatment. Thus, a comprehensive diagnostic evaluation, including a multi-method approach utilizing both objective and subjective assessments and involving the mother in assessing both her internal working models of attachment relationships and her perceptions of her child is warranted to inform and focus individual, mother-infant and family psychotherapeutic interventions. With increased specificity regarding individual differences e.g., maternal states of mind, co-morbid personality & psychiatric disorder, infant temperament, we may be able to further narrow the “transmission gap” in the literature between maternal representations, mother-infant interaction quality & infant outcomes in the context of PND.

S136  Postnatal depression and attachment-caregiving issues: Implications for clinical practice
Guedeney N. (Institut Mutualiste Montsouris, France)
Since Bowlby's assumptions, links between attachment and depression have been well established. More recently, links between maternal attachment issues and postnatal depression (PND) have been studied. First, I will review the literature about adult attachment organization, PND and maternal caregiving. Insecurity of maternal attachment can be understood as a risk factor for the onset of PND in a stress-diathesis model. Current Internal Working Models of attachment have been associated with poor marital satisfaction and low social support. Maternal state of mind is related to a higher risk of PND because insecure state of mind can contribute to compromise a women's capacity to draw effectively on both internal and external resources during the transition to motherhood. Maternal PND is also well known as a risk for parenting and for the infant mother relationship. The two types of PND (hostile/intrusive and withdrawn) seem to have different impact upon caregiving and particularly upon maternal sensitivity. Two meta analyses have suggested a modest association between PND and insecurity of infant's attachment, except if PND is severe or chronic, where an important risk of insecurity was found. Maternal state of mind seems to moderate the impact of PND on infant attachment. Second, I will discuss the therapeutic implications of attachment related issues when intervening with women with PND. Addressing attachment issues and the competition between attachment and caregiving systems can facilitate the a therapeutic alliance with hard-to-reach PND mothers. Finally, I will discuss how a careful assessment of maternal attachment, caregiving behaviour and infant attachment can help clinicians in selecting therapeutic goals and treatment modalities, such as emotional support, concrete help, medication, various forms of mother-infant psychotherap, or attachment informed interventions focused upon maternal sensitivity.

S137  The treatment of perinatal depression: Integrating medical and developmental perspectives
St-Andre M. (CHU Sainte-Justine, Université de Montréal, Canada)
Objectives: 1. To review the risks and benefits of using a medical model to treat perinatal depression and anxiety; 2. To describe the importance of carefully questioning the use and impact of psychotropic medications during pregnancy; 3. To underscore the importance of integrating medical and developmental perspectives when caring for pregnant women and their families. During pregnancy, the future mother experiences profound neurohormonal and intrapsychic changes that redefine her sense of identity and her capacity for intimacy and nurturing. These developmental transformations are an integral part of the transition to parenthood and should not be confused with psychopathology. Numerous studies have however demonstrated that women often go through pregnancy with very high levels of untreated mood and anxiety symptoms. Nowadays, in most industrialized nations, psychological and psychopharmacological treatments are increasingly offered to women throughout the perinatal period. For example, two recent large-scale surveys revealed that up to 14% of women were prescribed antidepressants during pregnancy. The increasing use of medication probably reflects the high prevalence of depression and anxiety symptoms. But this trend also raises concerns about the potential overuse of psychotropic medication during the transition to motherhood. Several reasons might explain this phenomenon. In many countries, society and medical culture place great emphasis on autonomy and performance. We are fascinated by quick technological fixes to various daily and existential problems. Emotional tensions — such as transient emotional symptoms during pregnancy - are often seen as symptoms to be swiftly eradicated by medical treatments. A paradoxical consequence of this attempt to prevent “useless suffering” might be a loss of interest in the meaning that suffering can assume, as is the case during the transition to parenthood. A questioning on the part of parents and clinicians alike about the meaning of transient mood states during pregnancy may prevent the

**Symposium: Progress in infant mental health in Eastern European countries**

Chair: Puckering C. (United Kingdom)

**SA138 Infant mental health in Poland: Attitudes and services**

Polaszecka-Nicke M. (Zero-Five. The Foundation for Infant Mental Health, Kazimierow, Poland), Stawicka M. (Zero-Five, Th Foundation for Infant Mental Health; The Institute of Psychology, Adam Mickiewic University, Poznam, Poland).

Infant mental health is a topical issue around the world, but from the perspective of Poland, as a country once belonging to the former Eastern Bloc, it is particularly vital to speak about this problem here, in this region, where we are still trying to make up for the devastating effects of functioning for many years in a system that did not respect mental health at all. For many years the birth rate in Poland has been decreasing, but simultaneously there has been an increase in public interest in child development. The topics of pregnancy, delivery, and childcare are discussed widely and are exploited by mass media. Nevertheless, it is not clear that this public attention translates fully into the awareness and necessity of exploring the problems of mental health during infancy and early childhood. Some of the aims of transformation are decentralization and promotion of local interests, but the quality of local initiatives and activities varies greatly across Poland. New laws are supposed to highlight the importance of high quality care within the family, the national health service, in education and even in the legal system. However, the discordance between declared support and actual support is great. So many mothers are forming support groups, establishing associations and foundations, and generally asserting their agenda where the public agenda may not be meeting their needs. Early intervention targets primarily ill children with medical conditions and focuses on rehabilitation. However, children with emotion problems or having difficult relationships with their caregivers are often overlooked or neglected. Therefore, families have little access trained professionals to deal with psychological functioning of infants and very young children. Support services are not well organized and no coherent system support for families with infants has developed. Fortunately, positive signs are emerging that offer the hope for change: there is growing awareness of the importance of the early years of development and of the importance of early intervention; there is emerging approaches to use interdisciplinary teams to provide family support; short courses and post-graduate educational courses on infant mental health are becoming available, and Polish specialists have increasing access to their infant mental health colleagues worldwide. In this symposium we will contrast these positive signs with a number of problems yet to be solved in order to bring comprehensive services to families with infants and very young children.

**S139 Infant mental health in Eastern Europe. A reflection from Poland**

Urmańska W. (Department of Early Psychological Intervention, Institute of Mother and Child, Warzaw, Poland)

The problem of infant mental health is very important. In a way it is a kind of “litmus paper” of the condition of the whole society. Comparative public opinion pools show that the well being of Poles has significantly improved between 1989 and 2009. From a historical perspective we may claim that we have had good traditions of caring for little children and developing proper approaches, in spite of the destructive influence of devastating collective communist thinking. At present, while the number of newly born children is on the increase, the awareness of importance of the prenatal period and the first years of life tends to be more common. Apart from the condition of society, the condition of institutions involved in providing child care is also important: 1. The family as a natural community of life and love has always been at the top of the list of priorities of the Polish people. During economic and social transition, difficult situations tend to increase (lonely mothers, divorces, migrations, excessive work schedules). 2) The health care system is accessible and free and provides pediatricians and general practitioners opportunities to make referrals for psychological and psychiatric services for children. 3) The education system oversees consultancy centres and new Centres of Development Support which provide support for very young children and their families. 4) NGOs, social initiatives, associations and charitable foundations now have access to tax allowances for providing support to numerous baby friendly programs.

**S140 Development of infant mental health issues in Russia**

Dovbnya S., Morozova T. (FireFly, St. Petersburg, Russia)

In the last five years a series of professional initiatives to develop an understanding of attachment theory and its applications have taken place in Russia, where institutionalized care of infants is still common. These have included professional seminars to increase professional awareness of the importance of attachment, direct work with baby homes and support to parents in the community to avert the placement of babies in the baby homes. Some of this work has been with parents who were themselves raised in baby homes and so have little idea of how to make and maintain intimate relationships. We have led these initiatives and will describe the activities, the outcomes, and the current situation in Russia. The presentation will be illustrated with videotapes of this work.

**S141 Current infant mental health activities in Hungary and future trends**

Boukydis Z. (Semmelweis University Medical School, Budapest, Hungary)

This presentation will give a comprehensive overview of programs and services that provide infant mental health related support to parents and infants. Next, existing training in professional disciplines that provide specialized training related to work with parents
and infants will be indicated. Finally, results of a survey of health and mental health professionals will be given indicating their views of training and program development needs for advanced training in infant mental health, especially related to training in assessment of dyads; dyadic consultation and provision of reflective supervision in training sites.

S142 Symposium: Play narratives of young children from different cultures and diverse backgrounds
Chair: Klein A. (Germany)
Klein A. (University of Leipzig, Department of Child and Adolescent Psychiatry and Psychotherapy, Germany)
Both in research and clinical settings it is valuable and informative not only to assess parents' evaluations of the child, but also the child's own view. Play narratives may be implemented with young children starting at the age of 3. Story Stem Narratives (SSNs) as the MacArthur Story Stem Battery offer children a platform to express their mental functioning verbally and non-verbally in an age-appropriate manner. In turn, researchers and clinicians thereby receive an opportunity to observe a child's inner world including subjective attitudes, feelings and emotions along with the ability to organize feelings into coherent stories. This symposium integrates new findings using play narratives with young children from different cultures (USA, Brazil, Finland and Germany) and diverse difficult backgrounds, e.g. street children, maltreated children and children with psychopathological symptoms). Paper 1 (Page et al.) considers associations of children's SSN responses with mother- and teacher-reports of children's behaviour problems and provides evidence that SSN attachment-related scales are significantly associated with important dimensions of social competence and social problems. In Paper 2, Hill et al. investigate whether street children are as able to generate a coherent narrative in response to some story stems as children living in families and whether they show differences from controls on attachment related story stems consistent with their lack of attachment figures. In Paper 3, Luoma et al report on the use of play narratives in child psychiatric assessment of children who have been referred for evaluation because of allegations of physical or sexual abuse. In paper 4, Klein and von Klitzing examine whether young children's representations and their performance during the play narratives are associated with their symptoms/strengths as well as the family climate. Overall, a rich picture of young children living in difficult conditions and/or with psychopathological symptoms and their representations will be presented.

S143 Attachment-related narrative representations enacted by high-risk children: Associations with their social-emotional adjustments
Page T. (Louisiana State University School of Social Work, United States)
Purpose The Narrative Story Stem Technique (NSST) was used in this study with a low-income sample of children, some with histories of maltreatment in infancy, as part of a larger follow-up study of their social/emotional well-being. The NSST is a representational measure of children's perceptions of close relationships, based in attachment theory. The purpose of this study was to examine associations of children's SSN responses with mother- and teacher-reports of children's behavior problems, assessed on the MacArthur Health and Behavior Questionnaire (HBQ). Methods: Forty-six children in New Orleans, Louisiana, U.S., participated (19 girls; 24 African-American; 19 previously maltreated; mean age, 6 years 10 months; median household income = $35,000). Children/families were recruited initially in infancy or early childhood through a local child welfare agency or social services offices. Children's NSST responses were coded with three scales (7 points each) reflecting major attachment behavioral systems: attachment; autonomous exploration/sociability; and caregiving/regulation. This is the first time these specific codes have been used in the interpretation of the NSST. (Videotaped examples will be shown.) Hierarchical multiple regressions, controlling for child age, household income, and verbal ability examined relationships between NSST and HBQ scales (Peer Acceptance, Asocial behavior, Bully Victimization, Externalizing, and Internalizing). Results Inter-rater reliability for NSST scales was acceptable (Kw > .6). NSST scales were moderately inter-correlated (r = .32-.66). Alpha coefficients for HBQ scales ranged from .64 to .94. Significant linkages between attachment-related representations on the NSST and behavioral assessments include: "Children who were rated higher in exploration/sociability on the NSST tended also to be rated by mothers as lower in externalizing and asocial (withdrawn) behavior problems, and rated by teachers as more accepted by their peers and less likely to be victims of bullying." "Children rated higher on attachment behavior on the NSST tended to be rated by teachers as lower in internalizing (anxious) behavior problems. " Children who were rated higher in caregiving/regulation on the NSST tended to also be rated by mothers as lower in externalizing behavior and by teachers as more accepted by their peers and less likely to be victims of bullying. Conclusions: NSST attachment-related scales were significantly associated with important dimensions of social competence and social problems, as theory would predict. The findings support the relevance of children's narrative representations as indicators of social adjustment.

S144 How far can we go with story stem assessments? A preliminary study of Brazilian street children
Hill J. (University of Manchester, United Kingdom), Franieck L. (University of Tuebingen, Germany), Koller S. (Federal University of Rio Grande do Sul, Brazil), Guenter M. (University of Tuebingen, Germany)
Background: 'It is estimated worldwide the number of street children is approximately 100 million' (UNICEF, 2002: 37). Understanding how they see the world and represent relationships with other people may be crucial to identifying the right kind of help. Story stem methods allow children to provide their own narratives in relation to social challenges and hence have the potential to provide insights into street children's minds. However they have never before been used with street children, who, for a variety of reasons, may have difficulty responding to the demands of the task, or may respond in ways that cannot be rated validly using current scoring methods. Therefore, we conducted a feasibility study of story stem assessments with Brazilian street children. The study Ten street children (7 M, 3 F), and a low income control group (N = 10, 6 M, 4 F) of children living with their families in the same city,
were assessed. We used a coding system designed to rate each story stem separately. This enabled us to ask whether street children are as able to generate a coherent narrative in response to some story stems as children living in families AND whether they show differences from controls on another story stem consistent with their lack of attachment figures. Ratings were made from transcripts and hence blind to group status, of aggression, avoidance, coherence and intentionality using established scales (Hill, Fonagy, Lancaster, & Broyden, 2007; Hill, Murray, Leidecker, & Sharp, 2008). Three story stems, lost keys, scary dog and departure and reunion were compared using repeated measures ANOVA. There was a significant group by story stem interaction (p = .04) for coherence. This arose because coherence in lost keys and scary dog was similar in the two groups, however the street children were markedly less coherent than the low income controls in departure and reunion. Similar patterns were seen for avoidance and intentionality although the interactions were non-significant. Conclusion: Street children, who usually lack adult informants, and about whose minds little is known, respond as competently to some story stems as control children living in families. However they are less coherent than controls in responding to an attachment challenge involving separation and reunion with parents, consistent with their life circumstances. These findings require replication and further exploration using larger samples.

S145 Play narratives in child psychiatric assessment of children who may have been physically or sexually abused
Luoma I. (Tampere University Hospital, Finland), Latva R. (Tampere University Hospital), Salmelin R. (University of Tampere and Tampere University Hospital, Finland), Sorvali T. (Tampere University Hospital, Department of Child Psychiatry, Finland), Kaukonen P. (Tampere University Hospital, Department of Child Psychiatry, Finland)
Objective: The aim of the presentation is to describe the use of play narratives in child psychiatric assessment of children who have been referred for evaluation because of allegations of physical or sexual abuse. Background: Since 2004, MacArthur Story Stem Battery (MSSB) play narratives have been used as part of child psychiatric assessment in Child Forensic Psychiatry Outpatient Clinic in Tampere University Hospital, Finland. Child Forensic Psychiatry team offers expertise for the police, court proceedings, and child welfare authorities in cases of suspected physical or sexual abuse of a young child. Method: Child psychiatric assessment is made after the forensic interviews have been conducted, and the purpose of this part of the evaluation process is to assess possible psychological traumatization and disturbances of the child and to evaluate the need for further child psychiatric assessment and treatment. Child psychiatric assessment includes the screening of child’s emotional and behavioral symptoms by questionnaires for parents or caretakers and day care or school personnel as well as 1-3 visits of the child, including the administering of the MSSB. Play narratives are videotaped and coded according to a coding manual developed for clinical use (Tampere Clinical Coding Manual; Latva et al., 2009). Material: The children referred for evaluation form a mixed group including children who may have faced a single traumatic event, or no trauma at all, as well as distressed, insecure and disorganized children who have suffered from multiple and sometimes extremely severe traumatic experiences. Clinical data will be presented including so far 34 children aged 2 to 9 years (median 5 years, most children between 4 and 7 years). Conclusions: Play narratives are useful for clinical assessment of young children facing difficult life situations when there are no possibilities for extended assessment periods. They offer children a way to express their emotions, mental functioning and representations verbally and non-verbally in an age-appropriate manner. For clinicians they offer a tool for observing and gathering information directly from the child in a structured and documented way during one visit. On the basis of play narratives conclusions cannot be drawn whether a crime has occurred or not, but for diagnostic formulation and the assessment of the need for treatment this method gives valuable information.

S146 Preschoolers play narratives: Is there an association with their symptoms/strengths and the family climate?
Klein A. (University of Leipzig, Department of Child and Adolescent Psychiatry and Psychotherapy, Germany), von Klitzing K. (University of Leipzig, Department of Child and Adolescent Psychiatry and Psychotherapy, Germany)
Background: Emotional symptoms as well as conduct problems are common phenomena during early childhood. The quality of family relationships plays an important role in the development of children's psychopathology. Story completions, as assessed with the MacArthur Story Stem Battery (MSSB), offer an opportunity to tap into a child's inner world including subjective attitudes, feelings and emotions as well as the ability to organize feelings into coherent stories. The goal of the presented study was to investigate whether children's representations and their performance during the play narratives are associated with their symptoms/strengths as well as the family climate. Method: In this study, 33 4-6-year-old children (12 girls, 21 boys) and their families participated. Children/families were outpatients recruited through the Policlinic of the Department of Child and Adolescent Psychiatry in Leipzig, Germany. Parents completed the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) and the Family Environment Scale (Moos and Moos, 1981; Schneewind et al., 1985) with the subscales Cohesion, Openness and Conflict. Furthermore, children performed the MacArthur Story Stem Battery (MSSB; Bretherton & Oppenheim, 2003) which is coded with the MacArthur Narrative Coding Manual (Robinson & Mantz-Simmons, 2003; Oppenheim et al., 1997). Results: Parents' rating indicated that the majority of children evidenced a SDQ total difficulties score either in the abnormal (52 %) or the borderline range (16%). Children scored in the abnormal range in the following symptom scales: hyperactivity 52 %, conduct problems 48 %, emotional symptoms 39 % and peer problems 37 %. We analyzed associations between content and performance during the play narratives and symptoms/strengths and family climate as reported by parents. Preliminary results support, among others, significant associations between conduct problems and aggressive themes. Higher conflict in the family as assessed by the parents was related with lower positive content themes (e.g. empathy/helping) in children's play narratives. Conclusions: Children's symptoms and conflict in the family are significantly associated with specific aspects of the children's play narratives. Possible associations will be further investigated with a larger sample.
S147 Symposium: Prevention and treatment of early feeding disorders: Lessons from diversity
Chair: Puura K. (Finland)

S147. 150 A Psychodynamic Infant-Focused Approach to Severe Feeding Problems in Infancy
Paul, C. (Royal Children's Hospital, Melbourne, Australia) Feeding and eating are essential human activities which help an infant develop a sense of autonomy and define a sense of identity. The development of autonomy of self is a process which begins at birth: a very long developmental line (Freud, A). This process can be disrupted in a number of ways. Serious congenital or acquired illness such as developmental gastrointestinal anomalies, cardiac disease developmental disabilities can disrupt the baby's acquisition of control of her own body. The baby may not be able to manage mouthing, swallowing and digesting let alone enjoying food. In the face of frightening uncertainty the parents may not be able to help the baby manage to eat. For some babies, even in the absence of medical illness, conflicts within the parent's own inner world may distort the baby's sense of control and autonomy that she cannot eat. A parent's trauma may lead to the baby's feeding situation becoming a nightmare or for the baby something to be emotionally avoided. Infants with major problems with eating and feeding constituted over one third of the referrals of infants two years old and under to a paediatric hospital based infant mental health program. The approach to feeding difficulties within this programme is to work directly with the baby at the same time with the parents, in an attempt to understand the infant's own inner experiences, conflicts and defences. For example a baby being weaned at the moment where there is intense parental ambivalence about the baby and a distorted attachment, may see the infant become isolated, withdrawn, depressed and without appetite. Engaging with the baby in a direct and playful manner in the presence of the parents allows the beginning of a process of the baby becoming more in charge of our own feeding. The therapist works with the parents and the baby to help her develop a sense of enjoyment and mastery of the process of looking at, smelling, touching, tasting and swallowing foods. The therapist joins the parents to try and see things from the infant or toddlers perspective. The therapeutic intervention often requires the collaboration of a number of professionals who can provide a sense of safety and containment at both the physical and emotional levels. This is especially so when babies become dependent on tube feeding longer than is necessary. A description will be given of the infant-focused clinical treatment program with clinical examples.

S148 A comparative evaluation of EAT (Early Autonomy Training)
Dunitz-Scheer M. (Univ.-Klinik f. Kinder- und Jugendheilkunde, Austria) The psychosomatic unit of the University Children's Hospital of Graz is probably the world's leading centre for tube dependency and tube weaning. We have treated about 700 infants and children and their families in the past 20 years and have developed a highly effective and successful tube weaning program, enabling children to learn to eat by them selves within 3 weeks. The concept has been published and evaluated repeatedly and is defined as being "child led"; thus strictly forbidding any kind of force feeding or any other aversive therapy. The main principles are swift reduction of tube nutrition in a supportive medical environment under an intensive interdisciplinary treatment setting including daily speech-, occupational-, physiotherapy, music- and aqua-therapy, play picnic, parent coaching and a variety of medical subspecialisations needed for the range of underlying medical conditions the children suffer from. In the past 6 month a new model has emerged called the NET coaching tube weaning program, with which we have been able to wean infants from abroad with videography and intensive parent coaching. In 2009 this new treatment model was applied successfully already in 18 cases and will be compared to the traditional setting in our presentation.

S149 Feeding tube weaning in an home-based and inpatient setting: Differences and similarities
Wilken M. (Darmstadt Child Hospital Princess Margaret, Germany) Feeding tube weaning is a new treatment in the domain of infant mental health. Self-regulation based treatment show high success rates in establishing oral feeding, both in an home-based and inpatient setting. Nonetheless these treatment settings have not been compared to each other. In the inpatient treatment, infants and parents are in the hospital for a period of two to six weeks. While in the home-based setting, infants and parents are treated at home for a period of seven to ten days. To show differences and similarities both methods will be compared in regard to treatment approach, the treated collective, therapeutic demands, advantages and disadvantages and outcome. We assume that there are differences in the patient collective, diagnostic protocols and therapeutic demands but not in outcome. Due to the increase of tube fed infants a rational based decision for treatment setting and therapeutic training is needed. A protocol for decision and trainings options will be presented.

S151 Symposium: Play narratives in a clinical and developmental context
Chair: Kaukonen P. (Finland)
Latva R. (Tampere University and University Hospital, Finland), Stadelmann S. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany), Sorvali T. (Tampere University Hospital, Department of Child Psychiatry, Finland), Shin Y. (Yonsei University, South Korea) The aim of this symposium is to illustrate the use of the MacArthur Story Stem Battery (MSSB; Bretherton et al., 1990) in clinically enriched and clinical samples. The MSSB is a standardised interview tool consisting of emotionally challenging story beginnings to be completed by the child through narrative play. Narratives are analysed according to a number of variables such as empathy, aggression, dissociation and evaluation of narrative coherence, addressing the conflict and affective tone of the narrative, guided by the MSSB research coding manual (Robinson et al. 2004; unpublished) or Tampere MSSB Clinical Coding Manual (Latva et al. 2008; unpublished). The first presentation investigates whether trajectories of narrative representations predict trajectories of behavioral
problems and social skills over a four-year period in a clinically enriched Swiss sample. It will be discussed how social-cognitive processes may help us to explain adaptive and maladaptive outcomes in children. The following presentations will concentrate on play narratives of young children with neurodevelopmental disorders in Finnish and South-Korean samples and on the clinical play narrative coding system. Lately, increasing numbers of young children with neurodevelopmental problems have been referred for child psychiatric assessment. Compared to conventional diagnostic methods, the play narrative method gives clinicians special information on the child's emotional development and resources, likewise on his/her experience of family relationships. Recently, the clinical use of play narrative method has been an object of active development. Advances in this development process will be discussed by Professor JoAnn Robinson.

**S152 Narrative representations and behavior: Developmental trajectories from kindergarten age to middle childhood**

Stadelmann S. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany), Perren S. (Jacobs Center for Productive Youth Development, University of Zürich, Switzerland), von Klitzing K. (University of Leipzig, Department of Child and Adolescent Psychiatry and Psychotherapy, Germany)

So far, little is known about differences in the development of narrative representations and how they may both reflect and guide children's behavior. In this longitudinal study we aim to investigate whether trajectories of narrative representations predict trajectories of behavioral problems and social skills from kindergarten age to middle childhood. A clinically enriched sample of 128 children (54 girls, 74 boys) participated in this study. Assessment of narrative representations and behavioral measures took place at the age of 5, 6 and 9. Narrative representations were assessed using eight story stems that reflect a range of socio-emotional dilemmas. A multi-informant approach was employed to assess children's behavioral and emotional problems and social competences. Therefore, children were interviewed by means of a standardized puppet interview (age 5, 6). Parents, teachers and children (only age 9) completed questionnaires. Trajectories of narrative representations and behavior were modeled using orthogonal polynomial contrasts and described through mean, increase and curvature. Preliminary results indicate that mostly the level of representations across the three assessments points (mean) predicted the level of behavior problems and pro-social behavior across time, whereas changes in representations seemed to be less relevant. However, there also seem to be parallel trajectories of representations and behavior. Level and changes of aggressive/negative representations significantly predicted pathways of behavioral problems (conduct problems, hyperactivity), e.g. increases in negative representations were associated with increases in behavioral problems over time. We will discuss how these social-cognitive processes over time may help us to explain adaptive and maladaptive outcomes in children.

**S153 Play narratives of children with autism spectrum disorders**

Sorvali T. (Tampere University Hospital, Finland), Sorvali T. (Tampere University Hospital, Finland), Latva R. (Tampere University and University Hospital, Finland), Kaukonen P. (Tampere University Hospital, Department of Child Psychiatry, Finland), Salmelin R. (University of Tampere and Tampere University Hospital, Finland), Luoma I. (Tampere University Hospital, Finland)

Objective: The aim of this presentation is to describe features of play narratives of children with neurodevelopmental problems and to evaluate whether, from the child's point of view, this method adds new elements, especially in the assessment of children with pervasive developmental disorders. Background: The MacArthur Story Stem Battery (MSSB) has been used in the Department of Child Psychiatry, Tampere University Hospital, Finland, since 2000 as part of child psychiatric assessment. The method has been found to be useful for the assessment of various child psychiatric patient groups and lately we have started to use it more systematically in the assessment of children with neurodevelopmental symptoms. Method: The sample of this presentation consists of children aged 4 to 7 referred for child psychiatric assessment during the period 2004 - 2009 (n = 20) and diagnosed with pervasive developmental disorder (F84 - F84.9). The diagnostic assessment process includes a family interview, 3-DI, standardized questionnaires completed by parents and teachers and the individual assessment of the child including ADOS and MSSB play narratives. The MSSB play narratives were videotaped and coded using the clinical coding manual (Latva et al. 2008, unpublished). Conclusions: Pervasive developmental disorders affect the child's ability to interact and communicate with other people. These children also often have difficulties in verbally describing their own experiences. An unexpected finding has been that children with neurodevelopmental difficulties, too, can tell stories with structured play narrative method. MSSB, though not a diagnostic tool itself, complements the diagnostic methods for evaluating childhood pervasive developmental disorders (ADOS and 3-DI) by giving more information of the child's perspective and a better understanding of family roles from the child's point of view.

**S154 Clinical use of play narratives of young children at risk for autism**

Latva R. (Tampere University and University Hospital, Finland), Luoma I. (Tampere University Hospital, Department of Child Psychiatry, Finland), Salmelin R. (University of Tampere and Tampere University Hospital, Finland), Sorvali T. (Tampere University Hospital, Department of Child Psychiatry, Finland), Kaukonen P. (Tampere University Hospital, Department of Child Psychiatry, Finland)

The aim of this presentation is to describe the use of story stem narratives (MacArthur Story Stem Battery; MSSB) as part of clinical assessment by a clinical case presentation of the child with neurodevelopmental problems. In addition we will present the use of clinical MSSB coding manual (MSSB; Tampere Clinical Coding Manual; Latva et al. 2008). MSSB has for ten years been a part of the individual clinical assessment of the child in the Child Psychiatry Clinic of Tampere University Hospital. During the last years we have also used story stem narratives as a part of assessment process of the children with neurodevelopmental problems. Based on our experience story stem narratives provide important information about the child's emotionally meaningful experiences in close

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relationships as well as his/her ability to regulate emotions. The MSSB narratives are videotaped and coded after the play session. Our clinical coding system includes twelve different kinds of themes; e.g empathetic, aggression and dissociation and evolution of narrative coherence, addressing the conflict and affective tone of the narrative. The experience of using the clinical coding system is encouraging and the manual seems to be more suitable in clinical use.

**S155 Mental representation of children with Asperger disorder in comparison with ADHD**
Lee K. (Hanshin University, South Korea), Shin Y. (Yonsei University, South Korea), Park J. (Namseoul University, South Korea), Shin Y. (Chungnam National University Hospital, South Korea)
This study is intended to explore mental representation of children with Asperger disorder in comparison with ADHD. Subjects were 20 preschoolers with Asperger disorder, 10 with ADHD and 10 normal children. MSSB including 6 dilemmas, MSSB Tampere clinical coding system and additional 4 codes including preoccupied theme, stereotyped behavior, mismatched facial affect, and monotonous/dramatic tone were used to assess mental representation. Clinical implications are discussed.

**S156 Symposium: Infants daily transitions in child care: Perspectives on dyadic and group processes**
Chair: Harrison L. (Australia)
Harrison L. (Charles Sturt University, Australia), Bradley B. (Charles Sturt University, Australia), Ahnert L. (University of Vienna, Austria), Goodfellow J. (Charles Sturt University, Australia)
As caregiving contexts for infants expand to include group care settings, infants must adjust to often quite different physical and social environments from those to which they have been accustomed. Young children's adjustment has been explained by differences in their gender, temperament, language abilities and parental care experiences (Ahnert et al., 2004; De Schipper et al., 2004; Vallotton, 2009), as well as by variations in the quality of the caregiving environment (Love et al., 2003; Shapiro & Applegate, 2002), caregiver sensitivity and infant-carer attachment (Ahnert et al., 2006). Of further import are structural features of care, such as adult-to-child ratios and home- versus centre-based care settings. However, within this growing area of research, it appears that many of the processes that characterize and support infants' adjustment to group care remain relatively unexplored. In this symposium the presenters draw on diverse theoretical models to explain infants' adaptive transitions in child care, and employ a range of methodologies to examine social processes and strategies that children use when arriving and engaging in their group care setting. The presentations are informed by data collected through video-recording in laboratory and naturalistic settings and by caregiver ratings in studies conducted in Australia, Germany and the United Kingdom. Harrison begins by presenting findings from a longitudinal study of 1,609 two-year-olds. Child, caregiver and setting factors are tested as predictors of children's adaptive arrival and separation behavior during daily transitions to child care. Ahnert reports on a minute-by-minute examination of toddlers' transitions to centre-based care. The focus is on children's self- and other-oriented coping strategies. Bradley and Selby then pose a conceptual and methodological question about observing infants in group interactions. Using analyses of patterns of gaze and other non-verbal expressions, they distinguish characteristic patterns of social behaviour in all-infant groups. Goodfellow further explores the question of groupness' in an in-depth case study of one toddler's looking behaviour' in his home-based family day care setting. Discussion will attend to possible tensions and complementarities between dyadic and group processes in infant-toddler child care.

**S157 A longitudinal examination of child care context in infancy as a predictor of two-year-olds' arrival and separation behaviours in group care**
Harrison L. (Charles Sturt University, Australia)
Studies of child care commencing in infancy have noted that quality has long-term consequences for children's development (Love et al., 2003; NICHD, 2003). Considerable effort therefore been spent on defining and testing what is meant by quality care for children under three. It has been reported that children's attachment to caregivers and well-being in child care are enhanced in care contexts that are more stable (Ahnert et al., 2006; De Schipper et al., 2004), with a further suggestion that stability is more likely in home-based rather than centre-based settings. In Australia, the majority of infant child care is home-based, with grandparent care being most typical (Harrison et al., in press). By age 2, however, centre-based care is the norm. This paper examines the question, raised by Ahnert et al., of whether home-based care in infancy is more able to facilitate emotionally supportive relationships with caregivers than centre-based care. Further, it asks if there are longitudinal effects of infant-carer relationship quality for children experiencing home-based and centre-based care as infants. Participants were 1609 two-year-olds participating in wave 2 of the Longitudinal Study of Australian Children (LSAC). Half were attending child care in wave 1 (two years earlier) in either a home-based care setting (including Family Day Care), a child care centre, or a mix of home and centre care. Children's well-being and adjustment in their child care settings were assessed by caregivers' ratings of arrival and separation behaviour. Adaptive arrival and separation behavior was rated on a 7-item scale; eg., when this child arrives he/she greets you enthusiastically; when the parent is there, this child plays with other children; while the parent is leaving, this child seems angry or sad; after the parent leaves, this children becomes involved in an activity within 3 minutes (NICHD ECCRN). Type of infant care and infant-carer relationship quality were examined as possible predictors of children's adaptive behaviours, along with child temperament, age and gender, and maternal separation anxiety (proxy for insecurity of infant-mother attachment). Findings indicated that arrival and separation behavior differed by type of care in infancy. Children who had received home-based care as infants were rated as more adaptive as two-year-olds in child care than children who attended centre-base care as infants. More adaptive behavior was also supported by greater warmth and open communication in the infant-carer relationship, particularly for infants receiving home-based care. Infant temperament and maternal separation anxiety also
predicted children's adaptive response to child care.

S158 Children's coping strategies during the transition from home to child care
Ahnert L. (University of Vienna, Austria), Eckstein T. (University of Vienna, Austria), Kappler G. (University of Vienna, Austria)
For some years, students of behavioural development have acknowledged early childhood as a period during which the main coping strategies in life develop in order to regulate negative emotions. Whilst experimental research in laboratories shows whether and how young children cope with evoked frustrations or irritations, much less is known about how children deal with significant situations that occur naturally in their daily lives. The present study therefore asks how children cope when they are taken into child care, wondering whether specific behavioural patterns could be identified that serve children in their struggle to cope with the new environment. We videotaped 50 children (25 males) ranging from 17 to 32 months at child care entry two weeks after mothers stopped accompanying the child into the group. Two sets of video-clips were coded. Situation 1: separation behaviours immediately after drop offs, and Situation 2: play behaviours later the day during a time when blind observers had confirmed low stress levels of the target child. We also evaluated mother-child and care provider-child attachments as observed and as measured by the Attachment-Q Sort. We used computer-based software 'Interact' by Mangold in order to describe children's activity and stress levels in two different situations: (1) with low activity level and high stress level and (2) with higher activity level and lower stress level. In order to define whether a behavioural pattern should be determined as a coping strategy, it was assumed that it would appear in Situation 1 but not in Situation 2. As a main result, we found three types of definable coping strategies: (a) applying self-related soothing strategies, (b) using favoured objects and (c) relating to a person (to mother or care provider or a peer). These types of coping were related to age, with younger children more frequently contacting adults rather than peers, and to attachment experiences with the care providers but not with the mother.

S159 Groupness in Infant-Peer Quartets: Comparing Methods for Analysis
Bradley B. (Charles Sturt University, Australia), Selby J. (Charles Sturt University, Australia), Urwin C. (Tavistock Institute, United Kingdom)
Background and Aims: Paleontological, primatological and anthropological evidence for the social brain hypothesis — Darwin (1901) and Dunbar's (2003) idea that what distinguishes hominid evolution is group selection — poses significant conceptual and technical problems for developmental psychology. Group mentality has been largely absent from the topics envisioned by scientists as relevant when studying babies. Monadic and dyadic templates still dominate in the laboratory (Selby & Bradley, 2003). Even when groups are observed, they may be studied as if comprising concatenations of dyads (e.g. Lewis, 2005; Ishikawa & Hay, 2006). This paper contrasts diachronic (case-based) and synchronic (probability-based) analyses of attention-getting and attention-holding in 9-month-olds' interactions in all-peer quartets. This is to crystallize the best method for detecting instances of "groupness" (supra-dyadic interaction) among babies in groups. Method: Two types of data sets were used to contrast case-based and probability-based analyses of supra-dyadic interaction among 9-month-old infants. First, in studies conducted in Australia, 84 infants were introduced into infant-peer groups of three in a pre-arranged laboratory playroom. Second, in a study conducted in the UK, 28 infants were introduced into infant-peer quartets in a similar recording-paradigm. Both case-based and probability-based analyses were undertaken for both these data-sets. Both types of analysis focussed initially on patterns of gaze and then on other non-verbal expressions, with the aim of distinguishing characteristic patterns of social behaviour in all-infant groups. Results: Comparisons between trios and quartets show that there are at least two different patterns of supra-dyadic attention-holding in all-infant groups, with which dyadic attention-holding competes. Supported by analyses of other non-verbal expressions, these are argued to represent, respectively, thirdness' and groupness. Conclusion: Infants' early interaction with same-aged peers support the argument that groups should have primacy when conceptualizing development.

S160 Living a life (with peers): Reflections on what life is like for infants in group care
Goodfellow J. (Charles Sturt University, Australia), Harrison L. (Charles Sturt University, Australia), Bradley B. (Charles Sturt University, Australia)
Many infants are now living caring' lives that extend beyond the family home to formal and informal child care arrangement including family day care (FDC). Adjusting to child care is often discussed in terms of the attachment relationships very young children form with adults - evident through close observation of infant-carer emotional connectedness and social interaction. An alternative perspective on infants' sensitivity to social signals is the focus on looking behaviour' which may not only reflect social referencing' of carers (Blackford & Walden, 1998; Stenberg & Hsagekull, 2007) but also the gathering of information about actions and objects (Clearfield, Osborner & Mullen, 2008). Infants as young as 18 months, when studying how a peer engages more "actively" in a shared activity, may begin to understand that their peer is knowledgeable about or has experienced that activity (Moll & Tomasello, 2007). Infants who enter FDC also become part of a small group of children. How children experience the becoming is likely to vary according to the individual characteristics of the child (such as social competence, temperament, and experience in child care) as well as the carer's emotional and behavioural style. In this paper, we report on the use of video footage of infants taken in their FDC home as one way of gaining insights into pre-verbal children's experience of being in group care. The researchers applied a mosaic approach (Clark, 2005) to coding and recording data, revisiting the same footage from different theoretical perspectives and gathering insights from each child's carer and parent. Early indications from the results of a case study of one child suggest that looking behaviour serves a number of purposes. These include the capacity to interpret cues of their peers in social contexts (Gergely, Egyed & Kiraly, 2007);
social competence and gathering information about expected patterns of group behaviour (Lindahl & Pramling-Samuelson, 2002; Williams, Ontai & Mastergeorge, 2007) as well as understandings about the use of toys and material. While it is challenging to gain an understanding of how a pre-verbal child experiences a FDC environment, a mosaic approach does illuminate interpretative possibilities that have implications for those who have responsibility for the group care of very young children.

**Video Presentations:**

**VP12 Joint work with the parents and baby: Specificities of infant-parent psychotherapy**

Paul C. (Royal Children's Hospital, Melbourne, Australia), Salomonsson B. (Unit of Child Psychiatry, Karolinska Institute, Stockholm, Sweden), Jones A. (Perinatal/Parent-Infant Mental Health Service, North East London NHS Foundation Trust, United Kingdom), Newman L. (Center for Developmental Psychiatry and Psychology Monash University, Australia), Thomson-Salo F. (Royal Children's Hospital, Melbourne, Australia).

This session compares and contrasts similarities and differences in technique and nature of therapeutic action in approaches to psychodynamic infant-parent psychotherapy developed in London, Europe and Australia. This therapy aims at helping parents and infants who are experiencing difficulty in the earliest years by targeting their representations. The four approaches, while sharing a common background, are likely on close examination to reveal differences. Each panelist will discuss a 5-minute video clip of their approach to working with a family and infant in terms of their understanding of changes in the session and immediate and long-term changes in relationships and symbols to enable differences to be elicited. One panelist will discuss mitigating the impact of the mother's projections on the infant's personality, another will discuss when the therapist engages with the parents jointly with the baby as subject, to facilitate change in the infant self and infant-parent relationships. The other two panelists present very specific approaches, one a mother-infant psychoanalytic treatment which aims at helping parents to change their representations of the baby and the other which is tailored for work with infants of parents with borderline personality disorder. F Thomson-Salo as Chair will highlight some similarities and differences in technique and how therapeutic action is envisaged. The discussion would cover some of the following issues - the ways the therapist speaks to and includes the infant, eg, by touching, holding and playing - different kinds of interventions with the parents and whether these include coaching, developmental guidance and talking on behalf of the infant - the level at which interpretations are made. When the therapist interacts with an infant in the parents' presence, is the intention to model for the parents or soften the effect of an interpretation that the therapist is in effect addressing to them, or to talk' with the infant in his or her own right, or all of these at different times? The interplay between the therapists' theory of change and the nature of the intervention with the infant in terms of responding to and initiating communicative interaction will be explored.

**VP13 Mother-infant psychoanalytic treatment (MIP): Reaching two minds with one unconscious**

Salomonsson B. (Unit of Child Psychiatry, Karolinska Institute, Stockholm, Sweden)

(MIP) aims at helping parents to change their representations of the baby. In addition, it aims at affecting the infant's representations of himself, his mother and the disturbance. This is believed feasible because the infant is able to affectively understand aspects of, and be contained by, the therapist's interventions. Thus, in this sense the therapist talks' with the infant in his own right. In addition, I will conceptualize how the therapist-infant interchange influences the mother's understanding of the dyad's problems. An idea will be explored that mother and infant, though two different beings, initially share a common unconscious. The therapist addresses this common field by intermittently addressing infant and mother. The aim is to clarify how each of the two contributes to this field, and to enable each to differentiate his or her personal affects, cognitions and values. Some remarks will be made on how MIP is similar to and different from other methods.

**VP14 Working in the transference to mitigate the impact of pathological parental projections on the infant's forming personality**

Jones A. (Perinatal/Parent-Infant Mental Health Service, North East London NHS Foundation Trust, United Kingdom)

Parent and baby are always interacting within a bi-directional, sometimes rapidly changing, transference dynamic which is influenced by both of their histories. The baby's transferential capacities are also energized by processes of rapid and necessary developmental change; the parent's emotional history powerful infuses their transferential propensities. Through the transferential dance, both parent and baby use projective processes to make sense of each other. In psychodynamic parent-infant psychotherapy different approaches pay more or less attention to considering how the therapist is experienced in the transference with the parent and with the baby. The parent's emotional history will have stirred to life during the perinatal period and this makes the new baby vulnerable to becoming, in the parent's mind, haunted by parental transference ghosts. The baby will bring these ghosts into the consulting room and the therapist will be deeply affected too and form an immediate transference relationship with both parent and baby. An interpretation or gesture by the therapist will inevitably be experienced through the parent and baby's emerging transference dynamic (therapist as intrusive and dangerous/parent as angry and rejecting; therapist as warm understanding breast/parent as able to trust a little and take in, and so forth). These dynamics shift and change as each session progresses. This presentation will examine some video tape material of the therapist trying to reach a frozen mother and her very withdrawn baby boy: in one video clip the therapist is filmed by the mother trying to bring to life some desire for contact in her baby. It raises many questions about how the transference relationships between each of the triad were, perhaps, experienced.
VP15 Working with traumatic intrusions in infant-parent relationships: therapeutic approaches for infants of parents with borderline personality disorder
Newman L. (Center for Developmental Psychiatry and Psychology Monash University, Australia)
For parents with borderline personality functioning, past trauma or neglect by attachment figures and early relational distortions impact on the capacity to reflect on the inner world of the infant. Te infant can variably be identified with or represent repudiated aspects of the parental self, the parent as an abused child, or a re-enactment of a past relationship. The infant comes to have different meanings in the mind of the parent and is experienced as confusing, unknowable or uncanny. Infant parent psychotherapy needs to work with the unprocessed fears and anxieties of both parent and infant. The therapist directly addresses the infant who is otherwise abandoned with overwhelming affect and also puts words to the dilemma of seeking mirroring but being trapped by a dysregulating experience of the mother's mind. The therapist talks to the infant as they attempt to find themselves in the mother's eyes and to the mother about her desire to find herself in the baby. Interventions focused on affective exchange and regulation affect the borderline others' core difficulties in reading and processing her own and her infant's affect and support her in wondering or hypothesising about the inner world of the infant. This allows the infant to be both seen and represented in the mind of the mother as "not-me" and mentalising.

VP16 Joint work with the parents and baby: Specificities of infant-parent psychotherapy
See VP 12

VP17 When we directly engage the baby as subject: facilitating change in infant-self and infant-parent relationships
Paul C. (Royal Children's Hospital, Melbourne, Australia)
Creating a direct therapeutic relationship with the baby in the context of infant-parent psychotherapy has the capacity to add substantially to the power of the intervention. Sensitive and attuned interaction with the baby, especially when the therapist responds to the baby's own spontaneous behaviours and communications highlight the baby's emerging sense of autonomy and ability to communicate her own emotional and relational experience. When lively interaction with the therapist is witnessed by the parents in the context of discussing their own inner and relationship problems parents can see their baby in a different light. The parent and infant relationships can then develop along different trajectories. The Process Change Study Group, Boston (Stern D.N. et al) has described the importance of moments of meeting in psychotherapeutic work. This presentation will also describe a research project aimed at developing and evaluating training materials to facilitate clinicians working with infants to use therapeutic relationships with the baby herself. Some clinical examples using video illustrations will be presented.

VP19 Sandplay, Clay & Story Stems: Enhancing maternal sensitivity in caregivers who take care of AIDS orphans
Frank E. (Good Hope Psychological Services, South Africa)
The majority of children seen by Good Hope Psychological Services do not live with their biological parents. Having limited resources, we have to be innovative. In her work with caregivers, psychologist Elzan Frank developed an intervention in which sandplay and other projective techniques are used to translate core findings in Attachment Research into practice, with specific focus on maternal sensitivity and the Adult Attachment Interview. Caregivers, including grandmothers, respond well, and the children seem to recognise this as a natural way of relating. An additional aim was to structure the intervention in such a way that therapists also feel enlivened. In a twenty minute film we show the work done by Elzan Frank with caregivers and the children in their care. The film also raises questions about differential experiences of maternal sensitivity vs. secure base in the room.

WS47 Workshop: Infants and their parents in precarious situations - The baby's needs for institutional help
Mögel M. (Babysprechstunde/Kinder- und Jugendpsychiatrischer Dienst St.Gallen, Switzerland), Mellier D. (Université, France), Arpin S. (Centre Premier Berceau, Canada), Mauvais P. (Pouponnière Social Home Saint-Vincent, France)
Paul C. (Royal Children's Hospital, Melbourne, Australia), Salomonsson B. (Unit of Child Psychiatry, Karolinska Institute, Stockholm, Sweden), Jones A. (Perinatal/Parent-Infant Mental Health Service, North East London NHS Foundation Trust, United Kingdom), Newman L. (Center for Developmental Psychiatry and Psychology Monash University, Australia)

WS48 The baby, the little child and the institutions
Mauvais P. (Association Pikler-Loczy, France)
The present changes in our societies lead more and more parents to call on services of institutions - outside family homes - for taking care of their children every day. The physical separation, which echoes with the separation-individuation process in which the babies are involved, is not without risks for them, especially when community life is concerned. The reason is that, in such case, it is difficult to ensure stable enough living-and-relationship conditions. When children are living in these collective places night and day, after they have been exposed to deprivation, violence or maltreatment, as well as parental psychopathology, the challenge is much more difficult for caregivers who have a lot of things to think about and to do at the same time: to take care of each child in a professional way, which is adapted to each one but different from parental care; to protect the children from additional deprivations and help them to restore and develop themselves so that the children can take an active part in their own development and feel respected in their own
WS50 The family team a caring container in perinatal intervention with precarious family

Arpin S. (Centre Premier Berceau, Canada), Mögel M. (Babysprechstunde/Kinder- und Jugendpsychiatrischer Dienst St.Gallen, Switzerland)

The family-team, a caring container in perinatal intervention with precarious family We will speak about the functioning of the institution in taking charge of precarious family, in psychosocial distress, in perinatal situation, at the first pregnancy. At the Center Premier Berceau, we receive family, in perinatal crisis, where the identity of the women, men and couple live a crucial transformation. Mainly we have to deal with a disorganization, rupture of the couple, the impossible formation of a parental couple or traumatic returns of experiences of the past. In the Centre we take charge of the family, from the beginning of pregnancy until schooldentry of the child. In order to help these family with multiple difficulties, we gather a multiprofessional team regrouped in four sector, clinical, medical, social and center on the child. Each sector has more than one professional specialty. I will show how the family-team, as we call it, i.e. the team of all professionals implicated-involved with one family forms a container (Bion) in order to think the family and to organize the framework of the intervention. This container is an institution created and organized specifically for this family. We think that each family must have his own adapted system of care. We are an Institution of many small particular institutions. In emergency crisis, we could very quickly have the opportunity to create a framework of care that looks after of a daytime-hospitalization. The family-team that we can also called an interdisciplinary team or transdisciplinary team works as a container of caring (Bion, Kaës). This team has a disciplinary trans-framework receiving all the particular frameworks of each disciplinary. The action of this trans-framework creates the elaboration of common transitional space that share all the professionals between them and with the family. The trans-framework opens the possibility of a coming and going between all the specific frameworks of the disciplines, reducing the traditional situation of conflicts in the interdisciplinary team. This trans-framework opens also the possibility for the professional to express the suffering induced frequently by working with so disorganized families, receiving in Bion concept the Beta elements or split contents. A family analyst who does not intervene with the family supervises the meetings. Recently, to push further this model, when the family situation provokes to much splitting in the professional team and in the family, we organize sessions with the family and with all the professionals implicated with this family, once a month. This construction of a neo-group makes a container of the family suffering and could also stop the family disorganization in creating a transitional space, contained in this neo-group. In this sessions the trans-framework of the professional team becomes a new modality of clinical intervention.

WS51 The containing role of a day-nursery and the new precarious situation of mothers

Mellier D. (Université, France)

When mothers are too isolated and suffer from psychosocial difficulties, without any familiar or confident support, social workers often help them by providing a place in day care for their baby. So, we shall study the adaptations of the teams in day-nurseries in their responses to these situations. At present, nurses know the babies' needs well, but it is more difficult to define the specific role of the day-nursery in these situations. These babies may still be in insecurity with their mothers. For them, it is more a question of differentiation (Manzano, Palacio Espasa, Golse) than of separation. So, nurses ought to learn to contain these specific anxieties. When mothers are in situations of precariousness, we make the hypothesis that nurses must be able to contain the "primitive family sufferings" that the baby introduces inside the day-nursery. Consequently, a particular device of observation is necessary for the teams to avoid the risk of confusion between the place of the institution and the place of the parents. This is how the baby will benefit from the institutional framework that has been set up. A longitudinal study of the evolution of nursery teams for many years and the analysis of practices of observation inspired by a psychoanalytical approach will give numerous results. Indeed, nurses generally know how to respond to the babies problems of separation according to their age. For example their objective is to maintain a continuity of rhythm between home and nursery, to introduce familiar objects inside the nursery and respect "transitional objects", to give attention of all the slightest details of the baby's environment, to develop a relationship with parents and to verbalize difficulties of separation. But these mothers are too much in insecurity and have difficulties to develop relationships with nurses and to ensure good conditions of separation for their baby. They may have difficulty to understand the needs of their infant after its separation, there is no "transitional object" and sometime the presence at the day-nursery is unpredictable. Then the day-nursery has to develop a supplementary attention with an aim to response to these situations. They have to contain the precarious links with mothers. They have to build an envelope for the baby and bring him "basic security". Here the attentive observation of the baby is essential (Bick, Pikler, Haag, David, Appel). This special attention will allow the infant to become confident, to develop its self and to go back to its mother with pleasure. Then, we shall see the emergence of the anguish of separation, but at present the role of nurses is to cope with the problem of the baby's differentiation. The containment during several months of a toddler's violent behaviors will be exposed. In France, these problems are more and more frequent and the evolution of day nurseries must suit this new objective.

WS52 Workshop: Circle of Security intervention

WS52 The Baby Circle of Security Intervention; Helping babies developing secure attachment

Brandzaeg I. (Nieuwals Institute (NW1) and The Centre for Child and Adolescent Mental Health, Eastern and Southern Norway
This presentation will demonstrate how the Circle of Security (COS) intervention with pregnant women and parents with small babies is implemented at Nic Waals Institute (NWI) outpatient clinic, Oslo, Norway. Originally the program was designed to alter the developmental pathway of at-risk parents and their young children and toddlers (Hoffman et al., 2002). At the core of the COS intervention is the notion that insecure children have learned to divert their caregivers away from their basic attachment needs and "miscue" the parent about their true needs. On the other hand, the main feature of working with pregnant women and mothers to infants is not correcting "miscueing" strategies in children, but rather forming secure attachment from the beginning. The assessment, on which the treatment plan is based, is a modified COS Interview (Cooper, et al., 1997). With pregnant women the interview is based on the pregnancy and her own attachment history, whereas with mothers of babies we also pose questions related to the baby and the relationship between them. Soon after birth we use video recordings of interaction between mothers and babies and we pose questions to the mothers about this observation in order to access their perceptions, thoughts and feelings about it. Due to the fact that babies' relational capacities develop fast during the first year, we need to assess interaction more often than the case is with older children. When the babies are between 4 and 6 months we use the COS Still Face Procedure (Cooper et al., 2003). In this procedure infants are mildly stressed twice. In the repair we can study how the infants are starting to develop an attachment strategy. Treatment of pregnant women and mothers of babies is guided by the same principles as in the ordinary COS intervention. A key challenge is to not overwhelm the clients with complex attachment information while helping them manage the emotional crisis. A centerpiece in the COS treatment is the COS graphic. In addition to the graphic we use psycho-educational video material developed by the Spokane team (Cooper et al., 2008). When we start on the individualized treatment, the following characterizes three essential aspects of therapeutic change: First is the relationship between the therapist and the parent. A safe "holding environment" needs to be negotiated for successful treatment. Second is affect regulation. Videotaped sequences of parent-child interactions expose procedural scrip's that the caregiver is unaware of and some aspects of how the parent manages painful affect will inevitably be challenged. Finally there is reflection, the caregivers' capacity to reflect upon their child and their own thoughts, feelings, needs, and behavior which makes new choices possible. NWI receive supervision from Bert Powell from Marycliff Institute in Spokane, Washington.

WS53  Transforming relationships with Circle of Security: Changing caregivers' reflective function and internal representations as well as child attachment.
Huber A. (Marymead Child and Family Centre Canberra Australia, Australia)
The Circle of Security (COS) intervention protocol is beginning to be widely used with groups of caregivers to address relationship based difficulties between them and their young children. (Powell et al. 2009). Previous research (Hoffman et al. 2006) has reported changes in child attachment from disorganised and insecure to organised and secure following the Circle of Security Intervention. A preliminary study of changes in a small group of caregiver child dyads was conducted in Canberra, Australia at Marymead Child and Family Counselling Service, a community based infant and early childhood mental health service (Huber, 2007). Following the COS invention we found positive trends in child behavioural problems, child protective factors, parental stress, parental mental health and child development alongside similar transitions in child attachment as those reported by Hoffman et al (2006). Further qualitative analysis of the narrative interviews (COSIs) conducted before and after the COS intervention with this cohort has also revealed clinically significant changes in reflective function (Challis 2009) and changes in caregiver representations of their relationship with the child. (Palfrey 2009) This workshop presentation will give a brief overview of the range of changes seen in caregivers and their toddler/preschool aged children following the COS intervention in this small group. The main focus of the session will be to illustrate the process of transition towards reflective function and representational changes using a case example of a mother who was a recovered drug addict and her three year old daughter. Video vignettes will be shown. References: Challis, E. (2009). A preliminary study of changes in child attachment classification and increases in caregiver reflective functioning following the Circle of Security intervention.

WS54 Workshop: Early interaction, internalisation and attachment; the contributions of psychoanalytic infant observation

WS54 Internalisation and attachment in infant mental health: Psychoanalytic observations of vulnerable infants
Urwin C. (Tavistock Centre, United Kingdom)
A challenge for infant mental health research is to develop instruments that generate findings directly applicable to clinical work with vulnerable parents and babies. One difficulty is that research and clinical work, attachment research and psychoanalytic parent-infant psychotherapy for example, use different theoretical frameworks. Another is that we know more about what correlates with infant attachment than about how parents' behaviour, interactional style and/or attachment status achieve effects. This paper focuses on what may be internalised from early interaction, and how it may be implicated in attachment relationships established by 12 months. A central assumption is that attachment styles reflect different ways of involving the parents, or, in psychoanalytic terms, the primary objects, in regulating emotion and forming compromises around anxiety, on the one hand, and in satisfying needs for companionship on the other. It outlines essential features of psychoanalytic infant observation, a method that links studying infant mental–emotional development to processes relevant in the clinical situation. It then presents research involving a non-clinical but vulnerable group of 6 mothers and babies from diverse ethnic backgrounds, observed at home once-weekly for one year. The paper focuses on areas where intense anxiety, due to traumatic, intergenerational or other factors, identifiably affected contact between mother and baby, leading the babies to take responsibility for managing anxiety themselves and to develop idiosyncratic behavioural patterns interfering with
negotiating intimacy and distance. The relative resolution or persistence of these difficulties and the style of proximity-regulating behaviour demonstrated at 1 year are discussed and their relevance illustrated with a clinical example.

WS55 Negotiating anxieties in vulnerable parent-infant relationships: A qualitative study applying psychoanalytic infant observation
Briggs S. (Tavistock & Portman NHS Trust, United Kingdom)

This paper discusses the negotiation of experiences of intense anxiety in the mother-infant relationships for a group of 5 vulnerable infants who were observed once-weekly for two years at home, applying the psychoanalytic observational method. Studying vulnerable parents-infants in this way aimed to generate closely contextualised accounts of development and to develop hypotheses about the relationship between early experience and later development in infancy in somewhat adverse contexts. A particular task of this study was to develop methods that would enable comparisons longitudinally within and across cases. Accordingly, qualitative methods were applied to generate categories grounded in the observational data, and to apply psychoanalytic approaches to ensure close attention to qualities of emotionality and relatedness between parents and infants. The focus in this paper is to discuss ways of describing relatedness in these vulnerable parent-infant relationships using these methods. Anxieties had to be negotiated in intense physical or embodied experiences. Infants are seen to contend with limited parental containment through developing identifiable patterns of relatedness observed as differential use of the body, categorised as grip relations. These can be described as three constellations, as firm, loose/floppy or rigid, each appearing to have a relationship with the quality of containment and the content of the anxieties in the parent-infant relationship. The meaning of these terms in relation to experiences of containment and possible hypotheses flowing from these accounts are discussed. Systematic tracking of patterns of grip relations for each of the observed mothers and infants over two years identifies some distinctive patterns, in which parents and infants continue to negotiate early anxieties during the second year. Equally distinctive from this analysis of the observational data are aspects of infants' internalisations, illustrating the impact of limited containment and the function of particular kinds of grip relations in the development of relatedness. Examples from the study will be provided to illustrate these features.

WS56 Maternal attachment representations and parental couples' secure base behaviours and containment in mother-infant dyads.
Behringer J. (University of Erlangen-Nurnberg, Germany), Beck N. (University of Erlangen, Institute of Psychology, Germany), Dennhöfer A. (University of Erlangen, Institute of Psychology, Germany), Briggs S. (Tavistock & Portman NHS Trust, United Kingdom), Reiner I. (University of Erlangen, Institute of Psychology, Germany), Spangler G. (University of Erlangen, Institute of Psychology, Germany)

The development of attachment strategies and representations has been associated in recent studies with regulation of emotion. Couple emotion-regulatory processes have been described as paralleling the dynamics of mother-infant dyads. Bion's container-contained provides an in-depth description of emotion-regulation between mother and baby by defining the regulated affect internalised by the baby as the outcome of maternal processing of the infant's unbearable feelings and mother's returning these contents to the baby in a modified and more manageable form. The aims in this study were, firstly, to develop a reliable measure to assess container-contained in a set situation. Findings from infant observation, namely, categories of container shape and grip relations formed the foundation for the measure. Secondly we aimed to assess (a) the link between maternal adult attachment representation, attachment processes in the parental couple and maternal containment function and (b) qualities of internalisation and attachment patterns in infants. 76 women expecting their first child were administered the Adult Attachment Interview. Six months postpartum the couples' secure base behaviours were coded in a couple interaction using Crowell's Secure Base Scoring System. In a subsequent mother-infant interaction mother was asked to play with her baby and also to complete a questionnaire. We developed a rating scale to assess the infants' grip relations and mother's responses to the infant's emotional signals, which were classified as either concave (accepting), convex (intrusive) or flat (rejecting). The raters trained to use the new scale obtained good initial reliability (? =.90). The study then compared maternal adult attachment representation, attachment processes in the parental couple and maternal containment. Discussion of the findings will include significant correlations between the new scale and these measures of attachment. I will discuss the potential of this scale and therefore of this approach for developing understanding of early infant organisation.

WS57 Workshop: Engaging families in the clinical setting: A brief family therapy model for the infant and preschool population
Philipp D. (University of Toronto, Canada)

Over the last decade our understanding of family level dynamics in the infant and preschool population has grown significantly. Research paradigms have been developed that allow us a window into interactions between co-parents and their very small children. However, while the clinical literature abounds with highly successful dyadic treatments for very young families, there is a dearth of guidance for the clinician wishing to work beyond the dyad in this age group. The purpose of this workshop is to present a new treatment, Family Play Therapy (FPT), developed at the Hincks-Dellcrest Centre for families with infants and/or preschoolers, incorporating attachment theory as well as family systems theory as its theoretical basis. Family Play Therapy is an adaptation of The Lausanne Trilogue Play (LTP); a standardized semi-structured play paradigm developed both for research and consultation to assess family level dynamics in the infant and preschool years. As well, we have borrowed from dyadic work such as Interaction Guidance as well as Watch Wait and Wonder. The basic structure of sessions, is to begin with a modified LTP for the first 10-30 minutes of the
session (depending on the age of the infant/child). The second half of the sessions incorporates video feedback using the family's observations of their interactions, as well as some of the issues the therapist may have bookmarked while observing the play. This workshop will begin with the theoretical rationale for treatment, including assessing appropriateness for this type of therapy over a dyadic or couples’ therapy. The method will then be demonstrated using clinical vignettes and DVD recordings.

WS58 Workshop: Innovation and management in difficult contexts: Emergency perinatal care, infant mental health and maternal visual deficiency
Garez V. (EPS Erasme, France), Candilis D. (Institut de Puériculture de Paris, France), Genet M. (EPS Erasme University Paris 5 Descartes, France)
The aim of this workshop is to describe specific therapeutic settings in context that reach out towards populations that have up until now been difficult to attain. Perinatal care is now established a justified approach in countries such as France with a public funded health system aimed at the whole of the population; however ways of screening for referring and then managing specific cases still need to be implemented. Two different situations will be described in our workshop: Management and care of infant and mother-infant relationship of visually handicapped mothers including the use of a "Transcribed Brazelton scale" for the visually handicapped and a study of the father/mother/infant relations (sometimes including the guide dog) will be described. Comprehensive management during the peri-partum through a network of non-psychiatric perinatal health system with a mobile perinatal psychiatry unit working with maternity ward in an area serving a population of 600,000, with 13,000 births a year will be our second example. In each case we will show how the setting was organized unfolding the specifics of the context that allowed such specialized units to work. The particular therapeutic tools used in each setting that are based on one hand on existing knowledge and on the other are creative work in progress will be described. To continue and strengthen the units and further develop newly organized treatments these experiences need to be analysed. We will give results of 215 case data seen from 01-01-2008 to 31-12-2008 and detail single cases. How this may serve to inspire different forms of management and care in other contexts will be open to discussion.

WS59 Blind mothers and gazing babies: The hand that sees
Garez V. (EPS Erasme, France), Thoueille E. (Institut de Puériculture de Paris, France), Candilis D. (Institut de Puériculture de Paris, France)
Although in the past they were not allowed to procreate, to become parents, blind and visually deficient mothers are now able to live as they choose. This new attitude demands that both on a psychological and a practical level with adapted pediatric nursing these mothers be accompanied. We have therefore developed a special clinical program for visually handicapped mothers and their infants, first offering services during pregnancy and then the postpartum. The study of the father/mother/infant relations (sometimes including the guide dog), suggests new notions about early mother/baby relationships. We thus better understand to what degree visual exchanges had up until now taken up all of the observation field. The baby's need for attachment and the "bilingual relationship" necessary to their fulfillment imply a particular psychical development of the baby. Very early, the infant actively tries to "compensate" for his mother's "deficiency". We have developed certain clinical and practical instruments to offer specific therapeutic tools for this particular population. We have a particular way of using the NBAS with visually impaired mothers and their infants, which we call the "Transcribed Brazelton Scale". Our technique is adapted from the classical administration of this test. In fact, its particular cues help us to transcribe by other means what is normally perceived through gaze. The mother feels the deepness of the relationship with her baby both through the baby examiner and the "transcriber". This helps to support the visually handicapped mothers' mothering process. Organizing settings of this type for mothers with specific needs constitutes an early medico-psychological preventive action. How it can be implemented and what we may learn from it for other population groups will be discussed in the light of clinical vignettes.

WS60 Workshop: An intersubjective developmental approach of early parent-child interaction
Van Puyvelde M. (Vrije Universiteit Brussel, Belgium), Loots, G. (Vrije Universiteit Brussel, Belgium)
The quality of the early interaction between parents and children during the first years of life is accepted as a foundation for child's development. In these first relationships the child acquires a basic sense of security, learns to regulate emotions, creates symbolic and linguistic meanings and develops patterns of relationships that play an important part in later development. While most researchers agree that the early parent-child interaction is a complex transactional process, in which synchronisation and reciprocity are crucial, most developmental theories have focussed on descriptions and explanations in terms of individual qualities of parents and infants. A limited but growing number of studies take a dyadic systems approach to evaluate the parent-infant relationship. In this workshop, an intersubjective developmental theory that focuses primarily on the development of the "interworld" between parent and infant will be presented. Based on the work of Nick Crossley (1996) intersubjectivity is defined as a relational concept belonging to the interpersonal space, not reducible to the subjective experiences of interaction partners, as stated in most definitions used in developmental psychology. Most definitions used in developmental psychology assume that intersubjectivity requires an awareness of subjectivity, referring to an awareness of individual consciousness, intentionality, and subjective states in other persons. Using Crossley's definition and inspired by the work of Daniel Stern (1985), we outline how subjectivity is constructed out of intersubjectivity by distinguishing four stages in the development of intersubjectivity: emerging (birth to 2 months), physical (2—8 months), existential (8—13 months), and symbolic (+13 months), each characterized by a different type of mother-infant interaction.
During the workshop, empirical evidence for the intersubjective developmental theory will be presented, based on a longitudinal study in which 29 mother-infants dyads were video-recorded during free play sessions when the infants were 3, 6, 9, 12 and 18 months old. Finally, consequences of this theory for future research and psychotherapy will be outlined. Crossley, N. (1996). Intersubjectivity. The fabric of social becoming. London: Sage Publications. Stern, D. (1985). The interpersonal world of the infant. A view from psychoanalysis and developmental psychology. New York: Basic Books

11:00 - 12:30

S161  Symposium: Early child and family predictors of children's social competence and emotional/behavioral symptoms in middle childhood

Chair: Stadelmann S. (Germany)
Perren S. (Jacobs Center for Productive Youth Development, University of Zürich, Switzerland)

This symposium presents current research findings on the predictive value of early temperamental dispositions and different family factors on children's social competence and psychopathological symptoms in middle childhood. The symposium consists of four papers which present longitudinal research findings ranging from infancy to age 9. This first study examined whether behavioral inhibition assessed in a laboratory procedure in early childhood corresponded with measurements of anxiety and shyness in preschool age equally assessed in a laboratory situation (Möhler et al.). The second paper investigated the predictive role of behavioral inhibition in infancy on teacher- and parent-reported social skills and peer relations at age 5 (Perren, Resch & Möhler). The third paper investigated the interplay of child temperament and family interactions in infancy as predictors of social skills and peer relations at age 5 and 6 (Perren, Stadelmann & von Klitzing). The fourth paper examined the longitudinal impact of parents' triadic capacity, marital quality and parental psychopathology in infancy on children's symptoms and pro-social behavior at age 9 (von Klitzing et al.).

S162  Motor and affective infancy predictors of behavioral organization in preschool age

Moehler E. (University of Heidelberg, Germany)

Introduction: Behavioral inhibition is a term to describe a disposition to be chronically fearful and shy in childhood derived from a distress to novelty. Precursors have been identified: crying to unfamiliar stimuli at age four months is associated with tendencies of withdrawal and negativity at fourteen months. Negativity and withdrawal to novel or social stimuli at fourteen months again has demonstrated long-term stability in previous studies and has been discussed as a predictor for anxiety disorders as well as major depression in adolescence and adult life. Methods: 102 mother infant pairs were recruited in the newborn period in local obstetric units. Reactivity to unfamiliar stimuli was examined at 4 months postnatal age with a battery derived from Kagan and coworkers' work including unfamiliar visual, auditory and olfactory stimuli. Childhood fear score was assessed at fourteen months postnatal age by a standardized examination assessing latency to approach to unfamiliar social or other stimuli as well as affectivity in 101 children. At age 5.8 years, 89 children were completely reassessed. Results: The data show, that some measures of anxiety in preschool age (latency to speak, proximity to mother) correspond very well to behavioral inhibition and distress to novelty in early childhood, whereas others, more motor based reactions (e.g. frozen watchfulness) do not. From a methodological point of view, these findings suggest that assessment of affective reactions is sufficient for prediction of long term indices of behavioral inhibition. Discussion: These results point to a very simple modus of assessment of childhood anxiety and shyness related to the temperamental factor behavioral inhibition concentrating on the affective component of distress to novelty. This makes assessment of behavioral inhibition easier for scientific as well as clinical purposes. This is important for methodological as well as for general theoretical conceptualizations of temperament and anxiety disposition. Furthermore, these data are the first to confirm stability of behavioral inhibition in a german sample. This fact underlines the transcultural relevance and confirms the temperamental component of the construct called behavioral inhibition by American investigator groups.

S163  Do early temperamental dispositions predict children's social skills in kindergarten age?

Perren S. (Jacobs Center for Productive Youth Development, University of Zürich, Switzerland), Resch F. (Department of Child and Adolescent Psychiatry, University of Heidelberg, Germany), Möhler E. (Universitatsklinikum Heidelberg, Germany)

Background. Decades of research have shown that psychopathological symptoms in children are associated with social skills deficits and problems with peers. We conceive of social competence as the ability to use social interactions to satisfy one's own goals and needs while at the same time considering the needs and goals of others. We differentiate between two dimensions: (a) self-oriented social skills which are aimed at satisfying one's own needs (assertiveness and social participation) and other-oriented social skills which are aimed at satisfying another's goals and needs (pro-social and cooperative behavior). Research has demonstrated a rather high stability of social skills over middle childhood, which may be related to certain underlying temperamental dispositions. In the current study, we investigate the predictive role of behavioural inhibition, i.e. a disposition to be chronically fearful and shy in childhood derived from a distress to novelty. Method. We examined whether behavioural inhibition assessed in a laboratory procedure in early childhood predicted children's teacher- and parent-reported social skills in 5-year-old children. 81 children participated in the study (46 boys and 35 girls; mean age: 5.8 years). They were recruited in the newborn period in local obstetric units. Reactivity to unfamiliar stimuli was examined at 4 months postnatal age with a battery derived from Kagan and coworkers' work including unfamiliar visual, auditory and olfactory stimuli. Childhood fear score was assessed at fourteen months postnatal age by a standardized examination assessing latency to approach to unfamiliar social or other stimuli as well as affectivity. Parents and teachers
completed the SOCOMP-questionnaire which consists of the five subscales: cooperative behaviour; prosocial behaviour; assertiveness; social participation; positive peer relations. Results. The bivariate analyses showed significant negative associations between behavioural inhibition at both measurement points and self-oriented social skills. The multivariate analyses (controlled for gender) indicated that behavioural inhibition at four months predicted lower parent-reported sociability and assertiveness. Regardless of teacher-reports, we found that behavioural inhibition at fourteen months predicted lower assertiveness, but higher levels of prosocial-cooperative behaviour. Discussion. The study showed that social skills in middle childhood are associated with early temperamental dispositions. The results indicate that behavioural inhibition is not only a risk factor for internalizing problems, but also for certain social skills deficits. Further studies need to investigate whether social skills mediate the impact of temperamental dispositions on children's mental health.

S164 The interplay of early temperament and family factors as predictors of children's social skills and peer relations in kindergarten age
Perren S. (Jacobs Center for Productive Youth Development, University of Zürich, Switzerland), Stadelmann S. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany), von Klitzing K. (University of Leipzig, Department of Child and Adolescent Psychiatry and Psychotherapy, Germany)
Background: Being a victim of bullying and social skills deficits (e.g. lack of assertiveness) have been identified as risk factor for internalizing problems in children. Moreover, social skills deficits may increase children's vulnerability to be victimized. In the current study, we investigate what specific temperament dimensions are related to children's social skills and peer relations in middle childhood and whether these associations are moderated by certain family factors (marital quality, maternal psychopathology). Method: 63 children participated in this longitudinal study (33 boys, 30 girls). Couples expecting their first child were recruited by staff of a university women's hospital or by private gynaecologists. Mothers and fathers completed the infant characteristics questionnaire (Bates et al., 1985) when the child was 12 and 18 months old. The ICQ assesses several temperamental dimensions: "Fussy-difficult-demanding" (negative emotionality, irritability, and demands for attention for reasons other than basic needs), "Unadaptable" (level of discomfort in novel situations), "Persistence" (resistance to control or unmanageability) and "Unsocial" (lack of joyful, affectionate responses to other people). Parents also completed questionnaires on marital quality and psychopathology (12 months). At ages 5 and 6 years, teachers completed the SOCOMP-questionnaire (cooperative behaviour; prosocial behaviour; assertiveness; social participation; positive peer relations) and indicated the frequency of children's peer victimization experiences. Results: The analyses showed significant effects of the temperamental dimensions "persistence" and "unadaptable" on children's social skills and peer relations. Children with higher levels of persistence in infancy show higher levels of assertiveness, but lower levels of cooperative behaviour. In contrast, children with higher levels of unadaptable behaviour (behavioural inhibition) were less frequently victimized by peers. Low marital quality emerged as a risk factor for peer victimization, especially when it went along with the temperamental dimension "fussy-difficult-demanding". Maternal psychopathology in infancy was not significantly associated with children's social skills and peer relations in kindergarten. Discussion: The study shows that certain dimensions of "difficult" temperamental dispositions may be positively or negatively associated with children's social skills and peer relations. Moreover, the results underline the distinctiveness of the suggested two dimensions of social competence: self-oriented social skills (aimed at satisfying one's own needs: assertiveness and social participation) versus other-oriented social skills (aimed at satisfying another's goals and needs: pro-social and cooperative behaviour).

S165 The predictive value of early triadic family relationships
von Klitzing K. (University of Leipzig, Department of Child and Adolescent Psychiatry and Psychotherapy, Germany)
This paper reports longitudinal associations between parental capacities for triadic (mother-father-child) relationships, assessed prenatally and age one, and the social competences and behavioral functioning of their offspring eight years later at age 9. Eighty five parental couples were given an intensive psychodynamic interview during their first pregnancy, to assess how they anticipated their future parenthood and their relationships as threesomes (mother-father-child). One year after birth, they were again interviewed and observed together with their one year old infant in order to evaluate how they were functioning as threesomes. The capacity for triadic relationships ("triadic capacity") was defined as the capacity of fathers and mothers to anticipate and to develop their family relationships without excluding either themselves or their partners from the relationship with the infant. Educational level, marital quality, and psychopathological symptoms were assessed as controlling variables. Eight years later, 65 % of the families (55) agreed to the assessments of the behavioral functioning and the social competences of their children. The assessments comprised parental, children's and teachers' ratings of conduct symptoms, emotional symptoms, and prosocial behavior. Furthermore, the parents completed a questionnaire about their family relationships (family climate). In the longitudinal regression analyses, parental Triadic Capacities (assessed prenatally and at age one) predicted the quality of family relationships (Beta = -.57***), level of conduct symptoms rated by the teachers (-.51**), level of emotional symptoms rated by the children (-.39*) and by the teachers (-.44**) and the level of prosocial behavior rated by the children (.39*) and by the teachers (.49**) at age nine, even when controlled for parental education, marital problems, and parental psychopathological symptoms at age one. We conclude that the qualities of relationships between father, mother, and the child as threesomes are protective factors for children's emotional and behavioral development over and above dyadic relationships like attachment. The significance of a triadic or "poly-adic" perspective for understanding developmental processes will be discussed.
S166  Symposium: The broader family in transition and the impact on infants
Chair and Discussant: Favez N. (Switzerland)
Mellier D. (Université, France)
This symposium aims to explore how social transitions affecting extended families impact on infancy. Though the importance of the mother-baby and father-mother-baby relationships are well known, the role of the broader family has been less studied. Our hypothesis is that these impacts include increased parental expectations of babies when there is inadequate support from family members, as was more available in the past. These social changes affect infancy and motherhood and the containment of interpersonal transmissions between generations. We identify two problems: 1) How can parents gain support from extended family at socio-cultural and trans-generational levels? Anthropology underlines the importance of rituals and the entire community around birth. Techniques of care are cultural containers which facilitate the developing relationship between the newborn and mother. The reduction of broader family supports puts the parent at risk of isolation. 2) How can we understand intergenerational factors? Becoming a parent is deeply linked to one's past with one's own parents. The complex maternal constellation (Stern) explicitly introduces the role of grandmother into continuity between mother and infant. At the infant's birth, each parent needs to experience the support of and being different from grandparents. When extended families lack cohesion, there are risks for parenting infants. We will analyze phenomena from a clinical perspective using infant observations to show the intricacy of connections between broader family issues and the relationship with infants. The first paper (UK) will study the particular situation of immigrant families when communities tend to tighten links in the new host country. Their approach permits detailed description of how the psychic envelopes of the baby carry the mark of this social situation. The second paper (Canada) shows the disorganization of the family and of motherhood in the context of immigration lacking extended family support. The third paper (Greece) will study the situation of young parents when they do not have adequate support from their grandparents. The quality of the feeding relationship is shown to be affected by this situation. The fourth paper (France) will study mothers in postpartum during the first month after birth. The mothers' anxieties are linked with familial and generational factors. These studies have consequences for preventive work and therapy.

S167  Processes of transmission in parent-infant relationships for Bangladeshi families in London: Illustrations from infant observation
Briggs S. (Tavistock & Portman NHS Trust, United Kingdom), Urwin C. (Tavistock Clinic, United Kingdom)
The aim of this paper is to discuss the qualities of parent-infant transmission in contexts of socio-cultural transition. The paper draws on observations undertaken with London families whose country of origin was Bangladesh. These observations provide examples of parents' loss and change of kinds frequently met in diasporic contexts, including loss of family members and familiar socio-cultural practices. These occur alongside more traumatic separations and bereavements. We will discuss how parents' anxieties of a social nature, affected by losses, separations and new or different social contexts mingle in complex ways with those anxieties characteristic of the parent-infant relationship particularly the infant's need for containment and the negotiation of separateness and intimacy. The discussion will be illustrated by extracts from observations of infants between birth and two years undertaken and/or supervised by the authors. Discussion will focus on three particular aspects. Firstly, we show that despite adverse social experiences, if parents can find ways to sort out, recognise and contain experiences of loss and change the capacity to mediate infants' anxieties increases. If parents are able thus to make use of these processes of emotional adjustment they are more able to contain the anxieties of their infants. We provide examples from the observed families. Additionally, however, we will discuss and illustrate how, when parents are in stressful circumstances, containment of infant anxieties can become limited and infants can be invested with parental anxieties which impact adversely on development. At an intermediate level between these two — containment and limited containment — we discuss examples showing how defensive patterns develop in infants in the service of survival, for example the development of a "tough" psychic skin both as a response to limited containment but also as membership of a minority ethnic group, which needs this characteristic-toughness — for social survival and thus resilience. This appears to have an important role in transmission. Tensions between the wish and need for dependency — and intimacy — and for separateness are also encompassed in this construct.

S168  The impacts of socio-cultural organizers on the perinatal period in the migration context
Arpin S. (Centre Premier Bercou, Canada)
The impacts of socio-cultural organizers in the perinatal period in the migration context. We can divide the organizers of the family group in two main categories, the psychic organizers and the socio-cultural organizers. We will discuss mainly of the socio-cultural organizers in the perinatal context of migrant families. The culture provides a set of statements and rules on the nature of relationship men-women, on the nature of the babies, on the rules of alliance between families to organize the marriage, on the technique of caring babies, on the nature of illness and on the technique of healing. The set of these statements constitutes the models or family organization that converges with the psychic organizers to create the family group. When the family stays with its own cultural society, the cultural organization will not make problem and they are not apparent. But when a family is cut off from its cultural group of origin and immersed in a very different cultural group, like we find in migration, socio-cultural organizers could be in conflict with those of the cultural group of the new country. Sometimes these tensions impact negatively on the adaptation of the family to the new context of their life. The perinatal crisis is a very particular vulnerable period of time to these socio-cultural tensions. We will discuss on these difficulties and make some propositions of the intervention modalities when we address these socio-cultural organizers. In perinatal consultation, we observe the effect of the uprooting in migration and the adaptation charge that this new situation impose mainly in the first pregnancy. Usually in the culturally prescribed roles of the men and the women in the
family and in perinatal period of time, it will be the women of the large family who will take care of the woman during her pregnancy and also after the childbirth. This does not mean that the future father is uninterested on what happen in his family but the pregnancy is primary women's territory. In migration, generally the woman has lost her support group and her husband could be helpless in front of her disarray. The two of them are not prepared for this new situation and the sociocultural organizers or their family do not give them a framework to cope with it. Dans les situations, les plus favorables, le couple dans une adaptation souple fait face à la nouvelle situation en créant un métiISSage entre les techniques de soin de l'enfant ayant cours dans sa culture, en l'adaptant à la nouvelle réalité de sa situation de migrant. D'autres se replient rigidement sur les manières de faire de leur culture et se retrouvent dans une situation où leur comportement n'est pas adapté à la nouvelle situation. Enfin, le dernier groupe rejette les manières de faire de leur culture pour adopter en bloc les techniques de soin de la culture occidentale. Ils ne se reconnaîtront plus dans leur enfant et celui-ci est à risque d'avoir un développement problématique.

S169 The presence of the grandmother in the care of the newborn and her impact on mother's capacity for mothering, as seen in the feeding relationship.

Layiou-Lignos E. (Child Psychiatric Clinic, Medical School, University of Athens, Children Hospital "Aghia Sophia", Athens, Greece)

This paper aims to explore the impact that the presence of the grandmother has on mothering. We will also study the situation of young parents when they do not have adequate support from the grandparents. The quality of the feeding relationship is shown to be affected by this situation. Drawing from the observational material of closely observed infants in their home environment, we will show extracts of the feeding relationship between mother and infant, exploring the ways that the infant takes in, absorbs or expels digestible or indigestible experiences. The Greek extended family plays an important socially supportive role. Although the nuclear family is still prevalent, the family unit is part of a wider network that covers many needs. The family's support to the newborn's mother is often expressed through the active presence of the grandmother in the baby's care. We raise issues around the containing function of the grandmother in the early intimate experience between mother and baby. The infant at the breast (or bottle) takes in along with the milk, the mother's state of mind. Her unconscious feelings, about and towards what turns her into a mother, become the ingredients of her relationship with her baby. The grandmother can be of immense help providing containment for the mother's projections and unbearable anxieties. Does the parent couple retain its function in the presence of the grandmother? Is grandmother perceived by the mother as support or impingement? The mother's early experience of mothering by her own mother provides the canvas on which she perceives her baby's needs. This interweaves with her capacity to make use of the help. The infant is not only helpless and dependent but also competent and actively demanding. Will mother read her baby's cues? The feeding relationship reflects the mother-infant emotional engagement and affect attunement. Will the infant 'take in' in a physical and an emotional sense? Will the "fit" or "lack of fit" between mother and baby in the feeding experience be contained by the grandmother? On the basis of the available evidence from the observational material we will discuss how mother and grandmother can or cannot perform their distinct roles facilitating the infant's introjection of 'a good mother'.

S170 Longitudinal study of the transformation of primitive and familial sufferings during the first year

Mellier D. (Université, France), Rochette J. (Université Lyon 2, France)

In this communication we want to underline the links between the mother's anxieties and the support of the broader family at birth. At birth, everyone's identity is being attacked. The mother, father, brother or sister and grand-parents are being concerned. How can the entire family group go through this crisis? In traditional society, there is a period of 40 days, which works as a cultural containment period to neutralise the impact of anxieties around the birth and the violence of the delivery. Now how are the anxieties transformed at present? And how do they persist? A longitudinal research was founded on the hypothesis of the transformation of family anxieties during the first year after birth. Our study allows us to examine the quality of mother-baby dyadic bonds at one year and the quality of the support of the broader family in post-partum. The data is first collected from 52 families attending a community consultation for weighing babies at a well-baby clinic. We compare dyads presenting disorders (severe "blues", anxiety, phobias and various mental troubles, the withdrawal of maternal investment and developmental baby's disorders) versus asymptomatic dyads. A longitudinal analysis specifies the mental processes of each dyad and signs of suffering at 4 different stages: at early postpartum and when the baby is 3 months, 6 months and one year. The collection of the data follows a double methodology: standardised instruments supplemented by a clinical approach using E. Bick observational method. Scales are used at each collection period: EPDS (Cox), indicating the maternal depressive state, ADBB (Guedeney), centred on the withdrawal of the baby, and PIPE (Fiese) for the quality of the mother-baby interaction. The results show a positive correlation between the quality of relationship at one year and the role of the broader family in the post-partum. The network between well-baby clinics and child psychiatry strengthens this tendency or compensate for its absence. We shall discuss these different types of support more precisely. These results stress the important of early screening for troubles, even light ones, in early Postpartum in a community sample to prevent more troubles later. They also underline the positive impact of network between well-baby clinics and child psychiatry and particularly the use of mother-baby groups.

S171 Symposium: Neurocognitive and clinical aspects of maternal sensitivity

Chair: Puura K. (Finland)

Puura K. (Tampere University Hospital and Tampere University, Department of Child Psychiatry, Finland), Newman L. (Center for Developmental Psychiatry and Psychology Monash University, Australia), Oppenheim D. (Department of Psychology University of
Maternal sensitivity has been shown to be of great significance for children’s socioemotional development and this symposium will look at neurocognitive correlates of observed maternal sensitivity as well as its implications for children's development. The first speaker and organiser of the symposium, Kaia Puura, will describe a study that investigated associations between emotion perception in mothers and the quality of observed parent-child interaction. In the next talk, Louise Newman will describe distortions of early interactions in mothers with a history of abuse and other mental health issues, with a specific focus on visual affect recognition in an fMRI study of mothers with borderline personality disorder. In the next presentation David Oppenheim will describe maternal insightfulness — the capacity to see things from the child’s point of view - as a basis for maternal sensitive caregiving behaviour. He will also describe a measure for maternal insightfulness, the Insightfulness Assessment (IA) and review findings from studies of children with Autistic Spectrum Disorder and Intellectual Disability. Finally, he will present findings of how maternal sensitivity mediates the association between maternal insightfulness and secure attachment in the child. In the final presentation of the symposium Mirjami Mäntymaa will present findings about links between maternal interactive behaviour and child responsiveness in a 5-year longitudinal study with 60 mothers and their children followed-up from birth.

S172 Neurocognitive basis of maternal sensitivity
Puura K. (Tampere University Hospital and Tampere University, Department of Child Psychiatry, Finland), Leppänen J. (Department of Psychology, University of Tampere, Finland), Mäntymaa M. (Department of Child Psychiatry Tampere University and University Hospital, Finland), Peltola M. (Department of Psychology University of Tampere, Finland), Vihtonen V. (Department of Child Psychiatry, Tampere University, Finland)

Introduction: There has been relatively little research on the neural mechanisms that mediate early interaction between a parent and a child. Understanding why some caregivers are less responsive to the needs of infants could help in developing methods of intervention for suboptimal early parent-child interaction. We investigated potential correlations between emotion perception in mothers and the quality of observed parent-child interaction. Material and methods: Twenty-four mothers and their 7-month-old children were recruited by using the database of the Population Register Center. Medical illness and depressive symptoms were assessed at the time of the testing by using a brief health questionnaire and the Edinburgh Postnatal Depression Scale. Electroencephalography (EEG) and event-related brain potentials (ERP) were recorded from 64 scalp locations while mothers watched pictures of infants’ and adults’ positive (pleasure), negative (distress), and neutral facial expressions as well as pictures of control objects on the computer screen. In a post-recording categorization task, the mothers were asked to rate whether the pictures they saw during the ERP task signaled happiness, sadness, or a neutral emotional state. Mothers were videotaped in 15 min long free play situation with their infant, and their interaction behaviour was evaluated with the Emotional Availability-scale by two independent researchers blind to other aspects of the study. Results: Maternal sensitivity correlated significantly with stronger ERP-response towards infant expressions as opposed to adult expressions (r=, 492, p= 0.05). Maternal sensitivity was positively correlated with higher ERP-response for positive facial expression in infant pictures (r=, 451, p= 0.05) and negatively correlated with ERP-response elicited by negative facial expressions in unattended infant pictures (r=, 538, p= 0.01). Conclusions: In this sample of healthy mothers, higher attention to infant negative emotion (distress) and relatively reduced attention to infant positive emotion (pleasure) predicted lower scores in maternal sensitivity in face-to-face interaction. This may partly explain why depressed mothers have difficulties in early interaction with their infants, as increased sensitivity to negative emotions has been associated with depression in previous studies with adults.

S173 Early disturbances of emotional sensitivity in parents with borderline personality disorder
Newman L. (Center for Developmental Psychiatry and Psychology Monash University, Australia)

Parents with a diagnosis of borderline personality disorder have usually experienced early disruptions of attachment, maltreatment and neglect. The core difficulties they experience relate to developmental deficits in affect regulation and affect processing, disorganised attachment representations and ongoing effects of unresolved early trauma. These difficulties directly impact on parenting and in particular on the early emotional interactions with the infant. Parents who themselves have experienced trauma may have neurodevelopmental deficits relating to experiences of emotional connection with the infant and the experience of pleasure and reward in interaction with the infant. This paper will describe an fMRI study of mothers with Borderline Disorder and their infants. Mothers view images of their infant expressing sad, neutral and happy faces whilst in the MRI machine allowing examination of neural processing of facial affect. Mothers also complete an out of machine facial affect recognition task.

S174 Maternal insightfulness into the emotional experience of the child: The capacity underlying maternal sensitivity
Oppenheim D. (Department of Psychology University of Haifa, Israel)

In her original formulation of the maternal sensitivity scale Ainsworth described sensitive responses as relying on “seeing things from the child's point of view” when rating sensitivity from observed mother-child interactions this capacity is inferred from maternal behavior, and in our research we aimed to assess it directly using the Insightfulness Assessment (IA). The IA is a video replay technique in which mothers view segments of their child’s behavior filmed in the laboratory and are then interviewed regarding the child’s as well as their own thoughts and feelings during the video-segments. Interviews are transcribed, rated, and then classified into one Insightful and three non-insightful categories. Insightfulness involves showing insight into the motives underlying the child’s behavior, openness to new information about the child, a complex view of the child, and acceptance toward the child. Insightfulness is hypothesized to provide the basis for sensitive caregiving behavior because it is thought to promote accurate, flexible, child-focused,
and emotionally positive responses to the child's emotional signals. Lack of insightfulness, on the other hand, is hypothesized to underlie insensitive caregiving behavior because it may lead to inaccurate, rigid, self-focused or emotionally negative parental responses. In my presentation I will describe the IA and then review research that supports this hypothesis. This research involves studies of low-risk samples of typically developing children in which we found that insightful mothers were rated as more sensitive during play interactions with their children in both laboratory and home observations. Our research also involved studies of children with atypical development. In particular I will review findings from studies of children with Autistic Spectrum Disorder and Intellectual Disability, both showing that mothers classified as insightful using the IA were more sensitive during interactions with their children than mothers classified as non-insightful. Finally, I will discuss the implications both insightfulness and sensitivity have for the development of secure attachments between children and their mothers, and present findings that show that maternal sensitivity mediates the association between maternal insightfulness and secure attachment in the child. Our work on insightfulness has significant clinical implications, because they suggest that difficulties in parental insightfulness may be an important focus for intervention.

S175 Mother’s sensitivity, her subjective experience of the relationship with her child and the child’s interactive behaviour and psychiatric symptoms
Mantymaa M. (Tampere University Hospital, Department of Child Psychiatry, Finland), Puura K. (Tampere University Hospital and Tampere University, Department of Child Psychiatry, Finland), Latva R. (Tampere University Hospital, Department of Child Psychiatry, Finland), Luoma I. (Tampere University Hospital, Department of Child Psychiatry, Finland), Tamminen T. (Tampere University and Tampere University Hospital, Department of Child Psychiatry, Finland)
Objective: The aims of the study were to assess 1) the association of observable interaction and mother's subjective experience of the relationship when the child is 2 months and 2 years old, 2) the continuity of interactive behaviour of both the mother and the child from 2 months to 2 years and 3) the association of observable interaction and mother's experience of the relationship with emotional and behavioural symptoms of the child at 5 years. Material and methods: At 2 months (T1) 141 mother-infant pairs were videotaped in face-to-face interaction and mother's experience of the relationship with her child was assessed by Parenting Stress Index, short form (PSI), using its dysfunctional parent-child interaction subscale. At 2 years (T2) mother-child interaction was re-assessed and mothers completed the PSI. When the children were 5 (T3), their emotional and behavioural symptoms were assessed by CBCL. Results: At T1, mother's experience of the relationship and the observed maternal or infant interactive behaviour were not related. There was no continuity in observable maternal or interactive behaviour from T1 to T2. Mothers experiencing more stress in the relationship with their infant at T1 were less sensitive (r = -0.32), and their children were less responsive (r = -0.43) and less involving of the mother (r = -0.43) at T2. Mother's sensitivity at T2 was simultaneously positively correlated with the child behaviour. Longitudinally, mother's sensitivity and child's responsiveness and involvement of the mother at T2 were inversely correlated with the child's externalising and total problem scores at T3. Children whose mothers experienced more stress in the relationship at both T1 and T2 or who reported more stress at T2 had significantly more internalising and total problem scores at T3, compared to those children whose mothers reported no stress at either of the time-points or reported stress only at T1. Conclusions: Mother's subjective experience of the relationship with her infant seems to precede the observed interactive behaviour of both the mother and the child. More sensitive mothers have more responsive and more involving children. At two years, both observable interaction and mother's experience of the relationship as stressful may predict later emotional and behavioural problems of the child.

Symposium: The role of fetal stress, parenting and the postnatal environment in behavior and developing infant/preschool brain physiology
Chair: Fitzgerald H. (United States)
Organizer and Discussant: Minde K. (Canada)
S176 Becoming a parent: Structural and functional brain imaging underpinnings of the parent-infant relationship in early postpartum
Swain J. (University of Michigan, United States)
S177 Role of early maternal care and genotype in modulating the risk for early psychopathology in children with prenatal adversity
Wazana A. (McGill University/Jewish General Hospital, Canada), Minde K. (Douglas Hospital, Canada), Meyer T. (McGill U, Canada), Meaney M. (Douglas Hospital/McGill University, Canada)
There is increasing evidence early parent-child interventions for children with prenatal adversity can be optimized when longitudinal neuro-developmental data are also considered. However, the possibility that early maternal care and genotype interact mediates between prenatal adversity and psychopathology has largely been ignored. Our findings are based on the Maternal Adversity, Vulnerability and Neurodevelopment (MAYAN) cohort, a 600-subject prenatal community birth cohort, based in Canada, and oversampled for children with intra-uterine growth retardation and prenatal maternal depression. We examine candidate genes, which are hypothesis driven, as well as laboratory observed measures of maternal care (warmth, contingency) at 6 months. The early signs of psychopathology are presented using the internalizing, externalizing and dysregulatory dimensions of the Infant-Toddler Social and Emotional Assessment administered at 18 and 24 months.
The birth of a very low birth weight preterm infant is an extreme stressful experience for the infant as well as for the parents. Basic research aims at attachment development, intergenerational transmission of attachment experiences and stress regulation in the mother-infant dyad. Neonatal risk factors and stress response may interrelate and influence developmental outcome of the infant. There will be three presenters: Pierrehumbert et al. (France) from France presents about endocrine responses of the preterm and the mother in a separation situation, and the effect of an intervention programme; D'Ocon et al. (Spain) focus on attachment development and early interaction as well as development; Brisch et al. (Germany) report on the development of feeding disorders in VLBW preterms and the possible influence of neurobiological risk factors and traumatic experiences of mothers and preterms.

S179 Prematurely born children's and their mothers' endocrine responses to separation: The effect of attachment and of an intervention program
Pierrehumbert B. (CHUV, Switzerland), Borghini A. (CHUV, Switzerland), Habersaat S. (SUPEA, Switzerland), Muller-Nix C. (CHUV, Switzerland), Forcada Guex M. (Centre hospitalier Universitaire Vaud, Switzerland), Ansermet F. (University Hospital of Geneva, Switzerland)
Most studies on the socio-emotional conditions of premature birth have suggested that preterms are not more insecurely attached to their mothers than other children. On the other hand, neuroendocrine studies have shown that the exposure to stressful circumstances early in life may alter the stress response system, particularly cortisol secretion. Objectives: to explore the impact of a premature birth on the infant's attachment patterns, as well as on the infant's and mothers' neuroendocrine stress responses (cortisol) when confronted to separation (in the Strange Situation, SSP). The effect of an early intervention program on attachment and stress responses is envisaged (Interactive Guidance, aiming at promoting the parents' responsivity-sensitivity to the infant's cues). Sample: 48 preterm born infants (< 33 weeks of gestational age). Procedure and methods: Half of the dyads (randomised) received the intervention program during the first year. The SSP was proposed at 12 months; infant's and mother's saliva was collected before/after the procedure and cortisol levels were assayed. Results: 67% of the premature infants were securely attached to their mothers (similar to non clinical samples). Children's cortisol concentrations differed according to both the attachment classifications, and the severity of perinatal risks (i.e. stress exposure). There were no differences in children's cortisol concentrations regarding intervention. Mothers with the intervention program had higher cortisol levels than other mothers. Discussion: Stress exposure early in life appears to alter the stress responses later in life, and guidance intervention may somehow enhance maternal sensitivity to the infant's cues, as expressed by enhanced maternal endocrine responses during mildly stressing separations.

S180 Early mother-infant interaction and quality of attachment in preterm and at term children
D'Ocon A. (Valencia University, Spain), Simó-Teufel S. (Valencia University, Spain), Andrés M. (Clinical University Hospital, Spain), Borraz S. (Clinical University Hospital, Spain)
The research literature generally recognize that children born preterm are at risk for cognitive, attentional and school problems (Anderson & Doyle, 2003; Bhutta et al., 2002; Hack, Taylor & Drotar, 2005; Litt et al., 2005; Sun, Mohay & O’Callaghan, 2008), but we still need a more detailed understanding of those factors that protect and enhance the development of these children and those other factors that suppose a major risk for them. Concretely, mother's ability to adapt to infant necessities and to his/her emotional and cognitive state, providing a synchronic interactive context (sensitivity), represents an important protective factor for preterm children (Bozzette, 2007; Forcada-Guex et al., 2006, Treyvaud, 2009). Moreover, maternal sensitivity may also be negatively influenced by children's temperamental difficulties and stress associated with parenting (Halpern & García, 2002; Wolf et al., 2002). The purpose of this study is twofold. On the one side our interest is to identify if there are differential developmental outcomes, temperamental characteristics and differential mother—infant patterns of interaction in three groups of children (very preterm, preterm and at term children) at 18 months of corrected age. On the other side, the study aims to examine the mediating effect of the quality of mother-child relationship on the developmental outcomes, socio-emotional well-being and children attachment style. The subjects of the study were children and their mothers who participated in a research project, in Valencia (Spain), divided into three groups according with infant's risk state: "very preterm group" (with lower gestational age, low birth weight and a major incidence of clinical complications), "preterm group" and "full term group". At 18 months were assessed the following variables: quality of mother-child interaction (Care-Index; Crittenden 1988, 2006), quality of attachment (Strange Situation, SSP; Ainsworth, 1978), infant temperament (Behavioural Rating Scales on Infant Temperament; D'Ocon & Simó, 2008); psychomotor development (Gesell & Amatruda, 1985) and parental stress (PSI; Abidin, 1995). First results reveal significant differences between the groups: preterm birth is related to lower developmental outcome, more irritable temperament, insecure attachment and less cooperative attitudes towards their mothers, who were less sensitive. Furthermore we could observe that there were less differences in psychomotor as well as in socio-emotional outcomes when children and their mothers were characterized by a cooperative and sensitive interactive style. The results suggest that children develop within a relational context, which ameliorate or exacerbate the adverse effects of the preterm condition. Being born prematurely may adversely affect early mother-infant interaction, but maternal sensitivity can enhance infant outcomes.
S181  Perinatal and postnatal morbidity in very low birth weight preterm infants (birth weight = 1500 g), feeding interactions, and feeding disorders
Brisch K. (Children's Hospital, Ludwig-Maximilians University, Germany)
Objectives: Very low birth weight preterm infants have an above-average incidence of feeding disorders. What connection is there between perinatal and postnatal risk factors and feeding disorders? Methods: In a prospective longitudinal study, videotaped mother-child feeding interactions involving very low birth weight preterm infants (N=68, M= 933 g, SD=263) were analyzed at the age of 6 months (age corrected for prematurity) using the Observational Scale for Mother-Infant Interaction During Feeding (Chattoor et al., 1997), and correlated with perinatal and postnatal risk factors (obtained using the Nursery Neurobiologic Risk Score of Brazy et al., 1993). Results: In comparison to a control group of normal infants born at term, considerable changes in feeding interactions were observed between the preterm infants and their mothers. In the analysis of the feeding interaction, the variable "Struggle for control" showed the clearest correlations with total morbidity, intraventricular bleeding, hypoglycemia, and intubation. Medical interventions involving irritation of the oropharyngeal area were particularly correlated, with elevated 'Dyadic conflict' scores. However, neither total morbidity in the very low birth weight preterm infants, nor complications with direct (convulsions, intraventricular bleeding, periventricular leukomalacia) or indirect cerebral involvement (infection, acidosis, hypoglycemia) showed any correlation with the extent and frequency of clinically relevant feeding disorders. Nor did effects on the central nervous system or oropharyngeal irritation resulting from medical intervention (ventilation, intubation, CPAP, tube feeding) correlate with the intensity of the feeding disorders. Discussion: The data from our study show that although perinatal and postnatal morbidity and birth weight in very low birth weight preterm infants are correlated with changed or more difficult feeding interactions, other parameters must be involved in the development of a clinical feeding disorder. This could include the mother's subjective sense that her child is starving, independent of its actual weight, as is often seen with mothers after an unresolved traumatic experience with the premature birth.

Symposium: Holding hearts and minds together: The experiences of infants and families affected by congenital heart disease.
Chair: Sholler G. (Australia)
S182  Holding hearts and minds together: The experiences of infants and families affected by congenital heart disease.
Kasparian N. (School of Women's and Children's Health, Faculty of Medicine, University of NSW, Sydney, Australia), Re J. (School of Psychology, Psychiatry and Psychological Medicine, Monash University & Murdoch Childrens Research Institute, Australia), Menahem S. (Monash Medical Centre, Southern Health & Monash University, Australia), Sholler G. (Heart Centre for Children, The Childrens Hospital at Westmead, Australia)
Congenital heart disease (CHD) is the most common single organ congenital disorder occurring in 1% of live births. In many cases the path to medical recovery involves critical interventions (cardiac surgery or cardiac catheter procedures) carrying important risks to life and well being. These interventions often occur in the newborn period or first weeks of life, and the heart abnormalities may have been identified prior to birth. The critical impact on attachment and the psychological well being of the family may initially be overshadowed by the magnitude of the medical requirements, leaving unmet needs. Families of these fragile infants have been recognized as having experienced trauma, which may lead to long-term adverse outcomes for some parents and infants. Whilst this symposium centres on infants with CHD and the experiences of their families, and recognises the iconic character of the heart as a focus of illness, there is an important broader relevance to the management of a wide range of families of newborns & infants with different critical illness conditions. Four papers are included in the program followed by open discussion. The formal presentations will be divided into two components. The first section includes two papers featuring separate research projects being conducted in different states within Australia, exploring the experiences of parents who have learned during pregnancy, or following the birth, that their baby has CHD. The second section features two papers addressing different aspects of clinical practice that aim to help improve management of CHD. One of these relates to a program helping children and parents prepare for surgery, and captures the international relevance of this issue. Discussion will aim to engage the audience, and include the participants whose backgrounds include psychology, medicine, and nursing. Chairperson: A/Professor Gary Sholler (Fetal and Pediatric Cardiologist) 1. When hearts and minds meet: A psychological perspective on fetal cardiac diagnosis. Nadine Kasparian (Australia) 2. Holding mothers in mind: Mothers holding babies in mind through medical and surgical treatment for CHD. Jennifer M Re (Australia) Translating into clinical practice: 3. Strategies towards improving management of CHD. Samuel Menahem (Australia) 4. Preparing the young child and family for cardiac surgery: The Israeli model

S183  When hearts and minds meet: A psychological perspective on fetal cardiac diagnosis
Kasparian N. (School of Women's and Children's Health, Faculty of Medicine, University of NSW, Sydney, Australia), Barnett B. (School of Psychiatry, University of New South Wales, Australia), Sholler G. (Heart Centre for Children, The Childrens Hospital at Westmead, Australia), Winlaw D. (Heart Centre for Children, The Children's Hospital at Westmead, Australia), Kirk E. (Department of Medical Genetics, Sydney Children's Hospital, Australia)
Introduction: Congenital heart disease (CHD) is widely recognised as a major source of stress and trauma within families, and for some this has long-term adverse consequences. While the majority of congenital heart abnormalities are diagnosed soon after birth, prenatal echocardiography has an established and increasing diagnostic role. Prenatal diagnosis allows potentially unstable newborns to be born in close proximity to high level medical care, improving the chances of survival. Survival is, however, not the only
consideration; quality of life for the infant and family also requires attention. Objective: To provide an in-depth account of the experiences, and resilience or vulnerability, of parents who discover during pregnancy that their baby has a major heart abnormality. Methods: Based on a systematic literature review and expert consultation, a semi-structured interview was developed to guide discussions with parents of an infant diagnosed prenatally with CHD. Participants were recruited through the NSW Children's Heart Service (Sydney, Australia). Parents had received their baby's diagnosis within the past year, and all infants were expected to have, or had already undergone, surgical intervention in the first 6 months of life. Purposive sampling was used to identify a range of experiences from as many perspectives as possible, and data were analysed using NVivo8 software. Survey data were also collected to assess parental depression, stress and anxiety, parent-child bonding, and support needs. Results: A total of 22 interviews were conducted with 12 mothers and 10 fathers (mean age = 33 years). Many participants described symptoms suggesting experiences of acute stress and trauma. Parents' narratives included feelings of shock, anger, sadness, guilt, grief and loss, followed by varying degrees of adaptation and reorganisation. Mothers in particular expressed a desperate need to understand why this had happened to their baby. Almost all mothers believed that their infant's heart abnormality was the result of something they had done during the pregnancy. Some parents described an initial period of emotional distance from their baby; delaying bonding for fear that the baby might not survive. Others described an intense wish to protect their medically fragile infant from pain and suffering. All parents voiced the need for continued efforts to improve supportive care services in this setting. Conclusions: The prenatal period is a critical time to identify, and offer appropriate intervention to, parents at risk of adverse psychological outcomes, thus supporting the development of a secure attachment pattern between infant and parent. While unsurprising in the context of grief and loss, the study findings will be used to guide the development of clinical applications with the potential to directly enhance the quality of life of families affected by CHD.

S184 Holding mothers in mind: Mothers holding babies in mind through medical and surgical treatment for children
Re J. (School of Psychology, Psychiatry and Psychological Medicine, Monash University & Murdoch Childrens Research Institute, Australia), Dean S. (Monash University, Australia), Menahem S. (Monash Medical Centre, Southern Health & Monash University, Australia), Paul C. (Royal Children's Hospital, Melbourne, Australia)
Background: Diagnosis and treatment, including surgical intervention of serious congenital heart disease (CHD) during infancy, leads to severe distress for parents and is often inadequately addressed by the paucity of mental health resources available. The study was longitudinal and researched how these events affected mothers and their infants with CHD. The mother's experience of telling her story about the diagnosis and treatment of her infant, was explored through an in-depth interview conducted by the researcher, an experienced psychotherapist. Mothers' feedback about what it felt like to participate in the research interview, will be elucidated in this presentation. Methods: A carefully structured in-depth individual interview was conducted with 26 mothers of two-month old infants following cardiac surgery at Royal Children's Hospital, Melbourne. Participants were interviewed again when infants were 9 months old. Each mother was asked to describe her infant's and her own experience of the diagnosis and treatment, in the context of her understanding of the infant as a developing person and her own identity as a mother. Using qualitative methodology, interviews (including the mother's experience of participation) were transcribed, de-identified, then analyzed for themes through systematic coding to elicit emergent and higher order themes. Directly stated and implied themes from participants' feedback, were summarized. Results: The mothers' portrayals of what they went through emotionally, described many symptoms of acute stress and trauma. Themes indicated that most mothers found the research interview helped them to think about and integrate what had happened to them and their infant. Processes by which these mothers made meaning of the events are considered, suggesting mechanisms for the possible therapeutic benefit, and included the following: It was the first time mothers told the story from the beginning; it provided an opportunity to review their experience with another willing to listen; they had been asked to reflect on their own and their infant's internal world in a way that was novel to many mothers. Timeliness may be relevant, as these issues may close off later. Conclusion: A research interview, by an independent mental health professional where the mother is assisted to tell her story, may be a valuable specialist intervention with parents of medically fragile infants.

S185 Translating into clinical practice: Strategies towards improving management of congenital heart disease.
Menahem S. (Monash Medical Centre, Southern Health & Monash University, Australia)
The severe emotional distress experienced by the parents of infants with congenital heart disease at the time of diagnosis, is further compounded by life-threatening interventions that may be required. The attending clinicians are also called upon to appreciate and understand the psychological turmoil, and grief reactions that the family are going through. An empathic and supportive approach remains essential to help the infant and family at this time of major stress, while containing the role assigned to the clinician by the parents of being omnipotent and all-healing. Well-tried counseling strategies have led to improved outcomes, though there remains the ongoing need for prospective intervention studies to determine what is effective and what may reduce the psychological burden arising from the cardiac abnormality and its management.

S186 Preparing the young child and family for cardiac surgery: An Israeli model.
Vahav Aryel G. (Seneider Medical Center of Israel, Israel)
Background: A heart operation results in anxiety for the child and family, leading to uncertainty, loss of control and threatens the child's physical integrity and self-identity. It may also have a negative impact on the child's medical condition and the healing process. Distress within the ward among both the medical staff and the family arose as to how to prepare the child for heart surgery without
increasing anxiety. In 1996, the educational team, who work within the hospital wards, was asked to help develop a supportive intervention program in cooperation with the multi-disciplinary staff. It is a dynamic program that can be adapted to the various needs as they arise and has the following goals: 1. Reducing anxiety and making the unknown into something familiar and helpful. 2. Providing tools to cope in a healthy way with the new situation. Method: The intervention is carried out through simulation and interactive role-playing activities of all the medical procedures that the child is expected to undergo, and includes: information about and illustration of medical procedures and their role in helping recovery; information about one's senses (what you see, feel, smell and hear); use of concrete terminology, clear and non-menacing, adjusted to the age of child, the level of the child's development as well as the child's own multi-cultural world, encouraging the child to express him/herself in a direct and projected way, empowering the inner strength of the child to help during the recovery process. Tools: The intervention is carried out using a doll, real medical equipment that the child will be exposed to during hospitalization and combines humor, game-playing and arts that are known to the child from the child's natural surroundings. Conclusions: Based on feedback from the medical staff, a considerable difference has been found between children who received preparation and those who did not. This was most noticeable in the child's cooperation with the medical staff throughout all stages of hospitalization, especially when connecting the child to infusion, taking blood and their getting adjusted to the pipes when awakening after surgery. The medical staff also mentioned that children who underwent preparation, almost never experience a crisis of confidence in their parents and/or in the staff in regard to trust, which is usually expressed in regressive behavior, aggression and anger. In summary, the medical staff noted that children, who underwent preparation, take the experience of hospitalization more positively, use healthier communication, and function more independently, while their parents are more relaxed, thereby helping both children and staff. The presentation will include the use of video material to illustrate aspects of the program.

**Poster Workshop: Scales for infant assessment**

**Facilitator: Guedeney A. (France)**

**PW35 Validation of the Baby Distress Alarm Scale in Argentine children aged 2 to 24 months**

Oliver M. (Hospital Aleman, Argentina)

Introduction: It is well documented that infants have the ability to socially interact with adults from the first hours of life. Relational withdrawal behavior is the action of withdrawing within as a defense mechanism to preserve one's personality from organic and sensorial disorders, prolonged physical pain, or psychopathological disorders. Sustained relational withdrawal through time hinders development and must be detected early. The Alarm Distress Baby Scale (ADBB) is a simple, easy to use, inexpensive tool that can be used by the pediatrician during routine health check-up visits. Objective: To validate the ADBB scale as a measure of relational withdrawal in Argentine children aged 2 to 24 months. Population: The study population comprised healthy, well fed, clean diapered, wide awake Argentine children aged 2 to 24 months who presented at the Pediatrics Department for a routine health check-up. Children presenting acute disease, pain, undernourishment, neurological disorders, visual or auditory impairment, premature birth, or low birth weight were excluded from the study. Material and methods: The ADBB scale assesses 8 items which are scored from 0 to 4. High scores are indication of relational withdrawal. The scale was translated from French into Spanish and retranslated into French. All the children attended two pediatric consultations at a 2-week interval, and were assessed by the Pediatric Mental Health Service team; the latter interviews were videotaped. A trained pediatrician used the ADBB scale to assess each of the children based on the videotaped material. Thirty videotapes of the first consultation were randomly selected and assessed by the second pediatrician in order to establish Inter-rater variation. The Mental Health team established diagnosis based on the 0 to 3 Diagnostic Classification of Mental Health of the National Center for Clinical Infant Programs, 1994. Results: Median ADBB score of the study population comprising 43 girls and 56 boys was 3 (range= 0 — 18), and Cronbach's alpha was 0.72. Using diagnoses established by the Mental Health team as reference, a cut-off point for ADBB scale at =4 was found to have sensitivity 62.1% and specificity 72.9%. For a cut-off point at =5, sensitivity was 51.72%, specificity 82.9%, absolute inter-rater agreement 86.67% (26/30) and Kappa coefficient was 0.66 (p=0.0001). Conclusions: The Spanish version of the ADBB scale presented herein showed suitable reliability and validity to detect relational withdrawal in Argentine children aged less than 2 years.

**PW36 Sustained withdrawal at 3-, 6-, and 9-months: A first analysis of a Norwegian validation study of the Alarm Distress Baby Scale**


The Alarm Distress Baby Scale (ADBB) is a clinical instrument developed for detecting non-optimal withdrawal reactions in infants below 2 years of age. An infant's reluctance to partake in social encounters might be an early warning signal indicating an increased risk for non-optimal development. The scale has been used with promising results in several countries, although few longitudinal studies have been presented to date. The current study reports the first findings from a longitudinal study with the aim to validate the scale in a Norwegian setting. Method: The study followed 238 typically developing children (126 boys) at four time points from 3 to 12 months of age. Presented here are data from the three first observations. All children were assessed with the ADBB during regular visits to well-baby clinics in Trondheim, Norway at 3, 6, and 9 months. In addition, the mothers filled out the Edinburg Postnatal Depression Scale (EPDS) at each visit. Results: The ten percent with the highest ADBB scores at 3 months received all a score of 3 or
higher (n= 25; range 3-9), only 4.6 percent (n=11) of the children received a score of 5 or more. The pattern was similar at both 6 (10.6 percent scored 3, 2.1 percent 5 or more) and 9 months (9.8 percent scored 3, and 2.9 percent 5 or higher). The EPDS — using 10 as a cut-off for depressive symptoms — identified 6 percent of the mothers at 3 months, 5.5 percent at 6 and 6.1 percent at 9 months. A correlational analysis revealed modest but significant correlations between ADBB and EPDS at 6 (r=.17) and 9 (r = .26) but not at 3 months (r = .08). Furthermore, ADBB at 3 months correlated significantly with ADBB scores at 9 months (r = .30). Likewise, EPDS at 3 months correlated with EPDS at 9 months (r = .48). EPDS at both 6 and 9 months were modestly related to ADBB scores at 9 months (r’s = .14 and .20, respectively). Conclusion: Approximately 10 percent of the children were preliminary identified as high scorers on the ADBB using a lower cut-off score than what has been commonly reported in the literature (3 instead of 5). In addition, some interesting longitudinal correlations were observed for both the ADBB and the EPDS. More extensive assessments at 12 months will be made to validate the current results.

PW37 Early deprivation, quality of care and developmental catch-up in postinstitutionalized children

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Children growing up in institutions often are deprived of social experiences that support healthy physical, cognitive, language, motor and emotional development. Once placed in a supportive family environment, many postinstitutionalized children demonstrate remarkable recovery following adoption, despite their adverse early experiences (Rutter et al., 1998; Vorria et al., 2006). Nevertheless, some children continue to display significant problems (Chisholm, 1998; Verhulst, Althaus, & Versluis-den Bieman, 1990; Versluis-den Bieman, & Verhulst, 1995). Pre-adoption risk factors, such as the early experiences with the birth family and in institutional care can negatively affect children's recovery (Duyme et al., 1999; Moe, 2002). This study aimed to examine the impact of adoption in child’s developmental recovery. Twenty-five Portuguese children, up to 32 months of age, were assessed in two different moments in time: first, when they were in institutions and, second, five months after being placed in the adoptive home. The sample includes also the child’s caregiver of reference in the institution and the adoptive mother. The measures are: (1) standard measures of weight, height, head circumference for physical growth; (2) the Bayley Scales of Infant Development (BSID-III; Bayley, 2005) for assessment of cognitive, language and motor development; (3) the Ages & Stages Questionnaires — SE (Squires, Bricker & Twombly, 2002) and the Alarm Distress Baby Scale (Guedeney, 2000) for social-emotional development; and (4) the Infant Characteristics Questionnaire (Bates, Freeland & Lounsby, 1979) to assess temperament. Another purpose of this study was to examine the impact of the caregiver's Narrative Competence (Gonçalves, Henriques, & Machado, 2004) and Attachment Representation (Waters & Rodrigues, 2001) on children's developmental recovery from early deprivation. This study also aimed to determine how pre-adoptive risk factors (e.g., pre and perinatal health, age at admission in the institution, age at adoption, risk factors related to the familial context) and the quality of institutional care (e.g., the existence of a caregiver of reference, the ratio child/caregivers, the stability of the group of caregivers taking care for the child throughout the week) affect child’s psycho-social functioning and developmental trajectories. Data collection and analysis are in progress.

PW38 Disorganization and attachment disordered behaviors in institutionalized infants: Prevalence and associations with quality of care

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In the past two decades much has been written about _atypical' and _disturbed' attachment behaviors in maltreated or institutionally reared children (Chisholm, 1998; O'Connor et al., 2003; Smyke, Dumitresco & Zeanah, 2002; Vorria et al., 2003; Zeanah & Emde, 1994). While some of these studies have been focused on the assessment of disorganization, empirically derived and described by Main and Hesse, others seem more interested in assessing the prevalence of disorders of attachment, clinically derived and described on DSM-IV and ICD-10. Despite convergent reports among these studies (e.g. etiological role of caregiving experiences, relevance of the length of deprivation to severity of disturbance) there is still a lack of consensus regarding conceptual and assessment issues associated with the range of disturbances related to attachment. Some clinicians and researchers have questioned the existence of a clear distinction among disorders of attachment and other social and clinical problems (Green, 2003; O'Connor, Bredenkamp, Rutter, & ERA Study Team, 1999) or even between disorganized and disordered attachment, arguing that these concepts share some descriptive features or result in similar kinds of impairment (Howe, 2003; Minde, 2003; van IJzendoorn & Bakermans-Kranenburg, 2003). Also, the way these disordered attachment behaviors relate to organized individual patterns of attachment defined by Ainsworth, still remains unclear. Focused on these issues, the present study assessed the prevalence of disorganization and attachment disordered behaviors in a sample of 75 institutionalized children, 12 to 30 months old. Attachment quality was assessed using Ainsworth's Strange Situation and attachment disordered behaviors were assessed using the RISE (Atlas-Corbett, Riley & Lyons-Ruth, 2005) for indiscriminate behavior, and the DAI (Smyke & Zeanah, 1999) for indiscriminate behavior, inhibited behavior and secure base distortions. Individual variables such as temperament (ICQ; Bates, Freeland & Lounsby, 1979), social withdrawal behavior, (ADBB; Guedeney, 1998), social-emotional functioning (ASQ; Squires, Bricker & Twombly, 2002) and psychopathology...
and clinical purposes, the use of one of the longer short versions (BSI, HSCL-25, or SCL-27) is recommended because of their screening purposes because this scale represented the best compromise between economy and accuracy. However, for other research, the original SCL-90-R to differentiate between subjects, a “moderate” performance for the BSI, the HSCL-25 and the SCL-27, and a consistency, sensitivity and specificity, and high correlations with validity indices. The PDTS test index describes a “good” ability of indicators of validity (SCL-90-R Global Severity Index, BDI scores). All short versions showed almost equally high internal consistency, ability to distinguish between subjects by a new test index (PDTS; SPSS-macro now available), and association with provision of evidence-based interventions which have been evaluated to demonstrate effectiveness. The Karitane Parenting Confidence Scale (KPCS) is a self-report instrument, developed in response to the need for psychometrically sound measures of PPSE, which could be used for a variety of purposes including screening for parenting difficulties, selection of appropriate interventions, and evaluation of interventions. Developed in Australia, the scale has been validated across a range of clinical settings and has been disseminated to Australian and international clinicians and services, The 15-item self-report scale assists parents of infants 0 -12 months, to appraise their difficulties, focus on relevant issues and identify for themselves areas in which they have gained confidence and skills by participating in clinical programs. Sensitive to change, this scale is a useful tool in measuring outcomes, while also providing opportunities for parental reflection. This workshop will include information and case studies to facilitate a clear understanding of the scoring, interpretation, clinical cut-off scores and practice principles to be applied when implementing the KPCS. Clinical experiences of using the KPCS will be presented, noting benefits of enhanced assessment and planning of appropriate interventions in partnership with families. A manual to support implementation of the KPCS has been developed and is available to clinicians and services internationally. Master copies of the KPCS and the KPCS manual will be provided to participants of the workshop.

PW41 Measuring perceived parenting self-efficacy - Utilisation of the Karitane Parenting Confidence Scale for assessment and evaluation

Nemeth D. (Karitane, Australia), Mills R. (Karitane, Australia)
The assessment of parents' confidence in caring for their infant has important clinical and research applications. An increasing number of studies over the past 20 years have highlighted that parenting confidence perceptions, often called perceived parenting self-efficacy (PPSE), represent a key element of parents' subjective experience, and are an important resiliency or protective factor. High PPSE has been shown to act as a buffer against factors that can compromise a child's development, such as parental depression, anxiety, stress and relationship difficulties, and is associated with actual parenting competence and positive child outcomes. Services need to be able to identify areas in which families require support and intervention as early as possible and in turn respond with the provision of evidence-based interventions which have been evaluated to demonstrate effectiveness. The Karitane Parenting Confidence Scale (KPCS) is a self-report instrument, developed in response to the need for psychometrically sound measures of PPSE, which could be used for a variety of purposes including screening for parenting difficulties, selection of appropriate interventions, and evaluation of interventions. Developed in Australia, the scale has been validated across a range of clinical settings and has been disseminated to Australian and international clinicians and services, The 15-item self-report scale assists parents of infants 0 -12 months, to appraise their difficulties, focus on relevant issues and identify for themselves areas in which they have gained confidence and skills by participating in clinical programs. Sensitive to change, this scale is a useful tool in measuring outcomes, while also providing opportunities for parental reflection. This workshop will enable participants to utilise the scale in their clinical or research context. The workshop will include information and case studies to facilitate a clear understanding of the scoring, interpretation, clinical cut-off scores and practice principles to be applied when implementing the KPCS. Clinical experiences of using the KPCS will be presented, noting benefits of enhanced assessment and planning of appropriate interventions in partnership with families. A manual to support implementation of the KPCS has been developed and is available to clinicians and services internationally. Master copies of the KPCS and the KPCS manual will be provided to participants of the workshop.

PW42 Comparison of eleven short versions of the Symptom Checklist 90-Revised (SCL-90-R) by the New Test Index PDTS plus SPSS-macro

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Eleven short versions of the Symptom Checklist (SCL-90-R) assessing general psychopathology were compared on the basis of data from a sample of one hundred mothers of 0-to-6-year-old children referred for treatment at a Child Psychiatric Family Day Hospital in Münster, Germany. The SCL short versions, containing 5 to 53 items, were compared with regard to internal consistency, sensitivity and specificity, ability to distinguish between subjects by a new test index (PDTS; SPSS-macro now available), and association with indicators of validity (SCL-90-R Global Severity Index, BDI scores). All short versions showed almost equally high internal consistency, sensitivity and specificity, and high correlations with validity indices. The PDTS test index describes a “good” ability of the original SCL-90-R to differentiate between subjects, a “moderate” performance for the BSI, the HSCL-25 and the SCL-27, and a “poor” performance of the very short forms according to the standards of interpreting PDTS scores. The SCL-10S is recommended for screening purposes because this scale represented the best compromise between economy and accuracy. However, for other research and clinical purposes, the use of one of the longer short versions (BSI, HSCL-25, or SCL-27) is recommended because of their superior discriminative ability.
PW44 Using the NCAST in different cultural contexts: A comparison of Chinese-Canadian and European-Canadian mothers
Chan J. (York University, Canada)
Despite cultural variability in child-rearing practices, much of the literature on caregiver-infant interaction is heavily biased by a focus on western culture. Thus, mental health clinicians who provide assessments and interventions to parents are challenged by the often inadequate theories and empirical knowledge to inform their practice. Using a combination of quantitative and qualitative methods, this study assessed cultural differences in parental beliefs and perceptions, and observed caregiver sensitivity, in a sample of European and Chinese Canadian mothers with children between the ages of 1.5 and 3. Twenty-five mothers were invited to attend one session involving a semi-structured interview about caregiving practices, and a 10 minute videotaped interaction with their children based on the NCAST-PCI. After controlling for household income, Chinese mothers had significantly lower caregiver total sensitivity scores than European mothers. Because an observational measure was used, the findings of this study substantiate previous research studies that have used self-report measures to indicate that Chinese parents show less warmth and more control with their children than North American mothers. However, given that the NCAST-PCI revolves around a teaching task, findings from the semi-structured interview suggest that it is possible that these differences in sensitivity reflected the nature of the task given to parents, as well as cultural differences in the approach to teaching and learning. For example, interviews with the participants revealed that Chinese Canadian mothers frequently communicated their desire to direct their children through self-modeling and interactive play, and indicated that they take on a very active and directive role in the learning process, rather than following their children's lead. In contrast, European Canadian mothers were more likely to encourage self-directed learning through exposure to activities. These findings indicate that, when using measures such as the NCAST-PCI, clinicians must be aware that cultural differences may affect parenting behavior. A Chinese mother who appears to be authoritarian and controlling with her child, may believe that it is her responsibility as a parent to provide her child with direction and assistance in an involved, caring and concerned manner.

PW45 The Map Intervention: Addressing maternal attributions using the NCAST
Whitfield N., Shih C., Behr Y. (York University, Canada)
The importance, for a young child's development, of nurturing and sensitive caregiving has been emphasized in the psychological literature over the past half century (e.g., Ainsworth, 1967; Bowlby, 1969, 1982; Sroufe, 1979; van IJzendoorn, 1995). Not all children receive optimal care, and, in recent years, mother-infant relationships have been the focus of innovative intervention approaches in high-risk families (e.g., Ammaniti et al., 2006; Kalinauskiene et al., 2009; Van Horn & Lieberman, 2009). One such approach is the Mapping the Attributions of Parents approach (MAP; Bohr et al., 2006), which aims to identify and modify maladaptive parental attributions, and to increase sensitivity and reflectivity. In this intervention, families are paired with a clinician with whom they explore their concerns and goals. Caregiver-child dyads are then videotaped while engaging in a number of structured interactions. Subsequent video-feedback sessions provide the basis for discussion between parent and therapist, an opportunity to identify parental strengths, to practice reflectivity, to explore attributions, and to modify those that are dysfunctional. Maternal stress, depression, and atypical parenting behaviours are also addressed. The NCAST system (Sumner & Spietz, 1994), designed to assess sensitivity in mother-infant interactions, is one of the tools that guides the MAP intervention by a) providing a standardized interaction scenario, b) providing the clinician with a structured method of observation, c) giving insight into the dyad's potential risk for relationship ruptures, d) offering a basis for caregiver and clinician exploration of both strengths and challenges in the parent-child interaction, and e) contributing a coding system for program evaluation. Two case studies will be presented. Intervention protocols of parent-child dyads from high-risk, low-SES families who sought treatment at a Canadian community-based mental health centre will be discussed. Background information, presenting concerns, psychometric data, overview of the intervention, and intervention outcome will be reviewed. Pre- and post-intervention NCAST ratings will be used to illustrate the utility of this tool in the context of the MAP. A discussion will highlight the versatility of the NCAST system for clients, clinicians and researchers.

PW46 The NCAST-PCI as a program evaluation tool with a culturally and linguistically diverse population
Halpert B. (York University, Canada)
The NCAST (Sumner & Spieetz, 1994) is a valuable tool for assessing the mother-child relationship when self-report questionnaires are less practical for understanding interaction patterns. An additional benefit of the NCAST is its ability to transcend a number of cultural and linguistic barriers. Studies have identified various cross-cultural behaviours mothers demonstrate while caring for young children. Maternal responsiveness and encouragement of exploration are two types of behaviours that occur with similar frequency when examined cross-culturally (Bornstein et al., 1992). In the current study, the NCAST was used to evaluate an evidence-based parenting program modified for a culturally and linguistically diverse group of caregivers. The NCAST assessed maternal responsiveness (sensitivity to infant cues and response to child distress) and cognitive growth fostering skills (environmental exploration and task mastery). Each domain was assessed pre and post intervention to determine whether the program met its goal in increasing maternal competency in these areas. Reducing parenting stress and increasing parenting confidence were additional goals of the intervention. These were evaluated through self-report questionnaires. Analysis of the questionnaire-based data indicated success regarding decreased parenting stress and increased parenting confidence. Similarly, NCAST data demonstrated success with respect to enhanced cognitive growth fostering skills. However, NCAST data also revealed the program's failure to improve maternal sensitivity. In light of this finding, the program has been further modified to better meet the needs of its diverse attendees. Additional teaching methods have been incorporated, which cater more carefully to culturally diverse clientele. These methods will hopefully allow clients to engage more easily and benefit more strongly from the maternal sensitivity training portion of the intervention. In
sum, the use of the NCAST in the context of this program evaluation allowed for an assessment of changes in mother-child interaction patterns without relying directly on linguistic consistency between the participant and researcher. This supplemented questionnaire data, thus providing a different form of evaluation which led to specific and important changes in program administration. These changes aim to improve the program's success in helping families of diverse cultural backgrounds, attain healthier mother-child interactions.

**PW 114 The pediatric consultation: A first encounter with infant mental health**  
Bonifacino N., Musetti D., Plevak A., Schelotto M. (Public Health Ministry, Uruguay)

Uruguay, South America has 3.300.000 inhabitants. The new government has implemented a National Health System, with programs for Health promotion and education at the primary level, especially aimed at children.

We sought early detection in infants (2 to 24 months) of withdrawal signals detected with the Alarm Distress Baby Scale (Guedeney 2007) that are early indicators of deviations from healthy development. We performed a follow up in the pediatric regular consultation, and integrated an interdisciplinary perspective of the infant’s health, to expand the knowledge that pediatricians have about emotional development in the first years of life. They were trained in ADBB scale and provided with resources to implement an intervention with parents and babies who showed withdrawal signs.

Since 2006 we applied the scale to the video-recorded routine pediatric consultations of 73 infants. 37 received their control in a First Level Public Medical Health Center near Montevideo; 36 attended a Day Care Center in the main Public Pediatric Hospital of Montevideo.

75% were normal, lower than 5 in the score; 19% had signals of minimal risk, between 6 and 10 in the score; and 6% had real risk, more than 10 in the score.

Four to six months after application of the scale, the pediatrician observed the baby again, and detected that most babies who presented withdrawal signs improved in a partial or total way. Clinical evidence shows that the majority of infants with withdrawal signs present reversible conditions and can recover their developmental capacities before this situation constitutes pathology.

**Poster Workshop: Narrative studies of attachment**  
Facilitator: Malik N. (United States)

**PW47 Malleability of child narratives: Effects of social stress induction and psychoanalytic child therapy**  
White L, Klein A, Göttken T, & von Klitzing K. (Universität Leipzig, Germany)

Although there appears to be a consensus that content and structure of storytelling reflects a child’s psychic well-being (Emde, 2003), many questions remain as to the exact ingredients going into narratives. For example, numerous studies now testify to a reliable correspondence between child play themes relating to parenting and actual parenting behaviour (e.g. Oppenheim, Emde & Warren, 1997). However, scholars working with child narratives are usually also at pains to caution against an overly literal interpretation of child-narratives. At the heart of this debate is the question to what extent narratives reflect a child’s representations of experience or, rather, its conflicts, wishes, fantasies and strategies of emotion regulation more generally (Clyman, 2003). Whereas representations imply a degree of trait-like cross-contextual stability, emotion regulation may vary with the socioemotional demands placed on the individual at a given moment in time. Two methodologies aiming to illuminate this controversy will be introduced to tackle this question. On the one hand, an experimental task comparing narratives told before and after exposure to social stress will be presented to extract potential state-like qualities of narratives that are susceptible to stress-manipulation. On the other hand, changes in aspects of content and structure that coincide with symptom reduction from pre- to post-psychoanalytic child therapy (FACT) point to more stable characteristics modifiable mainly by means of intervention. Aside from assessing the efficacy of the intervention via symptom measures (presented elsewhere in Göttken, Klein, White & von Klitzing), this design also offers a test bed for mechanisms postulated to underpin the maintenance of symptoms as well as their hypothesised state or trait nature (Howe, Reiss, & Yuh, 2002).

**PW49 The Parental Reflective Functioning Questionnaire: Development, validation, and clinical application**  
Luyten P. (Leuven University, Belgium), Mayes L. (Yale University, United States), Nijssens L. (Leuven University, Belgium)

Parental mentalization refers to the ability to keep the child’s mind in mind, i.e., to ascribe internal mental states such as feelings, wishes, thoughts, and desires, to one’s child (Slade, 2005). There is increasing evidence that parental mentalization plays a significant role in understanding children’s socio-emotional development. This talk will present preliminary data concerning the Parental Reflective Functioning Questionnaire (PRFQ-1; Luyten, Mayes et al., 2009), a brief multi-dimensional self-report measure of parental mentalization. In a first series of studies, the relationship between the PRFQ-1 and psychopathological symptoms, attachment, and emotional availability was investigated. In addition, differences in parental mentalization between mothers and fathers were investigated. Moreover, in subsample of mothers with high versus low scores on parental reflective functioning, the relationship between parental reflective functioning and maternal mind mindedness (Meins et al., 2006), a construct that is closely related to parental mentalization, was investigated based on on-line comments of mothers in a free play interaction with their child. In a second series of studies, the value of the PRFQ-1 was investigated in predicting mother’s expectations regarding their child’s behavior in a series of stress situations. Finally, we discuss the clinical application of the PRFQ-1 based on a brief fragment of a mother-child interaction. In particular, we discuss how the different subscales of the PRFQ-1 can be a starting point for clinical intervention and can be used in both traditional parent-infant interventions and interventions that use video feedback.
PW50  Sex differences in children's social and emotional sensitivity in response to an adversity; a possible mechanism for sex differences in psychopathology

Hill J. (University of Manchester, United Kingdom), Sharp H. (University of Liverpool, United Kingdom), Murray L. (University of Reading, United Kingdom)

More boys than girls have externalising disorders in childhood while females have higher rates of depression than males in adolescence. This may be explained by sex differences in social and emotional sensitivity provided they can, first, account for male vulnerability to develop antisocial problems in the face of adversity before puberty, second, explain girls’ resilience before puberty, and third, account for female vulnerability to depression in the face of adversity after puberty. Sex differences in the effects of adversity on social and emotional sensitivity have not previously been examined. Social and emotional sensitivity was assessed in three story stems portraying family life at "bed time," a "bad and nasty time," and a "happy and best time" on a scale of intentionality. Ratings were made blind to all other information other than the child’s gender and mean scores across the story stems computed. The children were recruited during infancy from the general population in a study designed to assess the long term effects of postnatal depression, and recent adversity was considered present either if the mother reported she had been depressed during the previous nine months, or that there was current marital conflict involving the child. There were 31 children exposed to recent adversity (15 females, 16 males) and 51 unexposed children (28 females, 23 males). Mean intentionality scores, were higher in females than males (females 7.48, s.d. 2.40 vs males 4.62, s.d. 2.24, t = 5.55, p <.001). Females with recent adversity had higher intentionality scores than those without (adversity 8.71, s.d. 2.14 vs no adversity 6.82, s.d. 2.31, t = 2.62, p = .012), and the reverse was the case in males (adversity 3.93, s.d. 2.36 vs no adversity 5.10, s.d. 2.08, t = 1.63, p = .11). In ANCOVA controlling for verbal ability, there was a significant gender by recent adversity interaction (F(1,77) = 8.62, p = .004). The findings provide evidence that the sex difference in social and emotional sensitivity (intentionality) is exaggerated by exposure to adversity in childhood. We will discuss the implications for gender differences in psychopathology in childhood and adolescence.

PW52  Maternal and infant negative emotionality as predictors of mothers’ capacity to preserve mind-mindedness during the still face

Hill J. (University of Manchester, United Kingdom), Sharp H. (University of Liverpool, United Kingdom), Pickles A. (University of Manchester, United Kingdom), Marshall K. (University of Manchester, United Kingdom), Kelly J. (University of Liverpool, United Kingdom), Bensinior M. (University of Liverpool, United Kingdom), Hulbert A. (University of Liverpool, United Kingdom)

Background: There is continued debate regarding the relative importance of parental sensitivity and awareness of infant states of mind (mind-mindedness) in the origins of attachment security (Meins, Fernyhough, Fradley, & Tuckey, 2001). Theories concerning sensitivity and mind-mindedness need to take account of emotion regulation in the first year of life. Attachment security concerns the infant's emotion regulation with a caregiver when faced with a threat, and the key to prediction may be sensitivity to distress in infancy (McElwain & Booth-Laforce, 2006). The capacity of the parent to preserve mind-mindedness in response to a stressor may be important to maintaining sensitivity with a distressed infant. In turn this capacity may be influenced by prior experiences of emotion regulation in the parent-infant relationship. We examined the role of maternal and infant negative emotionality in relation to mind-mindedness before and after a stressor. We report initial findings from the Wirral Child Health and Development Study in which a general population sample of 300 first time mothers and babies stratified by marital stressors is being followed from 20 weeks of pregnancy. Method: Maternal negative emotionality, and separate dimensions of anxiety and anger proneness were assessed during pregnancy, and infant negative emotionality (irritability) in the Neonatal Behavioural Assessment (Brazelton) at 4 weeks. Mind-mindedness was assessed before and after the “still-face” procedure at 6 months. Results: In repeated measures ANOVA (N = 102 at the time of writing the abstract, approximately N = 280 to be presented) there were significant interactions between before-after still face mind-mindedness and both maternal anger and infant negative emotionality. Low anger mothers with low emotionality babies showed a rise in mind-mindedness from before to after the still face, and high anger mothers with high emotionality babies showed a reduction. In the other two groups levels of mind-mindedness were similar before and after the still face.

PW53  Maternal emotion recognition during pregnancy and infant emotional negativity in early infancy

Hill J. (University of Manchester, United Kingdom), Sharp H. (University of Liverpool, United Kingdom), Pickles A. (University of Manchester, United Kingdom), Marks K. (University of Manchester, United Kingdom), Sadler C. (University of Liverpool, United Kingdom), Appleton J. (University of Liverpool, United Kingdom), Tibu F. (University of Manchester, United Kingdom)

Background The ability of a mother to tune into her infant's emotional state is likely to affect her responsiveness to distress during the first weeks of life. Limitations in her ability to recognise fear and a tendency to interpret fear as anger are both likely to reduce her capacity to soothe distress. This is likely to impact on infant emotion regulation with potential implications for later psychopathology. Establishing whether first time mothers' ability to recognise infant emotions during pregnancy, prior to any possible infant effects, is associated with subsequent infant emotion regulation will increase our understanding of intergenerational mechanisms in psychopathology. Method Assessment were conducted within the Wirral Child Health and Development Study in which a general population sample of 300 first-time mothers and babies stratified by marital stressors is being followed from 20 weeks of pregnancy. Maternal emotion perception during pregnancy was assessed by showing pregnant women three video clips of babies crying in LabTAB temperament procedures designed to assess fear. They were asked to identify from a list of emotion words which they thought was the dominant emotion the infant was experiencing, and any others. We hypothesised that women who endorsed several fear words would be likely to be most sensitive to infant distress, and those who interpreted fear as anger without perceiving any fear, ...
would be the least sensitive. Thus number of fear words and endorsement of anger dominant without fear would predict infant negative emotionality. Negative emotionality (irritability) was assessed in the Neonatal Behavioural Assessment (NBAS; Brazelton) at 4 weeks. Results In ordinal logistic regression (N = 267) controlling for gestational age at birth and infant age at NBAS number of fear words identified predicted infant negative emotionality (p = .004) as did endorsement of anger as dominant without fear in one clip (p = .014) and two clips (p = .009). There was a significant interaction between fear recognition and anger perception (p = .018). This arose because fear recognition predicted infant negative emotionality in infants only among mothers who did not also misperceive fear as anger. Conclusion We found prospective evidence that maternal emotion perceptions are linked to negative emotionality in infants, consistent with a role for maternal sensitivity in modifying emotion regulation over the first weeks of life.

**PW54 Prenatal maternal psychosocial stress and preterm delivery: Interactions with infant gender?**

Sharp H. (University of Liverpool, United Kingdom), Lunt K. (University of Chester, United Kingdom), Thompson B. (Wirral University Teaching Hospital Foundation Trust, United Kingdom), Bedwell C. (University of Manchester, United Kingdom), Jones H. (University of Liverpool, United Kingdom), Pickles A. (University of Manchester, United Kingdom), Hill J. (University of Manchester, United Kingdom)

Background: Both human and animal studies have shown that increased maternal stress during pregnancy increases the risk of disturbance in infant neurodevelopment and behaviour (Buitelaar et al, 2003; O'Connor et al, 2002). Understanding the interplay between indices of stress, underlying neuroendocrine parameters and adverse perinatal and subsequent infant outcomes is proving complex (Hobel et al, 2008). A number of studies have now consistently shown that antenatal stress and maternal neuroendocrine response to it are associated with shorter gestation and preterm birth (Wadhwa et al, 1998; Mancuso et al, 2004). Gender differences in the impact of psychosocial stress on adverse perinatal or infant outcomes have rarely been examined (Talge et al, 2007). This study aims to assess (i) gender differences in the rate of preterm delivery (ii) the contribution of different forms of psychological adversity and infant gender in the prediction of preterm delivery. Methods: A consecutive sample of 1286 primiparous women, 18 years or over, were recruited from a UK antenatal clinic into a prospective longitudinal child health and development study. Psychosocial measures at 20 weeks gestation were: depression (EPDS; Cox et al, 1987), state anxiety (STAI: Spielberger, 1983), anger expression (STAXI: Spielberger, 1988), pregnancy specific anxiety (Mancuso et al, 2004) and relationship functioning from self-to-partner and partner-to-self (two subscales: psychological abuse and adaptive conflict resolution). These scales have previously used by Moffitt et al (1997) in the Dunedin Multidisciplinary Health and Development Study. Gestational age at birth was calculated on the basis of early ultrasonography. Preterm delivery was gestational length < 37 weeks. Results: Analysis was confined to singleton births and revealed a higher proportion of male infants (5.9%) were delivered preterm compared to female infants (3.8%; Chi 2(1) = 3.0, p = .08). Mothers of preterm and term infants were not different in the levels of second trimester antenatal state anxiety, depression, relationship conflict or frequency of use of adaptive conflict resolution strategies within their intimate partner relationship. However, interactions between maternal psychosocial adversity and infant gender will be reported and discussed in the context of the wider aims of The Wirral Child Health and Development Study investigating early precursors of childhood conduct disorders.

**PW55 Making space for reflection over reaction - research, clinical intervention and training perspectives**

Guy D. (Incredible Families Charitable Trust, New Zealand), Newman L. (Center for Developmental Psychiatry and Psychology Monash University, Australia), Mares S. (Australia)

Professor Louise Newman -Research Parents with histories of abuse, neglect and attachment related trauma frequently have difficulties in interpreting and responding to their infants emotional communications and are challenging therapeutically. Research examining how the infant's emotional expression is processed using fMRI techniques comparing findings from parents with histories of trauma and a diagnosis of Borderline Personality Disorder and a group of healthy parents will be presented. This will provide greater understanding of the specific deficits and difficulties facing vulnerable parents in interaction with their infants and also for the development of targeted interventions. Dr Denise Guy —Clinical Work Research in the area of reflective capacity is then used to refine therapeutic interventions with specific reference to the Watch, Wait, and Wonder Intervention. Dr Sarah Mares - Education and training Reflective skills are essential for clinicians undertaking therapeutic work with infants and their families. There is little work linking the literature on parental reflective capacity with ideas about how reflective skills might be supported and developed in trainees. The implications for training and supervision are considered

**Video Presentations:**

**VP20 Ana la rana in TV: Family health in the screen**

Trenchi N. (Transparente, Uruguay)

Ana la rana (Ana, the frog) is an animated Uruguayan TV show, about parent and children relationships, rearing practices and family life in general. It is originally based on a book of Natalia Trenchi, Child psychiatrist, and developed by a team based on the idea of Diego Fernández (filmmaker). Our target audience is the family as a whole. It appears as an animated storybook, and the narratives life in general. It is originally based on a book of Natalia Trenchi, Child psychiatrist, and developed by a team based on the idea of Diego Fernández (filmmaker). Our target audience is the family as a whole. It appears as an animated storybook, and the narratives
The Mapping Attritions of Parents (MAP; Bohr et al., 2006; 2009) program was conceived as an early intervention for dyads at risk for parent-child relational disorders, particularly maltreatment, but has been shown to be useful in addressing a variety of caregiving challenges (Bohr, Holigrocki & Hudson Crain, 2005). This is an empirically grounded intervention for parents who are seeking help with their children's behavioural difficulties. MAP combines assessment and brief cognitive treatment using an interactive video feedback method. Created for high-risk, sometimes transient families, it is designed to meet the need for a concise, flexible intervention that can initiate a shift in maladaptive caregiver cognitions and behaviours, but also support parenting competencies and improve dyadic functioning in few sessions. The intervention focuses on caregiving sensitivity, interpretation of child behaviour, developmental knowledge, and self-perceived efficacy. Parental attributions, especially as they pertain to attachment behaviours, are explored with the goal of introducing cognitive and behavioural flexibility to the caregiver's repertoire (Bugental, 1998). The MAP treatment module consists of a pre-treatment assessment including four video-recorded interactions; two video-feedback intervention sessions; and two post-treatment assessment/feedback sessions. Several features of the dyadic relationship are evaluated: Reflectivity, sensitivity, contingency (AMBIANE; Lyons-Ruth, 2000; NCAST; Barnard, 1994); Attributional style (MARS; Schechter, 2005); Potential for maltreatment (CAP; Milner, 1986); Parental stress (PSI; Abidin, 1995); Caregiving confidence (TCQ; Gross & Rocissano, 1988); Parental depression (BDI; Beck, 1996); Caregiver perception of child problems (CBCL; Achenbach & Rescorla, 2001). Outcome evaluations show changes in: attributional style; depression; parenting stress; parenting confidence and several features of abuse potential. This workshop presents the MAP tool, and reviews two studies of its effectiveness in diverse cultural contexts. We highlight the versatility of the MAP with data from two projects that differ in terms of target parent population, child age, and culture. The first centers on the use of the MAP's assessment and intervention features with Canadian mothers of infants who are experiencing multiple stressors. The second illustrates the adaptability of the MAP assessment to different cultural contexts through an Italian research initiative, where mothers and fathers from high SES backgrounds are involved in the evaluation of their infants and pre-schoolers for a variety of mental health problems. Video clips and interactive tools will be used to demonstrate the clinical features of the MAP assessment and intervention.

**WS 61 Workshop: Learning through play international program: Resources and training**

Cohen N. (Hincks-Dellcrest Centre/University of Toronto, Canada), Cohen N. (Hincks-Dellcrest Centre/University of Toronto, Canada), Yabsley S. (Hincks-Dellcrest Centre, Canada), Tuters E. (Hincks-Dellcrest Centre, Canada)

In this workshop, participants learn about the Learning Through Play Calendar and training and the experiences of using it successfully with various groups in 12 developing countries. Elements of training will be illustrated by showing participants the Learning Through Play Manual, and the Learning Through Play Board Game. Segments of the Learning Through Play Training DVD for Parent Group Leaders also will be shown. The purpose of the Learning Through Play International Project is to improve the health and well-being of children and their long-term mental health and development and specifically to: (a) provide parents with information on the healthy growth and development of young children (birth to 6 years), focusing on the physical, intellectual, linguistic, and socio emotional aspects of development; (b) raise awareness in parents of the importance of play and provide parents play activities that enhance child development; and c) promote attachment through active parental involvement in their child's development. The Learning Through Play program provides training and support to front-line community workers who, in turn, provide this vital information to parents. The Learning Through Play resources are low-literacy pictorial "calendars" depicting successive stages of child development, with brief descriptions of simple play activities that show parents what they can do to promote healthy child development. The Calendars encourage parental involvement, creativity, learning, and parent-child attachment. They have been culturally interpreted with respect to illustrations, language, concepts, and values to ensure widespread acceptability. The Calendars have been translated into 11 languages. Learning Through Play is now being used in 12 countries: India, Pakistan, El Salvador, Peru, Philippines, Haiti, Burkina Faso, Nicaragua, and Paraguay, Kenya and Ghana, and Jamaica. There are requests from agencies in other countries. These materials have also been used in 300 programs throughout Canada with great success, including parent education groups, and home visiting programs. Research results on the Learning Through Play program have been very positive. In a controlled research design in Pakistan the Learning Through Play program was well received by the mothers and successfully integrated into the existing health infrastructure at a minimal cost. The results showed significant increase in the mother's knowledge and positive attitudes towards their infant's development, as well as significant reduction in symptoms of mental distress in the mothers.

**WS 62 Workshop: Holding the infant in mind: Using narrative interviews preventatively in 3 community contexts**

Underwood A. (University of Warwick, United Kingdom), Barlow J. (University of Warwick, United Kingdom), Norwood R. (LSU, United States)

Infant massage is increasingly being recognised as an initiative to support sensitive early interactions between parents and infants. While a few parents may learn the traditional art from family members, the majority of parents in western countries learn how to massage their baby by attending a local class. A recent systematic review provided some evidence of the effectiveness of infant massage in promoting sensitive mother-infant interactions, and physiological effects in terms of reduced cortisol levels and crying times, and increased sleeping time (Underdown, Barlow et al 2006). This presentation draws on research findings from an evaluation of infant massage programmes attended by 33 mothers and infants. The Working Model of the Child Interview (WMCI) and a 3-
minute clip of mother-infant interaction were completed before the infant massage programme. The mother-infant interaction was analysed using the Care-Index (Crittenden 2001). Mothers and infants attended the infant massage programme for approximately 90 minutes weekly for a minimum of four weeks and a maximum of six. Participant and video observations were conducted at the infant massage sessions and a further 3 minute video clip of mother-baby interaction was recorded on completion of the programme. A positive correlation was found between the WMCI classifications and the Care-Index interaction scores. Case vignettes and video-clips of mother-infant interaction will be presented to demonstrate the narratives associated with WMCI classifications and the related mother-infant interaction. This presentation also examines some outcomes of infant massage for mothers with disengaged representations, and reflects on the implications of these findings in terms of the provision of preventive interventions.

WS63The use of promotional (narrative) interviews within a model of progressive universalism to promote infant mental health
Barlow J. (University of Warwick, United Kingdom), Underdown A. (University of Warwick, United Kingdom), Norwood R. (LSU, United States)
The Healthy Child Programme is an early intervention and prevention public health programme at the heart of services for children and families in England. It is underpinned by a model of progressive universalism and provides an invaluable opportunity for a wide range of primary care practitioners to promote infant mental health by supporting parents and parenting during pregnancy and the first few years of life. The antenatal and postnatal promotional interviews provide both a universal strengths-based intervention that is offered to all pregnant parents, and also provides an opportunity to identify families in need of further support. In the pre-natal period questions such as: "How do you imagine your baby now?" and "What do you think his/her temperament is like?" are used to elicit parental representations. A similar post-natal promotional interview is conducted at 6-8 weeks post-partum and the relationship with and perceptions of the new infant are explored. This presentation examines the evidence to support the use of narrative interviews during the perinatal period, as part of a broader programme of evidence-based intervention aimed at promoting infant mental health and both the primary and secondary prevention of infant mental health problems.

WS64 Comparing kin and non-kin foster parent's commitment to their young children
Norwood R. (LSU, United States), Underdown A. (University of Warwick, United Kingdom), Barlow J. (University of Warwick, United Kingdom)
In 2007, there were reports of child maltreatment affecting over 3.5 million children in the United States, which resulted in 794,000 children being validated as having experienced some sort of abuse or neglect. As a result, 510,000 children were in foster care with an estimated additional 300,000 in voluntary kin placements (U.S. D.H.H.S. Children's Bureau, 2009). Research demonstrates that children in kinship care are often at greater risk than those children placed in non-kin foster homes, particularly in terms of poverty, sub-standard housing, and receiving less support from CPS (Cuddeback, 2004). Despite these findings, federal legislation requires that Child Protective Services (CPS) agencies consider giving preference to adult relatives of the child over non-kin caregivers when choosing foster placement settings (42 U.S.C. 671(a)(19). Studies of foster care dyads have demonstrated that the degree to which a foster mother is emotionally invested in or committed to her foster child is an important predictor in the success of the placement and the well-being of the child (Ackerman & Dozier, 2005; Bates & Dozier, 2002; Dozier & Lindhiem, In press). This presentation will describe the findings from a study that explore the differences in commitment to foster children between kin and non-kin foster parents. The Working Model of the Child Interview (WMCI; Zeanah & Benoit, 1995) was used in conjunction with the coding system of the This is My Baby Interview (TIMB; Ackerman & Dozier, 2005) to measure 30 kin and 33 non-kin foster mothers' commitment to their foster children. The classification system for the WMCI was also used to determine a classification for each caregiver's perception of her foster child. Results indicated that non-kin foster mothers expressed greater levels of commitment to their foster children compared to kin-foster mothers. An analysis also indicated that non-kin foster parents' representations of their foster children were more balanced as opposed to that of kin foster parents, whose representations were similar to that of other high-risk, clinical populations. Case vignettes and video-clips will be presented to illustrate the findings of this study. The implications of these findings in terms of foster care policy will also be discussed.

Workshop: Infant-Parent-Psychotherapy
WS65 Analytic Infant-Parent-Psychotherapy - Viewed in the context of postpartum depression and early childhood depression
Ludwig Koerner C. (Family Center, University of Applied Sciences Potsdam FHP, Germany), Hédervári-Heller E. (Germany)
Drawing the transition between counselling, crisis intervention and analytic infant-parent-psychotherapy - viewed in the context of postpartum depression and early childhood depression. Drawig from our many years experience with infant-parent psychotherapy, we will use case studies as we focus on the treatment of postpartum depression and incipient early childhood depression. The workshop will deal with mothers who, due to their personal history, are not able to give their babies the emotional nurturing they need. Emotionally "empty", they do not experience feelings of love, or of pleasure in and openness towards life. They cannot calm their babies and in many cases are not able to breastfeed them; literally and figuratively, they are unable to nourish them and create for them a "sacred" space of protection. They feel their own inadequacy in their role as mothers, especially when their infants show symptoms of early childhood depression. Caught in a state of growing powerlessness, they are plagued by self-reproach, remorse and suicidal tendencies from which they cannot free themselves without professional help. Many of these patients are sent by midwives, doctors or psychiatrists to our Infant-Parent Counselling Centre at the Potsdam Family Centre shortly after given birth; some come months later
presenting symptoms of the child not knowing being depressed by themselves. Because analytic child and adolescent psychotherapists as well as adult analysts with additional training in infant-parent-psychotherapy work at our counselling centre, questions about the treatment setting repeatedly arise: Does it make sense for a patient with postpartum depression to be treated by analytic child and adolescent psychotherapist when a possible subsequent psychotherapy will necessitate a change to an adult analyst? Is such a change helpful given that it also means a change of setting? In this case should an analytic child and adolescent psychotherapist take up the infant-parent-psychotherapy and the mother begin her own therapy as quickly as possible? Or is “therapy for the mother alone” sufficient - even at risk of the therapist not learning that the mother-child-relationship is not developing well? These questions will be discussed and debated using case studies from the therapeutic work of an adult analyst and an analytic child and adolescent psychotherapist.

WS66 Advanced training in infant-parent-psychotherapy
Ludwig Koerner C. (Family Center, University of Applied Sciences Potsdam FHP, Germany), Hédervári-Heller E. (Germany)
For over six years the Family Centre at the Potsdam University of Applied Sciences has conducted an annual advanced training programme in analytic infant-parent-psychotherapy. Institutions that offer training in psychotherapy and psychoanalysis in Germany are increasingly interested in incorporating infant-parent-psychotherapy in their curricula. We wish to hold a workshop in which we present our psychoanalytic advanced training programme and report on our experience. Through an exchange of experience, participants will learn how their colleagues in other countries gain competence in psycho-dynamic infant-parent-psychotherapy and what requirements they must fulfill: Do they receive this instruction in advanced training that builds on their general training as child and adolescent psychotherapists or psychotherapists for adults; or is this knowledge taught during their “basic” therapeutic training? What subject matter are they instructed in, and to what extend? What improvements would they propose? How is payment made? Is there a clear separation between prevention, counselling and psychotherapy? How is infant-parent-psychotherapy embedded in organizational and agency networks and in the healthcare system? Is there a network of family centres or other organizations? How do parents find out about the services offered? Another important question is how general and advanced training in infant-parent-psychotherapy and counselling be established in Eastern European countries. Certain insights can be gained from initial experience in Hungary, where advanced training courses have been offered for the last six years with German support. From 2010 this training will take place as part of a postgraduate course of study at a Budapest university. We look forward to entering into an intensive collegial exchange on different models of basic an further training in infant-parent-psychotherapy.

WS67 Workshop: Born into homelessness, overwhelmed by transitions? A multi-disciplinary group model of baby clinic at a hostel for homeless families
James J. (The Anna Freud Centre, United Kingdom), Newbery J. (The Anna Freud Centre, United Kingdom), Sleed M. (The Anna Freud Centre, United Kingdom)
Context: When homelessness and infancy coincide there are huge implications for the parental mind and infant development. The primary intra-psychic anxieties of childbearing join with the harsh realities of uncertain, crowded accommodation. In addition, many homeless families have been displaced from other countries, are fleeing domestic violence and experience mental health problems. Their infants have increased vulnerability to neurobiological and attachment difficulties. Such families are notably hard to engage and leave professionals at a loss and extremely concerned. Practice: An innovative model of baby clinic has been developed in a hostel for homeless families. It brings together community nursing for under fives (health visiting in UK) with parent-infant psychotherapy. Ordinary, non-stigmatising baby care services are offered, including weighing and immunising, alongside a therapeutic group culture with priority to infant mental health. Teaching: DVD clips will show how it is possible to form a positive, attachment enhancing atmosphere within the routine setting of a baby clinic. There will also be illustrations of a disconnected mother and baby with an intervention to support their relationship in the group. Techniques will be presented for how to shape a rhythm that is responsive to infants, with non-verbal relating, modelling and the use of the body. Issues discussed will include: meeting the group's aim to foster parent and baby relationships in relation to competing adult concerns, the role of an integrated team in observation, identification of risk and treatment pathways. Research process: This baby clinic model was evaluated in terms of its contribution to infant development and parent-infant interaction. An overview of the process will be discussed, to include recruitment (at both control and intervention site hostels), the measures used and dvd clips of free-play. Implications: Based on the experience of this model, it will be proposed that traditional baby clinics are missed opportunities, especially for hard to reach infants who need attention now, not later when times are better. This adaptation of a universal service supports the role of community nursing and is both accessible and inexpensive. A poster presentation of results from the research evaluation is being submitted to the conference to complement this workshop.

12:30 - 14:00 Poster Session 3: Posters 218-319
14:00-15:00

Plenary Lecture 4
Award Ceremony: Rene Spitz Award
Chair: von Klitzing K. (Germany)

René Spitz Distinutished Lecture

Communication before language

Tomassello M. (Max Planck Institute for Evolutionary Anthropology; Leipzig, Germany)

15:30-17:00

Interface 3: Understanding multigenerational coparenting: Integrating dyadic and triadic observations

Discussant: McHale J. (United States)

Dickstein S. (Brown Medical School, Bradley/Hasbro Research Center, Bradley Earl Childhood Clinical Research Center, United States), Lindahl K. (University of Miami, United States)

17:15-18:45

Meeting: Infant Mental Health Journal

Hosts: Fitzgerald H., Weatherston D.

Reception for Associate and Consulting Editors of the Infant Mental Health Journal

CT 14 Clinical Teach-In: Feeding difficulties: Intervention in early infancy

Benbasa D. (Turkey) Why "taking in" becomes so dangerous? I will be presenting two cases to describe my approach to treating feeding difficulties. The focus of my work is exploring family relationships. Specifically, I try to understand the missteps in the family dance, which in turn leads me to the emotional issues, which are often at the heart of feeding difficulties.

CT 15 Clinical Teach-In: When transition is failing - between longing for a child and cruelty. A study of adolescent mothers and their babies

Kalckreuth B. (GAIMH, Germany), Wiesler C. (GAIMH, Germany)

We report about 10 adolescent mothers aged 14-25 and their babies aged 1 to 6 months who needed a special therapeutic approach. They were referred to our baby clinic either by the social services or by the mother-and infant institution where they live and which provides them with a maternal matrix. Their care for the babies is supervised and assisted by social workers and education specialists. Mothers continue school, professional training or work in the household of the institution while their babies are cared for in a day nursery. These mothers were all diagnosed with one or more of the following: borderline personality, depression, bulimia, emotional neglect or kleptomania. The babies had regulation disorders. The fathers of the babies were absent. This fact could not be resolved but nonetheless reflected during therapy. A special approach was needed to keep mothers and baby coming to the psychotherapeutic sessions which consisted in: Watching the baby together, sharing of feelings, mentalizing the state of the baby, providing containment for mother and baby, marking out the good moments between mother and baby, answering mother’s questions about her child, and thus providing a safe base and creating an intermediate room. The representations of the mother as mother in relation to her baby could thereby be approached. Structural deficits were detected, balanced and reflected in the institutional setting as well. One mother was referred to a special mother-baby unit in a psychiatric hospital where she had medication, video assisted training and group therapy. One borderline-mother had to be hospitalized. Her three month old baby was placed in a foster family living close. Daily contact protected the attachment of mother and baby. The youngest mother was taken into foster care without her baby who was placed in a foster family of its own with regular contact. Mother returned to school and partly to her life as a child in a family which has been disrupted. Finding the entrance to the mother-child-representational world is enhanced by an institutional maternal matrix and a secure psychotherapeutic base. The psychic and somatic development of the babies was satisfying.

CT 16 Clinical Teach-In: From intersubjectivity to attachment: A therapeutical project co-created with parents and babies


Pereira M., Lourenço L., Rodrigues C., Areosa M. (Baby Investigation Nucleus, NIB, Portugal)

The Baby Investigation Nucleus (NIB) defends a preventive, clinical and pedagogic model — "NIB moments therapy”, based on the complementary relational paradigm and participative observation, focusing on working with parents and babies, emphasising the play and the relational co-creation as methods. Methods: Weekly, 45-minute, video recorded sessions with family groups, in co-therapy. The recordings are analysed every week by the therapists and every six months together with the parents, aiming to assess the relational transformations that occurred during the therapeutic process and in their daily lives. Therapists either put themselves in the place of the mother/father/family or the baby, mirroring their intentions, needs and relational competences, functioning as relational enablers of the intersubjective encounter. Sample: Two clinical case studies from a therapeutic group of infertile women are presented, one with an adopted 5 month baby and another with a 3 month baby (in vitro fertilization). As a model of healthy development process (no infertility problem), a third clinical case from a multiracial family that was accompanied in domiciliary sessions is also presented. Discussion: After 2 years work, the quality of the affective bond offered in the sessions empowers the parents subjective features,
which determines the activation of a "permanent intersubjective matrix" (Stern, 2004), fostering the creation of implicit relational bonds with their babies and originating expectation and enthusiasm towards the other - «innate contingency-detection analyzers» (Gergely, 2007) — paving the way towards affective intent. Furthermore, understanding the nature, evolution, quality and type of bonds created in the dyadic and triadic relations, as well as the intersubjective awareness, seems to potentiate a higher responsive capacity between parents and babies and also a questioning about the quality of the attachment formed between the dyad. This exploratory methodology — NIB Moments Therapy - appears to enhance the intersubjective co-creation and the internalization of new relational styles (explicit and implicit), the underlying mechanisms of attachment. Keywords: Affective Bond; Empower; Responsive Capacity; Therapeutic Moments; Internalization of a New Relational Style; New Relationship; Affective Intent.

CT17 Clinical Teach-In: Complex is usual: Case presentation of an uncommon encounter between an uprooted Mozambiquan mother, her premature child and a German psychotherapist
Walter J. (KKH Wilhelmshof, Germany), Pölzlbaier K. (SLK-Kliniken Heilbronn, Germany)
Psychoanalytically based family therapy deals with real life problems, the development of biographical meanings, wishes, frustrations and defenses. We present a mother-infant psychotherapy between a Mozambiquan/ Goan/Portuguese mother and her extremely premature child (23rd Week, 350 g). The infant never had accepted any food for the first two years and showed extreme growth deficits and some developmental deficits. An important move in the development was introduced through cultural talks between the mother and a German family therapist, who had personal knowledge of Mozambiquan culture and stories. Links to the family history with transgenerational bowel symptoms also reappeared in the child who would not eat and grow. Relinking with an unknown past was central in the mother’s development. Intercultural aspects of transference and countertransference working with uprooted parents are worked out. The follow up covers 5 years of development.

Poster Workshop: Preventive Intervention
Facilitator: Austin M.-P (Australia)
PW56 Early childhood prevention and intervention: Successful strategies
Renner I. (National Centre on Early Prevention, Germany)
In recent years many dramatic cases of child neglect and abuse have shown that child protection is continuously faced with new challenges. Within the 16 Federal States there are already diverse support schemes to help families with infants and toddlers in difficult circumstances to carry out their parental duties, thus helping to prevent child neglect and abuse. However at present only few scientific studies indicate which types of support are actually effective. Which strategies of early childhood prevention and intervention are effective in protecting children from dangerous situations? Which strategies are effective in giving parents the necessary skills to deal with their challenges in a competent way? In order to answer these and many other questions the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth support a total of ten projects that are accompanied by research teams. Findings of the scientific monitoring will be the basis of guidelines and recommendations for practitioners in the field of early childhood prevention and intervention, and will help to further develop the field and to build up and extend support systems across the country. The projects are coordinated and funded by the National Centre on Early Prevention (NZFH) that was set up 2007 within the framework of the German federal action program "Early Prevention and Intervention for Parents and Children and Social Warning Systems" run by the Federal Ministry for Family Affairs.

PW57 Effectiveness of early home visiting in fostering parental skills of high-risk primiparous women - Preliminary results of the pilot project – "Pro Kind"
Jungmann T. (University of Rostock, Germany), Ziert Y. (Criminological Research Institute of Lower Saxony, Germany), Kurtz V. (Criminological Research Institute of Lower Saxony, Germany)
Objectives: Since 2006 the pilot project "Pro Kind" is running as an adaptation of the US evidence-based home visiting Nurse-Family-Partnership Program (e.g. Olds et al., 2004) in three German federal states (Lower Saxony, Bremen and Saxony). Financially and socially disadvantaged first-time mothers are supported already during pregnancy. The practical work of the home visitors is grounded in developmental theories of human ecology, self-efficacy, and human attachment. Home visitation aims at detecting and reducing risks already in pregnancy and dysfunctional care of the infants in their first two years of life as well as strengthening parental skills and resources in the family context. Therefore, a German version of the Partners in Parenting Education (PIPE) curriculum (Perkins et al., 2002) is implemented aiming at enhancing mothers’ skills concerning their children. Methods: Effectiveness of the pilot project "Pro Kind" is tested using a longitudinal randomized control group design. 674 women are enrolled in the pilot project so far. Detailed standardized questionnaires assess self-rated maternal attachment and competencies at enrollment, near the end of pregnancy and at the children's age of 6, 12 and 24 months. The quality of the mother-infant-interaction is assessed in 3 to 5 minutes videotaped play interactions using the CARE-Index (Crittenden, 2006) at 6 and 12 months of child's age. This evaluation instrument is also useful to identify potentially risky interaction dyads for child neglect or abuse. Results: Self-rated attachment and parental skills increase in women during pregnancy and after child birth in both groups. There are no significant treatment effects on self rated attitudes towards children so far. More valid data from the CARE-Index will be available early next year. Data from these different sources will be compared and correlated to answer questions of methodological as well as practical relevance. Above, combining these data sets will give interesting insights in the effectiveness of a curriculum fostering parental skills in the German model project "Pro Kind" and its
PW58  Family midwives: Strengthening maternal self-efficacy by professional care for families with infants who are at risk for child neglect and abuse
Behrens J. (Martin Luther University Halle-Wittenberg, Germany), Luderer C. (Martin Luther University Halle-Wittenberg, Germany), Ayerle G. (Martin Luther University Halle-Wittenberg, Germany)

Background: In Germany in the past couple of years issues of prevention of child neglect and abuse have been in public and political discussion. Since 2006 the project "FrühStart" offers home-visiting services by family midwives as part of the Early Warning and Child Protection Network (EWCPN). Vulnerable families are visited beginning in pregnancy and continuing up to their infant's first birthday. This preventive low-barrier approach aims at safeguarding the physical and psychosocial health of infants vulnerable to potential neglect and abuse. Research Goals To explore effects of continuous home-visiting by family midwives on maternal self-efficacy and maternal competencies as well as the subjective maternal appraisal of the family midwives' service. Research questions: How effective is the continuous service by family midwives throughout the first year of infancy with regard to strengthening, or stabilizing, the self-efficacy of mothers, their competencies, their relationship to their child, as well as their child care? What kind and what scale of preventive interventions are initiated by family midwives with regard to maternal care-giving, emotional and practical support, as well as the parent-child-interaction? What are the patterns of interdisciplinary cooperation with other professionals of the EWCPN? How do the women appraise the preventive service offered by family midwives? Methods: Two methodological components of the evaluation of this project are presented: the quantitative analysis of the extensive documentation by family midwives (pre-post assessments; interventions) as well as of standardized questionnaires (subjective appraisal). Results: Family midwives offer diverse informational, psycho-educational, and practical support with regard to child care, child nutrition, parent-child-interaction, as well as use of resources and public assistance. Over the course of infancy maternal self-efficacy, child care and family-related competencies are improved or stabilized. The effect, however, differs depending on the cause for termination, and duration, of care. The services are highly valued by the target group. In families at high risk for child neglect and abuse the family midwives engage in close collaboration with professionals of the EWCPN. Conclusion: Family midwives in Saxony-Anhalt offer effective preventive services and interventions to psychosocially and medically vulnerable families whose infants are at risk of child neglect and abuse.

PW59  What works in attachment based early intervention? Results of a multi-site intervention study with young high risk mothers using the STEEP-program
Suess G. (Hamburg University of Applied Sciences, Germany), Bohlen U. (Hamburg University of Applied Sciences, Germany), Mali A. (Hamburg University of Applied Sciences, Germany), Maier F. (Haus des Lebens Offenburg, Germany)

Since 2001 STEEP™ (Egeland and Erickson, 2004), an attachment-based two-year intervention program for young high risk mothers, has been implemented in three different cities in Germany in cooperation with different child welfare agencies and is being evaluated. All mothers were under 25 years, low educated, and are fulfilling the requirements of receiving German Child Welfare Support. Mothers of the treatment group were recruited randomly during pregnancy or shortly after birth and mothers of the control group, who received treatment as usual within German Child Welfare System, were recruited at their baby’s age of 12 Months. Both groups are followed up to the babies’ age of 24 months. STEEP intervention was carried out by the STEEP-workers at the different sites at different points of time. Extensive data were collected at baseline (treatment group), at babies’ age of 12 months (treatment and control group) and 24 months (treatment and control group); here we are reporting midpoint results. Data collection included the Adult Attachment Project (AAP) of STEEP-workers and mothers at the start of the program (baseline), and Ainsworth’s Strange Situation Procedure (SSP) at 12 month of babies’ age (midpoint). At both time points we were assessing the Parenting Stress Inventory (PSI-SF), Depression Screening (EPDS), Adult-Adolescent Inventory (AAPI) and the Attributional Style Questionnaire (ASQ). Preliminary results of a smaller group of treatment (n=38) and control group (n=10) mothers indicated evidence for the efficacy of the STEEP-Program (p=0,057). The attachment representations of the STEEP workers had a significant influence on successful intervention within the STEEP-Group (p<0,05). We report now results up to our midpoint (12-month-) assessments of 60 young mothers and their babies of our STEEP Intervention-Group and of 20 mother-infant pairs of the control group, who received treatment as usual. Implications for providing support for young high risk mothers to become good enough parents and to develop protective relationships with their babies are being discussed with respect to implementation, training and supervision within the German Child Welfare System.
children also is defined as a factor for protection against later mental diseases. To measure the effects of intervention, different methods (self reports, interviews and a video method) are used in pre-post-test-design with a distance of nine month. How will the level of felt social support change during the nine months? Will the level of parental stress be reduced? Will the parents feel more competent to handle the education of their children? What kind of support will be the most helpful from the parent's point of view? Will the attachment between parents and children be closer? The answers of these questions are necessary to establish a functional system of prevention and support for parents with mental diseases and their children in the region of Mecklenburg-Vorpommern.

**PW61 How to integrate family midwives into the regular early support system in Germany**

Schuecking B. (University of Osnabruceck, Germany), Makowsky K. (University of Osnabruceck, Germany)

Objectives: The overall goal is to prevent neglect of babies in vulnerable German families. Family midwives get a specialized training to provide care for (expectant) mothers in difficult life situations up to one year postpartum. In addition to normal midwifery care, to which every pregnant woman and mother upon 8 weeks post partum is entitled, the work of family midwives includes social support options. Family midwives aim to empower pregnant women and young mothers to enable them to care for their babies. Family midwives give support for example for developing a stable daily structure or foster the integration into social networks. Although the work of family midwives is well evaluated and shows positive results, there is no regular offer of family midwives funded by the German youth welfare services or health care system. Thus, the evaluation of the family midwife project in the district of Osnabruceck investigates acceptance, accessibility, possibilities to promote mother’s and children’s health and well-being and concentrates on the linkage of family midwives into the early support system. Methods: Consumers, family midwives and significant providers (both of health care and social work) are addressed by the prospective longitudinal study. With two surveys women supported by family midwives are asked to answer standardized questionnaires with issues on the development of pediatric and maternal health, social support and well-being. In addition, based on qualitative research methods, views of consumers, family midwives and significant providers according to experiences with family midwives are acquired. Results: An initial data analysis shows that family midwives are generally well accepted. Their care is accessible for women in difficult life situations. They support interpersonal skills of mothers (and their children) in different and individual ways. Cooperation of health providers and social workers can be intensified. The linkage of the family midwives into the youth welfare system is about to be expanded. Data on changes in mother’s and children’s health, well-being and development will be available in 2010. Conclusions: Preliminary results verify the positive effects of the care provided on the target group. Administrative decisions to integrate family midwives into the regular early support system are underway and should also address cooperation of health providers and social workers.

**PW62 Project Early Interventions for Families (PFIFF)**

Cierpka M. (University Hospital Heidelberg, Germany), Eickhorst A. (University Hospital Heidelberg, Germany), Sidor A. (University Hospital Heidelberg, Germany), Schweyer D. (University Hospital Heidelberg, Germany), Kunz E. (University Hospital Heidelberg, Germany)

The project "Early Interventions for Families" (PFIFF — "Projekt Frühe Interventionen für Familien") is an accompanying research project of the intervention project KfdN ("Keiner faellt durchs Netz"; "Nobody falls through the net"). In the last years the number of cases in which children and particularly infants were mistreated and abused raised dramatically. The aim of the project "Nobody falls through the net" is to support all kinds of young families, especially high risk families, and to prevent child neglect and child abuse. Thus, there is a great need to intervene and this as early as possible. As midwives have a good reputation in Germany and as young mothers do trust them, we chose them as the ones to go into the families' homes during the baby's first year of life and to support the young high risk families. During home visits midwives teach and support parents how to detect their infants' signals, increase their parenting skills and sensitivity. The aim of the present study, PFIFF, is to evaluate the effectiveness of the intervention offered to the participating families within KfdN. PFIFF is a quasi experimental study, i.e. a controlled study in a naturalistic setting. The control group is recruited in regions outside the implementation area of KfdN. The control and the experimental group will be matched according to the degree of the adversities. The evaluation includes four points in time: at about 4 months, 6 months, one year and two years of age. The sample comprises 300 families at psychosocial risk (i.e. poverty, alcohol or drug abuse, lack of social support, teenage mothers, maternal psychic disorder), respective 150 families in the experimental and in the control group. Data on parent-child-interaction are collected by use of the standardised observation method CARE-Index (Crittenden, 2005); data on children developmental stage are collected with the "Ages and Stages Questionnaire" (ASQ, Squires, Potter & Bricker, 1999). Several further self-report questionnaires assessing child and parental situation are applied. The first results from the first and the second point in time will be presented. We will explore possible links between maternal postpartum depression (EPDS), maternal distress (PSI/SF) and sensitivity (CARE-Index). We will test gender effects (mothers vs. fathers) on parental distress as well. Furthermore, we will examine the links between the child's temperament, its developmental stage and its self regulatory problems.

**PW63 Evaluation of early prevention and intervention for parents and children and social warning systems in North Rhine-Westphalia and Schleswig-Holstein**

Boettcher W. (WWU Munster, Germany), Ziegler H. (Bielefeld University, Germany), Bastain P. (WWU Muenster, Germany), Lenzmann V. (WWU Muenster, Germany), Lohmann A. (WWU Muenster, Germany)

As part of the programme - Evaluation of Early Prevention and Intervention for Parents and Children and Social Warning Systems", the University of Münster is conducting an impact evaluation of 15 projects in the German states of North Rhine-Westphalia and
Schleswig-Holstein. The poster presentation shows our evaluation design, which is modelled on the concept of ‘realistic evaluation’ by Pawson and Tilley. In comparison with traditional randomised control studies, realistic evaluation appears to be the most appropriate approach to generate evidence for the effects of Early Assistance and care treatments. This research approach does not focus on linear cause-and-effect relationships but aims to explore the interplay between the many different contexts of social interaction that have an effect on the receiver of the assistance. The inclusion of effective mechanisms is of great importance to such a research project, as they will help to provide and support a coherent theoretical framework required to measure effects. By identifying and knowing such effective mechanisms professional staff is put in a position to make accurate and suitable decisions specific to the individual case and context. On the basis of this evaluation concept we expect conclusions about the effectiveness and development potential of local social warning projects and Early Prevention and Assistance.

**PW64 National Centre on Early Prevention**
Renner I. (National Centre on Early Prevention, Germany)
The National Centre on Early Prevention (NZFH) was set up 2007 within the framework of the German federal action program "Early Prevention and Intervention for Parents and Children and Social Warning Systems" run by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. Its task is to further develop the field using knowledge-based methods and to build up and extend support systems across the country. Responsible for its work are the Federal Centre for Health Education (BZgA) and the German Youth Institute (DJI). The Centre is based at the BZgA in Cologne. The following tasks have been assigned to the NZFH: "Knowledge platform: The collection and systematic organization of scientific information about various models of early childhood intervention and prevention. "Communication: Knowledge-based publicity aimed at specialists as well as the general public in order to enhance knowledge about and sensibility to the importance of early childhood intervention and prevention. "Transfer: Motivation and support of practitioners in the field of early intervention, particularly those who are politically active, to facilitate the further development of existing approaches and structures and their incorporation into the standard support system. In the context of knowledge collection and organization (knowledge platform) the NZFH supports a total of ten model projects in all 16 German federal states. The ten pilot projects cover a broad spectrum with regard to the specific focus of the practical support models as well as with regard to the methodology of the scientific monitoring. Despite their diversity the pilot projects have one goal in common: they will help to close knowledge gaps in the field of early childhood intervention and prevention through scientific monitoring processes.

**PW65 Infant mental health treatment: The importance of theory based approaches to intervention**
Stacks A. (Wayne State University, Merrill-Palmer Skillman Institute, United States), Hadi Z. (University of Michigan, United States), Muzik M. (University of Michigan, United States), Muzik M. (University of Michigan, United States), Kissgen R. (University Cologne Department of Human Sciences, Germany), Steinhardt K. (University of Vienna, Austria), Zolnoski S. (Merrill-Palmer Skillman Institute, United States), Partridge T. (Wayne State University, United States), Schuengel C. (VU University Amsterdam, Netherlands)
A secure attachment in infancy provides for optimal development. Research supports the importance of parents own attachment representations and their ability to read and respond sensitively to their baby's cues or signals. In addition to one's history being parented, traumatic events, life stressors, and mood disorders also influence the caregiving environment. This symposium highlights the importance of attachment-based work with both high-risk and low-risk families. Three interventions will be described and data highlighting their effectiveness will be discussed. The results of these interventions demonstrate the importance of theory driven, early intervention from highly trained mother-infant therapists. The interventions in this symposium are similar in their goals to improve parenting as a means to influence child outcome, but different in the populations they serve, highlighting the importance of early intervention for both high and low risk families. The interventions described in this symposium differ in 1) treatment length and method, 2) curriculum — two programs use established attachment based curricula, while another is guided completely by provider judgment, 3) treatment context — two of the treatment programs are university-based intervention studies while the other is an intervention in the community staffed by non-university affiliated professionals with limited training in attachment and infant mental health, and 4) targeted outcomes — two programs aim to improve parenting sensitivity and increase rates of infant attachment security while the other seeks to decrease beliefs about harsh parenting, provide families with basic needs, and support optimal cognitive language and social-emotional development. Differences allow for a discussion of the important components of interventions and future directions for intervention studies.

**PW66 Hospital based home visitation to prevent child maltreatment: A multi-disciplinary approach**
Stacks A. (Wayne State University, Merrill-Palmer Skillman Institute, United States), Zolnoski S. (Merrill-Palmer Skillman Institute, United States), Partridge T. (Wayne State University, United States)
Overview. Preventing child abuse and neglect (CAN) is of great consequence to hospitals because of the increased medical costs associated with CAN. This presentation describes a hospital based, multi-disciplinary intervention aimed at reducing parenting and environmental risk factors associated with CAN and improving developmental outcomes. Background. In the United States the estimated costs of CAN is more than $24 billion/year; hospital costs associated with providing medical care for these children is $5.4 million/year. Home visiting programs aim to prevent CAN by influencing parenting factors that have been linked to CAN including: knowledge of development, abusive parenting attitudes, mental health, stress and social support. By changing these factors, home visiting programs seek to improve developmental and health outcomes associated with CAN. Evaluations of home visiting programs...
have resulted in mixed findings. For instance, Gomby's (2005) meta-analysis suggests that home visiting rarely produced effect sizes exceeding .20. Home visitation programs however can be effective. Olds (2006) indicates that these programs are most effective when they target high-risk families and use highly trained professionals who carefully follow a research-based model of intervention. Program Description The Supporting Families in Pediatric Practice Program is housed in a Children's Hospital in a very high risk urban community. The program is staffed by a Clinical Social Worker, a Nurse Practitioner, and a paraprofessional who work together to meet families physical and mental health needs and to improve parenting beliefs associated with child maltreatment. Data. Pretest data have been collected from 17 program families. A comparison group of 12 families has been recruited and data collection is ongoing. Post-test data is currently being collected from families in the intervention group and will be complete for all groups by June 2010. Data presented will include differences between pre- and post-test scores for both the intervention and control groups in the areas of maternal mental health, child abuse potential, discipline beliefs, and stress, and child development for both the intervention and control groups. Preliminary data suggests that 50% of parents have discipline beliefs that put them at high risk for maltreatment and 50% of children have developmental delays.

PW67 Promoting maternal sensitivity in support of the emerging mother-infant attachment: results from a brief in-home intervention
Steinhardt K. (University of Vienna, Austria), Kissgen R. (University Cologne Department of Human Sciences, Germany)
A secure attachment reflects the child's ability to use the adult as a secure base from which to explore the world or as a reliable source of comfort during times of distress, and subsequently provides a solid foundation for positive child outcomes. Research supports several powerful predictors of child attachment security including parents' own secure attachment representations, as well as parental sensitivity in response to the baby's cues or signals. The presented paper reports results from the first attachment-disturbance prevention study in Austria, which aims to enhance rates of infant attachment security in a low-risk sample through enhancement of maternal behavioural sensitivity modelled during brief home-based visits. Background Most current work is focused on intervention research with high-risk dyads or families aiming to ameliorate parental risk behaviour and decrease attachment disorganization. Less work has been done on “caregiving enrichment” in low risk samples with the aim to explore whether this may enhance rates of secure parent-child attachment relationships beyond the typically cited rates of 75% in low risk samples (cite). The present project was designed with the research question whether a short term preventive intervention in the home setting can observably enhance mothers' behavioural sensitivity and subsequently lead to more secure attachments between mothers and their children. We hypothesize this to be the case, and thus propose that we would observe higher prevalence of attachment security in the preventive intervention group compared to a control group. Study design The study is a randomized trial with one preventive intervention arm, and one control arm. 54 healthy primiparous mothers were enrolled. The preventive intervention consisted of two psychoeducational home-visits (before childbirth and 6 weeks postpartum) during which mothers receive information meant to promote sensitivity to the baby's cues, and are left with 4 handouts containing similar information (taken from the STEEPTM-Program), meant to be placed in a prominent place in their home. All participants undergo extensive assessments tapping into mothers' own attachment representations assessed via the Adult Attachment Projective (AAP) test in pregnancy and 3 years postpartum, mother-child interactions (measured multiple times until 18 months postpartum), and child attachment (using Ainsworth's Strange Situation Procedure at 12 and 18 months postpartum). Data Preliminary data analyses were performed on the prenatal measure and show high rates (50%) of insecure maternal attachments on the AAP. Data coding and analyses for postpartum measures are currently underway, and final results will be available in June 2010. Primary outcome variable is the frequency of secure attachment classifications among the preventive intervention and control group.

PW68 Comprehensive care model for mothers and children in need: The mom power project
Muzik M. (University of Michigan, United States), Hadi Z. (University of Michigan, United States), Rosenblum K. (University of Michigan, United States)
Overview Maternal perinatal mood and anxiety disorders have been associated with increased risk for both problematic parenting and subsequent infant and young child developmental outcomes. The peripartum is an important window of opportunity for health promotion for both mother and the child, and is thus a time when mental health intervention for the mother can be very effective and may prevent the emergence of early parent-child relational disturbance. The current study represents an effort to establish and formally evaluate the efficacy of an preventive, attached-based psychoeducational parenting group (Mom Power) in the community designed with the research question whether a short term preventive intervention in the home setting can observably enhance mothers' maternal behavioural sensitivity modelled during brief home-based visits. Background Most current work is focused on intervention research with high-risk dyads or families aiming to ameliorate parental risk behaviour and decrease attachment disorganization. Less work has been done on “caregiving enrichment” in low risk samples with the aim to explore whether this may enhance rates of secure parent-child attachment relationships beyond the typically cited rates of 75% in low risk samples (cite). The present project was designed with the research question whether a short term preventive intervention in the home setting can observably enhance mothers' behavioursensitivity and subsequently lead to more secure attachments between mothers and their children. We hypothesize this to be the case, and thus propose that we would observe higher prevalence of attachment security in the preventive intervention group compared to a control group. Study design The study is a randomized trial with one preventive intervention arm, and one control arm. 54 healthy primiparous mothers were enrolled. The preventive intervention consisted of two psychoeducational home-visits (before childbirth and 6 weeks postpartum) during which mothers receive information meant to promote sensitivity to the baby's cues, and are left with 4 handouts containing similar information (taken from the STEEPTM-Program), meant to be placed in a prominent place in their home. All participants undergo extensive assessments tapping into mothers' own attachment representations assessed via the Adult Attachment Projective (AAP) test in pregnancy and 3 years postpartum, mother-child interactions (measured multiple times until 18 months postpartum), and child attachment (using Ainsworth's Strange Situation Procedure at 12 and 18 months postpartum). Data Preliminary data analyses were performed on the prenatal measure and show high rates (50%) of insecure maternal attachments on the AAP. Data coding and analyses for postpartum measures are currently underway, and final results will be available in June 2010. Primary outcome variable is the frequency of secure attachment classifications among the preventive intervention and control group.
mothers with tools and skills to appropriately meet their children's needs as well as regulate their own mental health and stress symptoms. Data Data collection is complete on 17 dyads; however we expect data on approximately 60 mother-child dyads by June 2010. Data presented will include difference scores from pre- to post-test assessments for the intervention group in the areas of maternal depression, anxiety, PTSD, mother-child bonding, and feelings about parenting; furthermore observational data on mother-child interactions from pre-and post group in-home visits will be presented. Preliminary data on the first 17 dyads show that despite ongoing trauma in the mothers' lives (60% experienced traumatization during intervention), mothers' mental health (depression and PTSD scores) and self-rated parenting competence and bonding with child improved significantly.

PW69 WiEge — Wie Elternschaft gelingen kann" (How parenting can succeed)
Ludwig-Koerner C. (Potsdam University of Applied Sciences, Germany), Derksen B. (Potsdam University of Applied Sciences, Germany)
The "WiEge" project has two main purposes: to further evaluate the STEEP approach and to help in the process of building networking structures. STEEP" is an attachment-oriented parent-infant-toddler programme developed and evaluated for early intervention in high-risk families. The young parents are advised by a specially trained STEEP" counsellor in their parenting process and supported in forming attachments with their children. A secure attachment is regarded as an important protective factor in the child's development; in the context of successful parenting, it promotes the child's healthy physical and emotional growth. In this project the potential for applying this intervention in especially high-risk families in Germany is discussed and evaluated. It has become clear that the supportive STEEP" intervention must adapt itself to the specific living and risk factors of the families and their children. The STEEP" approach is being assessed to determine its suitability as a social casework method and to what extent it could complement or replace existing child and youth welfare interventions in German families with infants and toddlers. The project additionally supports networking activities through the formation of new working groups or participation in established ones, with the aim of enhancing early child protection.

Poster Workshop: Medical Conditions
Facilitator: Jordan B. (Australia)

PW70 The long-term psychological outcome of the surviving twin of a twin-to-twin transfusion syndrome
Staraci S. (Université René Descartes, France)
Objective To investigate the long-term psychological outcome of the surviving twin of a twin-to-twin transfusion syndrome (TTTS). - Study design The singleton twins underwent a psychological examination at the age of 6 which included a cognitive evaluation using the Wechsler Intelligence Scale for Children (WISC-IV), the Draw-A-Man Test (Goodenough), the Family Drawing Test, the Children Apperception Test (CAT) and a clinical interview with the parents. - Results 27 surviving twins were evaluated at the age of 6. The univariate analysis shows that 80% of the children had normal cognitive evaluations. Goodenough's Draw-a-Man-Test shows us that 64% of the children's results are situated under the median (the median being a mental age of 5.5 years). Two children represented their deceased twin as part of their family in the Family Drawing Test. The CAT reveals a very poor imaginary world, with a constant recourse to the factual world and an over investment in the perceptive reality. It also reveals difficulties in the elaboration of a speech admitting the connection between affects of sadness and the representation of the object of loss. Furthermore, the singleton twin has difficulties elaborating on the perception of aggressive situations. Lastly, on the board n°5, the two bears cubs are perceived as being one bear cub. On the other hand, the clinical consultation with the parents reveals that 90% of the singleton twins knew that they had a twin during the pregnancy . 38 % of them present sleeping disorders. A preoccupation around the death of the other twin is present in connection with survivor's guilt which often expresses itself around the age of 5. For the survivor, the deceased twin occupies the place of a phantom, an imaginary companion or a guardian angel. - Conclusion Among TTTS survivors, the place which the deceased twin occupies is related to the parents' ability to mourn the deceased twin. The death of a twin during the pregnancy is part of the trauma. This death influence the psychic development of the surviving twin.

PW71 Denial of pregnancy and perinatal mourning: Two extreme situations as a paradigm of the mother foetus relationship
Beauquier B. (Hospitl Necker-Enfants Malades, France), Vion E. (Hospitl Necker-Enfants Malades, France), Fostini O. (Hospitl Necker-Enfants Malades, France), Golse B. (Hospitl Necker-Enfants Malades, France)
Through three clinical stories we will try to illustrate several aspects of the mother — fStus interaction. In each of the three clinical situations, pregnancy started with a denial : neither the pregnancy nor the foetus can be thinkable for the mother. The release of denial was associated with a more or less solid investment of the foetus. Then, in these three situations, a death of the baby occurs (by Therapeutic Interruption of Pregnancy, in utero stillbirth, and by consequences of a diaphragmatic hernia discovered after birth) . The work of mourning and the therapeutic support proposed will permit to deploy the different aspects of the maternal foetal relationship in her narcissic and objectal dimensions. We will try to illustrate this specific switch moment when the integration of the maternal function and the objectalization of the baby will permit such a detachment allowing the grieving process to start.

PW72 Clinical prenatal mourning, parenthood and care
Missmonnier S. (Université Paris Descartes Psychologie, France), Vion E. (Hospitl Necker, France), Beauquier B. (Hospitl Necker, France), Golse B. (Waimh France, France), Morisseau L. (Hospitl Institut de Puériculture et de Périatologie de Paris , France), Alvarez L. (Institut de Puériculture, France), Yamgnane A. (Maternity Ward Necker Hospital, France), Plat A. (Université René
PW73 Mourning in the perinatal lethal foetal pathology: Termination or continuation of the pregnancy?

Plat A. (Université René Descartes Psychologie, France), Beauquier B. (Hôpital Necker-Enfants malades Pédopsychiatrie, France), Parat S. (Maternity ward Nekèr Hospital, France), Ville Y. (Hôpital Necker-Enfants Malades Gynécologie, France), Golse B. (Hôpital Necker-Enfants Malades, France), Missonnier S. (Université Paris Descartes Psychologie, France)

During pregnancy foetal pathology concurs to the loss of the imagined child. After a process of identification to the object, the work of separation continues by interiorizing the relationship with the missing object. Representations of the missing object appear to be essential in this work. Here, we speak of "object"; but what is the objectal nature of the foetus? What does it represent for the parents, for the mother? At the time of gestation, this baby-to-be is an "object" within, a "baby of the inside" (« bébé du dedans ») whose parent investment cursor lies between narcissistic and objectal, generally progressing from the first to the second. S. Missonnier conceptualizes this parenting path and develops the concept of Virtual Object Relation (VOR). Would the evolution of the VOR, the childbirth, the baby reception-external object-, be essential to the work of reconstruction of memories and linkage of the representation, both involved in the work of mourning? In the case of severe and incurable diseases, some couples make the choice of a therapeutic termination of pregnancy and others decide to continue the pregnancy. What is this path of mourning that these couples borrow, those who interrupt the pregnancy and those who continue the pregnancy until the meeting with a live baby? Seeing the state of sideration entailed by the trauma of foetal malformation, we will take for hypothesis that the sensitive material that the gestation period and reception of the live baby allow, facilitates the mourning of those mothers. We will also question the narcissistic aspect of the end of pregnancy and of the birth of a baby born alive assuming the positive aspect of the latter on the first for the work of mourning for those women. Using a methodology based on a narrative and thematic analysis of semi-directive interviews, we will consider the testimony of women who continued or terminated their pregnancy in cases of lethal foetal cardiac malformation, one to four years after the death of the foetus or the newborn child. Through a letter from the somaticien doctors of these patients, we will contact 35 subjects for our two groups. After the collection of these data, we will present and discuss our preliminary results.

PW74 Perinatal loss: Group psychotherapy treatment for bereaved mothers

Soubyx M. (Institut de Puériculture et de Pédiatrie, France), Siksou J. (Waimh-France, France), Morisseau L. (Hôpital Institut de Puériculture et de Pédiatrie de Paris, France)

Perinatal death, occurring during the pregnancy or the first days of life of the baby, is always a violent psychic traumatism which often tends to early traumatism. The flaw in the parenting process, the representation of the fetus in the psyche of the parents, the attitude of the environment, the occurrence of death at the moment when life is expected, the chaos in the order of the generations, make the work of elaboration of this loss very complex. In this particular event, the patients may have a psychic functioning marked essentially by prevalency of the projection and the split, a threatening vision of the reality and a narcissistic economy weakened by the loss of this investment: the fetus which was not able to become objectal investment. These situations, because of their traumatic impact, do not always allow an immediate individual access. In our experience, mobilization in group can more contain the archaic fantasies and facilitate a regression which allows a better consideration of the fault and the risk of melancholy bereavements because of narcissistic prevalency of this investment. The pooling by all the mothers of traumatic moment or of traumatic moments is made by verbal exchanges with regard to the lived common experience but also by the mutual identifications of the mothers to each other and to the therapists (a child psychiatrist and a psychoanalyst) being invested alternately as mothers, grandmothers and paternal third party. It allows by all the possible side transfers a diffraction of the splits which of this fact become functional and not structural splits. This kind of group enables an elaboration and a remarkable overtaking of the traumatic experiences and the bereavements. Such a group is intended for women. It allows to refocus the psychic elaboration on the maternity, emphasizing each particular story and so establishes a prevention for future pregnancies. The frame of the group and the group including the mothers themselves and the
therapists, create a transitional space which is likely to facilitate the investment of the spouse, the siblings and the babies to come. As such, it is a real means of prevention. During this Poster Workshop, we shall evoke the design of this group as we implemented it in "Le centre de Guidance Infantile de l'Institut de Puériculture de Paris", the operating procedures and the psychodynamics which develops therein.

**PW75 Relational development in children with cleft lip and palate: Influence of the delay prior to first surgery and parents’ perception of the abnormality**

Grollemund B. (Département d'Orthopédie Dento-Faciale, Faculté de Chirurgie Dentaire, Hôpitaux Universitaires de Strasbourg / Laboratoire d'Ethique et Pratiques Médicales, EA 3424 IRIST, Université de Strasbourg, France), Barrière M. (Pôle Psychiatrie Santé Mentale, Hôpitaux Universitaires de Strasbourg, France), Danion-Grilliat A. (Pôle Psychiatrie Santé Mentale, Hôpitaux Universitaires de Strasbourg / Laboratoire d'Ethique et Pratiques Médicales, EA 3424 IRIST, Université de Strasbourg, France), Pellerin P. (Service de Chirurgie plastique reconstructrice, Centre Hospitalier Régional Universitaire de Lille, France), Delpon P. (Service de Psychiatrie de l'Enfant et de l'Adolescent, Centre Hospitalier Régional Universitaire de Lille, France), Medjkane F. (Service de Psychiatrie de l'Enfant et de l'Adolescent, Centre Hospitalier Régional Universitaire de Lille, France), Frochisse C. (Service de Chirurgie plastique reconstructrice, Centre Hospitalier Régional Universitaire de Lille, France), Guedenay A. (Bichat -Claude Bernard Hospital, France)

The treatment of patients suffering from cleft lip(s) with or without a cleft palate (CL/P) is a difficult multidisciplinary task. Consideration of concerned families during the repetitive appointments required by these treatments show the importance of the psychological context and of the parents-child relationships, since the birth of a child affected by CL/P is a particularly stressing and traumatising event for the parents. Our prospective, multidisciplinary and multi-centred research project aims to assess the psychological perceptions of parents of children affected by CL/P over the year following the birth and analyse the child's degree of psychological suffering as well as the parents-child relationships. The time of the first surgical intervention varies amongst the treatment centres. We listed four centres that intervene at different times according to the more or less long waiting times between the child’s birth and this first surgical intervention. The results obtained for each group will be compared to one another and according to two sub-groups: parents who found out about the CL/P through embryo diagnosis and those who found out at their child’s birth. The underlying hypothesis is that the longer the time period prior to the first intervention is, the more likely the parents’ psychological perception is to affect the parents-child relationship and influence their child’s harmonious development. The mental and psychological dimension due to the malformation and its correction will be analysed in the parents group (importance of the prenatal diagnosis, relational development with the child, self-esteem, quality of life&) but also in the child (likely distress and withdrawal symptoms). We believe the results of this study will enable us to develop new methods to lessen the psychological impact of the malformation on the parents and improve the children's treatment on the long term as much as possible. The results of the study will also be useful to surgical teams that are involved in the treatment of these pathologies to reach an agreement on the best date/time for the first surgical intervention, in addition to other criteria.

**PW76 Child and mother's psychotherapy in subsequent pregnancy and childhood**

Squires C. (Université Paris denis Diderot, France), Morisseau L. (Hopital Institut de Puériculture et de Périnatalogie de Paris, France)

We will compare two different issues in pregnancy after stillbirth and after termination of pregnancy for medical reasons in a follow-up study of two children, one treated in a pluridisciplinary centre of prenatal diagnostic and obstetric ward and the other in a psychiatric care unit. We will expose the mother's treatment in the first case and in the second case, the child's and the parent's treatment based on a psychodynamic approach and multidisciplinary psychiatric care. The first case concerns a woman who underwent a late medical termination of pregnancy and who presented afterwards an intense phobic and psychosomatic pathology, after that she began a psychotherapy. This therapy allowed the elaboration of her disorders in the context of its Oedipal or especially preoedipian and narcissistic problems. She was then able to adduce another pregnancy where the shadow of the dead infant did not prevent the investment of the unborn child. The second case consists of a child with psychotic defenses born 19 months after her mother lost a baby at 5 months pregnancy whose life stopped the same day she learnt her brother committed suicide. Heller and Zeannah (1999) and Hugues (2001) have demonstrated that next siblings of infants who have died perinatally are vulnerable psychologically and show significant levels of insecure disorganised attachment compared to controls. Turton (2009) report that mothers with a history of stillbirth report increased child problems, more adverse interactions and criticism of child actions. We will discuss these issues in the light of our own clinical approach.

**PW77 Impact of a cleft lip and palate on the early mother-child relationship: PTSD symptoms and representations.**

Despars J. (SUPEA, Switzerland), Peter C. (SUPEA Unité de recherche, Switzerland), Borghini A. (CHUV, Switzerland), Habersaat S. (SUPEA, Switzerland), Pierrehumbert B. (CHUV, Switzerland), Ansermet F. (HUG, Switzerland), Hohfeld J. (CHUV, Switzerland)

**Introduction:** The announcement, prenatally or at birth, of a cleft lip and/or palate represents a challenge for the parents. The purpose of this study is to identify parental working internal models of the child (parental representations of the child and relationship in the context of attachment's theory) and posttraumatic stress disorder (PTSD) symptomatology in mothers of infants born with a cleft. Method: The study compares mothers with a child born with a cleft (n=22) and mothers with a healthy infant (n=36). The study has a longitudinal design. Measures: The quality of the mother's representations was classified in a 3 categories system: representations
was defines as Balanced, Disengaged or Distorted (WMCI : Zeanah & Benoît, 1995). The Impact of Event Scale (IES : Horowitz & al. 1979) measure the current subjective distress related to a specific event. Results: The study shows that mothers of infants with a cleft experience more often insecure parental working internal models of the child and more posttraumatic stress symptoms than mothers of the control group. Interestingly, the severity or complexity of the cleft is not related to parental representations and PTSD symptomatology. The maternal emotional involvement, as expressed in maternal attachment representations is higher in mothers of children with a cleft who had an especially high PTSD symptoms, as compared to mothers of children with a cleft having a lower PTSD symptoms. Discussion: Mothers of children with a cleft may benefit from a clinical support, even if they express a low PTSD symptoms. KEY WORDS: cleft, posttraumatic stress symptoms, maternal representations.

PW78 Alice, a case of a premature baby in life threatening medical conditions: A theoretical and clinical perspective on parenthood and child development

Vliegen N. (KULeuven, Belgium)

In this contribution we will present Alice, a case in which after 20 weeks of gestation, severe physical abnormalities of the fetus were diagnosed. Soon after birth, Alice urgently needed surgical interventions, which were only the starting point of a long trajectory of intrusive treatments. Both, the pre-natal diagnosis of abnormality and the post-natal urgent and intrusive surgery impeded the building up of an attachment relationship, as well as the psychological birth of the infant and the normal separation/individuation processes. Verhaest discusses the traumatic aspects of parenting processes in case of severe prematurity. Henderson will discuss how to assess early mother-infant relationship under the pressure of life-threatening medical conditions using the Massie-Campbell Scale of Attachment during Stress. Vliegen will look at interactions between Alice and her mother from an emotional availability perspective.

PW79 Prematurity and life threatening medical conditions: Traumatic parenthood

Verhaest Y. (K.U.Leuven (Catholic University Leuven), Belgium)

Worldwide perinatal mortality is decreasing, due to the important technological progresses in neonatology. Next to this positive tendency there is also an increase in the number of children born prematurely. Survival rates for preterm infants, especially those born before 28 weeks of gestation, has improved strikingly in the mid 1990's due to the use of antenatal corticosteroids, assisted ventilation, and surfactant. Next to this impressive lifesaving high-tech medical evolution, it is important to be aware of the serious impact preterm birth has on the infant, the parents and early parent-infant relationship. The birth of a preterm baby is a multi-trauma (Verhaest, Vliegen, Luyten, Vanhole & Naulaers, 2009) influencing the family system on three levels. There is (1) the trauma of becoming parents prematurely, at a moment one is psychologically not yet ready for the arrival of the child and for the consequent parental tasks, (2) the trauma of being confronted with a child that is physical and psychologically incapable to function outside the mother's womb, and which arouses fears concerning the actual and future health of the child, as well as about being able to keep the infant alive; and (3) the start of life and of the family, taking place on a Neonatal Intensive Care Unit (NICU) as an unexpected, unknown and technical world where normal contact between parents and infant is significantly restricted. Furthermore these parent, infant and ward factors can amplify each other. Although the early mother-infant relationship is known to be protective for the premature infant as it can attenuate the adverse impact of preterm birth, particularly concerning the infant's later competencies and development (Forcada-Guex et al, 2007), this relationship is greatly affected by the three traumatic factors of preterm birth.

PW80 Dying of children in early infancy (0-3 years)

Fiala-Preinsperger S. (medical officen and WPV (Wiener Psychoanalytische Vereinigung), Austria), Fässler-Weibel P. (freelance, Switzerland)

The death of a newborn or of a young child is for parents one of the most dramatic occurrences in their life. Instead of hopeful development there often accrues a disaster for both parents. And it is very hard to find aout again. We want to talk about the starting situation of parents and reflect the very painful grieving process. It is important to discuss ways of support and help for the dying child, its siblings and parents. Of course we apply ourselves to the process of dying and its affects on each family member and reflect needs of each individual. Dying of children is still a taboo subject and very hard to handle for a staff in hospital and other involved people.

PW81 Does an early intervention prevent disturbance in mother - infant relationship in the proximity of traumatic loss?

Belt R. (University of Tampere, Finland)

Some mothers who have recently lost a significant family member become sporadically mentally incoherent and may enter trancelike, altered states of consciousness and behave oddly or frightening toward the infant. Thus, infants born in close proximity to parental loss may be at a greater risk for intergenerational trauma and a development of disturbed attachment style. Moreover, substance abuse background increases the risk. This case illustrates how the mother-infant group psychotherapy - aimed at substance abusing mothers - and which arouses fears concerning the actual and future health of the child, as well as about being able to keep the infant alive; and (3) the start of life and of the family, taking place on a Neonatal Intensive Care Unit (NICU) as an unexpected, unknown and technical world where normal contact between parents and infant is significantly restricted. Furthermore these parent, infant and ward factors can amplify each other. Although the early mother-infant relationship is known to be protective for the premature infant as it can attenuate the adverse impact of preterm birth, particularly concerning the infant's later competencies and development (Forcada-Guex et al, 2007), this relationship is greatly affected by the three traumatic factors of preterm birth.

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S187 Symposium: Clinical symposium: psychoanalytic parent-infant psychotherapy - whose psychic reality or realities are we approaching?

Chair: Schmitt F. (Finland)
Silfverskiold C. (Swedish Psychoanalytic Society, Sweden), Silfverskiold C. (Swedish Psychoanalytic Society, Sweden), Silfverskiold C. (IPA, Sweden), Pollak-Cornillot M. (Paris Psychoanalytic Society, France)

The panel will discuss parent-infant-treatment from a psychoanalytic perspective with different contributions from experienced psychoanalysts in Sweden, Germany and France. 1. Camilla Silfverskiold will discuss an infant-mother relationship with postpartum depression, where both parties were under the threat of unthinkable anxieties and were withdrawn into depressive states. During treatment they found that infant and mother shared, in some important aspects, the same psychic reality. She suggests that treating mother and infant together, addressing both parties as intentional subjects, gave them great advantages in understanding and working through their traumas. The frequency of treatment was 2-4 sessions per week. 2. Cornelia Wegeler-Schardt and Angela Koehler-Weisker will discuss a psychoanalytic parent-infant-cotherapy where mother and father cannot "bring their infant into the world" because the parents could not contain it emotionally. During treatment emerged that the repressed misery of their own experience of separation interferes and pushes them to repetition. The case illustrates early defense mechanisms e.g. adhesive identification (E. Bick, D. Meltzer) and how they can be solved. 3. Michele Pollak-Cornillot will present an infant-parent treatment that will allow a discussion on how psychoanalytically psychotherapeutic setting engages both parents in an elaboration of both internal conflicts and past trauma freeing in this way the child from parental projections deriving from such conflicts and trauma and making it possible for the parents to identify the child as a separate being, certainly bearing resemblances and inscribed in their filiation but clearly distinct from their own parental figures.

S188 Threatened love: Psychotherapy with a 5 month old girl and her mother
Silfverskiold C. (IPA, Sweden)

Camilla Silfverskiöld will discuss an infant-mother relationship with postpartum depression, where both parties were under the threat of unthinkable anxieties and were withdrawn into depressive states. During treatment they found that infant and mother shared, in some important aspects, the same psychic reality. She suggests that treating mother and infant together, addressing both parties as intentional subjects, gave them great advantages in understanding and working through their traumas. The treatment is based on psychoanalytic theory, with a frequency of 2-4 sessions per week.

S189 Excessive crying infant and parental traumas
Pollak-Cornillot M. (Paris Psychoanalytic Society, France)

I propose to present an infant-parent treatment that will allow for a discussion on how a psycho-analytical psychotherapeutic setting engages both parents in an elaboration of both internal conflicts and past trauma freeing in this way the child from parental projections deriving from such conflicts and trauma and making it possible for the parents to identify the child as a separate being, certainly bearing resemblances and inscribed in their filiation but clearly distinct from their own parental figures.

S190 Symposium: Symposium in memory of Salvador Celia
Aragão R. (ABEBÊ-Associação Brasileira de Estudos sobre o Bebê, Brazil), Zornig S. (ABEBÊ-Associação Brasileira de Estudos sobre o Bebê, Brazil), Gutfreund C. (ABEBÊ-Associação Brasileira de Estudos sobre o Bebê, Brazil), Dadoorian D. (ABEBÊ-Associação Brasileira de Estudos sobre o Bebê, Brazil)

Salvador Célia had a great influence on the development of strategies and interventions in Brazil that aimed to promote better conditions for the babies` global development. For those purposes, he made use of his creative thinking, his leadership capacities and his deep commitment to the children and their families. On one hand, he considered of utmost importance to encourage and to improve community`s practices and systems of care directed towards the infants` emotional and global needs. On the other hand, he dedicated his efforts to the training of young professionals, particularly the students of Medicine, emphasizing the need to develop their empathic sensibility towards their patients, the babies and their parents. Inspired by his proposals, and sharing his deep belief in the importance of promoting a good enough environment for the children, we intend to present in this Symposium a discussion based on research findings of four different programs developed in different regions of Brazil. One of the projects is focused on the need to increase forms of narrative (the importance of songs and fairy tales) for infants and their families, part of a risk population of Porto Alegre, one of the major cities of the south region of Brazil. The other two research projects are being developed in Rio de Janeiro: one of them studies the quality of care given to infants in a community day-care center and the other focus on teen-pregnancy, developing preventive interventions during pregnancy. The fourth paper discusses the forms of training designed for infant mental health professionals, from both a clinical and a theoretical perspective, based on works developed in Brasilia and Rio de Janeiro. Although all papers share the common purpose of attempting to improve infant`s care, the different points of view will enrich and further the analysis and discussion of early interventions and practices directed to families and children living in deprived cultural and socio-economic environments. The symposium's goal is to discuss the challenge of creating efficient strategies to deal with infants, their families and the professionals directly involved in their care, in order to improve the current practices and the public policies directed to infants and their families. As we know that the infant constitutes his self within a historic and relational network, we consider, as Salvador Celia deeply believed, that the actions directed to infants should deal with all the people involved in their care:
Furthermore, the possible gatekeeping behaviour of the mother can be observed in the LTP as well as in questionnaires. In the first vein, interrelations can be found between functionality of family interactions and the configuration of relationships of the parents. LTP makes possible to combine the objective observation of the family functioning with subjective questionnaire data such as infant show that even in the first year of life the father can be a resource and an active part in the family. As a research method the LTP. The functions and positive effects of cooperation between the parents and the so-called "triangular competencies" of the constructing dialogues and play all the three participants together. Furthermore, the subsystems co-parenting and the infant's emotionally connected to each other, organizing themselves, taking over different roles (more active and more passive ones), co-

WS68 Workshop: Infant feeding problems: An interpersonal model for assessment and intervention
Bryant-Waugh R. (Great Ormond Street Hospital for Children NHS Trust, United Kingdom), McCrann U. (Great Ormond Street Hospital for Children NHS Trust, United Kingdom), Troup C. (Great Ormond Street Hospital for Children NHS Trust, United Kingdom)
Feeding is a complex behaviour requiring the successful integration of different aspects of development and function, and dependent on a nurturing relationship with a caregiver. Feeding Disorder of Infancy or Early Childhood is included in ICD 10 and DSM-IV-R as a mental disorder, yet often the clinical care of children with feeding problems has a relatively narrow focus on the nature and severity of difficulties around adequate nutritional intake. Current diagnostic criteria locate the problem in the child, yet clinical experience and research suggest that caregivers of such infants experience significant stress and distress, acute anxiety and preoccupation with their child's feeding, and have elevated levels of mental health problems. In turn, these have been found to contribute to dysfunctional interactions, which can exacerbate the feeding problem. Parental difficulties or limitations may be precipitated or accentuated by the infant's temperament, development or medical issues, and prolonged feeding difficulties may lead caregivers to feel unequal to their parenting task and to experience a sense of failure. Such observations have led to calls for feeding problems to be reconceptualized in an interpersonal context; however, there has been no clear model to guide assessment and intervention. In this workshop we describe a practical, evidence-based model, which we have developed to guide our work with infants with feeding problems and their caregivers. It includes assessment of factors demonstrated as being of relevance to infant feeding as well as a four-step process for formulating the feeding problem within an interpersonal context. The model is based on the view that clinically significant infant feeding problems usually have complex aetiology differentially involving child factors, caregiver factors and the nature of the relationship between the two. Systematic elucidation of variables demonstrated to be of relevance can facilitate treatment decision-making and prioritisation of input, with the aim of enhancing the potential for effective, tailored, appropriately targeted interventions. Clinical relevance will be enhanced by the inclusion of case examples from our own practice, as well as discussion about case scenarios known to participants. The session will be structured to allow plenty of time for interaction and to ensure participants have ample opportunity to consider the potential application of the proposed model to their own practice.

WS69 Workshop: Fathers of young infants: Resources, crises and prevention
Pedrina F. (University Kassel, Switzerland)
Although fathers are increasingly present in supporting the development of their offspring, form the beginning on and are sometimes even involved in primary care, little attention is given both in society and in research to the specific aspects of their experience and to their coping with difficulties. Epidemiological studies show that signs of postnatal crisis and depression are present in father too, but unlike in the case of mothers little is known about self-management and therapeutical processes. Becoming a father of a young child and undergoing the experiences of the first months and years within the new triadic relationship is a high achievement of psychosocial adaptation for men. This is especially true for partners of a mother in a crisis after birth, which is a very frequent situation. In this presentation, findings and experiences will be presented from group sessions with fathers, whose female partners got professional support in the context of postpartal psychiatric decompensations. The group work was mainly based on reflections on the fathers' experiences of their own feelings and cognitions related to the changes in their lives after the birth and the incidence of their spouses' problems. One further focus of the presentation will be to show the necessity of a basic theoretical concept specifically focused on fatherhood developments on the one hand and a carefully thematic sensitization of counsellors and therapists for the role of fatherhood in the field of postpartal mental problems in the family. They would so be better prepared for supporting fathers in parent-infant-therapies and for offering them other forms of support if needed.

WS70 Fathers in the Lausanne Trilogue Play
Schwinn L. (University Hospital Heidelberg, Germany), Eickhorst A. (University Hospital Heidelberg, Germany), Frey B. (University Hospital, Germany), Borchardt S. (University Hospital, Germany)
The Lausanne Trilogue Play (LTP) is a semi-structured observational method for diagnostics and research. Within the LTP a systemic perspective on the family is adopted which broadens the view from the mother-child-dyad to the interactions in the triad of mother, father and infant. In the LTP the parents get the task to play and talk to each other in all four possible constellations in the triad. The LTP measures the family's functionality in the global evaluation of the "family alliance" and in seven qualitative categories like being emotionally connected to each other, organizing themselves, taking over different roles (more active and more passive ones), co-constructing dialogues and play all the three participants together. Furthermore, the subsystems co-parenting and the infant's engagement and self-regulation are evaluated. One of the advantages of using the LTP in the parent-infant-consulting is that the father has to be included. He takes his own part and plays his own role in the triad which can get visible with help of the video feedback after the LTP. The functions and positive effects of cooperation between the parents and the so-called "triangular competencies" of the infant show that even in the first year of life the father can be a resource and an active part in the family. As a research method the LTP makes possible to combine the objective observation of the family functioning with subjective questionnaire data such as attachment representation of the parents, their experience of the parental partnership and their relation to their own parents. In this vein, interrelations can be found between functionality of family interactions and the configuration of relationships of the parents. Furthermore, the possible gate keeping behaviour of the mother can be observed in the LTP as well as in questionnaires. In the first
part of the presentation, the LTP and its background for diagnostics and research will be introduced. In the second part we details will be given about using the LTP in the parent-infant consulting and especially how the fathers thereby can be included. In the third part some results of research with the LTP and relational variables will be presented.

**WS71 Including fathers from high risk families in early prevention programs**

Eickhorst A. (University Hospital Heidelberg, Germany), Scholtes K. (Institut für Psychosomatische Kooperationsforschung und Familientherapie, Germany), Cierpka M. (University Hospital, Germany)

Research about fathers has recently undergone a shift in perspective, from looking at the outcome of father absence towards studying the meaning of fathers as emotional as well as instrumental support for mother and child. This change backs efforts to include fathers in early childhood programs. However, experiences have shown that inviting fathers to partake in prevention programs, especially those designed for early childhood, proves to be challenging, even more so when working with high risk families. This talk will start out with a qualitative description, of what men find difficult or challenging during early fatherhood, illustrated by means of case descriptions from the prevention program "nobody falls through the net" ("Keiner fällt durchs Netz"). Afterwards considerations will be made on how to enhance paternal participation in early childhood prevention programs. The following aspects will be discussed: - What do fathers need to get involved in preventive offers? - How does the mothers' attitude influence paternal involvement? - What should be the goals of preventive work with young fathers?

**WS72 Establishing secure attachment networks for high risk infants: The many facets of including fathers in the attachment based STEEP-intervention program**

Suess G. (Hamburg University of Applied Sciences, Germany), Bohlen U. (Hamburg University of Applied Sciences, Germany), Mali A. (Hamburg University of Applied Sciences, Germany)

Including fathers in early preventive intervention programs with young parents being at risk for abuse and neglect is very challenging. Often mothers are ending up being the only responsible parent in raising the children. The partner relationship is often too fragile in order to master the critical transition to parenthood. Sometimes fathers are an additional risk factor for the babies. At the same time the comings and goings of men in the lifes of young high risk mothers are an additional risk factor for good enough parenting pointing to the importance of supporting them to develop satisfying partner relationships. Support for mothers is not only needed for them in order to develop a secure relationship to their babies but also to develop support networks and an own life perspective of being a woman, which involves romantic adult partnerships. Presently most preventive intervention programs for young high risk parents are focusing on mothers because the many tasks, which have to be accomplished in supporting healthy development for babies, are very complex and the rapid development of babies in the first years calls for a strong focus on building effective infant-parent relationships.

Within a multi-site intervention study using the attachment based STEEP intervention program we served up to now 60 young high risk mothers from birth to the baby's 2nd birthday. Preliminary results indicate that STEEP-Group-mothers develop significantly more often a secure attachment relationship with their babies, assessed at 12 months of babies' age with Ainsworth Strange Situation Procedure, compared to a group of Treatment-as-Usual-Mothers. Fathers where included into intervention whenever possible but fathers were also excluded from intervention in cases of violence. We collected mostly sociodemographic data for fathers, e.g. age, educational and cultural background, job situation, but also data reflecting their involvement in child rearing as well as their experience of being a father and data reflecting risk status. Those data in addition to qualitative reports of STEEP-Workers on the many facets of including fathers into the intervention process will provide the base for discussing how this challenging and important task of including fathers in preventive intervention programs for young high risk parents can be better accomplished.

**WS73 Workshop: Infants in nursery: Researching and managing the intense emotions evoked in nursery interactions with infants, parents and staff**

Datler W. (University of Vienna, Austria), Datler M. (University of Vienna, Austria)

Although there is much evidence that children's transition to day care evokes painful anxieties and other intensive emotions which are often overwhelming children as well as their parents and nursery educators, there is little research concerning the question, which dimensions of every day life in nurseries are helpful or restraining children's development. The investigation of this question is one of the main topics of a research project running at the University of Vienna. The project has an interdisciplinary design which includes Young Child Observation as a research tool. In the first part of the presentation the design of the research project will be sketched and the application of some research tools (like the rating of videotaped activities and interactions of 102 children) will be lined out. In particular the approach of doing observation according to the Tavistock model will be described and it will be specified in which way Young Child Observation as a research tool was applied. In the second part of the paper observational material will be presented and results of the analyses of this material will be reported. To illustrate the research findings the development of two young children (who are about two years old) within their first six months in the nursery will be focused: Both children suffer from being separated from mother and father and struggle with emotions like pain, despair or the feeling of going lost. Although the caregivers, who worked in both nurseries, were little sensitive, the quality of relatedness the children experienced differed a lot. This had an important impact on the children's regulation of affects and at least on the children's development as it could be observed in the nursery. The children's contribution to establish and experience a high quality of relatedness will be emphasized. In the third part of the paper we will line out some considerations concerning the relation between the lack of high quality relatedness, unconscious defense activities and caregiver's professional sills as well as "emotional capacities". Consequences for the training and formation of caregivers are
identified.

WS74 Facilitating intimacy between nursery staff and children under three
Elfer P. (Roehampton University London, United Kingdom), Dearnley K. (Tavistock and Portman NHS Mental Health Trust, United Kingdom)

This paper will present the findings of an intensive case study of the relationship between children's interactions with staff and peers and differing patterns of nursery priority and organisation in four different English nurseries. Despite a commitment to attachment interactions in many policy and curriculum documents, these often fail to materialise in practice. Even when there are the necessary permitting resources and structural support to enable attachment interactions, accumulating evidence suggests that in practice nursery staff tend to avoid intimacy prioritising instead practical tasks. One possible explanation is that staff may be anxious about the implications of personally close interactions in a professional context. Using a psychoanalytic conceptual approach to organisational functioning and observations adapted from the psychoanalytic methods originating in the work of Bick, the study aimed to explore whether nurseries that were explicitly attentive to staff emotions were more likely to be nurseries where staff initiated emotionally closer interactions with children. The findings show a positive link between attention to staff emotion and the consistency and sensitivity of staff interactions with children. However the data also shows the importance of peer interactions and nursery routines and procedures in promoting children's security. In the light of these findings, a new model of professional development has been designed for nursery leaders. The paper will describe the model and report on its implementation in a cross section of English nursery settings. The training as well as organisational and policy implications of the research findings will be explored.

WS75 Relationships between parents and nursery staff: Ways of encouraging trust.
Greenfield S. (Roehampton University, United Kingdom)

The importance of parent-professional partnership to assist infants and young children moderate the stress involved in transitions between home and nursery has been recognised yet It has been acknowledged that partnership between parents and nursery staff is rarely easy to achieve. Parents may be involved in the setting but a distinction can be made between involvement of parents and engagement of parents, the former being reactive and the latter proactive. Young children's relationships with others have a role in their learning and development but there is frequently a lack of understanding and trust between parents and nursery staff and this can have an effect on the construction of relationships between nursery staff and young children. This paper will report on research to investigate this lack of trust and understanding and how relationships can be strengthened between nursery staff and parents. Home visits were made to parents who were interviewed after being shown video clips of their children taking part in activities at nursery. This provided data related to their insightfulness about their children and their nursery and provided them with in depth knowledge of nursery activities. It was discovered that some parents were surprised by their children's capabilities. It is proposed parents' improved knowledge of their children when not in their care, enables them to communicate more easily with nursery staff and this begins to build trust and 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.

WS94 A systems-psychoanalytic look into nursery
Lazar R. (Germany)

WS76 Workshop: Exploring the role of cumulative risk and the mother-child relationship in the neurobehavioral functioning of high risk infants and young children
Metz M. (Mothercraft, Early Intervention Department, Canada), Racine N. (York University, Canada), Freeman P. (York University, Canada), Espinet S. (University of Toronto, Canada)

Literature on cumulative risk outcomes has identified the importance of the cumulative occurrence of different types of risk on child cognitive and social-emotional outcomes (Liaw & Brooks—Gunn, 1994; Rutter, 2000, and others). The mother-child relationship is an integral part of fostering healthy development and more research is needed to establish how the mother-child relationship impacts various developmental domains. The objectives for this research examine: (1) Whether there is a difference in the development of neurobehavioral problems between children in an early intervention program with and without prenatal exposure to alcohol; (2) Whether there are associations between the functionality of the mother-child relationship, pre and postnatal cumulative risk, and neurobehavioral development; and (3) Whether the functionality of the mother-child relationship mediates the relationship between pre and postnatal cumulative risk and the development of neurobehavioral domains. Participants were 43 high risk mother-infant dyads (26 prenatally exposed to alcohol and 17 non-exposed) participating in an early intervention program for substance-using women and their children. Children were between the ages of 0- and 3-years and were in the primary care of their biological mothers. Data were collected based on file reviews, developmental assessments, and the Parent-Infant Global Assessment Scale (PIRGAS; ZERO TO THREE, 2005). This study found that there was no significant difference between children with and without prenatal exposure to alcohol in the development of neurobehavioral problems. Results showed that children with higher pre and postnatal cumulative risk had lower mother-child relationship functionality. Children of dyads with lower mother-child relationship functionality and higher levels of cumulative risk had a higher number of problematic neurobehavioral domains. Finally it was shown that the functionality of the mother-child relationship mediated the relationship between cumulative risk and the number of problematic neurobehavioral domains. These results support the need for early interventions that specifically target the mother-child
relationship in order to foster healthy development in infants at risk for neurobehavioral problems and to reduce the impact of pre and postnatal cumulative risk. Case examples and videotapes will be used in order to discuss clinical implications of the research.
Saturday July 3, 2010

Master Class Lecture

Moderator: Weis S. (Germany)
MCL 16 Stress and depression during prenancy: What should the infant clinician know?
St. Andre M. (Canada)

Moderator: Bergmann S. (Germany)
MCL 17 Intuitive parenting: A hidden resource in severely troubled parent-infant relationship
Papousek M. (Germany)

Moderator: Fuchs S. (Germany)
MCL 18 Parental intersubjectivity and neurobiological basis: The role of the mirror neuron system
Ammaniti M. (Italy)

Moderator: Koch G. (Germany)
MCL 19 Cultural brokerage in infant-parent psychotherapy
Berg A. (South Africa)

Moderator: Piontek T. (Germany)
MCL 20 Reflective clinical conversations across the sea: Technology offers new possibilities for reflective clinical conversations across cultures, time zones and oceans
Weatherston D. (United States) & McGuire C. (Ireland)

Plenary Lecture 5

Award Ceremony: Sonja Bemperad Award
Chair: Tuters E. (Canada)

Observation, reflection and containment: A psychoanalytic approach to clinical work with parents, infants, and young children
Emanuel L. (Tavistock Institute, London, United Kingdom)

10:30 - 12:00
CT18 Clinical Teach-In: Instead of for the parents - with the parents
Kruschwitz S. (Klinikum Magdeburg gGmbH, Germany), Lahne-Boldau R. (Klinikum Magdeburg gGmbH, Germany), Röttger U. (Klinikum Magdeburg gGmbH, Germany), Flechtner H. (Klinikum Magdeburg gGmbH, Germany)

Parent-Child In-Patient and Day-Treatment of Toddler Aged Patients at the Clinic for Psychiatry, Psychotherapy and Psychosomatic Medicine for Children and Adolescents, Medical Faculty of the Otto-von-Guericke-University Magdeburg. An increasing number of very young children with severe behavioral problems are referred to the outpatient department of the clinic since 2006. Because interaction problems are a significant risk factor for the development of psychic problems and maladjustment in early childhood, a special outpatient clinic was established in order to address these kinds of needs. During the first phase of the development of the psychotherapeutic approach for toddlers and their caregivers it became clear very quickly that a well planned and methodically sound treatment program was needed. To develop more intensive treatment options specifically for severe disturbances, we opened the first parent-child ward in Sachsen-Anhalt on 1st December 2008. The model parent-child therapy ward offers places of treatment for five pairs of children-caregivers during the whole in-patient/day-treatment stay. The individually tailored treatment approach includes different therapy methods with the main focus on parent-child interaction and allows for a contextual, educational-therapeutic support of child and family. The treatment consists of age-adapted forms of parent-child psychotherapy, often video supported, like single interventions and family interventions, educational-therapeutic child groups as well as experimental therapeutic stress situations. Specialised therapeutic techniques, like occupational therapy, physical therapies, music therapy, and play therapy can be employed additionally. If necessary a supportive pharmacological treatment can be added. The inclusion of the closest caregivers, like grandparents, brothers and sisters, is an essential component of our approach. The purpose of the in-patient as well as day-treatment form is to enable families to continue the work after discharge in the out-patient clinic. A case vignette will demonstrate the development of individually tailored support in dealing with severe and complex risk factor situations, based on precise milieu diagnostic information.
S191 Symposium: The many facets of the helping relationship and its place in the practice of early interventions: Reports from three intervention programs

Chair: Deneke C. (Germany)
Korfmacher J. (Erikson Institute, United States), Suess G. (Hamburg University of Applied Sciences, Germany), Fowler C. (University of Technology, Sydney, Australia)

The key element of infant mental health work and relationship-based practice is the quality of the helping relationship or therapeutic alliance between provider and the family. This relationship involves both elements of work and support. It involves work, in that the relationship allows the parent to reflect on how she provides nurturance and care to her own infant in the context of nurturance and care (or lack thereof) that she receives from her own caregivers, both past and present. This work can be challenging for parents and for workers as well, who themselves have to reflect on the influence of their own personal and professional background in how they spend time with families. But the helping relationship also involves support, in that the relationship must be satisfactory, trustworthy and joyful for the parents in order to keep them as engaged participants in the intervention. It has been noted repeatedly that parents most appreciate helpers who "listen and really care" about who they are as a person and a parent. These elements of work and support come together in the notion that the helper can be a secure base to the parent, a place of safety and support as parents struggle with the demands of their new roles. Recently, there has been increased effort to better understand how both providers and parents think about and use this helping relationship in early childhood interventions. In this symposium we will report from three different early intervention programs and their evaluation in Germany, the United States, and Australia, using both quantitative and qualitative methods. In the first presentation, we will report on an intervention for first-time parents in Germany, examining the influence of the workers attachment background on their implementation of the intervention. We will discuss how to address this influence of worker attachment representations in ongoing training, supervision and program implementation. In the second presentation, results of a study will be presented examining the level of agreement between mothers and early intervention providers in the United States over time in how they view the helping relationship. This study, with a focus on young Black mothers during pregnancy and the newborn period, pays particular attention to the cultural context of the helping relationship. The third presentation will explore the co-production of maternal and nursing knowledge and the conjoint understanding developed about the relationship and program services during a home visiting program for depressed mothers in Australia. Social policy implications will be explored, particularly in terms of staff development and training. The discussant will be Lori Roggman, PhD, from Utah State University in the United States, an expert in home visiting implementation and outcome research.

S192 The influence of workers’ attachment background in early intervention with high risk mothers: Implications for implementation, supervision & training

Suess G. (Hamburg University of Applied Sciences, Germany), Mali A. (Hamburg University of Applied Sciences, Germany), Bohlen U. (Hamburg University of Applied Sciences, Germany), Maier F. (Haus des Lebens Offenburg, Germany)

Within the process of implementing the attachment-based STEEP-intervention program (Egeland & Erickson, 2004) for young high risk mothers we provided training all over Germany including supervision and self-experience. At the beginning of the training we assessed the attachment background of 140 steep-workers using the Adult Attachment Projective (AAP, George, West & Pettem, 1997). More than 2/3 of the workers were found to show insecure attachment representations, which is being discussed not only with regard to successful intervention but also with regard to German attachment studies, which traditionally show increased attachment insecurity. We followed up 20 of the trained workers, who are employed at one of the three intervention study sites (Hamburg, Frankfurt & Offenburg), throughout the two-year intervention and collected extensive data for program evaluation, including AAPs of mothers at baseline as well as Ainsworth Strange Situation (SS) at 12 months of babies' age in addition to measures of parenting stress, depression and parenting attitudes. Up to 60 SS’s have been carried out and 40 SS’s have been coded so far. Preliminary results show a significant relationship (p < 0.05) between workers’ attachment background and a secure attachment relationship of the mothers and babies they have been working with. These results are indicating that a secure inner working model is an important factor for workers providing a secure base for mothers in intervention and being effective in their intervention efforts. Serving as a secure base in intervention not only includes being sensitively challenging in order to help mothers to reflect on maladaptive inner working models but also to be supportive to mothers to become more sensitive towards their babies’ signals and to establish an enjoyable relationship and a satisfactory contact to mothers. How can that be accomplished by insecure workers? Instead of excluding insecure workers from intervention we are exploring ways of supporting them to become effective STEEP-Workers. Based on our results and clinical observations we developed attachment based self-reflection modules for our STEEP-Training and procedures for supervision in order to sensitively challenge insecure workers to reflect on negative influences of their attachment background on intervention process. These modifications and further implications of our results for implementation, training and supervision are being discussed in the symposium.

S193 Personal support and professional roles in working with young mothers in a prenatal and postnatal intervention program

Korfmacher J. (Erikson Institute, United States), Humphries M. (University of Illinois at Chicago, United States)

Early childhood interventions are often relationship-based, with families being supported in an on-going alliance with a service provider. Despite a clinical belief in the importance of this relationship, it remains understudied in early childhood intervention research. The current study examines the alliance between doulas and young, low-income mothers who participated in a randomized
prenatal to postnatal doula support intervention. For doulas experienced lay helpers who support women during labor and delivery the quality of the relationship with the mother takes on additional importance given the intimacy of childbirth and the limited time-period of the relationship. In this study, we qualitatively examine both the mothers' and doula's perceptions about their relationship (both positive and negative features) and the extent to which they agree with each other in how the relationship is conceived. Participants were four African-American female doulas and 12 low-income, adolescent African-American mothers enrolled in the treatment condition of a larger randomized intervention of doula support. The mothers in this smaller study were purposively selected based on their high or low scores on a relationship security measure. Mothers received home and clinic visits towards the end of their second trimester of pregnancy, through labor and delivery, until three months postpartum. Individual interviews focused on relationship development between the doulas and mothers occurred both prenatally and approximately two months postnatally (two interviews each for mother and doula). Content analysis of interview transcripts suggests that doulas and mothers identified similar elements of positive relationships: 1) Enjoyable interactions; 2) Availability; 3) Trust; 4) Emotional closeness; and 5) Client feeling helped. Negative or ambivalent qualities of the relationship between doula and young mother focused around: 1) inconsistency in contact; 2) lack of trust; 3) personality issues between the mother and doula; and 4) lack of understanding of the other's intentions. One common element was the extent to which mothers and doulas viewed the relationship in very personal terms. Doulas would allow mothers to think of them as a parent figure or member of the family and would share elements of their personal life and history with the mother. Mothers and doulas would often express feelings of love for each other. There were also some differences in emphasis. Mothers were more likely to discuss the enjoyable aspects of spending time with their doula, while doulas focused more on issues of trust and acceptance. The extent to which these findings are influenced by the age of the mostly adolescent mothers, the professional role of the doula, and by the ethnic background of the doulas and the mothers (where closeness in relationships may be important conditions for accepting help) will be discussed.

S194 Learning together about the infant: Coproduction of maternal knowledge
Fowler C. (University of Technology, Sydney, Australia), Kowalenko N. (Royal North Shore Hospital, Australia), McMahon C. (Macquarie University, Australia)

Nurse home visiting programs are commonly provided for depressed mothers and their infant. These programs have been extensively evaluated with significant outcomes demonstrated for both the mother and infant. An area of significance that is rarely investigated is the coproduction of knowledge about the infant by the mother and nurse. The home visiting program, used in this study, encouraged the mother to identify the issues to be discussed during each visit. The nurse acted as a facilitator of learning, questioning rather than instructing the mother. The nurse avoids providing advice or information as a first response to addressing issues of concern. The “Seeing is Believing” approach used in this study involved a short video recording (3-5 minutes) of the mother and infant interacting. This video allowed the nurse and mother to wonder together as they watch the replay about how the infant and mother are experiencing the interaction. They actively engage in identifying: the mother’s and infant's strengths; the infant's cues; and what the infant might be telling them. Using this knowledge they consider together how to enhance the mother and infant interactions and what is needed to equip the mother to meet future parenting challenges. A case study approach using semi-structured, in-depth interviews has been used to explore mother and nurse joint-production of knowledge. Template content analysis was used to work with the interview data of three mothers and three nurses. Three major themes were identified within the data: working in partnership, mutual learning strategies, and maternal and nurse learning outcomes. This presentation will explore the joint inquiry and coproduction of maternal and nursing knowledge during a home visiting program for depressed mothers and their infants.

S196 Symposium: Promoting infant and early childhood development in the contexts of child and parental risk factors
Chair: van Egeren L. (United States)
Van Egeren L. (Michigan State University, United States)

Early preventive mental health interventions take many forms, proposing to facilitate the development of healthy child outcomes through a variety of pathways. This symposium presents results of four studies addressing a range of risk factors among parents (e.g., parental depression, low education, family conflict, impulsivity, and parenting stress) and children (e.g., developmental delay, internalizing and externalizing behaviors, and dysregulatory problems). Two studies will be presented that address pathways of problems from parent risk through the mediating role of parenting to child language outcomes and describing a typology of parenting types that predict differences in child behavioral outcomes. Two additional studies will then discuss the evaluation of interventions that target high-risk groups within different contexts. One examines the effects of a child care mental health consultation intervention on teachers and teacher-student relations, and the other provides formative evaluation results for an innovative family bookmaking intervention.

S197 Variations in profiles of parental mental health and parenting: Relations with toddlers internalizing, externalizing, and dysregulatory behaviors
Martoccio T. , van Egeren L. , Brophy-Herb H. , Hillaker B., Harewood T. (Michigan State University, United States)

Background: Among low-income populations, within-group variance accounts for diverse child development outcomes. This study examined variations in parental mental health and parenting characteristics and relationship between these parenting profiles and toddlers internalizing, externalizing and dysregulatory behaviors. Methods: Data were collected in the home from 136 parents and their toddlers (M age = 27.58 months, SD = 7.87). Measures comprising parental profiles included personal mastery, emotion style,
S198  The effects of maternal depression and parenting on emergent language of toddlers in high-risk families

Zajicek-Farber M. (The Catholic University of America (CUA), United States)

The importance of familial environment as a contributor to children's emergent vocabulary is grounded in research that shows that parents' mental health, literacy, knowledge of parenting, childrearing practices, and engagement in literacy-oriented activities with their children, all may have consequences for children's early language. Based on transactional theory of child development and prior research, this study developed a structural path model and investigated influences of maternal depression, parenting knowledge and practices on emergent language of toddlers in high-risk families. Design used secondary data analysis for information collected during a longitudinal service-project (from 0-2). Current study used 198 non-white (53-percent Latino, 47-percent African American) families with complete data, who met project criteria (focus-child had medically-normal birth, and was aged 16-18 months; mother had incomplete HS education, and spoke English/Spanish; family lacked health insurance). Bilingual trained interviewers collected data during structured interviews. Maternal depression was measured by EPDS (Cox, Holden & Sagovsky, 1987); parenting knowledge by KIDI (MacPhee, 1981); parenting practices by a study-constructed Likert-questions on parents' use of corporal punishment, home safety, and well-health visits (AAP 2002); stimulation activities by direct and indirect literacy questions (AAP, 2002; Newman & Dickinson, 2002); and child language by MacArthur-CDI (Fenson et al., 2000). SPSS-AMOS 16 analyzed SEM path-models. Maximum-likelihood calculated path coefficients. SEM models were tested for overall fit-measures of the chi-square (p>.05); NFI, CFI, and RMSEA. Findings supported a mediated path-model with a good fit: Chi-square (16, N = 198) = 16.72, p = .401; NFI = .97, CFI = .99, RMSEA = .01. Results demonstrate that children's language is impacted by maternal depression indirectly. Maternal depression significantly affected parental knowledge of infant development and parental practices for well-health, home safety, and corporal discipline. The impact of maternal depression on parental practices was mediated by parental knowledge, explaining 24% of variance in parental practices. The impact of maternal depression on parent-child engagement in stimulation activities was mediated by parental knowledge and practices, explaining 35% of variance in children's stimulation activities. Toddlers' involvement in stimulation activities directly affected their emergent vocabulary while mediating the impact of parental knowledge and practices, and maternal depression, explaining 42% of variance in children's emergent vocabulary. Providing multiple opportunities for parent-child engagement in literacy-stimulation activities modifies risks posed by maternal depression and poor parenting, and promotes early language.

S199  Promoting teacher child relationships through preventive mental health consultation: The family connections model

Ayoub C. (Children's Hospital, Harvard University, United States); Vallotton C. (Michigan State University, United States)

Family Connections is a preventive mental health consultation model that strengthens early care staff's ability to support positive relationships with young children in their classrooms and to reach out to parents experiencing depression and related adversity. Ongoing training is coupled with weekly mental health consultation in which consultants focus on working with teachers in classrooms, building classroom mental health activities, offering parent engagement and support activities, and developing climate-building components that support staff reflection, self care, and teambuilding. In evaluating the intervention we ask: (1) How do teacher-student relationships change over time in the context of Family Connections intervention? (2) How do teachers' ratings of center climate and the Family Connections intervention influence their relationships to their students? A total of six early care centers, with 137 teachers in 54 classrooms were part of the study over a three year to five year period; centers served a total of 2013 infants, toddlers, preschoolers and their families. Teachers completed the Student Teacher Relationship Scale (STRS; Pianta, 1992) on each child in their care in both fall and spring semesters during the implementation period. This measure produces Conflict, Closeness and Total scores. We used SAS PROC Mixed, nesting the STRS scores within teachers, rather than within children, to examine the change in teachers' closeness, conflict, and overall relationship quality with their students over time. Overall, we found positive changes in
teacher-child relationships in the sample over time during the intervention. Three center-based patterns of change emerged in the closeness and conflict of student-teacher relationships over time. Teachers' ratings of the center as a workplace, as well as their perceptions of the Family Connections intervention, were significantly related to change in student-teacher closeness and conflict. Practical lessons learned - including managing Center challenges in the face of difficult work climate, and the importance of readiness guidelines — will be discussed in light of the differing patterns of change over time in teacher child relationships during the intervention period.

**S200 Family bookmaking: An approach to support parent-child language interactions in natural environments**

Boyce L. (Utah State University, United States), Innocenti M. (Utah State University, United States), Roggman L. (Utah State University, United States), Price C. (Utah State University, United States), Jump Norman V. (Utah State University, United States), VanHorn P. (University of California, San Francisco, United States), Whelan W. (Mary D. Ainsworth Child-Parent Attachment Clinic, United States), Marvin R. (Mary D. Ainsworth Child-Parent Attachment Clinic, United States), Ribaudo J. (University of Michigan, United States), Crittenden P. (Family Relations Institute, United States), Marcus S. (University of Michigan, United States), Rosenblum K. (University of Michigan, United States), Marvin R. (Mary D. Ainsworth Child-Parent Attachment Clinic, United States), Whelan W. (Mary D. Ainsworth Child-Parent Attachment Clinic, United States)

The effectiveness of family bookmaking to promote early language development was tested among two-year-olds with language delays. The individualized family bookmaking approach was designed to encourage parents and children to enjoy conversations and books, the experiences that research shows are key to promoting children's language and emergent literacy. The process of family bookmaking is comprised of seven basic steps: (a) a practitioner planning ahead with the family to encourage parent-generated ideas, with child participation, about book topics; (b) facilitating parent-child conversation, communication, and interest in the topic; (c) illustrating the story by taking and printing digital photographs; (d) helping the parent write captions from words, signs, gestures, or child interest in the parent-child narrative; (e) guiding the parent to involve the child in organizing and making the book; (f) supporting the parent and child reading and looking at the book; and (g) leaving the finished book for the family to keep. A formative evaluation that included a comparative study was conducted to examine the usability and feasibility of the family bookmaking activities. Two year old children with delays receiving early intervention services and their families participated in the study. Families in these programs were assigned to the family bookmaking approach (n = 21) or a comparison group (n = 21). Our results suggest that the family bookmaking approach offers a promising strategy for engaging parents, increasing the quality of parent-child language interactions, and increasing children's understanding of language. The family bookmaking approach was well received by both parents and early intervention providers. All parents and providers reported that they saw these activities as beneficial for the children and easily usable in natural environments. The resulting improvements in children's receptive language skills and parents' use of language-promoting strategies are promising and consistent with other research demonstrating that parents can easily be taught to establish joint attention with a book, increase questioning with children, and respond to their children's questions and that these behaviors lead to active communication and language use by children (Crowe, Norris, & Hoffman, 2004).

**Symposium: Supporting families who have experienced interpersonal violence or trauma**

Chair: Muzik M. (United States)
Discussant: Crittenden P. (United States)

**S205 Restoring safety: Supporting families who have experienced interpersonal violence or trauma**

Muzik M. (University of Michigan, United States), Crittenden P. (Family Relations Institute, United States), Marcus S. (University of Michigan, United States), Marvin R. (Mary D. Ainsworth Child-Parent Attachment Clinic, United States), Ribaudo J. (University of Michigan, United States), VanHorn P. (University of California, San Francisco, United States), Whelan W. (Mary D. Ainsworth Child-Parent Attachment Clinic, United States)

Infant mental health clinicians often work with vulnerable families for whom the early attachment relational context has been disrupted by the experience of interpersonal violence. Early traumatization, either through direct exposure to violence or through associated disruptions in the caregiving environment, create significant problems for problematic child outcomes. Qualities of the early child-parent attachment relationship may either exacerbate or ameliorate these risks. Emerging data underscore the value of interventions targeting the caregiving context for interrupting patterns of intergenerational transmission of risk and reducing risk of traumatization for young offspring. Panelists will address this important topic using multiple methods ranging from longitudinal data underscoring the attachment relationship risks associated with family violence and early trauma, individual case studies, and intervention research data illustrating the power of early relationship-focused interventions for reducing risks and enhancing the security of child-parent relationships. The intervention goals for all treatment models presented in this symposium are similar such as enhancing parental capacity for insight and mentalization, shifting parental attributions about their child towards more benevolence and empathy, and promoting parental secure base responses; all in the service to facilitate a shift in secure attachment behavior and promote more effective affect and behavioral regulation in the child. Yet the interventions differ in treatment length, specific method/curriculum and treatment context (office versus home, group versus individual). These differences will be illustrated and will allow for a discussion of the important components of interventions. The discussant will provide a theoretical framework for the integration of data presented, emphasizing the impact of early trauma on patterns of disordered attachment, and the likely mechanisms underlying attachment-focused interventions and their positive impact on child outcomes.

**S206 An attachment-based group intervention for depressed and trauma survivor mothers of preschool-aged children**

Rosenblum K. (University of Michigan, United States), Muzik M. (University of Michigan, United States), Marcus S. (University of Michigan, United States), Marvin R. (Mary D. Ainsworth Child-Parent Attachment Clinic, United States), Whelan W. (Mary D. Ainsworth Child-Parent Attachment Clinic, United States)

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The current study examines the efficacy of the 12-week Circle of Security” (COS) Parent Education course with mothers who have depression and/or anxiety disorders. Participants in the pilot intervention study are drawn from two longitudinal projects that have followed women with either prenatal depression or PTSD/anxiety from pregnancy into the preschool years. Both studies investigate intergenerational risk transmission from mother to child, and aim to elucidate the mechanisms by which transmission may occur, including genetic and environmental pathways. In the first half of this presentation we will provide an overview of core quantitative and qualitative results from these studies with an emphasis on potential ports of entry for intervention. In the second half, we will present outcome data from our “Parent Education” COS group intervention, which was offered to selected participants from the previously described risk studies. The “Parent Education” COS model shares a focus with standard COS models in that it is designed to shift patterns of attachment—caregiving interactions in high-risk caregiver—child dyads to more appropriate developmental pathways, but uses a set of standard videotape segments of “other parents” in caregiving situations, thus enhancing the feasibility and portability of this application for broader community populations. Assessments were conducted at 3 time-points: pre-treatment, post-treatment, and 6 months following the group. Measures include the Strange Situation, observations of play interactions; interviews to assess mothers’ representations of their children; and maternal-report questionnaires to assess parenting, depression, anxiety, child behavior problems and child social-emotional well-being. At present, data for pre-, post-, and follow-up assessments are available for 11 dyads; two more groups (anticipated total N=30 dyads) will be completed before the conference. Analysis of available data (n=11) revealed significant improvements in attachment security (Strange Situation classifications) as well as trend-level reductions in child behavior problems (mother report). There were no changes in maternal symptomatology over this same time period, suggesting that effects were specific to the domains targeted by the intervention.

S207 Restoring safety: Supporting families who have experienced interpersonal violence or trauma
Ribaudo J. (University of Michigan, United States)
Young children who have been maltreated have specific individual and relational needs. I will present the treatment of a 3-year-old child who suffered early neglect, physical and suspected sexual abuse. Focus will be given to the early work of managing and containing the child’s grief and rage, both in parent-child psychotherapy, and in supportive guidance to his foster parents. Concepts to be illuminated include intentional attunement (Gallese, V., Eagle, M.N. and Migone, P., 2007) in order to promote affect regulation and encouraging secure base parental responses in order to facilitate secure attachment. The phases of treatment included promoting emotional and physical safety within sessions and in the community; giving words to the child’s emotional world, which included terror, pain, sadness and rage; interpreting the child's behavior and reactions to create a narrative which would help both he and his foster parents make accurate meaning of his reactivity; and promoting school success by making him comprehensible to his teacher and peers. Finally, issues of shame, which became apparent in the later years of treatment, will be addressed through the lens of normative experiences of shame vs. shame induced through the experience of sexual abuse. The presentation will end with a brief discussion of the current status of this now 10 year old child.

S208 Interpersonal trauma in early childhood: Intervention principles and efficacy
Van Horn P. (University of California, San Francisco, United States), Lieberman A. (University of California, San Francisco, United States)
This paper will discuss Child-Parent Psychotherapy, an efficacious intervention for traumatized children age birth to five and their caregivers. We will first briefly describe the range of trauma to which the children whom we serve and their parents have been exposed and, consistent with the theme of the symposium, describe the impact of these traumas on the individual and relationship functioning of the parents and children, particularly with regard to their mutual affect regulation and the caregivers’ capacity to serve as secure bases for their children’s exploration and development. We will discuss the theoretical foundations of Child-Parent Psychotherapy, its roots in psychodynamic theory and its development to include both trauma theory and social learning theory. We will describe the trauma-based goals of intervention, and the modes of intervention used, including concrete assistance with problems of daily living, support for physical and psychological safety and working with trauma reminders, reflective developmental guidance, and interpretation. We will use clinical vignettes to illustrate intervention principles. We will give special attention to the impact of working with complex trauma on the clinician and to the role of supervision in assisting the clinician in managing his/her own vicarious trauma response so that s/he can remain emotionally attuned to the child and the caregiver even in times when they may be overcome by fear or other strong emotions. The final portion of the paper will describe the evidence base for child parent psychotherapy. We will discuss the results of five randomized, controlled trials in which the modality has been with anxiously attached immigrant women and their toddlers, the toddlers of depressed mothers, maltreated preschoolers and infants, and preschoolers exposed to intimate partner violence. Across these studies, Child-Parent Psychotherapy has been shown to improve the symptoms of posttraumatic stress disorder in both children and mothers, to decrease children’s behavior problems, to improve children's cognitive functioning, to increase children's positive representations of their parents, and to improve goal-corrected partnerships in the parent-child relationship. Finally, we will enumerate some future directions for research with interventions for traumatized young children and their caregivers.
S209 Symposium: Beyond the dyad: Social interactions and group processes in mother-baby and baby-baby groups

Chair: Unwin C. (United Kingdom)
Urwin C. (Tavistock Centre, United Kingdom), Malmquist-Saracino A. (Child and Adolescent Psychiatry, Stockholm, Sweden), Paul C. (Royal Children's Hospital, Melbourne, Australia), Markova G. (Institute of Psychology Academy of Sciences, Czech Republic, Czech Republic), Legerste M. (York University, Toronto, Canada), Urwin C. (Tavistock Centre, United Kingdom), Bradley B. (Charles Sturt University, Australia), Selby J. (Private practice, United Kingdom), Salo F. (Royal Women's Hospital, Australia)

The importance of other relationships, inside and outside the family, alongside mother-infant relationships, to infants' mental-emotional well being is increasingly recognized. This reflects greater awareness of cultural variation and diversity in caregiving contexts in changing societies. In all cultures children's relationships with peers and peer groups are important in their social life and socialization. Understanding the origins of companionship has raised interest in how and when peer relationships begin. Where many studies of peer relationships look at babies in pairs, this symposium examines what may go on between babies in groups. The first two papers present observations from clinical mother infant groups in which babies' development and mothers' mental health are both found to improve. Describing the rich communications typical of babies in such groups, the first paper presents research using a focus group with group therapists to foreground characteristic phenomena and the need for an adequate theory of infant companionship. The second describes how mothers' states of mind are inferred from and approached most effectively through babies' behavior and how babies themselves may mirror each other in ways that help them learn about their own emotional experience. The subtlety of the infants' communications raises questions about what infants will do without adult support. Paper three describes a study of trios of babies filmed in free play at three age points in the latter half of the first year. Operationalizing social initiations, communicative gestures and attention regulating behavior that includes more than one baby at a time, this study demonstrates infants' social competence in managing group interactions, and highlights evidence of friendship and sensitivity to exclusion. The fourth paper addresses more specifically the nature of group processes in trios or quartets of previously unacquainted aged between 7 and 10 months, video recorded with no adults present. Criteria for what constitutes group behavior are established, evidenced and discussed in relation to theories of group dynamics. These babies engaged in balletic exchanges and conversation-like turn taking involving the whole group, using multiple communication and sensory systems for conveying emotional experience. Conclusions discuss the value of group experience to infants' mental health and the contexts in which this may be enhanced and awareness raised through training.

S210 Therapeutic activity between babies in infant-parent psychotherapy groups

Paul C. (Royal Children's Hospital, Melbourne, Australia), Salo F. (Royal Women's Hospital, Australia)

Infants and their parents meet in groups in many different contexts. Commonly mothers and babies meet regularly having come together around the local infant health centre. Mothers and babies also meet in psychodynamically oriented infant-parent group therapy. In the process of ordinary good enough infant development, the mother acts as a mirror to the baby's developing self. (Winnicott D.W.) In infant-parent psychotherapy groups we also see babies reflecting back to each other as they deepen an understanding of their own physical, emotional and communicative capacities. This presentation will give examples of the way that babies learn about their own inner experiences as a result of interactions with other babies in group therapy. In a similar way triplets who were seen in infant parent psychotherapy provided a powerful of reflections to each other of their own emotional experiences and capacities. The attuned therapist when working with a number of infants in a group situation aims to facilitate the parent's reflective capacity in relation to their own infant. In the context of family trauma and disturbed attachments, it is often easier for a parent to understand the emotional experience of someone else's baby. In the psychotherapeutic group, the therapist identifies, albeit often unconsciously, critical communications about underlying anxieties which the baby brings and thereby seeks to enhance and intensify these affects. This presentation will demonstrate something of the baby's capacity to see himself in the other baby, and how this can be helpful in addressing difficulties for infants referred with emotional and developmental problems and problems with the infant parent relationship.

S211 Babies want to have fun: Research on 'infant-infant interaction' phenomena in group psychotherapy with babies and mothers with disturbed attachment

Malmqvist-Saracino A. (Infant- and preschool team, Child- and adolescent Psychiatry, Stockholm , Sweden, Sweden), Urwin C. (Tavistock Centre, United Kingdom)

Babies want to have fun: research on “infant-infant interaction” phenomena in group psychotherapy with babies and mothers with disturbed attachment In clinical practice, from a slow open baby and mother group which has been going on for 20 years, it became apparent that the infants' symptoms- derived from the severe relationship disturbances within their attachment contexts- began to improve soon after attending the group. It was also surprising how frequent and intensive the infant interactions in the group were. The author will present findings from a qualitative study illustrated with video clips. The purpose is to examine how therapists refer to, describe and make use of the “infant-to-infant” interaction as a psychotherapeutic instrument. Seven psychotherapists exchanged their experiences of the infant interactions in baby-mother groups in a “focus group interview.” The therapists describe the “infant-to-infant interaction” as fascination for each other, a particular force within the child to seek out same aged peers. The joyful, vitalizing force of their interaction promotes relationship development and the therapists use it as a therapeutic instrument for: regulating affects, developing attachment quality, being in the here and now, and to create a sense of belonging and meaning for the infants, the mothers, the therapists and for the group as a whole. Therapists' theoretical connections and interpretations linked to the phenomena will be
presented. These concepts include Foulkes' idea of the human baby in the pack, Stern's "attached infant", Bowlby's notion of the "attached infant", and Bråten's concept of the alter centric infant. The therapists refer to and emphasize the importance of the need for a developmental theory regarding an infant's early companionship with peers in parallel with Sterns self-development lines. This is in line with current, interdisciplinary infant research that claims that babies are born with a "general relational capacity" in addition to the "dyadic program" that generates attachments. What would an infant say, if he or she could talk, about his or her need for help together with their family? One way to learn more is to ask the infants and look for the answer in their way of expressing it! Concluding discussion focuses on the question: What is the significance of the "Theory of Companionship" for clinical practice, theory and research? How can the findings from the study promote psychotherapeutic treatment for infants and parents with disturbed attachment relationships?

S212 Group life in babies: Wanting to belong and wanting to be special
Urwin C. (Tavistock Centre, United Kingdom), Bradley B. (Charles Sturt University, Australia), Selby J. (Private practice, United Kingdom)
An ability to deal with interaction involving more than one other person is essential to participating in group life including family life. Increased interest in interaction outside the mother infant dyad has led to studies of peer relationships and the origins of peer group behavior. In practice peer interactions are studied on a dyadic model, with an implicit assumption that group competencies can be derived by extrapolation from it. But participating in groups is not explained on the basis of what one can do with one other person. Further, lack of attention to motives for relating to peers makes it difficult to explore how early peer interactions might contribute to mental-emotional well being.

S213 Infant social competence in peer groups
Markova G. (Institute of Psychology Academy of Sciences, Czech Republic, Czech Republic), Legerstee M. (York University, Canada)
Background. Participating in social groups is part of our everyday life. Recent studies revealed that even very young infants are able to engage simultaneously with multiple others, such as both parents or a parent and sibling. However, little is known about infants' motivation and ability to engage in group interactions without the presence of a mature social partner. Consequently, the present study observed infants in interactions with partners who have the same level of social competence, namely same-age peers, during group interactions in the first year of life. Method: Sixty infants were randomly assigned to groups of three unfamiliar, same-age and same-gender infants, and observed longitudinally at 7, 9 and 12 months during natural play interactions with and without a toy. Infant social competence with peers was operationalized as interaction skills (gazes, affecate, initiations and responses to initiations, communicative gestures, coordinating attention, and play) and dyadic preferences for some peers to the exclusion of others. Results: Analyses revealed that already at 7 months, infants directed meaningful social and communicative behaviors towards their peers in the group, such as gazes, affect, initiations of interactions and communicative gestures, responded to peers' attempts to interact, and coordinated their attention and actions with that of other infants. Infant interaction skills increased in frequency and complexity with age. It was also found that some infants chose a specific peer to interact with, and infants were sensitive to being excluded from the peer group.

Discussion: Results of the present study suggest that starting in the first year of life infants have the capacity and motivation to meaningfully engage with others, irrespectively of the maturity level of their social partner, and can apply their social competence skills in complex social systems (i.e., groups). Findings will be discussed with respect to their implications for theories of socio-emotional development, as well as the meaning of early relationships.

Poster Workshop: Fathers
Facilitator: von Klitzing K. (Germany)
PW82 Fathers' influence on children's development: Mixed methods and multiple informants
Cabrera N. (University of Maryland, United States ), Roggman L. (Utah State University, United States)
Fathering research has shown that fathers influence children directly and indirectly and that fathers with more resources and less conflict with their partners tend to be more involved with their children. We know less, however, about how fathers' involvement and
relationships influence children over time. The use of both large longitudinal data sets and small intensive qualitative and case studies, combined with advances in methodologies and theoretical approaches to the study of fathers, have resulted in new answers to these questions. Collectively, these 7 papers use mixed methodology, multiple informants, and qualitative data from the fathers themselves to address questions about father involvement. Most of the studies use data from the US multi-site National Early Head Start (EHS) Research and Evaluation Project, with parent interviews and child assessments at child ages 1, 2, 3, 5, and 10. The first 5 papers focus on quantitative examinations of father characteristics, presence, involvement, and behaviors in early childhood to predict child outcomes at age 10. The first paper shows that the most salient predictors of child outcomes at age 10 were neighborhood violence and maternal depression at age 3. The second paper reports that consistent father presence across early childhood and 10-year-olds' perceived closeness to their fathers predict less externalizing behavior. The third paper shows that father supportiveness at age 2 predicts children's 5th grade language-literacy and cognitive-math scores. The 4th paper identifies father behaviors with toddlers that predict child cognitive development at ages 5 and 10, beyond the contribution of the mother. The fifth and sixth papers use cluster analyses to identify types of fathers. The fifth paper clusters fathers in terms of accessibility, financial involvement, and engagement with young children and shows cluster differences in 5th graders' reports of time and relationships with their fathers. The sixth paper identifies four types of fathers of 2-year-olds (caretakers, disciplinarians, disengaged, playmates/teachers) and examines links to problem behaviors at age 3. The last two papers use in-depth qualitative data. The 7th paper uses qualitative interviews from 25 fathers of newborns to reveal fathers' optimism about building enduring and caring relationships with their partners and shows their positive beliefs about marriage. The 7th paper reports a case study that clarifies critical issues related to clinical interventions with fathers.

PW83 Engaging fathers: A person-oriented approach to understanding the link between paternal involvement and child outcomes
Duibas J. (Utrecht University, Netherlands), Duibas J. (Utrecht University, Netherlands), Szabo N. (Utrecht University, Netherlands), van Aken M. (Utrecht University, Netherlands)
This study uses a person-oriented approach in understanding fathers’ involvement with their children and how their involvement is related to child adjustment. Ninety Dutch middle-class fathers (married or cohabiting with their partners) and their 24 month old children participated in this study (Fathers' mean age = 33.8). Cluster analysis was used to identify different types of fathers based on self-report measures of six behaviors fathers engaged in with their child: expression of affection, play, instruction, harsh punishment, and child-centered discipline. Cluster analysis of fathering behaviors identified 4 groups of fathers: caretakers (N=18), playmates/teachers (N=42), disciplinarians (20), and disengaged fathers (N=10). Information on demographics (education, income level, number of hours worked per week), fathers' personality (extraversion, neuroticism, and agreeableness), child frustration and fathers' relationships with their own parents was used to examine antecedents of the fathering types. Results of multivariate analysis of variance on the antecedent variables revealed a significant main effect of Fathering Type (F(27, 240)=1.59, p=.035); univariate results revealed that Disengaged fathers had the lowest quality relation with their own fathers and their children had the highest frustration levels compared to the other 3 groups. To examine the link between fathering types and child outcome the total problem score from the Strengths and Difficulties questionnaire (mother reports) was used, assessed both at baseline and one year later. Results indicated that the children of the Disengaged fathers had the highest level of total problem behaviors compared to the other three groups, one year after baseline (i.e., at 36 months of age). These results underscore that involvement of fathers with their children, even in middle-class cohabiting families is important in the prevention of child behavior problems.

PW84 The influence of early father involvement on children’s perception of their relationship with their father
Cabrera N. (University of Maryland, United States), Roggman L. (Utah State University, United States), Fitzgerald H. (Michigan State University, United States), Bradley R. (Arizona State University, United States), Kondel B. (University of Maryland, United States)
Research shows that early father involvement is significantly related to later paternal engagement (Cook, Dick, Jones, & Singh, 2005; Palkovitz, 1985). Most of this research has focused on the influence of early involvement during pregnancy and father involvement during early childhood (Cabrera, Fagan, & Farris, 2008; Blom-Arrieta, & Cooney, 2005). There are few studies looking at the effects of early involvement across early childhood at the transition into middle-school. Studies linking early father presence to children’s perception of their relationship with their fathers at the transition to middle-school are also rare. These are important research questions because the bulk of studies on the effect of early involvement on children’s outcomes during early childhood have found few direct effects. There is some evidence that as children get older; father involvement decreases because children spend more time with peers. However, there is also evidence that father direct effects show up in late childhood and early adolescence because children who have bonded during with their fathers during childhood are more likely to be influenced by their involvement later on. Few studies have been able to examine this issue due to lack of longitudinal data. In this study we address this gap by using data drawn from the Early Head Start National Evaluation. Participants were 1,434 children assessed at age 10. Fathers’ presence or absence in the child’s life was measured when the child was 24 months; children’s perceptions of their relationship with their fathers as well as parent report of behavioral problems were assessed when the children were 10 years of age. Results revealed group differences between children whose fathers have been consistently present and those who have not on children's perception of father closeness and externalizing behavior (also on aggression but not internalizing). Father presence predicts to externalizing behavior and children's perception of closeness is related to externalizing behaviors, controlling for family income, family conflict, and overall risk variables.

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PW85 Men in the mirror: A qualitative examination of fathers’ relationships and experiences
Shannon J. (United States), Cabrera N. (University of Maryland, United States), McFadden K. (New York University, United States), Tamis-LeMonda C. (New York University, United States)
For some time, it had been commonly accepted that poor fathers, especially minority men, were more likely to be unemployed, uninvolved with their families, and unavailable to take financial and emotional responsibility for their children (Cherlin & Griffin, 1998). On the other hand, emerging research showed that many minority and low-income resident and nonresident fathers (who are in a romantic relationship with their child's mother) regularly see their children and play a variety of paternal roles such as financial provider, caretaker, playmate, and teacher (Cabrera et al., 2004; Johnson, 2001). Nonetheless, still absent from these accounts is an understanding of the experiences, relationships and involvement of low-income fathers from their own perspectives. How do low-income men talk about their roles as fathers? What factors do they feel have affected their fathering and relationships to their children and their partners? Answers to these types of questions are best obtained through qualitative methodologies, which offer a first step toward building new theories on underrepresented groups. Building on prior qualitative investigations, this paper is based on in-depth, semi-structured interviews with a sample of low-income, minority fathers and mothers from New York City who participated in the National Early Head Start Research and Evaluation Project (EHS). We interviewed 34 families with a total of 59 qualitative interviews being conducted (25 mother-father pairs plus 7 fathers and 2 mothers from different families). Families came from various family structures (i.e., married, cohabiting, nonresident) and age groups (i.e., adolescent versus adult parent at child's birth). Their children were 5 to 7 years of age at the time of the interview. This report focuses on the interviews of 25 participating fathers. Answers to in-depth qualitative questions were analyzed and revealed fathers' optimism about building enduring and caring relationships with the mothers of their children or with new partners and shows their positive beliefs about marriage. These data will be further analyzed in terms of grounded theory.

PW86 Risk exposure in toddlers of low-income families: Links to child functioning at age 10
McKelvey L. (University of Arkansas for Medical Sciences, United States), Fitzgerald H. (Michigan State University, United States), Schiffman R. (University of Wisconsin-Milwaukee, United States) Low income children are exposed to higher levels of violence than those of middle and upper income. There are well documented relationships between poverty and maternal depression, paternal antisocial and substance abuse behaviors, familial violence and less optimal parent-child relationships. This study sought to identify the impacts of exposure to these risks for age 3 children in low-income families on subsequent child development outcomes at age 10. Participants were 465 families assessed when the child was 3 years old and at age 10 who were recruited to participate in a study of the efficacy of Early Head Start (EHS) in the United States. At the child's birth, mothers were 23 and fathers (father-figures) were 27 years of age. Half of the sample was Caucasian, nearly 25% were Hispanic, and 15% were Black. Median annual household income was $9,365 (range=$0 to $48,000). Maternal and paternal depressive symptomatology (CES-D), and reports of neighborhood crime (sum of affirmative responses to witnessing, knowing and/or being the victim of a violent crime in the neighborhood), and paternal antisocial behavior (sum of affirmative responses to expulsion from school, loss of employment, arrest or conviction of a crime, and/or having a drinking or drug problem) were used in a hierarchical regression to predict child outcomes at age 10. Demographics and child cognitive development were controlled. Findings suggest that the most salient predictor of child development at age 10, apart from the child's cognitive scores when they were 3 years old, was maternal depression and neighborhood violence. Results suggest that maternal depression reported at 3 years of age and child's internalizing and externalizing behavior problems were significantly related such that as maternal depression at the child's 3rd year of life increased the likelihood of less optimal behavior (Child Behavior Checklist) at age 10. In addition, children in violent neighborhoods were reported to demonstrate higher levels of internalizing and externalizing behavior (including rule-breaking and delinquent acts) problems and less optimal later achievement (ECLS-K Math and Language/Literacy Scales and Peabody Picture Vocabulary Test). Overall, findings suggest that there is a long term effect of maternal depression and neighborhood crime on child behavioral and cognitive outcomes at age 10.

PW87 Does fathering during early childhood predict children’s perception of relationships with their fathers during early adolescence?
McFadden K. (New York University, United States), Tamis-Lemonda C. (New York University, United States), Cabrera N. (University of Maryland, United States), Howard K. (Marymount Manhattan College, United States)
Children growing up in low-income families are at risk for a multitude of negative outcomes later in life and father involvement may be an important buffer against demographic risks. For example, fathers who are positively involved with their children have children who are better adjusted. However, research on fathers in low-income families is relatively limited, and many studies rely solely on mothers' reports of father's engagement with children. Moreover, few longitudinal investigations exist on the long-term implications of different forms of early father involvement (e.g., financial provisioning, time, direct engagements) for children. The current study examines father involvement across children's first four years and children's reports of their relationships with their fathers in 5th grade. Participants were a diverse national sample of 799 low-income fathers and their children. Goals were to 1) document the ways that fathers were involved in their children's lives across three child ages (24, 36, Pre-K) using a person-centered approach, 2) describe how children at 5th grade perceive their relationship with their fathers, and 3) assess lagged associations between profiles of early father involvement and children's report of their relationships with their fathers when in grade 5. Father involvement data were based on face-to-face interviews with men at each child age; Fathers reported on 31 involvement items that included caregiving behaviors (e.g. giving child bath), social engagement (e.g. playing with child); financial provisioning (e.g., money for meeting needs of family);
and accessibility (e.g., time fathers spent with children). Data on children's relationships to their fathers were based on face-to-face interviews with children when in the 5th grade. Children responded to 8 questions regarding their relationships to their father (e.g., “He understands me”; “We spend a lot of time together”) on a 1-4 scale. Research questions were addressed through factor analyses, cluster analyses, and ANOVA's. Findings revealed enormous variation among fathers in their scores on accessibility, financial involvement, and engagement with children. A cluster analysis yielded five clusters of fathers: 1) high financial 2) low Financial 3) high time 4) low involvement, and 5) high involvement. Factor analysis on children's perceptions of their relationship with their fathers resulted in the emergence of one factor, with high loadings from all items and high reliability. Ongoing analyses will examine associations between early profiles of father involvement and children's reports of fathers-child relationships in early adolescence. This longitudinal work highlights the different ways low-income fathers are involved in their children's lives, and implications of this variation for children's later relationships with their fathers.

**PW88** Fathers' support of children's development: How early and for how long does it matter? Cook G. (Utah State University, United States), Roggman L. (Utah State University, United States)

Father-infant interactions are important for early development (Tamis-LeMonda, Shannon, Cabrera, & Lamb, 2004), and father involvement is important for adolescent academic success (Furstenberg & Harris, 1993). Do father-infant interactions predict academic success years later? Using 228 children's 5th-grade test scores from the follow-up of the Early Head Start (EHS) Research and Evaluation Project, a multi-site study of low-income EHS applicant families with infants in the United States, we examined father behaviors at child ages 2 and 3 years in relation to 5th grade academic skills. Fathers and infants had been observed in the 3-bag assessment, and father behaviors were rated on scales of sensitivity, positive regard, and cognitive stimulation (Berlin et al., 2000), then combined into one score of father supportiveness. Children were tested in the spring of 5th-grade using standardized measures as part of the testing protocol for the follow-up study. Scores were standardized and combined in a language-literacy score and a cognitive-math score. Results show a strong pattern of correlations of 5th grade language-literacy and cognitive-math scores with father supportiveness and all three of the component behaviors--sensitivity, positive regard, and cognitive stimulation—at child age 2 but with only sensitivity and positive regard at age 3. Regression models tested father supportiveness along with Early Head Start program impacts and child gender as dependent variables to predict 5th grade outcomes. Father supportiveness at child age 2, but not age 3, showed a significant additive contribution to the models, over and above significant Early Head Start program impacts. Data from one site with a home-based program were examined more closely using data specific to that site about father behavior at child age 1 and children's reading skills in 2nd grade. Results from these analyses provide more information about the pattern of results linking father-infant interaction with 5th grade academic success within one subgroup. These results suggest that father's supportiveness in play with infants may have a long-term impact on their children's learning and development, predicting academic success up to 10 years later.

**PW89** Children in families with substance abuse and psychiatric problems: What about fathers' role in treatment? Moe V. (Norwegian network for infant mental health, Norway), Brean G. (Child and adolescent mental health outpatient clinic, Tønsberg, Norway), Vilde Parent- child institution, Tønsberg, Norway), Siqveland T. (University of Oslo, Norway), Haabrekke K. (National Network for Infant Mental Health, Norway)

This poster presents three different case vignettes that illustrate fathers' important role in families struggling with substance abuse and psychiatric problems. Although fathering is a very important issue in current social policy, the status of men struggling with substance abuse as fathers is often not acknowledged. Where fathers are considered the focus is primarily on their negative influence, while their potential positive role as caregivers is overlooked. The social expectations towards fathers in general are often that their primary role is to create a supportive frame around the mother-infant dyad. Essential for the father's ability to fulfill these expectations is his own mental representations and caregiving repertoire. Given that the father has received treatment for his substance abuse problems, clinical experience shows that when he has had positive role models himself, he can act as a stabilizer and regulator, and be the one that contributes vitally in giving the child appropriate care and developmental support. Case vignettes: 1) Mother, father and two children where both parents receive methadone treatment. The mother manages well the early interaction, but is incapable of considering the child's needs in social settings. The father's good relational experiences contribute in his ability to support the mother and he becomes a stabilizer and regulator in social interactions. 2) Mother and father are institutionalized during pregnancy. After birth of the child the father shows a larger caregiving repertoire. The mother relapses into substance abuse, while the father manages to create stable surroundings for the child. 3) Mother receives treatment during pregnancy, while the father continues his substance abuse. Although the mother intends to care for the child, the father's continuous abuse disrupts her intentions and ability to see the child's needs. The child is placed in a foster home. Conclusion It is suggested that fathering may be an important treatment issue in families struggling with substance abuse and psychiatric problems. An intervention that includes the father in the treatment and has a focus on improving fathers', as well as mothers' parenting behavior, is underlined. However, as one of the vignettes also show, a thorough clinical assessment of the individual father's potential to play a positive role in his child's life is needed.

**PW90** Father behaviors in interaction with toddlers: Impacts on child cognitive outcomes

McKelvey L. (University of Arkansas for Medical Sciences, United States), Schiffman R. (University of Wisconsin-Milwaukee, United States), Fitzgerald H. (Michigan State University, United States)

Multiple factors influence the development of children including parent-infant interaction. Because caregivers have a significant role in building the child's foundation, any stressors such as parental substance abuse can have a harmful impact on cognitive development. This study examined the impact of father behaviors during early interactions on children's cognitive outcomes. Data was collected using the 3-Bag assessment, which includes observations of father-infant interactions in three different settings. Fathers were rated on scales of sensitivity, positive regard, and cognitive stimulation at child ages 2 and 3 years. These behaviors were then linked to children's cognitive outcomes at age 5. Results showed that father supportiveness and all three of the component behaviors—sensitivity, positive regard, and cognitive stimulation—at child age 2, but not at age 3, showed a significant additive contribution to the models, over and above significant Early Head Start program impacts. Data from one site with a home-based program were examined more closely using data specific to that site about father behavior at child age 1 and children's reading skills in 2nd grade. Results from these analyses provide more information about the pattern of results linking father-infant interaction with 5th grade academic success within one subgroup. These results suggest that father's supportiveness in play with infants may have a long-term impact on their children's learning and development, predicting academic success up to 10 years later.
in their children's development, assessments and interventions must include the transactions between the parent-child dyad. In this dyadic relationship each of the partners brings their own characteristics to the interaction. The father must be sensitive to his child's cues and responsive in ways that will alleviate distress and promote social-emotional and cognitive growth. The purpose of the current study is to understand the contribution that fathers make to their children's cognitive outcomes beyond the contribution of the child's mother. As part of a larger study of early intervention in the US, interactions between 119 very low income fathers and their children were observed in the home during a planned teaching situation by trained data collectors using the NCAST Teaching Scale (Barnard, 1994). Fathers' behaviors in interaction; including sensitivity to cues, responsiveness to distress, cognitive and social-emotional growth fostering behaviors; were measured in infancy (5 months) and at ages 2 and 3. The fathers were primarily Caucasian and in their twenties. Paternal interaction behaviors were used in a hierarchical regression to predict child outcomes at ages 5 and 10. Program assignment, family demographics, child gender and temperament, and maternal behaviors in interactions were controlled. Findings suggest that father behaviors in interaction with their toddlers are a salient predictor of child cognitive development at ages 5 and 10, and beyond the contribution of the mother. Results suggest that paternal interactions from birth to 3 (averaged over time) was related significantly and positively to their child's cognitive development at age 5 (as measured by the Peabody Picture Vocabulary Test, and the Woodcock Johnson Applied Problems and Letter Word ID subtests) and age 10 (ECLS-K Math and Peabody Picture Vocabulary Test). Overall, findings suggest that there is a long term effect of fathers' behaviors in interactions with their young children on later cognitive development.

PW91 Father-infant synchrony: Co-creation of meaning
Segel P. (University of New Mexico, United States)
The purpose of the proposed clinical teach-in is to present and facilitate discussion regarding the concept of synchrony within the father-infant dyadic interaction. The intent of clinical teach-in is to explore the father-infant relationship as it pertains to the concept of synchrony which leads to mutual competence (each partner's ability to understand the other's intention). Important outcomes of developmental research have suggested an understanding that the caregiver and infant form a unique interactional system during which each partner offers qualities that affect and reinforce the behavior of the other. Most father- child studies focus on the developmental processes of attachment and relationships in areas involving fatherhood as a construct to understand the roles fathers play in the family and as a primary caregiver for an infant. One of the key variables explored in this session will be the effects of paternal postpartum depression upon father-infant synchrony. Feldman, (1999,2007) described synchrony as one mechanism a fathers and mother use for building and maintaining the infant's positive affect during face-to-face interactions. Synchrony has also been described as the process by which a mother and infant match each other's affective states and jointly moderate the level of positive arousal. Fathers are capable of similar behaviors and competence!

PW92 Children in families with substance abuse and psychiatric problems
Cabrera N. (University of Maryland, United States), Brean G. (Child and adolescent mental health outpatient clinic, Tønsberg, Norway, Vilde Parent- child institution, Tønsberg, Norway), Siqveland T. (University of Oslo, Norway), Haabrekke1 K. (The National Network for Infant Mental Health, Norway)
This poster presents three different case vignettes that illustrate fathers' important role in families struggling with substance abuse and psychiatric problems. Although fathering is a very important issue in current social policy, the status of men struggling with substance abuse as fathers is often not acknowledged. Where fathers are considered the focus is primarily on their negative influence, while their potential positive role as caregivers is overlooked. The social expectations towards fathers in general are often that their primary role is to create a supportive frame around the mother-infant dyad. Essential for the father's ability to fulfill these expectations is his own mental representations and caregiving repertoire. Given that the father has received treatment for his substance abuse problems, clinical experience shows that when he has had positive role models himself, he can act as a stabilizer and regulator, and be the one that contributes vitally in giving the child appropriate care and developmental support. Case vignettes 1: Mother, father and two children where both parents receive methadone treatment. The mother manages well the early interaction, but is incapable of considering the child's needs in social settings. The father's good relational experiences contribute in his ability to support the mother and he becomes a stabilizer and regulator in social interactions. 2: Mother and father are institutionalized during pregnancy. After birth of the child if the father shows a larger caregiving repertoire. The mother relapses into substance abuse, while the father manages to create stable surroundings for the child. 3: Mother receives treatment during pregnancy, while the father continues his substance abuse. Although the mother intends to care for the child, the father's continuous abuse disrupts her intentions and ability to see the child's needs. The child is placed in a foster home. Conclusion It is suggested that fathering may be an important treatment issue in families struggling with substance abuse and psychiatric problems. An intervention that includes the father in the treatment and has a focus on improving fathers', as well as mothers' parenting behavior, is underlined. However, as one of the vignettes also show, a thorough clinical assessment of the individual father's potential to play a positive role in his child's life is needed.

Poster Workshop: Maternal Depression
Facilitator: St.- Andre M. (Canada)
PW93 Maternal depression and the role of supportive play in promoting children's regulation and language development
Boyce L. (Utah State University, United States), Roggman L. (Utah State University, United States)
Research has repeatedly indicated that children of mothers’ suffering from depression are at-risk for behavioral and emotional
results indicate that on average, the mothers in this study had poor health, felt incompetent as parents, and felt their children were

Children: Checklist of Observations Linked to Outcomes (PICCOLO; Roggman, Cook, Innocenti, Jump Norman, & Christensen, 2003). Parents were then observed interacting with their toddlers. Parent-child interaction was scored using the Parenting Interactions with

Innocenti et al. raised some concerns about the measurement of parenting stress with these mothers. They examined item scores on the

Mothers of young children with disabilities typically score high on measure of stress and depression (Innocenti, Huh, & Boyce, 1994). Innocenti et al. raised some concerns about the measurement of parenting stress with these mothers. They examined item scores on the

PW94 The use of the Lausanne Trilogue Play Paradigm to assess family functioning: Research and clinical applications.
Tissot H. (Research Unit of Centre d'Etude de la Famille, Switzerland), Favez N. (University of Geneva, Switzerland), Frascarolo F. (Research Unit of Centre d'Etude de la Famille, Switzerland)
During the last 40 years, there was a growing interest in the psychological field to better understand the family as a context for the social and emotional adjustment of individuals. A main impulse in the field was given in the 60’s by family system theorists, who brought a large effort in the conceptualization of family relationships and structures as being one of the most powerful predictor of well-being throughout the whole lifespan. Following this early work, clinicians and researchers began to focus more specifically on the impact of the family context on the infant’s development during the first years of life. From this point, they started to face the complexity of studying family dynamics in infancy (especially the transition from the marital dyad to the primary triad) and the need to create tools that will allow to assess family relationships in infancy. In this perspective, Fivaz-Depeursinge and Corboz-Warnery created the Lausanne Trilogue Play paradigm (LTP) to study the primary triad interactions,. This paradigm offers a window on the family functioning as it explores “every different manners to be together in the family triad” (Fivaz-Depeursinge & Corboz-Warnery, 1999). The LTP is a standardized situation of observation where family members are asked to play according to a 4-parts scenario: (1) a parent plays with the infant, the other one being simply present; (2) parents switch roles; (3) they play all together; (4) parents discuss together, the infant playing on his own. The goal of the play is to have fun and share positive emotions. The LTP allows the mental health professionals to assess family interaction and functioning for research as well as clinical purpose. The main goal of this poster workshop is to present works of clinicians, as well as researchers, to share the knowledge that they developed through the use of the LTP and to discuss their practical experience with it in various settings. Posters topics will include: the use of the LTP in research with specific populations (e. g. families with an autistic child; families with homosexual parents; families with infertile parents; comparison of families with different cultural backgrounds); the use of the LTP in research about specific processes within the normative population (links between family functioning and family-level mentalization); the use of the LTP in a clinical context (as an assessment or a therapeutic tool).

PW95 Associations between parenting depression and stress and observations of parenting behavior in mothers of young children with disabilities.
Innocenti M. (Utah State University, United States), Boyce L. (Utah State University, United States)
Mothers of young children with disabilities typically score high on measure of stress and depression (Innocenti, Huh, & Boyce, 1994). Innocenti et al. raised some concerns about the measurement of parenting stress with these mothers. They examined item scores on the Parenting Stress Index (PSI) and other measures of parent competence and their analysis raised concerns about the patterns of items scored as more or less stressful. The added time factor of having a child with a disability seemed to require higher scores on certain items which lead to high stress scores. However, these parents performed daily tasks of parenting with difficulty and perceived themselves as competent. For these parents, measures of stress and depression may not adequately capture their functioning in relation to their parenting skills. The current study examines stress and depression in mothers of young children with disabilities along with an observational measure of parenting. This research project examined the associations among stress, depression, sense of competence, and parenting with 89 families with toddlers with disabilities living in urban areas in Utah. Mothers were administered the PSI or the CES-D as part of a parent interview process. A high percentage (48%) of these mothers met the screening criteria for depression. The mothers were then observed interacting with their toddlers. Parent-child interaction was scored using the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO; Roggman, Cook, Innocenti, Jump Norman, & Christensen, 2009), a reliable and valid measure of parenting in the domains of affection, responsiveness, encouragement, and teaching. Initial results indicate that on average, the mothers in this study had poor health, felt incompetent as parents, and felt their children were...
difficult. The mothers in this study, on average, were very distressed in their parenting roles, and had normatively high levels of stress and depression. Results did not indicate an association between maternal depression and PICCOLO observations. Continuing analyses will examine patterns of responses on interview measures of stress and depression with patterns of responding on the PICCOLO at two time points. Implications relative to our understanding of parenting for these mothers will be discussed.

**PW96 Longitudinal examination of maternal depression in low income women from pregnancy through the first four and a half years of parenthood**

Ayoub C. (Children’s Hospital, Harvard University, United States), Vallotton C. (Michigan State University, United States), Chazan-Cohen R. (Administration of Children & Families, United States), VonEnde A. (Brazelton Touchpoints Center, United States)Depression in parents negatively affects parenting and family functioning, and significantly interferes with a range of social and academic functions in preschool children (Bohnert, Martin, & Garber, 2007). Low maternal education, single parenting, poverty, elevated family conflict, and child dysregulation have all been identified as potential risk factors for maternal depression (England & Sim, 2009). This study examines the course of depression among low income women from pregnancy through the first years of the child’s life in light of given risk and protective factors. Data from the National Early Head Start Research and Evaluation Project, a longitudinal study of 3,001 women and children, were used to examine the individual trajectories of maternal depression. Mothers and children were randomly assigned to receive the Early Head Start intervention or not. Depression was assessed using the short form of the Center for Epidemiologic Studies Depression Scale (CES-D) during pregnancy, at 14 and 36 months postpartum, and during the spring before the child’s entry into kindergarten. Mothers’ education and single parent status were measured at each time. Family conflict was assessed using a subscale of the Family Environment Scale across the same time period. Child self-regulation was assessed at 14 and 36 months using the Bayley Scales of Infant Development. Data were analyzed using individual growth modeling; missing data were handled using multiple imputation. On average, maternal depression was highest during pregnancy and lowest the spring before the child’s entry into kindergarten. The rate of decrease in maternal depression was dependent upon child self-regulation skills such that rates of decline were slower among women with a child who evidenced difficulties with self-regulation. Furthermore, low maternal educational attainment, father absence, and increased family conflict were associated with higher levels of maternal depression during the first three years post partum. Enrollment in Early Head Start served as a buffer, reducing maternal depression further over time, possibly by supporting the child’s developmental progress in the face of maternal and family risks. The results reveal a dyadic interchange between mother and child emotions and coping, in which both mother and child influence one another over time.

**PW97 Associations between maternal detachment and early regulatory development over toddlerhood: A latent growth curve study**

Bocknek E. (Louisiana State University Health Sciences Center, United States), Brophy-Herb H. (Michigan State University, United States)

Research has demonstrated that maternal depressive symptoms may impact mutual regulatory processes in parents and children, and young children become disorganized in the presence of primary caregiver disengagement (Field, 1994; Tronick, Ricks, & Cohn, 1982; Weinberg, Olson, Beeghly, & Tronick, 2006). The current study examined the relationship between maternal detachment and toddlers’ emotion regulation via latent growth curve modeling exploring the longitudinal relationship of these constructs. The current study is a secondary analysis of data collected in the National Early Head Start Research and Evaluation Project (EHSRE; Love, et al., 2005). Mothers and toddlers engaged in a semi-structured play task, and mothers’ behavior was independently coded according to multiple subscales, including detachment, the variable of main interest in the current study. Children’s ability to self-regulate was measured by an independent coder while children were completing the Bayley Mental Developmental assessment (Bayley, 1993). The model demonstrated good fit with the data (?2 = 201.88, df = 34, p < .05; RMSEA = .04; GFI = .98; SRMR = .04). Maternal depression significantly predicted the intercepts of both maternal detachment (14 months; β = .08, t < 1.96) and emotion regulation (14 months; β = -.08, t < 1.96). Maternal detachment significantly predicted emotion regulation at the intercept (14 months; β = -.15, t < 1.96). The slope of maternal detachment did not significantly predict the slope of emotion regulation (β = -.08, t > 1.96), suggesting these constructs demonstrate differential rates of growth over toddlerhood. Multi-group modeling demonstrated that the overall model did not differ based on child gender or parent ethnicity. Study findings support the wealth of literature demonstrating that children’s early regulatory competencies suffer in the context of maternal disengagement, bolstering this scholarship by depicting findings in a cross-domain latent growth curve model which accounts for data nested at multiple timepoints. These findings raise important considerations about patterns of problematic parenting behaviors that often occur in the context of maternal depression. Findings also indicate that relationships between maternal detachment and emotion regulation are cross-cultural and consistent for boys and girls, suggesting the utility of addressing parental engagement in intervention programs serving diverse families.

**PW98 The context of the community in supporting infant and maternal mental health**

Behl D. (Early Intervention Research Institute, United States)

Infants who have parents suffering from depression are vulnerable to developmental delays, including social-emotional development. Although individualized therapy to treat depression is important, it is essential to recognize that depression can be alleviated or exacerbated by a variety of factors. Based on an ecological systems theory approach (Bronfenbrenner, 1979), the community plays a critical role in addressing parent depression while fostering infant development. There is a need for a deeper understanding of ways that community stakeholders can effectively integrate services to meet this need, bringing together resources to support healthy
maternal-infant interaction. To investigate the impact of supporting maternal-child interaction via integrating services at the community level, a qualitative study of 25 communities across the United States, reflecting socio-economic diversity. Sites were selected based on nominations from state and consumer leaders as communities that were working collaboratively to support vulnerable children and families. Results revealed that these communities applied a variety of strategies to ensure timely access to needed social, economic, and therapeutic resources. Mechanisms to coordinate these services in ways that match the ecology of the family also were revealed. The measurement of outcomes was often missing for the majority of the communities, though those that did work to measure their effectiveness were among the most successful. These results speak to the need for developing a stronger evidence base. This poster will present the study results in an applied manner that will serve to assist those working in the area of service integration at a community level to support maternal-infant interaction. Recommendations for further research will be made.

Discussion will focus on how these findings compare to similar research being conducted in other countries, with a particular focus on the impact of culture on community strategies. "Bronfenbrenner, U. (1979). The ecology of human development. Cambridge, MA: Harvard University Press. However, an infant's development cannot be put on hold while the mother undergoes often-times lengthy mental health treatment. Mothers need tools and supports that they can obtain immediately while addressing their own mental health issues. The purpose of this workshop is to share strategies to provide mothers with these needed tools and supports via individualized intervention for the mother-infant dyad as well as community-based services to support a systems approach. These strategies represent evidence-based practices in the fields of early intervention and community-based service integration. Next, Lisa describe your Piccolo/SHELLS interventions.

**PW99 The impact of prepartum anxiety on the course of childbirth**
Reck C. (Department of General Psychiatry, University of Heidelberg, Germany), Zimmer K. (University of Heidelberg, Psychiatric Clinic, Germany), Gawlik D. (University of Heidelberg, Gynaecological Clinic, Germany)

Introduction: Pregnancy and childbirth mostly represent a meaningful event in a woman's life. Especially for women who are pregnant for the first time pregnancy is often related to considerable affective changes. Although according to DSM-IV prevalence rates of mental axis-1-disorders do not generally increase during pregnancy, there are studies that found high prevalence rates of anxiety disorders during the postpartum period. Birth related anxieties are widespread; more than 20% of pregnant women report birth related anxieties, 6% report an almost paralyzing anxiety. The present study examined the question whether anxieties women suffer from during pregnancy have an impact on the course of childbirth. Methods: A sample of N = 248 women was recruited at the University of Heidelberg Women's Hospital. Inclusion criteria were sufficient knowledge of the German language and pregnancy in the first trimeston. Prepartum anxiety was measured by the Anxiety Screening Questionnaire (ASQ), the State-Trait-Anxiety-Inventory (STAI) and by the Pregnancy Related Anxiety Questionnaire-Revision (PRAQ-R). Dependent variables were duration of labour and incidence of labour inducing procedures. Results: The data show that pregnancy related anxiety measured by the PRAQ represent an important predictor of duration of labour. General anxiety which was not specific for childbirth did not contribute to duration of labour. Parity, peridural anaesthesia, inducing labour and birth weight were added as control variables to the regression analysis. Results show that the even after considering these possibly confounding variables PRAQ can explain a significant part of the duration of labour variance. Thus, the hypothesis was confirmed that pregnancy related anxiety is related to longer durations of labour. The incidence of surgical labour inducing procedures could also partly be explained by regression analysis of pregnancy specific anxieties. This effect disappeared when parity and peridural anaesthesia were taken into the regression model as predictors. Discussion: Besides medical factors, anxieties during pregnancy due to the exceptional situation and to upcoming delivery play an important role for the course of childbirth. Prospective studies should examine models on the aetiology of these anxieties.

**PW100 Temporal Stability of Laboratory-Assessed Behavior Inhibition from 4 to 68 months of age is moderated by gender**
Paulus F. (Department of Child and Adolescent Psychiatry, Saarland University Hospital, Germany), Moehler E. (Department of Child and Adolescent Psychiatry, University of Heidelberg, Germany), Rehbein A. (Department of Child and Adolescent Psychiatry, Center for Psychosocial Medicine, University of Heidelberg, Germany), von Gontard A. (Department of Child and Adolescent Psychiatry, Saarland University Clinical Center, Germany), Resch F. (Department of Child and Adolescent Psychiatry, Center for Psychosocial Medicine, University of Heidelberg, Germany)

Introduction: Temperament is a biologically based, persisting emotional and behavioral trait which appears early in life and is associated with later psychopathology. Behavioral inhibition (BI) as a temperamental trait is characterized by constraint and anxiousness towards unfamiliar or novel situations, activities or persons. BI is associated with later shyness and social anxiety disorder. Methods: 89 healthy mothers and their children were examined at three different time points: at 4 months (t1), 14 months (t2), and 68 months (t3). The instruments included: At t1, the infant was exposed to a battery of 19 trials of novel visual and auditory stimuli. Trained coders counted the number of crying or fussing episodes as infant affective reactivity. At t2, the toddler was confronted with situations designed to be unfamiliar, but not extremely frightening in order to assess potentially distress reactions (crying and/or fussing) to the unfamiliar. At t3, BI was quantified in a standardized setting (unfamiliar peer play) with 2 children of same age and gender with their mothers. The three variables were: the time period until first verbal communication with the other child (latency-to-speak); the time of close proximity-to-mother; and an observational rating of the preschooler's behavioral inhibition. Results: A significant consistency between BI measurements at t1, t2, and t3 was found. Spearman rank correlation from t1 (infant affective reactivity) to t2 (BI) was $r = .23$ ($p = .03$). Spearman rank correlation from t1 to t3 (BI) was $r = .21$ ($p = .04$) for "latency-to-speak" and $r = .23$ ($p = .03$) for observational rating. Only "proximity-to-mother" at t3 was not correlated significantly ($r = .05$; $p = $
.64 with infant affective reactivity (t1). There was no significant gender effect in infancy for infant affective reactivity (Mann-Whitney U-test: U = 848; p = .26) and in toddlerhood for BI (U = 862; p = .32). At preschool age, “latency-to-speak” (p = .03) and the observational rating (p < .001) showed a significant gender effect: BI was higher in girls and lower in boys. Conclusion: These findings demonstrate a relative stability of BI in the period of 4 to 68 months of age. In conclusion, BI is influenced by complex interaction of environmental and biological factors, indicating gender-specific developmental psychopathology.

PW101 Anxiety disorders and self-perceived distress before birth: Associations with postpartum depression and obstetric, neonatal and childhood outcomes

Martini J. (Germany)
Background: Mothers perinatal mental health status has been shown to be associated with adverse short- and long-term consequences for the mother and the child. Studies that examine the effect of specific DSM-IV anxiety disorders, beyond maternal self-perceived distress during pregnancy are lacking. Aims: To examine the role of maternal anxiety disorders with an onset before birth and self-perceived distress during pregnancy for maternal postpartum disorders and mental disorders among offspring. Study design: DSM-IV mental disorders and self-perceived distress of 992 mothers as well as obstetric, neonatal and infancy outcomes of their children were assessed in a cohort sampled from the community using the M-CIDI. Logistic regression analyses revealed associations (Odds Ratios) between maternal anxiety disorders before birth and self-perceived distress during pregnancy with postpartum depression and a range of obstetric, neonatal and childhood psychopathological outcomes. Results: Maternal anxiety disorders before birth and self-perceived distress during pregnancy were associated with incident postpartum depression. In addition, self-perceived distress during pregnancy was associated with preterm delivery, cesarean section, separation anxiety disorder, ADHD and conduct disorder in offspring. Conclusion: While self-perceived distress during pregnancy emerged as a putative risk factor for unfavourable obstetric and neonatal outcomes, specific effects for anxiety disorders before birth were overall less impressive. Findings highlight the necessity to disentangle concurrent distress from lifetime DSM-IV anxiety disorders in pregnant women. The timing of these psychopathological conditions, and in particular their combination may have implications for targeted prevention and early intervention.

PW102 Children of mothers with an anxiety disorder

Kuenster A. (Ulm University Hospital Department of Child and Adolescent Psychiatry and Psychotherapy, Germany), von Wietersheim H. (University Hospital for Child and Adolescent Psychiatry/Psychotherapy Ulm, Germany), Vicari A. (University Hospital Ulm, Germany), Schulze U. (University Hospital for Child and Adolescent Psychiatry/Psychotherapy Ulm, Germany), Peter A. (University Hospital Ulm, Germany), Buchheim A. (University Innsbruck, Austria), Ziegenhain U. (Ulm University Hospital Department of Child and Adolescent Psychiatry and Psychotherapy, Germany)
Theory/Background: Psychiatric disorders of parents often have a negative influence on the development of their children. In this pilot-study the transgenerational influence of maternal anxiety symptoms on children was investigated. The aim of the study was to examine if children of mothers with anxiety symptoms have more psychiatric problems, are more often insecurely attached, and differ in their interactive quality, compared to children of mothers without symptoms of anxiety. Method: The sample comprised 54 mothers and their children, whereas only 13 mothers were recruited in a clinical context. Twelve of the 54 mothers showed clinical relevant anxiety symptoms, as measured with the State-Trait-Anxiety-Inventory. Their children were compared to 42 children of mothers without anxiety symptoms (age of children: 4.0 years; age of mothers: 35.9 years), using the Child Behavior Checklist (emotional and behavioral problems of the child), the Strange-Situation-Procedure (attachment quality of the child) and the CARE-Index (interactive-quality). Results: Children of mothers with anxiety symptoms (N=12) showed significantly more emotional and behavioral problems, with respect to internalizing problems as well as the total problems score of the CBCL. Furthermore, they were more often insecurely and highly insecurely attached than children of mothers without anxiety symptoms. However this difference was not statistically significant. Interacting with their mothers, children of mothers with anxiety symptoms showed significantly more manipulative (threatening) behavior than children of mothers without anxiety symptoms. Mothers with anxiety symptoms showed more controlling behavior strategies than mothers without anxiety symptoms. Discussion: Mothers with increased anxiety exhibited more controlling patterns when interacting with their children. Children of mothers with clinically relevant anxiety symptoms appeared to have more problems, both in interaction with their mothers as well as emotional and behavioral problems. Care and service provision in the context of psychiatrically stressed mothers with young children systematically should take into account the mother as well as the child, thus focusing on the mother-child-relationship. This calls for systematic collaborative work across disciplines.


Cohen N. (Hincks-Dellcrest Centre/University of Toronto, Canada), Yabsley S. (Hincks-Dellcrest Centre, Canada), Cohen N. (Hincks-Dellcrest Centre/University of Toronto, Canada)
This presentation describes Watch, Wait, and Wonder, a psychotherapeutic technique that uses the spontaneous activity to enhance the parent-child relationship. In this therapy, the parent is asked to follow her infant’s spontaneous undirected activity just as a therapist observes and follows the lead of an adult patient, creating a space for the child and parent to work through relational struggles through play and activity. Important is engaging the parent to observe and reflect on the child’s inner world. The child is involved not only to help the mother become aware of her distortions but to provide an opportunity to resolve difficulties with the mother in session. In this workshop, the theoretical underpinnings and the therapeutic technique of Watch, Wait, and Wonder will be explored and illustrated
with excerpts from a video-taped case history. Maria (17 months of age) and her single mother were referred because of concerns regarding Maria's sleep. Maria protested being put in her crib and woke repeatedly, leaving both mother and child without much sleep. Maria's play was inhibited and she did not show affection toward her mother. Assessment revealed that Maria's sleep difficulties and shyness evoked in mother anxieties and fear for Maria's future. The mother's own attachment history was characterized by a mother emotionally absent and harsh in her discipline. After the assessment 12 sessions of Watch, Wait and Wonder ensued. Watch, Wait and Wonder sessions are divided into two parts. The first part is devoted to the infant-led activity. The parent is asked to get down on the floor with her infant and follow the infant's lead, observing the child's spontaneous activities, interacting only at the infant's initiative. In the second part, the therapist and mother have a discussion focusing on what the parent observed in the infant and in herself and the thoughts and feelings evoked by the play. Unlike other therapies, the therapist does not share her observations or make interpretations. Initially, mother overreacted and yelled at the child, showing low affection. This reflected concern that Maria's misbehavior reflected the erratic behaviors of her father. Across the 12 sessions, the mother was able to engage in the Watch, Wait and Wonder process and became better able to see Maria as a person in her own right, understanding that some of Maria's behavior was a reflection of normal development. Mother also became aware that she could create a good environment for her daughter, be a role model for her and take responsibility for raising Maria without blaming her ex-husband for all problems. Mother said, "It's good because now I accept her more the way she is instead of trying to change her because I'm afraid she's going to be like her father."

WS 78 Developing responsive infant mental health training strategies for community practitioners
Finello K. (USC Keck School of Medicine, United States)

This workshop will provide a range of strategies for developing infant mental health trainings that meets the needs of practitioners already employed in early childhood settings and agencies. We will first examine the revised training guidelines developed in California for the Infant/Family & Early Childhood Mental Health Core Provider (practitioners who do not have a mental health degree and/or do not provide the most intensive mental health therapies) and for the Infant/Family & Early Childhood Mental Health Specialist. We will then explore strategies used to develop trainings that map onto state guidelines and meet varied practice and geographic needs. We worked within two major child-serving organizations (child welfare and child mental health) to design both cohort and drop in trainings focused on professional needs in those organizations. These were designed with input from the practitioners in terms of what they believed they most needed in the work they were doing every day and with their supervisors who added the pieces that were critical for the agencies. For example, we had difficulty reaching child welfare workers who were providing direct evaluation and services to families because of their own workload pressures and time constraints. By meeting with representatives from the agency several times, we laid out a plan for drop in trainings around a series of topics that they raised in brainstorming sessions and that mapped onto both the California guidelines and to needs raised by the agency's central training bureau that related to mental health service access issues in a federal lawsuit they were trying to address. In contrast, the county child mental health agency elected to provide staff release time to attend a cohort series of focused trainings over a 10-month period. Two additional strategies were used based on funding available to train inter-agency and interdisciplinary professionals in two different geographic areas (a large urban area and a smaller more rural community): 1) a series of full day and half-day trainings across a multi-year funded period that were opened up to the entire community (based on seats available); 2) a comprehensive two year cohort training plan for a small group that was designed to cover all hours in the required knowledge domains for either IFECMH Core Providers or IFECMH Specialists. Lessons learned including evaluation and tracking information for each strategy will be shared with workshop participants.

WS 79 Workshop: Infants and joint attention: A clinical perspective using video
Downing G. (France)

Joint attention is a critical developmental phenomenon. Infant and caretaker must learn to coordinate a shared focus on an object or a third person. Research is only just beginning to illuminate the complexity of this shift. In this presentation we will see video examples of parent-infant dyads who are having difficulty establishing productive joint attention exchanges. A clinical approach to such problems, with video intervention (parent and therapist look at the video together) playing a major role, will be shown. Biography: George Downing, Ph.D., is a psychologist at Salpêtrière Hospital, Paris, where he is a supervisor in child psychiatry and a clinical teaching faculty member. He is also a member of the teaching faculty in the Parent-Infant Psychotherapy Program at the New York Freudian Society, and a scientific consultant for the Department of Psychiatry, University of Heidelberg, and for the Department of Developmental Psychology, University of Bologna. He is the author of Körper und Wort in der Psychotherapie (Koselverlag) and co-author of Postpartale psychische Störungen: Ein interaktionszentrierter Therapieleitfaden (Kohlhammerverlag).

WS 80 Workshop: Engaging aboriginal communities in the science of infant mental health: Systemic issues and personal perspectives
Wittenberg J. (Hospital for Sick Children, Canada)

Aboriginal peoples in many parts of the world have lost the cultural traditions and community organization that allowed them to function effectively as developmentally supportive resources for their infants and toddlers. In North America many were abused by national policies that took their children from their families and transferred them to residential schools. There they suffered not only the loss of their parents, families and cultures but they were also exposed to severe physical, emotional and sexual abuse. The scars of
How can an emotional bond be weaved between an infant and his mother presenting an attachment disorder? Following the
context of long term impact of early traumatic experiences. Scores for total symptoms (GSI) and rate of symptom distress (PSDI) were also higher for patients who experienced early captivity compared to those who did not. Although somatization, obsessive-compulsive behavior, interpersonal sensitivity, and anxiety did not reach normative psychiatric levels, collectively they suggest positive clinical symptoms. The differences are discussed in the context of long term impact of early traumatic experiences.

WS 81 Workshop: Engaging aboriginal families in research in a West Australian context
Priddis L. (Australia), Prandl K. (Curtin Health Innovation Research Institute, Australia)
The 2008 World Congress of WAIMH closed with a Presidential address given by Professor Tamminen who described a basic purpose of culture to be "...to continue life to bring up children who will be able to bring up children who will bring up children" When traditional parenting practices and values are impacted upon by widespread intergenerational trauma the support and protection usually provided by culture are threatened and it is harder to bring up emotionally healthy and resilient children. In Western Australian an extensive Aboriginal child health survey conducted across both very remote communities and highly urbanized aboriginal communities revealed that 22% of aboriginal children were living in families that had experienced multiple major life stress events in the preceding twelve months. Death, incarceration, poverty, abuse were the types of stress disclosed. We know that families under such burdens typically struggle to heal themselves and that children who grow up in such stressful situations are most vulnerable for both physical and mental ill health. Science has also provided evidence that for the individuals in such families it is these very close relationships that are most critical for building resilience. This paper describes a project undertaken in Perth, Western Australia to identify the strengths in the ways that today's Aboriginal family's look out for their children as well as to build knowledge around what might be improved. The project uses a Mentalizing framework to ascertain sensitive parenting practices in the Aboriginal culture. It will discuss the processes involved in building relationships with Aboriginal communities as well as the procedures in place to maintain the researchers' sensitivity to culture so that the project is conducted in a respectful and non threatening manner to the values and cultural protocol of the participating Aboriginal communities. It will also describe some of the challenges faced by the non indigenous members of this research team.

WS82 Workshop: Children, now adults, who were born or raised in captivity.
Aguerre M. (Universidad Católica del Uruguay), Lecannelier F. (Universidad del Desarrollo, Chile), Miller D. (Universidad Católica, Uruguay), Francolino C. (Universidad de la República, Uruguay), Arrieta M. (Universidad Católica, Uruguay), Peyrou M. (Universidad Católica, Uruguay)
From 1973-1985, Uruguay was ruled by a military dictatorship. During this time, many children were born or raised in prison with their mothers. Now the children are in their 30's and since 2007 have been participating in a self-help group. We proposed that they explore the possible effects of captivity on their early lives, and 12 accepted. We recruited a comparison group of 12 individuals matched on economic and social levels, but who did not live in captivity during the early years of life. All participants completed the Adult Attachment Prototype (EPAA), a semi-structured interview to assess attachment representations in adults. The EPAA provides 4 attachment patterns similar to those generated by the Adult Attachment Interview (AAI). Participants also completed the Derogatis SCL-90-R, a multidimensional questionnaire that measures 9 primary symptom dimensions: Somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychotism, and 3 global indices: total symptoms, positive symptoms, and rate of symptom distress. SCL 90-R, the number of positive symptoms scores for children raised in captivity, were higher than those for individuals in the comparison group and were in the range expected for adult psychiatric patients in Uruguay. Scores for total symptoms (GSI) and rate of symptom distress (PSDI) were also higher for patients who experienced early captivity compared to those who did not. Although somatization, obsessive-compulsive behavior, interpersonal sensitivity, and anxiety did not reach normative psychiatric levels, collectively they suggest positive clinical symptoms. The differences are discussed in the context of long term impact of early traumatic experiences.

1200 - 13:30 Poster Session 4. Posters 320-414

13:30 -15:00

CT19 Clinical Teach-In: Mother-infant therapy with a mother presenting a severe attachment disorder: Who benefits from this care?
Schon M. (Luxembourg), Schmitz R. (Centre Hospitalier de Luxembourg, Luxembourg), Muhe A. (Centre Hospitalier de Luxembourg, Luxembourg)
How can an emotional bond be weaved between an infant and his mother presenting an attachment disorder? Following the
unexpected birth of her son, which reawakened her infantile traumas linked to massive emotional deprivation. Mrs V. makes a major depressive décompensation, leading to the break of the couple and to the “abandonment” of Mrs V., who finds herself isolated, lacking family and friends able to contain and give support to her internal security. Unable to invest the infant, Mrs V. agrees first to give custody to the father. Can, in such a situation, a weekly one hour mother-infant therapy help the creation of a mother-child bond? What would be the impact of such work on the attachment behaviors of both, child and mother? What would be the influence on the development of this infant who doesn’t experience neither handling and holding by his good enough mother, according to D. Winnicott, nor the primary triangle as environmental alcove of development as described by E. Fivaz and Corboz (1999)? Is it better to encourage the construction of a story between Mrs V. and her child, knowing that “it is essential for each individual to construct a narration of it’s own life including opposing experiences and emotions whom these provoked...” (B. Pierrehumbert, 2003), or shouldn’t one rather aim a new beginning for Mrs V. and her son, the moment she feels ready for it? A. Ciccone in "Naissance à la vie psychique", 2001, argues that the danger for the developing psyche results from the interplay between an inadequate maternal object and a constitutional fragility of the child. H. Segal (1972) shows that it is not as much the initial disaster than what the defensive system sets up to prevent the resurgence, which can bother the child’s maturation capacity and erase his object relations. In our hospital, links were created between the adult- and child psychiatrists, enabling interdisciplinary reflexion, however without having the possibility of a common work space to contain and share experience. Out of these result this very particular requests, addressed to us by our colleagues to help certain mothers to invest their role and their infant in spite of their more than defensive attitude. In the workshop we are going to deepen our questioning in order to find an answer to these requests and we are going to present it based on psychoanalytic, developmental and systemic family theories and illustrate it by the clinical case of Mrs V. and her infant.

**CT20 Clinical Teach-In: Come play with your food! Therapeutic and pedagogical implications of the Zürich Play Picknick**

Strass M. (University Children's Hospital Zürich, Switzerland), Maurer I. (University Children's Hospital Zürich, Switzerland)

Come play with your food! Therapeutic and pedagogical implications of the Zürich Play Picknick — an interdisciplinary, multi-dimensional approach to the group therapy of feeding disorders in infants and toddlers. The lecture gives an introduction to the technique of the ‘Play Picknick’ in the Zürich adaptation. It has been established two years ago, combining a group setting for young toddlers as well as for their care-givers. The professional ressources used are pedagogical-therapeutic interventions of the speech therapist as well as psychotherapeutical know-how of the Child Psychiatrist. Both therapists intervene as scarcely as possible in order to allow the children a process of approaching food at their own time and will. Goal of the therapy is to reduce the anxiety level linked to oral food intake. This is achieved by the childrens' autonomy and interaction in playing, watching, experimenting. Within the toddler group, there is no adult timing or concept about eating. Childrens' pleasure and curiosity are the pacemakers of their process. Thus, some children make up for sensory experiences they had left out in their eating development. Others just need to take seemingly endless time for just one little step in bringing anything into their mouths. And some children seem to make use of a distraction-reduced environment to learn to even feel their own appetite. The caregivers, on the other hand, need some support so that they can give space to the experimental phase of their children. Goal for them is also to reduce anxiety linked to feeding situations which tend to have developed in nightmarish battles on the family table. Central element for the children is the free play, in which the only things to play with are different foods and eating tools. Caregivers are encouraged to just watch their children without interfering. The setting for them provides a certain containment by the group, where they can share their experience with other parents in similar situations. In an unobtrusive way, counselling on developmental psychology and psychoeducation on feeding disorders is offered by the therapists. The main diagnostic groups are briefly outlined (posttraumatic feeding disorders, extreme premature babys, neuromotoric problems, tube dependency due to chronic medical conditions, infantile anorexia, extreme sensory food aversion) The setting and process of this innovative therapy are illustrated by video snips from various group sessions.

**Invited Lecture**

Moderator: Boris N. W. (United States)

**The technological infant: Infant mental health in a globalized and connected world—a view from Africa**

Tomlinson M. (Stellenbosch University, South Africa)

**S215 Symposium Mother-Infant-Relationship in the context of maternal psychopathology: Interational patterns and psychotherapeutic approaches**

Chair: Fitzgerald H. (United States)

Downing G. (France), Reck C. (Klinik für Allgemeine Psychiatrie, Universität Heidelberg, Germany), Trautmann-Villalba P. (Department of Child and Adolescent Psychiatry and Psychotherapy, Central Institute of Mental Health, Germany), Tronick E. (Child Development Unit, Harvard Medical School, United States)

Psychiatric disorders in the postpartum period are a serious public health issue because they carry risks for women and their families. The long-term cognitive, social and emotional development of the new child could be negatively affected as a consequence of the maternal illness. Children of disordered as compared with children of healthy mothers are at increased risk of a number of psychiatric problems (including internalizing as well as externalizing disorders) at every developmental stage. In addition, they show a lower IQ
and language development and can have deficits in their social competencies. The negative consequences of a maternal postpartum psychiatric disorder on the child's development have been well established, so that research in the last years has focused on mechanisms mediating the maternal disorder and its negative effects on the infant. In this respect, studies have demonstrated the association between impairments in parenting capacities of disordered mothers (especially in the field of mother-infant interaction) and children's negative development. Such parenting difficulties and interactional deficits have been postulated to be a mechanism through which maternal psychiatric disorders could contribute to negative child outcomes. Because these deficits could persist after an improvement of the maternal pathology, psychotherapeutic treatment in the postpartum period should target the mother-infant relationship in addition to the mother's symptoms. Clinical interventions based on video-microanalysis and video-feedback have been more and more often used in therapy approaches for this patient group with particularly positive results. The purpose of the present symposium is to further explore both the interactional patterns of mothers who are affected by a postpartum psychiatric disorder as well as the patterns that their children show in the interaction with them. First, the specific patterns of dyadic coordination and the capacity for repairing states of miscoordination in a clinical sample of postpartum severely depressed mothers and their infants will be compared with those of a healthy control group. Subsequently, the similarities and differences in the interaction between depressive and psychotic mothers with their infants in a diaper and play situation will be analysed. Finally, the Interactive Clinical Treatment of Depressed Mothers and their Infants, which is a video-based micro-analytical approach, will be presented.

S216 Postpartum psychiatric disorders: Do depressed mothers really interact differently with their babies than psychotic mothers?
Trautmann-Villalba P. (Department of Child and Adolescent Psychiatry and Psychotherapy, Central Institute of Mental Health, Germany), Hornstein C. (Mutter-Kind-Station, Psychiatrisches Zentrum Nordbaden, Germany)
In the last decade, evidence has been accumulated about the role of interaction patterns in the context of a postpartum psychiatric disorder as a mechanism through which negative outcomes in offspring could be explained. Postpartially disordered mothers basically engage in low emotional, more negative, unresponsive and insensitive interactions with their infants. While this evidence is clear in the case of a postpartum depression, the results are controversial in the case of psychotic mothers. In a pilot study on postpartum disorders, the interaction between 33 depressed and 20 psychotic mothers with their infants were analysed. The children were between one week and 7 months old. The diagnosis groups did neither significantly differ regarding demographic characteristics nor in clinical characteristics. The dyads were videotaped in a diaper and play situation and coded by trained raters who were uninformed about the maternal psychopathology. The quality of the interaction in both groups was compared. Depressed mothers as well as psychotic mothers showed disturbed patterns of interaction with their infants whereas differences between diagnosis groups were only found in the areas of maternal and filial gazing as well as in the eliciting behaviors the mothers used. In addition, babies of psychotic mothers showed more gaze avoidance than babies of depressive mothers but babies in both groups were similarly responsive. When analyzing the associated behaviors of mother and child while playing, it could be established that they were very similar for depressive and psychotic mothers. Furthermore, maternal play was associated with more smiling and motor responsiveness and less negative affection and gaze avoidance by children in the case of depressive mothers. The only association in children of the psychotic ones was with more facial responsiveness. Discussion: Our results show that depressive and psychotic mothers interact with their babies in a similar manner however children do show different interactional behaviors in analogous situations. The maternal similarities in the interaction with the babies facilitate the arrangement of an interactional therapy program which does not need to be specific for each psychopathology group.

S217 Interactive coordination in depressed mothers and their infants
Reck C. (Department of General Psychiatry, University of Heidelberg, Germany)
Objective Interactions in healthy mother-infant dyads are characterized by a pattern of mismatching interactive states with quick reparation of the mismatches to interactive matching states. By contrast postpartum depression is associated with impaired mother-infant interaction in the first months of life which is thought to lead to later compromises in infant affect regulation and development. The primary goal of this study was to evaluate specific patterns of dyadic coordination and the capacity for repairing states of miscoordination in a sample of postpartum severely depressed mothers and their infants compared to a healthy control group. Method The study was conducted at the mother-infant inpatient treatment unit of the University of Heidelberg Psychiatric Clinic. The infants’ age ranged from 1 to 8 months. A sample of 34 depressed dyads and 34 healthy dyads comparable for infant age and sex were videotaped in the Face-to-Face Still-Face Paradigm. Microanalytic behaviors and interaction patterns were analyzed from the video recordings. Results Depressed dyads were less affectively positive, and had lower levels of coordination and longer latencies to repair interactive mismatching states to positive and social matched states than the healthy dyads. Significant group differences were found between the depressed and the healthy mothers with respect to the proportion of positive matches (z=2.63, p=0.004) and social matches (z=1.76, p=0.04). Discussion The reparatory organization of moment-by-moment interactions is compromised in clinical compared to non-clinical populations. Not only are they less affectively positive they are also more poorly coordinated. These differences reflect poor mutual regulation, weaker coping mechanisms, and fragile self-regulatory competencies in the depressed mothers and their infants. Thus the infant can accumulate a very large number of experiences of being stuck in his or her own negative affective state and in a mis-matched interaction. They will repeatedly experience reparatory failure with the likely consequence that the infant will see the adult as unreliable and untrustworthy, making her an unlikely source of a secure attachment, and that negative affect cannot be transformed into positive affect. These effects are likely to have long term compromising effects on the development
of the mother-child relationship and the child's development.

S218 Symposium: Investigating the earliest origins of infant mental health: Pre- and postnatal influences
Chair: Piha J. (Finland)
Grant K. (Department of Psychology, Macquarie University, Australia)
The extent to which maternal emotional state during pregnancy impacts the neurodevelopment of her fetus, infant and child is an area of current active debate. This symposium brings together exciting current research from four international, interdisciplinary teams that share the common goal of better understanding the earliest origins of cognitive, behavioral and emotional disturbances in infants and children. Each paper takes a unique perspective that sheds further light on our understanding of the causes and consequences of fetal programming in humans. The nature and timing of possible interventions is also discussed. The first paper examines the impact of prenatal life stresses (particularly those related to relationship strain) and in utero exposure to cortisol on cognitive development and fear reactivity in a sample of 17 month-old infants. Importantly, infant attachment type (assessed using the Strange Situation) is shown to be an important moderator of these effects. Paper two suggests that similar outcomes may be apparent in even younger infants (6-7 months). Maternal sensitivity (assessed during the still-face procedure) is shown to moderate the association between prenatal anxiety disorder and various indices of infant development including cognitive functioning, emotion regulation, and orientation and engagement during developmental testing. Paper three takes a closer look at prenatal exposure to psychological stress and cortisol and their impact on infant stress reactivity. This paper addresses the additional important and provocative question of sensitive periods of fetal exposure. Finally, the fourth paper presents the findings of a randomized controlled trial designed to test the effects of stress reduction interventions on maternal wellbeing and fetal neurobehavior. Paper titles and first presenters 1. Prenatal stress and child outcome: Moderating effects of type of attachment (Vivette Glover) 2. Prenatal anxiety and maternal sensitivity predict infant performance on the Bayley Scales of Infant development (Kerry-Ann Grant) 3. Fetal programming of infant stress regulation (Elysia Poggi Davis) 4. Abbreviated relaxation techniques during the third trimester of pregnancy: Is there a benefit to the fetus? A randomized controlled study (Nadine Fink)

S219 Prenatal stress and child outcome: Moderating effects of type of attachment
Glover V. (Imperial College London, United Kingdom)
The emotional state of the mother during pregnancy can have long term effects on the neurodevelopment of her fetus, infant and child. Several prospective studies have shown that prenatal stress, and anxiety, can increase the risk for a wide range of outcomes including cognitive delay, attention deficit, fearfulness, sleep problems and mixed handedness. These prenatal effects are independent of maternal postnatal anxiety or depression. We have shown, in a cohort (n=126) recruited before amniocentesis, that prenatal life event stresses, especially those indicating relationship strain, predicted reduced scores on the Bayleys Mental Developmental Index (MDI) and increased fear reactivity (assessed by the LabTab) in the infant at 17 months. The level of amniotic fluid cortisol was independently negatively associated with the MDI score. However the latter was only apparent in insecurely attached infants (assessed by the Strange Situation). Attachment classification also moderated the link between prenatal stress and observed fearfulness. The effect of prenatal stress on fearfulness was most accentuated in children with an Insecure/Resistant attachment classification. Thus the type of attachment can moderate the effects of prenatal stress, or in utero exposure to cortisol, on infant development. The effects are complex and differ with different types of exposure and outcome. But the results emphasize the importance of helping mothers who have been stressed during pregnancy to be sensitive in their mothering, to optimize the outcome for the infant.

S220 Prenatal anxiety and maternal sensitivity predict infant performance on the Bayley Scales of Infant Development
Grant K. (Department of Psychology, Macquarie University, Australia), McMahon C. (Macquarie University, Australia), Austin M. (St John of God Healthcare and University of New South Wales, Australia)
Objective: To examine the impact of prenatal anxiety and maternal sensitivity on infant cognitive, motor and behavioral development as assessed by the Bayley Scales of Infant Development II. Method: Maternal symptoms of anxiety during the last six months of pregnancy were assessed using clinical diagnostic interview. Mother-infant dyads were followed-up at 7-months postpartum for the assessment of maternal sensitivity and infant development. Maternal postnatal (concurrent) symptoms of anxiety and depression were also assessed at this time. Maternal sensitivity was rated by independent observers from videotapes of mother-infant dyads engaged in face-to-face interaction. Infant cognitive and motor development was assessed using the Bayley Scales of Infant Development administered during a home visit. Infant behavior during developmental testing was coded using the Behavior Rating Scales, the third component of the Bayley Scales. Results: Data analyses using univariate Analyses of Variance were based on 77 mothers and their 7 month-old infants. Significant interactions indicated that prenatal anxiety and maternal sensitivity act in concert to shape infant cognitive development (p=.03), and infant emotion regulation (p=.02), orientation and engagement (p=.007), and overall behavior during developmental testing (p=.009). The findings are independent of maternal prenatal depression symptoms, and postnatal symptoms of anxiety and depression. Conclusions: Infants' cognitive and behavioral development appears to relate to the interactive influences of maternal prenatal anxiety and postnatal care giving sensitivity. The findings are consistent with a model of cumulative risk and are expected to contribute to our understanding of mechanisms of risk and to help identify targets of intervention/prevention to benefit mothers and their infants.
S220 Examples from four longitudinal studies

Chair: M. Kroupina (United States)

Kroupina M. (University of Minnesota, United States), Johnson D. (University of Minnesota, United States), Juffer F. (Leiden University, Netherlands), Kroupina M. (University of Minnesota, United States), Palacios J. (University of Sevilla, Spain)

Children in institutional care face multiple risk factors, such as malnutrition and lack of cognitive stimulation and social-emotional deprivation, resulting in significant growth and developmental delays. Although many catch up after being placed in a better environment, some children continue to exhibit long-term behavioral and learning problems. Studying post-placement recovery in these children provides us with unique opportunities to understand how early adversities translate into later problems and resiliency. In this symposium, we bring together researchers who are investigating the process and timing of changes in physical growth and cognitive development in post-institutionalized children. Questions that are addressed in these four papers concern the timing and area of the catch-up, as well as factors that identify children at risk. The longitudinal study presented in the first paper explored the effects of placement from institutional care in Romania into foster care families. The greatest amount of catch-up growth was found in children who were younger and in children with severe growth suppression at the time of placement. The study also found that catch-up growth was associated with cognitive improvements. The other three studies focused on children adopted internationally into the Netherlands, U.S., and Spain. These children were adopted from high-risk environments, including institutional care in Eastern Europe (EE) and China. The study conducted with girls adopted from China found significant catch-up in physical growth and in general cognitive development at six months post-placement. The study with EE children also demonstrated evidence of catch-up in these domains six months post-arrival. This study provided evidence that by six months, the recovery is not yet complete. The fourth study

S221 Fetal programming of infant stress regulation

Davis E. (University of California Irvine, United States), Sandman C. (UC Irvine, United States), Glynn L. (UC Irvine, United States), Waffarn F. (UC Irvine, United States)

Background: During the prenatal period, signals of maternal stress have a programming influence on the developing fetus. The goals of the current study were to determine first, whether maternal cortisol and psychological stress during pregnancy influenced physiological and behavioral stress regulation in the offspring and second, whether there was a sensitive period for these effects on development. Methods: The study sample comprised 116 women and their full-term infants. Maternal plasma cortisol was assessed at 15, 19, 25, 31 and 36+ weeks gestational age. Infant salivary cortisol and behavioral distress in responses to the painful stress of a heel-stick blood draw were evaluated at 24 hours after birth. The association between prenatal maternal cortisol and infant stress regulation was examined using Hierarchical Linear Growth Curve modeling. Results: Elevations of maternal cortisol during the second and third trimesters were associated with both a larger cortisol response and a slower recovery from the stress of the heel-stick (t's ranged from 2.0 to 2.5, p's < 0.05). Exposure to elevated concentrations of maternal cortisol early in gestation (t's ranged from 2.1 to 2.2, p's < 0.05) and maternal report of perceived stress (t's ranged from 1.9 to 2.4, p's < 0.05) were associated with a slower rate of behavioral recovery from the heel-stick blood draw. These associations could not be explained by mode of delivery, prenatal medical history, socioeconomic factors, child race, sex, or birth order. Conclusions: Maternal cortisol increased across gestation and predicted both behavioral and physiological responses to stress among healthy full-term infants. Maternal perceived stress throughout gestation was associated with infant behavioral regulation. The current study provides new evidence that prenatal exposure to maternal cortisol and psychosocial stress exerts programming effects on the fetus with persisting consequences for infant functioning.

S222 Abbreviated relaxation techniques during the third trimester of pregnancy: Is there benefit to the fetus? A randomised controlled study

Fink N. (Harvard Medical School, United States)

Background: Maternal stress during pregnancy can have severe effects on the course of pregnancy, and hence on fetal development. However, few studies have investigated the effects of stress reduction interventions on maternal and obstetric wellbeing. Only one study included fetal neurobehavior. Aims: To examine the outcome of two relaxation techniques (guided imagery (GI) and progressive muscle relaxation (PMR)) on mother (uterine contractions) and fetal neurobehavior. Study design: The neurobehavior of 33 fetuses was analyzed during a laboratory relaxation/control period after controlling for baseline (mean of two baseline measures) fetal neurobehavior. Potential associations between maternal relaxation, uterine contractions and fetal neurobehavior (fetal heart rate, fetal heart rate variation, accelerations, mild decelerations, and body movements) were studied using a computerized cardiotocogram system (SisPorto® 2.0). Fetal reactivity and uterine contractions over time were analyzed using General Linear Models with a repeated-measures design. The model included two contrasts; i) Intervention vs. Control group and ii) PMR vs. GI compared to Control group. Results: Overall, Intervention (PMR, GI) was superior to the Control condition with respect to the majority of fetal neurobehavioral outcomes. Only fetal body movement did not differ between the conditions Intervention and Control. Differences between these groups on measures of FHR and mild decelerations were significant at the level of trend. The finding regarding uterine contractions was most interesting. Women in the PMR group had significantly more uterine contractions during all measure time points than women in the GI group, F(1,33) = 7.489, p = .011. Conclusions: This study suggests that the fetus may benefit from maternal relaxation, and highlights the need of sensitizing healthcare workers in obstetric care to offer guided imagery to women at risk. Further studies are needed to replicate the finding suggesting that PMR is contraindicated (higher frequency of uterine contractions).
demonstrated that post-adoption recovery of physical growth and cognitive development occurs in the first years after placement. The last two studies also showed that recovery in head size and cognition may be slower than recovery in physical growth. These four papers also highlight the risk factors that may affect the recovery process, such as age at adoption, history of institution care and initial growth and developmental status. In summary, these papers provide strong evidence that providing children with more optimal social-emotional environments has the potential to prevent continuing developmental and physical delays.

**S224 Growth and relations between auxology, caregiving environment and cognition in institutionalized children**

**Johnson D. (University of Minnesota, United States)**

Children in institutional care face multiple risk factors, such as malnutrition and lack of cognitive stimulation and social-emotional deprivation, resulting in significant growth and developmental delays. Although many catch up after being placed in a better environment, some children continue to exhibit long-term behavioral and learning problems. Studying post-placement recovery in these children provides us with unique opportunities to understand how early adversities translate into later problems and resiliency. In this symposium, we bring together researchers who are investigating the process and timing of changes in physical growth and cognitive development in post-institutionalized children. Questions that are addressed in these four papers concern the timing and area of the catch-up, as well as factors that identify children at risk. The longitudinal study presented in the first paper explored the effects of placement from institutional care in Romania into foster care families. The greatest amount of catch-up growth was found in children who were younger and in children with severe growth suppression at the time of placement. The study also found that catch-up growth was associated with cognitive improvements. The other three studies focused on children adopted internationally into the United States, U.S. and Spain. These children were adopted from high-risk environments, including institutional care in Eastern Europe (EE) and China. The study conducted with girls adopted from China found significant catch-up in physical growth and in general cognitive development at six months post-placement. The study with EE children also demonstrated evidence of catch-up in these domains six months post-placement. This study provided evidence that by six months, the recovery is not yet complete. The fourth study demonstrated that post-adoption recovery of physical growth and cognitive development occurs in the first years after placement. The last two studies also showed that recovery in head size and cognition may be slower than recovery in physical growth. These four papers also highlight the risk factors that may affect the recovery process, such as age at adoption, history of institution care and initial growth and developmental status. In summary, these papers provide strong evidence that providing children with more optimal social-emotional environments has the potential to prevent continuing developmental and physical delays.

**S225 International adoption from China: A short-term longitudinal study on adopted children’s physical and cognitive development**

**Juffer F. (Leiden University, Netherlands), van den Dries L. (Leiden University, Netherlands), Bakermans-Kranenburg M. (Leiden University, Netherlands), van IJzendoorn M. (Leiden University, Netherlands)**

Internationally adopted children show physical and cognitive delays at adoptive placement while they also show considerable catch up after adoption (Van IJzendoorn & Juffer, 2006). However, less is known about the large group of children recently adopted from China. With the help of adoption agencies families adopting a girl from China were recruited. The 92 girls were on average 13 months (range 11-16 months) on arrival in the Netherlands. Most children (n=90) were placed in two-parent families, with relatively highly educated parents. We assessed the children two (Time 1) and six months (Time 2) after arrival. Physical growth was measured and converted into z-scores. Stress regulation was indicated by salivary cortisol. To compare the diurnal cortisol curve of the adoptees with a non-adopted group, 15 non-adopted children in the same age range were included. Using the Dutch Bayley Scales of Infant Development — 2nd edition, all adopted children received a score for cognitive development (MDI: Mental Developmental Index) and motor development (PDI: Psychomotor Developmental Index). All mean z-scores of the adopted children's physical growth parameters (Table 1) were significantly below zero (ps < .05), indicating moderate growth delays. There was significant catch-up growth for head circumference and weight between Time 1 and Time 2. For cognitive and motor development the adopted children had below average (M=100, SD=15) scores at both assessments (ps < .01). In sum, adopted children from China showed modest to moderate physical growth and developmental delays at adoptive placement, with significant catch-up for head circumference, weight, and cognitive development by six months post-adoption. Their diurnal cortisol curves did not differ from those of non-adopted children. In the presentation, we will discuss the role of age at adoptive placement and we will also compare the adopted children with an institutional care background with the adopted children who had experienced foster care in China.

**S226 Adoption as an intervention for institutionally-reared children: Risk factors for cognitive development trajectory**

**Kroupina M. (University of Minnesota, United States), Eckerle Kang J. (University of Minnesota, United States), Fuglestad A. (University of Minnesota, United States), Iverson S. (University of Minnesota, United States), Miller B. (University of Minnesota, United States), Petryk A. (University of Minnesota, United States), Johnson D. (University of Minnesota, United States)**

More than 20,000 children are adopted internationally annually into the United States. Most of these children come from institutions. These children (international adoptees, IA) exhibit physical growth and behavioral delays. Early institutional care is associated with the development of specific cognitive problems. One of the most consistent findings is the large individual differences in developmental outcomes post-adoption. The question that was addressed in this longitudinal study has not been addressed previously: timeline of recovery process in the physical growth and cognitive domains. IA adopted from severely deprived environments (e.g., Eastern European orphanages) were followed as a part of an ongoing longitudinal study. Fifty IA (24 males) were included in the
sample after 8 IA were excluded due to major neurological problems. The mean age at adoption was 18.5 months (SD=8.4). Eighty percent of these IA were in orphanage care from birth. IA were assessed at three time points; three weeks, six months and 30 months post-adoption. At the two initial assessments, the Mullen Scales were used to assess general developmental level. At 30 months post-arrival, the Stanford Binet Intelligence Scales were used. Our data suggests that the initial six months is not long enough to show full recovery in the cognitive domain. We found significant catch-up in all physical growth parameters over the 30 month period. We found almost complete recovery for weight and height by 30 months post-adoption, but 15% of children were still below -2SD for their head size at the 30- months assessment. Consistent with previous findings, we found significant catch-up over the first six months in general cognitive skills. At 30 months post-arrival we found only 10% of IA scored below normal, compared to 70% at the initial assessment and 40% at the six-months point. We found a significant difference between verbal and nonverbal IQ scores at 30 months, with verbal scores lower than nonverbal. Consistent with previous research, we found that early experience of institutional care was associated with specific cognitive problems. The most affected scales found were Verbal Fluid Reasoning and Verbal Qualitative Reasoning. More than 20% of IA scored below normal on these scales. We used regression analysis to identify risk factors for cognitive development at each of the three time points. Initial growth status and age at arrival were significant negative predictors for initial cognitive status. Concurrent head size and cognitive scores at six months post-arrival predicted cognitive status at 30 months. Additionally, IA who scored below -2SD on the Mullen scale at six months post-arrival continued to show low cognitive performance at 30 months post-arrival. These results suggest that longitudinal follow-up for the recovery process in this population is critical in order to identify IA at risk.

S232  Extent and timing of recovery following initial adversity. A study of internationally adopted children
Palacios J. (University of Sevilla, Spain), Román, M. (University of Sevilla, Spain)

Following their initial adversity, internationally adopted children join their new families with significant growth and developmental delays. Although recovery after adoption has been widely documented, much less is known about its extent and timing several years after placement and in children with a diversity of pre-adoption experiences. 289 children adopted from six countries into Spanish families were studied. Growth and psychological development were considered both on their arrival and at an average of more than three years later. Severe growth and developmental delays on arrival were found in a substantial percentage of children: a severe delay (stunting) was present in 32.4% of children for weight, in 37.2% for height, and in 37.7% for head circumference. In terms of linear growth lag, the initial average values were -10.62 months for weight, -5.86 months for height and -7.13 months for head circumference. An average of three years after adoption, the percentage of children with severe delays had greatly decreased: 6.3% for height, 1.1% for weight and 12.7% for head circumference. Post-adoption recovery seemed quicker and more complete in weight and height than in head circumference and psychological development. Initial and later values were correlated, but the relation between growth and development on arrival subsequently lost its significance. Most of the catch-up happened in the first 2-3 post-adoption years. Adoption offers an impressive opportunity for recovery after previous adversity, although continuity between past and present values persists. The improvement is more limited in some areas than in others and is a time-bound process.

S227 Symposium: Parent-infant relationships in the face of a challenge: Missed chances or opportunities for change?
Chair: Kmita K. (Poland)
Kmita G. (Warsaw University, Psychology Faculty/ Institute of Mother and Child, Poland), Hawthorne-Amick J. (The Brazelton Centre, United Kingdom), Senator D. (Institute of Psychiatry and Neurology, Poland), Rodrigues H. (Laboratory for Music and Communication of CESEM –Faculdade de Ciencias Sociais e Humanas –Universidade Nova de Lisboa and Companhia de Música Teatral, Portugal)

Although the parent-infant relationship is universally considered as a matrix and the building blocks of human development, it is given relatively little attention unless there is severe need. At the same time, it is well recognized that each encounter of a family with professionals within the broadly understood field of infant mental health, early education and so on, can be regarded as ‘influencing the relationship via specific relationships’. Reflecting on these processes is often postulated as a way of avoiding missed opportunities for intervention or at least prevention when required or desirable. Our goal in this symposium is to discuss different ways of supporting parent-infant relationships in particularly challenging contexts, when psychotherapy is not typically offered or sought for as the first-line treatment. The symposium consists of four presentations. First, Dr. Joanna Hawthorne-Amick of the Brazelton Centre in Great Britain in Cambridge, UK will speak about therapeutic effects of the NBAS assessment in the case of hospitalized newborns of high neurological risk. Next, Dr. Grazyna Kmita and colleagues from University of Warsaw and the Institute of Mother and Child in Warsaw will analyze their prospective study of self-regulatory processes in pre-term infants in terms of intervention, with possible impact on parent-child interactions as well as parental representation of the child. Then, Dr. Diana Senator of the Institute of Psychiatry and Neurology in Warsaw will discuss an issue of the interplay of therapeutic interventions for children with autism as a support and challenge for parent-child attachment relationship. Finally, Dr. Helena Rodrigues of the New University of Lisbon will
present an account of therapeutic effects of involving imprisoned mothers and their babies in musical performance with the aim to restore mothers' self-esteem and self-confidence, support mother-baby communication, and eventually prevent communication disorders. At first glance, these "contexts" may appear very distant and unrelated. What they do have in common, however, is that they all may have powerful, often detrimental effects on mother - father - baby system, the fact usually admitted, but hardly ever directly addressed in interventions typically offered to such families. The discussion of potential therapeutic or protective mechanisms as well as sources of vulnerability will follow.

S228 Using the NBAS on discharge from the NICU: A support for parents
Hawthorne-Amick J. (The Brazelton Centre, United Kingdom), Al-Minyawi R. (Addenbrooke's Hospital, United Kingdom)
Parenting an extremely preterm infant in a NICU challenges parents emotionally as they often feel a loss of control in their parenting abilities. Their baby needs the medical attention of the NICU and parents may feel they lose their fundamental role of nurturing and protecting their infant. They often experience a grief response at the loss of the baby they expected and the loss of their pregnancy. Along with anxiety over their baby's prognosis and future developmental outcome, parents may find it difficult to understand their infant's behaviors of an extreme preterm infant may exhibit challenging behaviors during their stay in the NICU and on follow-up. Infants who have experienced brain injury or insult often have an unpredictable outcome. Towards the end of their baby's stay in the NICU parents often grow increasingly anxious about taking their baby home. The nurses prepare the parents for any medical emergencies and developmental follow-up support is often provided by a team of Community Neonatal Nurses and later Community Pediatric nurses in the UK, and Pediatric clinics. But the parents need to prepare emotionally for gaining the full-time care of their baby at home. In order to help parents feel confident that they do know their baby, supportive interventions can be provided during the baby's stay in the NICU, but also during the time they are preparing for discharge home. The NBAS used at discharge as a therapeutic tool can allay some of the parent's fears and anxieties that they do not know their baby or how to care for them. The NBAS shows the baby's reactions to stimulation and provides information about how the baby manages sleep, crying and feeding. These areas are of primary importance for all parents, but especially for parents whose pre-term or sick baby may be at risk for developmental delays or ongoing treatment. The NBAS has been shown to be helpful in showing parents their baby's strengths and abilities, as well as addressing behavioral challenges. At Addenbrookes Hospital, Cambridge, UK the NBAS was performed at discharge to a group of babies who fulfilled the following criteria: ELBW, congenital abnormality, neurological indicators, undiagnosed Down's syndrome. Parent criteria were: maternal depression, age, substance abuse, high anxiety, attachment or expectation challenges. Parents were given a short questionnaire about their evaluation of the session and those results will be presented.

Knita G. (Warsaw University, Psychology Faculty/Institute of Mother and Child, Poland), Cieslak-Osik B. (Hospital "Karowa", Warsaw Medical University, Poland), Kiepura E. (Institute of Mother and Child, Poland), Urmanska W. (Institute of Mother and Child, Poland)
Pre-term birth can be regarded as a risk factor not only for child development but also with regards to the parent-infant relationship. This well-known fact is hardly ever considered when planning for early intervention services addressed to this group of families in Poland, not to mention research projects and developmental follow-up. The aim of this presentation is to analyze the impact of participation in a prospective, longitudinal study of self-regulatory processes on parent-pre-term infant relationship. An attempt has been made to monitor possible "therapeutic" effects as well as challenges to participating families in terms of the processes at the level of parents-infant interactions as well as parental representations of the child. The project itself is aimed at the relational and biological predictors of self regulatory processes in pre-term children in infancy, and is still in progress. 70 families have already been included while 20 more are to be invited till the end of January 2010. The subjects are divided into two subgroups of pre-term (born with gestational age <29 vs. 29-33 weeks) and a control group of full term babies. Each family participates in 4 meetings with our study team: at 3-4 weeks, and then 3, 6 and 12 months (corrected age in the case of premature infants). The first two visits take place at home, the next two - at a lab. The methods comprise: the NBAS assessment, semi-structured interviews with both parents, recording of dyadic and triadic family interactions, and some others. We control for child's developmental status, biological risk factors, socio-economic variables, temperament as well as postnatal depression. "Reflective" meetings of the study team are held on a regular basis. The study allows us to accompany families throughout the first, crucial months of child's life, to listen to their concerns, to share their joys and sorrows. In the presentation we attempt to discuss the problem of how research project can be used to protect and promote healthy parent-infant relations. At the same time, we try to show challenges that such participation may create. Preliminary data from qualitative analysis of the narratives co-constructed by parents and the results of macro and micro-analysis of father-mother-infant interactions will be presented.

S230 The interplay of therapeutic interventions for children with autism as a support and challenge for parent-child attachment relationship
Senator D. (Institute of Psychiatry and Neurology, Poland)
Autistic spectrum disorder is considered to be the most common developmental disorder. Despite many studies that are being carried out in this field the etiology of the disorder remains unknown. More and more hypotheses are being tested what leads to constant expanding of different therapeutic approaches (medical, educational, psychological). Regardless of many scientific controversies all
clinical research can move through a procedure like the LTP because it captures variables that concern interpersonal context.

risk factors. Conclusions: There is a consistency between child emotional and behavioral regulation and family coordination. The risk and protective factors. The study of processes will make us understand how the dysfunctional family factor interacts with other children symptoms must be systematic and reliable; it's necessary to study the dysfunctional development processes looking at several family and hence the difficulty in respecting the roles, this is more clear during the fourth part. Limitations: the clinical assessment for whatever the part of the game and the function considered. Behavioral symptoms are related with poor organization function of the coordination is related with children' symptoms: the affective symptoms are particularly related to dysfunctional family alliances few cooperative and more collusive and disordered alliances in the clinical sample. The LTPc shows that the lack of family clinical families have low coordination. Conversely, there are very few low coordination families in the normative sample. There are categories (Affective, Behavioral, Anxiety and Developmental symptoms) in their evaluation after checking the CBCL-DSM oriented scenario. Diagnosis for children symptoms were by clinicians responsible for treatment. Clinicians were asked to select one of four sample: Families N=19; Children N= 34. During the 3rd clinical session families were asked to play according to the LTP 4-parts scenario. Diagnosis for children symptoms were by clinicians responsible for treatment. Clinicians were asked to select one of four categories (Affective, Behavioral, Anxiety and Developmental symptoms) in their evaluation after checking the CBCL-DSM oriented rating scales. The LTP were assessed with scores for participation, organization, focal attention and affective contact (Global score 0-40); categorical assessment of family alliance (cooperative, stressed, collusive, disordered); scores for High (from 20 to 40) and Low (from 0 to 20) coordination families. Results: family coordination is a continuous variable that tends to a normal distribution. Most clinical families have low coordination. Conversely, there are very few low coordination families in the normative sample. There are few cooperative and more collusive and disordered alliances in the clinical sample. The LTPc shows that the lack of family coordination is related with children' symptoms: the affective symptoms are particularly related to dysfunctional family alliances whatever the part of the game and the function considered. Behavioral symptoms are related with poor organization function of the family and hence the difficulty in respecting the roles, this is more clear during the fourth part. Limitations: the clinical assessment for children symptoms must be systematic and reliable; it's necessary to study the dysfunctional development processes looking at several risk and protective factors. The study of processes will make us understand how the dysfunctional family factor interacts with other risk factors. Conclusions: There is a consistency between child emotional and behavioral regulation and family coordination. The clinical research can move through a procedure like the LTP because it captures variables that concern interpersonal context.

S231 Musical guidance sessions for parents and babies: Promoting human interaction through music
We have been involved in musical guidance sessions for parents and babies over the last 12 years. Our approach is very much based on Gordon's musical learning theory as well as strongly inspired by Trevarthen and Malloch "communicative musicality" concept: in our musical guidance sessions we aim to nurture the communicative potential of each participant (parents and babies) through musical practice. Even though we started this activity because of educational and artistic reasons, progressively we became aware of a strong therapeutic potential in this musical practice. This strong therapeutic potential can be applied to each participant individually (adults and babies), to the dyadic or triadic family interactions and to the group (normally formed by 12 babies and their caregivers). Music is not therapeutic by itself but it has the power to be used as a strong non verbal tool that allows self expression, parent- infant communication and group expression in musical companionship. We believe that musical guidance sessions that are designed to stimulate self discovery of inner musical resources of each participant and musical sharing in human companionship of a group are a special way to support parent-infant interaction and parenthood in community relationships. They can be regarded as a way to influence relationships "via specific relationships" and a way to promote mental health. They also can be thought as a natural way to compensate the lack of human contact in an industrialized society eager of sharing and affection. In this presentation we will describe our experience in regular musical guidance sessions and also in a special edition of BebéBabá project (see www.musicateatral.com) that was held in a Portuguese prison where mothers live with their babies. We will discuss how musical bonding can help to build up human structures, contributing to restore mother's self-esteem and self-confidence, supporting mother-baby communication and emerging collective motherhood and companionship feelings. We will discuss ways to improve a project like this aiming to prevent communication and social disorders going through deeper therapeutic and protective mechanisms.

Poster Workshop: Lausanne Trilogue Play
Facilitator N. Favez (Switzerland)
PW103 Child symptoms and family alliances
Mazzoni S. (Italy), Labrano Lavadera A. (Università Sapienza Roma, Italy), Malagoli Togliatti M. (Università Sapienza Rome, Italy)
Aims: the Rome group adapted the Lausanne Trilogue Play (LTP) to work with older clinical children. In a second step the connections between family alliance and child symptoms were examined. The main aim is to know if the presence of child symptoms are related to family coordination and alliances disturbances. Method: Clinical sample: Families N= 132; Children N= 199. Normative sample: Families N=19; Children N= 34. During the 3rd clinical session families were asked to play according to the LTP 4-parts scenario.

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PW104 The development of triadic interactive competences during the first 18 months of baby's life
Bighini M. (University of Verona, Italy), De Palo F. (University of Milano Bicocca, Italy), Simonelli A. (University of Padova, Italy)
Background: This paper presents a longitudinal study of the development of family interactions from pregnancy to the first 18 months of the infant's month. Theoretical and methodological work is based on Lausanne developmental systems approach, which focuses on the father-mother-infant primary triangle as the interactive matrix to the development of emotional relationships. The study has two main aims: a) to investigate the psychometric characteristics of the prenatal and post-natal Lausanne Trilogue Play procedures in the Italian context and the comparison with the Lausanne validation studies; b) to study the development of triadic families' interactions in the family and the patterns of stability and/or change during the first 18 months of infants' life. Methods: 70 non-referred primiparous families were recruited at child-birth courses. We used the Lausanne Trilogue Play (LTP) an observational procedure to evaluate the development of the interactive competences of families. Families played an interaction with a doll at the 7th month of pregnancy, and then played with the infant at 4, 9 and 18 months.

Results: Aim 1. The data show a good inter-rater reliability of LTP coding system (α = .73) and a consistent factorial structure (KMO = .79; Bartlett test ?2 (N = 70, 10) = 104.09, p= .001) in the Italian context; the results are in line with the Lausanne validation studies (Carneiro et al., 2006; Favez et al., 2006). Aim 2. Compared to the Lausanne longitudinal results, Italian data show that the interactive competences displayed by the parental couple during the pregnancy are predictive of family interactions after the baby's birth; In opposition with the Lausanne longitudinal results which show a relative stability of the families interactions over the first year, the Italian multilevel analysis underline the improvement of the families interactions finding a linear relation between time and the family interactions (t = 4.78; p=.001); there is an increase of 2.35 point in each observational phase. Conclusions: Co-parental capacities in pregnancy represent an interactive matrix for the construction of the early family relationships in the first year. During the first 18 months, the development of family interactions increased in a homogeneous way: this result can be considered like a common model in the development of family interactions.

PW105 The Clinical Lausanne Trilogue Play: An observational standardized tool to support autistic family relationships: an Italian pilot study
Vismara L. (University of Cagliari, Italy), Doneddu G. (Center for Pervasive Developmental Disorders, General Hospital Brotzu, Italy)
Background: Recently, some contributions have highlighted the negative effect of parental stress upon the efficacy of interventions oriented towards the child with an Autistic Spectrum Disorder (ASD), who shows increasingly more behavioral problems at the parents' increase of stress level (Osborne et al., 2008). Our study is aimed to assess the efficacy of a psychological support to parents and their children in terms of observed and perceived improvements in the quality of relationships. Methods: 10 families of children with an ASD will be assessed before and after a supportive intervention through a standardized observational procedure adapted from the Lausanne Trilogue Play (LTP, Fivaz-Depeusingsre, Corboz-Warnery, 1999): the Clinical Lausanne Trilogue Play (CLTP; Malagoli, Mazzoni, 2006), used as a measure of the change as regards the family's affective and behavioral functioning. Individual, from 0 (not adequate) to 2 (fully adequate), and family codes, from 0 (fully dysfunctional) to 40 (fully functional) will be scored. Children's behaviors will be evaluated through the Autistic Diagnostic Interview-Revised (ADI-R, ADI-R; Le Couteur, Lord, & Rutter, 2003; Rutter, Le Couteur & Lord, 2003) and the Autism Diagnostic Observation Schedule (ADOS: WPS Version; Lord, Rutter, DiLavore, & Risi, 1999). A portion of the parents will also be assessed both on their quality of attachment by means of Adult Attachment Interview (Main, Goldwyn, 1994-1998) and on their subjective level of stress as regards to parenting through the administration of the Parenting Stress Index (Abidin, 1995). Expected results: Preliminary data (Vismara, Doneddu, 2009) have shown an improvement as regards family scores before and after intervention. It is expected that, at the beginning of intervention, the mean CLTP score will be within the dysfunctional alliances range; after intervention, we expect an improvement on family scores. Outcome will be analysed by 2-tailed paired t test. It is also expected that children's problematic behaviors and parenting stress will decrease after intervention; whilst attachment representations should remain relatively stable, due to their nature. Conclusions: the study is aimed to give empirical evidence to the need to involve personally the parents and to consider their feelings and worries for their child in order to ameliorate the ability to share feelings and to develop inter-subjectivity processes.

PW106 Parentality and infertility: A research using the Lausanne Triadic Play with family in which children were conceived by embryo gift or oocyte donation
Beauquier B. (Hôpital Necker-Enfants malades Pédopsychiatrie, France), Canneaux M. (Hôpital Necker APHP, France), Lalu L. (Hôpital Necker APHP, France), Tancheva Z. (Hôpital Necker APHP, France), Kunstman J. (Hôpital Cochin APHP, France), Wolf J. (Hôpital Cochin APHP, France), Golse B. (Hôpital Necker, France)
The Aim of the present work is to study how the parental function and the triadic interaction take place in an infertile population. The children were conceived by embryo donation, oocyte donation or natural conception. Infertility and the medical process of Assisted Reproductive technology revolutionize the idea of becoming parents. We have met both parents at 8th month of pregnancy for a semi-structured interview inspired by the IRMAG and some questionnaires: EPDS (edinburgh post natal depression scale) STAL (State Trait anxiety Inventory) DAS (Dyadic adjustment Scale). PAI (Prenatal attachment Interview). Then we met the family at 3 month after the birth of a child for a semi structured interview and the Lausanne Triadic Play paradigm. The preliminary result of seven families will be presented. We will study the family alliance and question about its links with the difficulties emerging from infertility and its treatment.
PW107 Family alliances and intra-family relations
Schwinn L. (University Hospital Heidelberg, Germany), Frey B. (University Hospital, Germany), Borchardt S. (University Hospital, Germany), Eickhorst A. (University Hospital Heidelberg, Germany)
Family Alliances and Intra-Family Relations Our poster addresses the topic of intra-family relations and its impact on family alliances — and vice versa. In this vein it will present a short overview of our current topics in research with the "Lausanne Trilogue Play" (LTP). The family alliances found in the LTP are very appropriate to show interrelations of diverse relational behavior patterns and concepts of attachment between mothers, fathers and grandparents. The foci presented on the poster are the interrelations between the family alliances and the attachment representations of mothers and fathers, their relationship to their own parents, gate keeping- versus co-parenting-behaviors in the families, the quality of the couples' relationship and strategies of conflict resolving of the mothers and fathers. Additionally, with a second sample of Chilean families some aspects of these interrelations will be compared between the different cultural environments in German and Chilean sub contexts. Cross sectional data will be presented, based on the LTP and the following instruments: Familienbogen (M. Cierpka & G. Frevert 1994), ECR-R (J. Ehrenthal et al 2007), RQ-2 (Griffin; Bartholomew 1994; Mestel 1995), FKBS (U. Hentschel, M. Kießling, M. Wiemers 1998), HKBS (Heidelberg cultural questionnaire battery), Fragenbogen elterlichen Verhaltens (H. Demant & A. Eickhorst). Our samples consist of about 65 German middle class families (mothers and fathers) with their children in the first twelve months of their lives and of about 20 Chilean families. Currently, all these studies are in progress, this poster on the WAIMH congress will present first results.

PW108 Using the Lausanne Triadic Play in an infant mental health unit.
Keren M. (Israeli Association for Infant Mental Health, Israel)
Our context of work is a community-based Infant Mental Health Unit, for infants with emotional and behavioral disorders and their parents. They are addressed to us either by pediatricians, public health nurses, social workers, or as self-referred. The reasons for referral are varied, both in nature and in severity, and a very common challenge we face is to differentiate between the high risk families who indeed need our expertise, and those who just need a focused and short developmental guidance. Then, among those that are defined as "clinical families", i.e. those parents and infants whose functioning is significantly perturbed, and very often have more than one problematic area of functioning, we wish to differentiate co-parenting from marital relationship problems. The LTP procedure is being used routinely in our community-based unit, in the process of assessment as well as therapy. We will present examples of both uses, more specifically of how this procedure helps us to differentiate between problematic co-parenting and marital relationship, as related to the infant's symptoms, and how the LTP can be a tool for treating those clinical situations where the infant is referred because "she/he refuses to stay alone with one of the parents".

PW109 Homoparentality and intersubjectivity: An exploratory research of the triadic interactions through the model of Lausanne Trilogue Play
D’Amore S. (University of Liege, Belgium), Scarciotta L. (University of Liege, Belgium), Gresse K. (University of Liege, Belgium)
Literature on family dynamics in homoparental contexts (Laird, 2003, Vecho et Schneider, 2005 ; Gross, 2005) shows that only few studies focus on a systematic analysis of interactions. They rather deal with representational and symbolic aspects within the parents-children dyad and use various methodological modalities (like interviews, questionnaires) where the analysis unit is the single person. It is actually essential to try and understand child development from a triadic viewpoint that would consider the parental couple and the child (Fivaz-Depeursinge, 2003). Various authors like Patterson and Chan (1995) suggest that the psychological evolution of a child who grew up in a homoparental family is not different from that of a child pertaining to other types of family structures. They make us reflect on the fact that child development would rather depend on the relational processes within the family than on its components. In the same line of this perspective, we assert that there isn't any significant difference as regards the quality of the child's triadic interactions when he comes from a homoparental family. We believe that alliances are shared in a quite similar way in this kind of family forms too. In order to define a congruent and rigorous methodology for our questionnaire, we chose to recur to the Lausanne Trilogue Play instrument (Fivaz-Depeursinge, 2001) that enabled us to carry out a thorough analysis on homoparental interactions and alliances The first outputs seem to confirm our research hypothesis. These first results, although they are quite few, may turn out to be true milestones within our ongoing study.

Poster Workshop: Psychotherapeutic Interventions
Facilitator: Bryce G. (United Kingdom)
PW110 Adolescent parenting: The Motherhood Constellation in the context of abuse and neglect
Casa-Martin D. (Montreal Children's Hospital of the MUHC, Canada), Canfield J. (Montreal Children's Hospital of the MUHC, Canada)
This clinical teach-in will examine the challenges in a complex case of a three-year-old girl presenting in the emergency room at an urban pediatric hospital with “suicidal behaviors”. During the psychiatric assessment, the young mother reported that the pregnancy had only been acknowledged at 28 weeks gestation. Being 18 years old at the time, the pregnancy and birth had been traumatic experiences. At the age of 21, she was able to ask for help through her child. Developmental issues of each member of the dyad impacted on the presenting symptoms and ensuing therapeutic work. Mother, emerging from her own adolescence at the same time as her child was becoming increasingly separate and autonomous, revealed a history of abuse. Issues of development will be looked at in the child and mother with the question in mind: Can abuse and psychopathology be halted in this generation? The history of abuse and
PW111  Mother-Father-Infant psychotherapy: Nurturing the attachment relationship through the self-reflective and mentalizing relationship with the therapist
Henderson C. (Child Adult Therapy, Inc., United States)
This paper describes the four and a half year psychoanalytically informed reflective psychotherapy with a mother, a father and their child. The mother and the father learned at twenty weeks gestation that their fetus had multiple physical abnormalities requiring an organ transplant. This paper address the following: 1) the effects of acute and strict trima experienced by this child and her parents that affected the mother and the father's attachment to her and her attachment to her mother and father; 2) the ways in which the parent's internal working models and internal conflicts become a part of the internal world or the child; 3) that poor/dissynchronous attachment patterns can be successfully addressed in the therapeutic process.

PW112  A theory and clinical application from the Netherlands
Weille K. (Leiden University of Applied Science, Netherlands)
This poster presents the clinical theory of Alice van der Pas, a seminal Dutch theoretician and practitioner whose work draws on the work of Therese Benedek, Selma Fraiberg and others, and compares it with Stern's Motherhood Constellation, in the context of the clinical case of a mother of two, who presents with a conflictual relationship with her 3 year old daughter. During a hiatus in the therapy, she gives birth to a third baby, with whom a traumatic incident occurs that stirs up the intrapsychic material from the first round of work, in a new way. Van der Pas' theory includes a definition of parents which fundamentally differentiates parenting from childrearing. One may be a parent and not able to do the work of childrearing either well, or at all. Parenthood does not guarantee competent childrearing, but incompetent childrearing does not remove the essence or identity of parenthood. V/d Pas' schema, in brief, recognizes three domains: the “Workfloor”, where parenting is carried out daily and includes all relevant skills and psychological processes that come to bear on this, the essential work of parenting. “Circumstances” are all of the circumstances from genetic character and fit of child/parent, to material circumstances and events, illness etc. with which a family is confronted at any given moment. In the middle of these two are “Buffers” which are a diversity of intrapsychic mechanisms, such as reflecting function, that mediate between circumstances and the parent's ability to manage the work of parenting. In van der Pas' schema, there are a number of specific connections to the four themes in Stern's Motherhood Constellation. The most overarching fundamental connection is the investigation of parental experience and identity as a phenomenon in its own right, and the recognition that the transition to parenthood is a permanent, life changing intrapsychic reorganization. Both theorists believe that the therapeutic position must be actively supportive and not purely psychoanalytic in a classical sense. However, Stern's perspective remains more purely psychodynamic whilst van der Pas integrates psychodynamic, systemic, and other elements in a scheme that is thus broader in its focus. The goal of the teach-in is to apply and elucidate the use of these theories in practice, and in the process, to provoke critical thinking about how we view parents and what is ultimately the most helpful way of working with them.

PW113  The therapeutic power of creativity in mother-infant group therapy
Underwood N. (Child Youth & Women's Health Service, South Australia, Australia), Chance S. (Sally Chance Dance, Australia)
The ACORN Program is a closed 14 week intensive parent-infant therapeutic intervention that aims to address the sequelae of parental psychiatric illness. The aim is to bring together several therapeutic approaches that foster reflective function. A central idea behind the program is that relationships can be enhanced by creating opportunities for parents to experience their own unique creative 'space'. The primary medium for this space is music, movement, shape, and dance. This poster will aim to present several key activities in the ACORN program, and to present an opportunity to reflect on the power of creative approaches to therapy.

PW114  'AMPLE' Adolescent Mothers Project- Let's explore your baby as a person
Nicolson S. (Australia), Judd F. (Royal Womens Hospital, Australia), Thomson-Salo F. (Royal Children's Hospital, Melbourne, Australia)
'AMPLE' is a PhD study underway at the Royal Women's Hospital in Melbourne. The study is a preliminary trial of a brief, perinatal attachment intervention for adolescent mothers and their infants. The study will test whether the intervention is associated with improved adolescent mother-infant interaction at infant age 4 months. This presentation will outline the methodology of the study and will include preliminary results. Preventive interventions are important in this population as adolescent motherhood can be associated with a less sensitive, more neglectful and punitive parenting style, non-secure infant attachment and adverse child development

psychopathology spanning at least two generations was revealed in the dyadic therapy sessions. The challenges of mothering in this context and caring for the needs of an infant as a separate individual were recurrent themes. Disturbing the ghosts in the dyadic relationship can be problematic for the parent. The risks for the mother when the child is no longer the recipient of projective identification will be explored. The clinical approach used was designed to increase maternal reflective functioning and to increase positive interaction between parent and child. Interventions from Watch, Wait and Wonder and Webster-Stratton Parent Training Program were used. Content from the parent/child therapy will be presented exploring the play narrative, dyadic interaction, projective identification and increasing maternal reflective functioning. Clinical vignettes and video clips will illustrate the process. The contribution of an infant mental health clinician in the age of treating the symptom without understanding the complexity of the dyad, the family system and the possibility of intergenerational trauma will be explored.
outcomes. The authors are unaware of any existing, brief, evidence-based interventions for adolescent mothers that begin in pregnancy and positively influence the mother-infant relationship during the transition to parenthood. This study will test the new intervention against usual care in a sample of 90-100 young women recruited at the Royal Women's Hospital. The study will recruit mothers into two groups: intervention and control. The intervention will be low cost; it will be replicable, sustainable and will be set within a well-attended maternity service for adolescent women. It will be provided by a skilled clinician in parent-infant mental health. The intervention will be provided in three steps that coincide with routine hospital attendance: a group session in the third trimester of pregnancy, a neonatal demonstration of the infant's capacities for interaction, and an individual session to support the developing mother-infant relationship at infant age six weeks. At the start of the study, information will be collected by questionnaire and medical record on demographics, psychosocial background, parenting history, emotion regulation and presence of depressive symptoms for all recruits. At the end of the study, the interaction of all recruited mothers with their babies will be videotaped at home when the infant is four months old. Video data will be coded using the Emotional Availability Scales. Information will be gathered by questionnaire on mothers’ symptoms of depression, time spent caring for their baby, their self esteem as a parent and their view of their baby's temperament. The data collected will be analyzed for statistically significant differences between the intervention and control group in maternal-infant interaction, their self-esteem as a parent and their view of their baby's temperament. The data will also be analyzed for any statistically significant effect of depression on maternal-infant interaction. Descriptive statistics will be used to compare the prevalence of depression, anomalous parenting history, and difficulties with emotion regulation in this study population with others previously studied.

WS84 Workshop: Assessing mothers' insightfulness into their children's inner worlds
Koren-Karie N. (Haifa University, Israel), Oppenheim D. (Department of Psychology, University of Haifa, Israel)
Assessing mothers' insightfulness into their children's inner worlds Workshop submission, WAIMH 2010, Leipzig The workshop will introduce the theoretical background of the maternal Insightfulness Assessment and will also focus on how interviews are analyzed. Maternal Insightfulness into the child's inner world involves insight into the motives underlying the child's behavior, openness to new and challenging information about the child, and provision of a complex view of the child, and has been shown to provide the basis for sensitive caregiving behavior and secure child-mother attachment in both normative and clinical samples (Oppenheim & Koren-Karie, 2009). Maternal insightfulness is assessed using a video replay technique in which mothers view short segments of their child and are then interviewed regarding the child's thoughts and feelings as well as their own thoughts and feelings. Interviews are transcribed, rated on 10 scales (i.e. coherence, acceptance, insight), and then classified into one of four classifications: Positively Insightful, One-sided, Disengaged, and Mixed. Positively insightful mothers try to understand the motives underlying their children's behaviors and update their view of the child when necessary. Non-insightful / One-sided mothers seem to have a preset, unidimensional conception of the child that they impose on the video-taped segments. Non-insightful / Disengaged mothers are characterized by their lack of emotional involvement and limited answers. Finally, the non-insightful / mixed category involves mothers who do not show one type of speech as defined in the above categories. The validity of the IA has been supported in several studies in low risk populations in which mothers classified positively insightful were most likely to have securely attached children, mothers classified one-sided were most likely to have insecure/ambivalent children, and mothers classified mixed were most likely to have children classified insecure/disorganized. These relations were also found in a recent study of mothers of children with autism in which mothers' insightfulness together with positive resolution of the child diagnosis was related to mothers' sensitivity and to children's secure attachment. The IA was also used as a measure in an intervention study. In a sample of clinically-referred preschoolers we found an increase in the number of mothers classified as insightful following 6 months of treatment, and a drop in internalizing and attachment. The IA was also used as a measure in an intervention study. In a sample of clinically-referred preschoolers we found an increase in the number of mothers classified as insightful following 6 months of treatment, and a drop in internalizing and attachment.

WS85 Workshop: Working with and in the Community
Hoffmann M. (CIAD, Argentina), Gorodisch R. (Fundación Kaleidos, Argentina), Roca M. (FETB, Argentina), Moreno Zavaleta M. (Wawa Wasi, Peru)
Acting in the Community Miguel Hoffmann (Buenos Aires) That Infancy is embedded in the community and in the Society as a whole is by now a well established fact. To act upon the community, to use community as an intervention tool is fairly recent. Our distinguished companion - Salvador Celia- of many Waimh events and prematurely lost to us, designed an instrument in such a format. We will be presenting our first Week of Infancy, with the results of 15 months of intense work in a small town not far from Buenos Aires, but very rural. Just the fact of gathering information through visits to the large quantity of programs dedicated to Infancy and early childhood had a clear impact on this Community. In the words of the Secretary of Health and Human Development of the small town: "we felt our work more important through the thoughtful attention given to our daily doings; we became more interested in what the outcome is of the many efforts done; we started to record more thoroughly what we are doing. And we are surprised with the results, we do much better as a group, work has become more efficient, we have a much lower figure of infants lost in the first year of life." These words are almost more then what we expected. But the events running from November 19th until the 22nd have been even more surprising: we did not need to set up a program, 52 different activities had been proposed by educational,
health, human development—and more importantly, community organizations. We almost had to struggle to find some place to present some general ideas on this program; it had gained a life of its own. The best that could be expected had happened: the Community took over the Week for Infancy. Hopefully the results in pictures and figures that we will bring to the symposium will reveal some of the zest that this Township has put into action. Already we have a program for 2010 that starts with a large intervention into the issue of teenage pregnancies of which this small town has a stunning 35% of all deliveries registered. The educational system is rocked with this fact, but parental involvement, and the possibility to act collectively on this issue is still something to develop. Probably searching for other life projects, and more importantly, making them possible.

WS86 Jakairá, Center for Adolescent Mothers and Fathers
Gorodisch R. (Fundación Kaleidos, Argentina), Nofal S. (Fundación Kaleidos, Argentina), Feder V. (Fundación Kaleidos, Argentina)
The purpose of the present paper is to introduce an accompaniment experience to those adolescents who have become mothers and fathers, and also to their children. This project is outlined within a collaboration agreement between two foundations, Children Action, from Switzerland and Fundación Kaleidos, from Argentina. Both institutions believe in their efforts to develop working models that may be inserted into the public sector in order to participate in the creation of better public policies. The goals of Jakairá are to offer an alternative to the institutionalization of the adolescents and their children, to preserve the family ties between the babies and their parents, to encourage the development of the family's autonomy, as well as to provide support to the adolescent within her family and social network, while contributing to the building of a social network that should meet the numerous needs these families must face. This program is aimed at those adolescents whose rights are infringed, who are living their first pregnancy or who have their first child and it is also aimed at these children's fathers. We have arranged a day care center where the psychological, social assistance and educational areas converge. We believe it is important to work by respecting both stages of development: adolescence and early childhood. The team of Psychologists is made up of five professionals; two of which are specialized in early childhood. At Jakairá we prioritize the group work because we think that the groups are facilitator spaces that allow the adolescents to process the crises and the changes of that stage together with the others. Furthermore, the Child Psychologists are in charge of the children's development follow up, as well as of taking part in face of any important relational problem. The social area leads the facilitation of the effective access of these families to the rights stated in the Convention on the Rights of the Child and the Adolescent, and also helps these families in the development of a feasible vital project. Finally, we have a day care for the babies, which seek to foster the children's best development by offering some other supplementary caring elements. It also allows the adolescents to resume their own projects relying on the good care their children are receiving. Jakairá works not only with adolescent pregnancy and/or motherhood/fatherhood, but it also works with their individual and family biographies and paths where social exclusion and infringement had already left their marks long before the pregnancy appeared.

Workshop: 'Mind the Gap' - the transformative role of 'Containment' in interventions with parents, infants and young children facing separation, loss and change
WS87
'Mind the Gap': The transformative role of 'Containment' in interventions with parents, infants and young children facing separation, loss and change
Emanuel L. (Tavistock Centre, United Kingdom)
In this presentation I will describe and explore the implications of three levels of intervention aimed to support families with babies and young children where anxieties around weaning, separation, and transitions precipitated a crisis, and where defensive strategies were evolved to avoid "the gap" or the empty space where a loved object has been. In each case the intervention involved the availability of a "containing" mind which enabled a shift to take place from a need to defensively "evacuate" or evade awareness of the mental pain involved in loss and separation, to a capacity for symbolic thought, and an ability to emotionally process these painful experiences. This availability could be accessed indirectly through consultation, as well as through direct clinical interventions. The first level involves the introduction of a "young child observation", of a toddler who was having difficulty separating from his mother at nursery. A nursery worker undertook to observe the child for a period each morning on his arrival. Through the detailed observation material one can trace the way in which the toddler develops a capacity to explore, through play, his experience of a "going away" and "coming back" mother. The second level describes regular consultations offered to health visitors and other early years professionals, who request help with families where weaning and other separation difficulties are being experienced. The families may not require a referral to Child and Adolescent Mental Health Services, but they may benefit indirectly by the consultation process whereby case consultation, based on detailed descriptions of home or health centre visits, is offered. Vignettes based on consultation discussions will illustrate this level of intervention. In one consultation, a toddler's insistence on wearing a nappy to defecate into was linked to his anxieties about separation from an unpredictable step parent. The third level describes direct clinical interventions with families where separation anxiety and fear of abandonment underlie a range of symptoms such as sleep or eating difficulties. I will describe a clinical situation of a mother struggling to wean her toddler, where it was clear through the child's play and communications that he was ready to move on, and how the parents' difficulties around separation were addressed. In each of these situations the transformative moments are related to a recognition of a link between the symptom and a separation anxiety, either in the child or parents, or transgenerationally transmitted and unprocessed anxiety requiring recognition and containment.

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WS88 Continuities in infant development and parenting processes: The management of intimacy, separation and separateness
Briggs S. (Tavistock & Portman NHS Trust, United Kingdom)
This paper aims to contribute to understanding how early experiences of fit/matching, and the opposites — mis- or not fitting — in early relationships impact on later infant development, particularly when the infant experiences separation and loss, internally and externally. I will describe categorizations that assess the qualities of containment and fit in the early parent-infant relationship from birth to six months. Containment is assessed in terms of the parental “shape” (concave, flat, convex) and the infant’s “grip relations” in terms describing the qualities of emotional contact between infant and parent. The fit between parent and infant is assessed as containing, conflictual or accommodating. Coding these indices is used to assess interactions up to 6 months in infant observation and video recordings of parent-infant interactions at 6 months. I will illustrate the application of these categories to a cohort of 5 parent-infant relationships, studied through weekly infant observations over two years. Early patterns of relatedness are identified in each case using this method and these are systematically tracked over time for each of the parent-infant relationships to the end of the second year. Particular consistencies are recognized as demonstrating the continuities of these early relational patterns which have been internalized to form an important aspect of the infant's development. These aspects are assessed through consideration of experiences of growing separateness between parents and infants. Drawing on the observational data, particular emphasis is placed on, firstly, the development of a sense of absence (around 1 year- 15 months for the infants in this study) and secondly the emergence of symbolic play and language up to two years. Examples are provided to illustrate some of the more vivid manifestations of continuities between the early relationship, and later experiences of separateness and preoccupations in symbolic play. Particular opportunities for working through the impact of early experiences are identifiable and observed, and the parental role in relating to the emotional experiences of the infant's symbolic play is discussed and illustrated. The usable implications for clinical practice are discussed.

WS89 How a family copes with early loss: Findings from clinical process research
Poizzi-Monzo M. (NHS, United Kingdom)
This part of the presentation is based on a research study which has analyzed clinical treatments from combined qualitative and quantitative approaches. A hypothesis underlying this research is that there is a link between the parents' state of mind and their small child's behavior and symptoms as indicated in the referral letter to Child and Adolescent Mental health Service in England. In particular, if parents feel understood and have the experience of being emotionally contained by the therapist in treatment, their state of mind is likely to move along a continuum from being predominantly reactive to being more reflective. In psychoanalytic parlance, they move from a paranoid-schizoid position to one that is more depressive (PSOD). The findings suggest that the parents' state of mind in general, and in relation to their child in particular, has indeed altered from being somewhat reactive to being more reflective. Special attention is given to the therapist's countertransference during and soon after sessions, in order to corroborate the changes in both children and parents. A piece of clinical work with the family of Alex is described in details Alex was 2 and 1/2 years old at the time of referral. He was a very shy boy — the only child in his family — unable to let go of his mom and to socialize with children at his pre-school. His mother had suffered from undetected post natal depression four months after his birth and, when he was 2, she lost a baby girl. The referring Health Visitor was concerned about the level of dependency in Alex and the possible effects of mother's depression. We met for six session’s altogether. This was a fundamentally depressed family: powerful emotions were denied, encapsulated into mother's panic attacks and projected into Alex. People had to stick together mostly in couples as separation was equated with death. This manifested in the first two sessions when both Mother and Father had felt the need to immediately respond to Alex's constant request for attention. Something fundamental had changed in these parents as they allowed and fostered separateness in Alex, having understood and contained his fears and worries. This shift in the parents had most likely affected Alex and produced a noticeable change in his capacity to separate age appropriately and to turn more towards children and enjoy social encounters.

WS90 The impact of weaning on infants and parents
Urwin C. (Tavistock Centre, United Kingdom)
Becoming a mother for the first time can profoundly affect a woman's sense of who she is. To manage this transition while dealing with the vulnerability of a tiny baby requires support from partner, family and wider community. What happens for mothers rearing their babies in very different countries or environments from those in which they were themselves brought up? This paper presents findings from a research project studying changes in women's identities in becoming parents for the first time in an inner city borough characterized by ethnic diversity, deprivation and rapid social change. Twenty first time mothers were each interviewed in depth before the baby's birth and during and at the end of the first year. Six of these mothers and babies were also observed weekly using psychoanalytic infant observation for one year. While interviews provided information about mothers' conscious reflections on their experience, observations gave insight into the emotional impact of babies' demands and changing needs on organizing parents, affecting what is required of them emotionally, psychologically and practically. The paper focuses on weaning as a significant transition for babies and mothers, affected by social expectations, financial considerations and emotional factors. The paper asks: how do babies react to, negotiate or work through this change and what is the impact on parents? What shifts are involved in moving through physical dependence to psychological dependence? How might a baby's grasp of this be manifest in behavior, in particular, in the regulation of intimacy? After outlining findings from the whole study, two contrasting examples are presented: an African mother and baby, relatively isolated, with her husband, from family and community, and a professional white mother, economically comfortable but lacking immediate support. The former family drew on memories, traditions and baby-recipes from the home country.
WS91 Workshop: The essential role of the body: How movement and nonverbal experience inform implicit knowing and intersubjectivity in early childhood development
Tortora S. (Dancing Dialogue LLC, United States)
This workshop will begin with a comprehensive review of the growing interest in the infant’s experiences that occur outside of verbal conscious awareness, by numerous infant mental health researchers and theorists. These experiences that are nonverbal in nature have been analyzed to explain the infant’s experience of self and other in the developing attachment relationship; how the infant learns to process information in her developing sense of self; infant memory; and infant psychotherapy. “Implicit knowing” (Stern), “moment—to-moment implicit processes” (Beebe and Larchmann), “intersubjectivity” (Trevathen), “body to body-biology to biology” (Fally), and “perceptual-cognitive-affective-sensory-motor schemata” (Gaensbauer) are some of the current terms that describe these nonverbal processes. Highlighting the imperative role body/movement experience, nonverbal understanding, and nonverbal expression play in all levels of early childhood development, this literature review will set the foundation for the second half of the presentation. Specific movement, multisensory, creatively-based dyadic and group activities, which enhance the young child’s growing sense of self, physically, emotionally, expressively, and cognitively will be provided. These activities are designed to support the parent-child attachment relationship and can be used in preventative and intervention programs. They are tools to teach parents how to read and understand their child’s nonverbal cues while providing playful ways to improve the parent-child relationship. Why infants and toddlers need creative, movement experiences in our current culture now more then ever will be underscored.

WS92 Workshop: Touching and being touched: Supporting interactive dyadic learning and infant development through parent-infant massage instruction
Ludwig M. (United States), Cooper A. (A Home Within, United States)
The workshop will report on the design, development and current research of an early intervention model, Fostering Mindful Attachment, that uses parent-infant massage as a platform for parent-infant intervention and the teaching of a variety of essential nurturing skills to caregivers in at-risk dyads with children 0-1 year olds. This program serves children at risk of entering the U.S. foster care system and the parents at risk of losing these children. The caregiver curriculum focuses on instruction in and practice of nurturing touch in a developmental and relational context and uses the emerging touch process as teachable moments for personal, dyadic, and parenting growth. The structure and underlying conceptual content is informed by contemporary infant-parent research, Attachment models, developmental and affective neuroscience, Somatic Psychology, and touch research. The premise of this intervention model and research component is that qualities of touch/handling and emotional communication via touch are a potent but under-examined element of infant-parent interaction research. Infants are born with a complex, highly adaptive but immature nervous system that is dependent on tactile, sensory, and interpersonal experiences to become fully developed. Caring and responsive touch is instrumental for the early development of the infant’s autonomic and central nervous systems. When, by contrast, there is touch deprivation or insensitive handling, an infant’s development and relational security are compromised by repeated impingements, reactivity, and touch vigilance. This 10-week interactive curriculum is organized as a group process with 4-6 caregiver-infant dyads. Significantly, caregiver participants learn to attend to the qualities of the child’s regulation process as well as to their own current and past (often transgenerational) autonomic arousal patterns and self-regulation strategies. Parents are introduced to their unique child in ways that support recognition and significant moments of meeting. By focusing on the bodily needs of infants for healthy development through nurturing touch this workshop will build on current research and propose a model of instructed practice that can be brought into many settings. Including research-based, touch awareness in all early intervention promotes sensitive body-to-body contact, more effective parental use of soothing and stimulating touch, and improved overall development.

WS93 Workshop: The picnic game: a tool for family interaction assessment
Frascarolo F. (Research Unit of Centre d’Etude de la Famille, Switzerland), Favez N. (University of Geneva, Switzerland)
In this workshop, we will present a situation which allows the assessment of interaction in families with several children: the picnic game (PNG). In this situation the family is asked to pretend to have a picnic. The PNG, videotaped in its entirety, can be used with any family with no restriction of age (from 6 weeks to 12 years) nor of the number of people (including babies as well as grandparents). On a carpet of 4 by 4 metres, delimiting the space they can use, the family has at its disposal a bench, a table, chairs, toys and a toy tea set. The instructions invite them to play the family X at a picnic during about a quarter of an hour and to tidy up when they are finished. The PNG is articulated around two dimensions: playfulness and handling of daily routines. The one hand, regarding playfulness, the PNG aims at assessing the family's capacity to play for fun, to share pleasure (implicit aim of the game), to be creative. On the other hand, the PNG relates to daily life tasks such as setting the table, tidying up at the end, leading the children to respect the spatial limits defined for the game. The two aspects are complementary and make the observations all the more rich. The PNG is assessed with the Re-PAS (Revised Picnic Assessment Scale, unpublished manual), composed of nine validated Likert scales: participation, (inclusion of the participants), allocation of leadership, structuring of the task and transitions, richness and fluidity of the

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configurations, co-parenting, marital exchanges, limit setting, family warmth and finally autonomy of the child sub-system. Focus of assessment can be the whole family coordination as well as different sub-system (marital, co-parental, parent-child, etc.). The PNG can be used for research purpose (assessment of family functioning, pre/post, longitudinal studies) as well as clinical purpose (evaluation of resources and difficulties, distinction of marital v/ co-parental, therapeutic indication). To date it is one of the only situations to assess interaction in families beyond the triad. The workshop will allow a familiarization with the PNG and its coding system, thanks to videos which will illustrate different types of family functioning.

15:30 - 17:00
**Presidential Symposium**

**Developmental psychopathology comes of age. The (mysterious) unfolding of development and psychopathology**
Guedeney A. (Paris, France)

**The baby’s world: Developmental foundation for understanding others**
Sanefugi W. (New Investigator Award Winner 2008, Japan)

Award Ceremony: New Investigator Award 2010

17:00 - 17:30
**Closing Ceremony**
Guedeney A. (WAIMH President 2008-2012)
Berg A., Tomlinson M. (WAIMH Congress 2012, Cape Town, South Africa)
adolescents with immigrated parents considering the sociocultural affiliations. We met seven
France), Baubet T. (Avicenne Hospital (APHP), France), Moro M. (Avicenne Hospital (APHP), France)
Drain E. (Avicenne Hospital (APHP), France), Drain E. (Avicenne Hospital (APHP), France), Taieb O. (Avicenne Hospital (APHP),

P4 Pregnancies of adolescents with immigrant parents
Drain E. (Avicenne Hospital (APHP), France), Drain E. (Avicenne Hospital (APHP), France), Taieb O. (Avicenne Hospital (APHP),
France) Baubet T. (Avicenne Hospital (APHP), France), Moro M. (Avicenne Hospital (APHP), France) 
This research explores the experience of pregnancy by adolescents with immigrated parents considering the sociocultural representations of teenage pregnancy. The hypothesis is that the young women could have negative feelings due to the stigma of teenage pregnancy in our society but that their experience could also be different considering their cultural affiliations. We met seven

POSTER SESSIONS

Wednesday: Poster session: Adolescent Parenting

P1 Adolescent mothers in custody: Linking families to a new future
Nemeth D. (Karitane, Australia), Mills R. (Karitane, Australia), Phillips J. (Karitane, Australia) 
Karitane, an Australian specialist child & family health and perinatal mental health organisation, worked in partnership with the NSW Department of Juvenile Justice to develop a program to facilitate better outcomes for adolescent mothers in custody and their children. The two year project, known as Family Matters’, funded by the Australian Attorney-General’s Department, included development and provision of universal and targeted education for Juvenile Justice Centre (JJC) staff; targeted programs for young women in custody who are pregnant and/or parenting; group programs for all young women in custody promoting healthy life choices; evaluation of policy, practice and development of best practice recommendations. The theoretical rationale came from attachment theory and from neurobiological and developmental evidence highlighting the relationships between early parenting and child outcomes. The multifaceted program for young women with children was tailored to the individual needs of mothers in custody, primarily facilitating the mother/child relationship, building parental sensitivity to the needs of their children, and increasing life choices for all young women in custody. Young women who enter the Juvenile Justice system are a highly marginalized group, with the majority having experienced a range of problems including childhood abuse, neglect, family instability, violence, poverty, domestic violence, dysfunctional relationships, psychopathology and substance abuse. Although various interventions for adolescent mothers have been shown to be effective, reports of early parenting intervention programs in prison settings have been limited to adult populations. This presentation will describe the implementation and outcomes of a new initiative for adolescent mothers in custody, including a description of the conceptual model and program objectives, the evidence-base which informed strategies to increase parental sensitivity to the needs of the infant and promote positive parent-child relationships in this highly vulnerable group of young women and children; and the evaluation outcomes. The evaluation identified the importance of the development of a trusting relationship between agencies, which paralleled the relationship-based approach required to effectively support the young mothers in custody and their children.

P2 Pregnant adolescents’ unresolved trauma/mourning (using adapted Adult Attachment Interview): Links to self-report of socio-emotional adjustment 
Benoit D. (Hospital for Sick Children, Canada), Madigan S. (Hospital for Sick Children, Canada), McKibbon A. (Hospital for Sick Children, Canada), Vaillancourt K. (University of Reading, United Kingdom)
The links between unresolved versus not-unresolved states of mind with respect to past traumatic experiences and self-reported socio-emotional adjustment were examined in a high-risk sample of pregnant adolescents (e.g., 52% had a history of involvement with child protection services; all resided in maternity homes for pregnant youth). Unresolved trauma/mourning was assessed using the Adult Attachment Interview (AAI), which was adapted for use with adolescents and included supplementary questions pertaining to trauma to increase the likelihood that past experiences of physical, sexual, and emotional abuse would be reported. Participants’ responses were rated by a trained and reliable coder (blind to study hypotheses) using the traditional AAI coding system. Good levels of inter-rater reliability were documented with a second coder (also reliable and blind to study hypotheses). Participants were 47 pregnant adolescents (mean age=16.95 years; SD=0.97); 37/47 (79%) met AAI criteria for unresolved trauma/mourning. Self-report of socio-emotional adjustment was obtained using three validated tools: 1) Youth Self Report (YSR); 2) Beck Depression Inventory; and 3) Adolescent Dissociative Experience Scale. Pregnant adolescents with unresolved trauma/mourning reported significantly more internalizing (t (43) 23.08, p<.01), externalizing (t (43) 3.30, p<.01), and total behavior problems (t (43) 2.72, p<.01) on the YSR, compared with their not-unresolved counterparts. In addition, these adolescents had higher scores of dissociation and depression than their not-unresolved counterparts, t (45) 2.34, p<.05, and t (45) 3.50, p<.01, respectively. The high rates (79%) of unresolved mourning/trauma among participants are concerning given the strong link between caregiver unresolved mourning/trauma and disorganized infant-caregiver attachment (and associated poor socio-emotional outcomes for the infant). Furthermore, the high rates of socio-emotional maladjustment reported by pregnant adolescents are concerning given that socio-emotional maladjustment in caregivers is associated with poor short and long term outcomes for both caregiver and offspring. Taken together, the present findings suggest that the development of efficacious targeted interventions that might reduce unresolved trauma/mourning in pregnant adolescents and/or prevent disorganized adolescent caregiver-infant attachment (with its associated negative outcomes) is of paramount importance.

P4 Pregnancies of adolescents with immigrant parents
Drain E. (Avicenne Hospital (APHP), France), Drain E. (Avicenne Hospital (APHP), France), Taieb O. (Avicenne Hospital (APHP),
France) Baubet T. (Avicenne Hospital (APHP), France), Moro M. (Avicenne Hospital (APHP), France)
This research explores the experience of pregnancy by adolescents with immigrated parents considering the sociocultural representations of teenage pregnancy. The hypothesis is that the young women could have negative feelings due to the stigma of teenage pregnancy in our society but that their experience could also be different considering their cultural affiliations. We met seven

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young women, from 18 to 19 years old, pregnant or already mothers. Four had immigrant parents and one was an immigrant herself. The assessment consisted of one semistructured interview. Three themes emerge from the analysis: the experience of the pregnancy, the identity feeling, the relationship with the mother and the transgenerational history of teenage pregnancies. The results show that the ideas about teenage pregnancy in our society are present in the narratives of the young women and that the stigma of these pregnancies can have an impact on their feelings and threaten their social and parental bonds but they also underline that their experience is influenced by their different affiliations, the migratory history of the family and their own view on motherhood.

**P6 Conception to infancy: Transitional stages in the development of a perinatal and infant mental health service**
Haling M. (St John of God Health Care, Australia), Hanbury K. (St John of God Health Care, Australia), Ferguson J. (St John of God Health Care, Australia), Barnett B. (School of Psychiatry, University of New South Wales, Australia)

Conception to infancy: transitional stages in the development of a perinatal and infant mental health service. A comprehensive service addressing perinatal and infant mental health (from conception to 4 years) has been developed at St John of God Hospital, North Richmond NSW, Australia. It is based on the model of care established by the Perinatal and Infant Mental Health Service in South West Sydney in response to the identified community need for appropriate, accessible services for women and their families who may be experiencing anxiety, depression and related disorders during these significant developmental stages. This collaborative model integrates mental and physical health care and includes health promotion, prevention and early intervention strategies. The Richmond service, initiated in 2007, now offers a range of evidence-based interventions including: individual, group, couple and family work, parent-infant, parent-toddler therapy, day-stay services and pharmacotherapy, to both inpatient and outpatients. Fathers are also a key focus in assessment and treatment programs, while family-focused interventions address intergenerational issues. Respite areas are available for clients and their families and childcare is provided by a volunteer service. All treatment programs are built on the foundation of a "secure base" being offered by the therapists and the clinic. The multidisciplinary team includes staff with credentials across adult, child, adolescent and infant mental health, psychiatry, clinical psychology, midwifery, child and family health, family therapy and relationship counselling. A range of education and training packages in perinatal and infant mental health have been developed for health professionals. Partnerships within the private sector have been formed to provide training in psychosocial assessment for midwives to complement similar assessment processes in the public system. This model of care provides an appropriate foundation for future expansion of Perinatal and Infant Mental Health Services for St John of God Health Care in public and private health systems across Australia. Further expansion of the service is underway in the western suburbs of Sydney with the opening of a multicultural Perinatal and Infant Mental Health Service in 2010 for those who are marginalized, disadvantaged and unable to access private health services. The establishment of this model of care will be outlined with initial outcome data regarding interventions and efficacy.

**P7 Early resiliency and home environments and their relation to 8 and 18 year resiliency in low birthweight, premature children living in poverty**
Whiteside-Mansell L. (University of Arkansas for Medical Sciences, United States), Bradley R. (Arizona State University, United States), McKelvey L. (University of Arkansas for Medical Sciences, United States)

Low birthweight, premature children living in poverty are at increased risk of poor developmental outcomes on a variety of important aspects including, growth, health, cognitive functioning, and social behavior (Bradley et al., 1994a). Children that overcome the risk of poor development (e.g., are resilient) function at acceptable ranges on all these aspects. This study examines the impact of early resilience and protective factors on later development. Data analyses for this study are based on analyses completed as part of the earlier study of children in the IHDP (Bradley et al., 1994a, 1994b). The IHDP began in 1985 and was designed as an 8-site, randomized clinical trial of 985 infants and families evaluating early childhood development, center-based education and home-based family support services, as well as pediatric surveillance in an attempt to reduce the risk for developmental delay, behavioral issues and health problems low birthweight, preterm infants. The participants in this study were consecutively born preterm (< 37 weeks gestational age), LBW (<=2,500 g) infants enrolled from hospitals in eight cities. This study includes 410 children identified as living in chronic poverty during the first 3 years of life without serious chronic health problems. Protective factors examined in this study included participation in the IHDP intervention and the quality of the home environment. The HOME Inventory was used as the measure of parenting behavior and of other social and physical aspects of the home environment. The HOME Inventories are designed to measure the quality and quantity of stimulation and support available to a child in the home environment. Preliminary analyses suggest that for target children, protective home environments have lasting effects on children's resiliency for as long as 5 more years (until age 8). However, these impacts are lost by age 18. IHDP treatment did not continue to have impacts independent of the early home environment. Bradley, R. H., Whiteside, L., Mundfrom, D. J., Casey, P. H., Kelleher, K. J., Pope, S. K. (1994). Contribution of early intervention and early caregiving experiences to resilience in low birthweight premature children living in poverty. Journal of Clinical Child Psychology, 23, 425-434. Bradley, R. H., Whiteside, L., Mundfrom, D. J., Casey, P. H., Kelleher, K. J. Pope, S. K. (1994). Early indications of resilience and their relation to experiences in the home environments of low birthweight, premature children living in poverty. Child Development, 65, 346-360.
P8 CAPEDP-Attachment: Preliminary data of a controlled prevention study on infant desorganisation and maternal reflexive function and disruptive behavior
Tereno S. (CHU Bichat-Claude Bernard, France), Tereno S. (CHU Bichat-Claude Bernard, France)
Rational: A large number of studies have shown the influence of attachment security on the ability to deal with stress and therefore on infants' mental health. Recent researches have also evidence that mothers' attachment organisation may have a role on infants' attachment security by means of maternal self-reflexive abilities (Fonagy, 1999) and disruptive behaviour (Lyons-Ruth, 1997). Aims: To date, no French attachment transmission cohort has been gathered, nor we have an infants' attachment normative categorical description on a large sample. The CAPEDP—Attachment (CAPEDP-A) project intents to create this cohort. Within the context of the research CAPEDP (parental competences and infant's attachment: reducing the risk of mental health disturbances and promoting resilience), we aim to assess the home intervention effects of this intervention. More precisely, its impact on the number of insecure and/or disorganised attached infants associated with maternal disruptive behaviours and self-reflexive abilities. Another of our aims is the creation of a French attachment laboratory, along with the French validation of several procedures or assessments tools.

Procedures: CAPEDP general sample is constituted by 440 pregnant women randomly assigned in two groups. The first group will benefit of care as usual, through social and sanitary systems. The intervention group will benefit from home visits (2 to 3 a month), since the 27 week of pregnancy till the child is two years old. The home visits are manualized, made by trained and supervised psychologists. The CAPEDP-Attachment Study will be carried out within a subgroup of 60 women chased at random in each of the above groups, to achieve a closer look on infants' attachment and maternal competences, at infants' 12 months. This will be the first French cohort on attachment security transmission, within a controlled intervention study, using structured and validated assessment measures and techniques. In mothers: 1) Vulnerable Attachment Scale Questionnaire (VASK, Bifulco, Moran, Ball, & Bernazzani, 2003); 2) Insightfulness Assessment (IA; Karie & Oppenheim, 2002); 3) Atypical Maternal Behaviour Instrument for Assessment and Classification (AMBIANCE, Slade & Lyons Ruth, 1999). In Infants: 4) Attachment Q-Sort (AQS; Waters & Dean, 1985); 5) Strange Situation (SE; Ainsworth, Blehar, Waters, & Wall, 1978), independently assessed. Coders' teams are also blinded between them.

Results: Since our data collection is still in progress sixty-five mother-infant dyades were already assessed), this is only preliminary data. Conclusion: By clarifying the mechanisms of secure attached dyads, we hope that CAPEDP-Attachment may contribute in a significant way to sharpen our intervention strategies regarding mental health promotion of psychosocial vulnerable young mothers and their infants.

P10 Drug addicted mothers and their babies in early intervention: Diagnostic features, interactional patterns, maternal attitudes
Trost A. (KatHo-NRW, Germany)
The first months of life provide multiple opportunities but are also very vulnerable towards disadvantageous interactional patterns with the baby's primary caregiver. If the first phase of the relation is severely disturbed — which is likely in drug addiction — the risk for an unfavourable psychosocial development including severe mental problems as well as drug addiction in the child will rise rapidly. In Germany we have 40-50 000 Children of illegal drug abusing parents. Until now there is only little support for the mother-to-be and during the first months after birth. In a controlled study we researched 30 drug addicted mother-child-dyades and 30 control dyads regarding these Aspects: 1. How does the baby cope with his developmental tasks? 2. How do Mother and Child succeed in matching their Interaction? 3. Are there typical Interactional patterns in drug addicted mother-baby dyads? 4. Which attitudes towards their child show the mothers? Methods: Video-based interactional Analysis, Working Model of the Child Interview (Zeanah), Self-regulation test with the baby, various Paper-Pencil-Tests (IQ Bates A, Lips - maternal self confidence, Edinburgh Postpartal Depression Scale, EMKK), statistical analysis. The outcomes of the investigation are reported, conclusions for Early Intervention Strategies are drawn, concrete suggestions for practical proceeding are given.

P11 This poster describes two different populations of parents refusing a medical pregnancy termination indication.
Parat S. (Maternity Ward Necker Hospital, France), Yamgnane A. (Maternity Ward Necker Hospital, France)
In France, medical pregnancy termination (MPT) concerns severe fetal pathologies, generating profound handicap or responsible of lethal issues in the perinatal period, as well as medical conditions threatening maternal outcome. In the past years, practitioners observed an increasing number of couples refusing MPT, most of them arguing religious or philosophical reasons. In this sense, a retrospective study approached 68 couples refusing MPT in spite of clear fetal indications, between 2004 and 2006. Objectives: to approach the psychological profile of these couples as well as the pregnancy and fetal/infant issues. Methods: analysis of medical records in prenatal and postnatal periods of these 68 couples. Results: no differences were found concerning term diagnosis, type of fetal pathology, religious beliefs, obstetrical history or socio-economic level. Nonetheless, we identified two populations differing in parental positioning during pregnancy and in perinatal outcome for children. The first group counted 43 couples who demanded a maximalist medical project very distant of the medical apprehension of fetal reality, arising ethical discussions about the limits of medical interventions facing severe child prognosis. 6 MPT were effectuated as maternal live-saving measures and 1 couple changed its mind. Among the 36 infants born alive, 14 died during the first 40 days and 22 presented a severe handicap. These parents seemed to fall back on denial to cope with the narcissistic damage and the thread to the identity relative to fetal pathology. In the postnatal period, they seemed perplex and were not very present in the pediatric setting receiving their babies. The second group counted 25 couples who demanded a palliative care project taking into account the medical apprehension of fetal reality and respecting the natural history of the fetal pathology that was rapidly lethal for all of the infants. 7 women received specific treatment to allow the encounter
with a live child at birth. These couples seemed to have made a choice that left them in a parental position and permitted them to accompany their children to die with dignity in a palliative setting that prevented children to suffer. Conclusion: other studies, with a greater population and a solid methodology will confirm or contradict these findings. Nevertheless, clinicians could take into account the differences between these two groups of parents, in order to offer them the approach that fits the best to their needs.

P12 Palliative care in the maternity ward: Facing parental refusal of medical pregnancy termination

Alvarez L. (Institut de Puériculture, France), Parat S. (Maternity Ward Necker Hospital, France), Yamgnane A. (Maternity Ward Necker Hospital, France)

In France, medical pregnancy termination (MPT) concerns severe fetal pathologies, generating profound handicap or responsible of lethal issues in the perinatal period, as well as medical conditions threatening maternal outcome. In the past years, practitioners observed an increasing number of couples refusing MPT, most of them arguing religious or philosophical reasons. In this sense, a retrospective study approached 68 couples refusing MPT in spite of clear fetal indications, between 2004 and 2006. Objectives: to approach the psychological profile of these couples as well as the pregnancy and fetal/infant issues. Methods: analysis of medical records in prenatal and postnatal periods of these 68 couples. Results: no differences were found concerning term diagnosis, type of fetal pathology, religious beliefs, obstetrical history or socio-economic level. Nonetheless, we identified two populations differing in parental positioning during pregnancy and in perinatal outcome for children. The first group counted 43 couples who demanded a maximalist medical project very distant of the medical apprehension of fetal reality, arising ethical discussions about the limits of medical interventions facing severe child prognosis. 6 MPT were effectuated as maternal live-saving measures and 1 couple changed its mind. Among the 36 infants born alive, 14 died during the first 40 days and 22 presented a severe handicap. These parents seemed to fall back on denial to cope with the narcissistic damage and the thread to the identity relative to fetal pathology. In the postnatal period, they seemed perplex and were not very present in the pediatric setting receiving their babies. The second group counted 25 couples who demanded a palliative care project taking into account the medical apprehension of fetal reality and respecting the natural history of the fetal pathology that was rapidly lethal for all of the infants. 7 women received specific treatment to allow the encounter with a live child at birth. These couples seemed to have made a choice that left them in a parental position and permitted them to accompany their children to die with dignity in a palliative setting that prevented children to suffer. Conclusion: other studies, with a greater population and a solid methodology will confirm or contradict these findings. Nevertheless, clinicians could take into account the differences between these two groups of parents, in order to offer them the approach that fits the best to their needs.

P13 Prematurity and visual impairment: Which prospective?

Bartoli G. (Fondazione Robert Hollman, Italy), Soni M. (Fondazione Robert Hollman, Italy), Agricola C. (Fondazione Robert Hollman, Italy), Zaccheo D. (Fondazione Robert Hollman, Italy), Montefusco L. (Fondazione Robert Hollman, Italy), Vallo A. (Fondazione Robert Hollman, Italy), Danielli S. (Fondazione Robert Hollman, Italy), Ceroni R. (Fondazione Robert Hollman, Italy), Lanners J. (Fondazione Robert Hollman, Italy)

Introduction. The Robert Hollman Foundation in Italy (Cannero Riviera and Padua) offers support to children with visual impairment with or without other disabilities and to their families. In Cannero we work through early intervention (0-5 yrs). We follow children that present risk factors for development linked to visual impairment and other conditions such as prematurity. Aims and Objectives The two conditions of prematurity and visual impairment represent a more complex risk for development than the mere sum of the two single factors. Our research project aims to study these issues in the children we take care of through: 1.a descriptive analysis of data regarding premature and visually impaired children; 2.a specific study in order to analyse the development of these children.

Tools and methodology. 1. Case study of 100 clinical records (2004-09) regarding children with prematurity and visual impairment. The tool used is a summary form including each child’s general history. 2.A study with premature children (<37°GA) with only a ophthalmological diagnosis using: a.Development scale: Reynell Zinkin, b.Development evaluation through the comparison with Hecker study (1994): BEB-KV Test1, c.Video of adult-child interaction with therapists and parents. Results. 1.50 summary forms (26M, 24F) were filled out. 58% first born and 58% with natural birth, 26% with multiple birth, 82% with caesarean section; 48% have a gestational age within the 25-27 weeks range, birth weight between 500-1000 grams in 68% of the cases. 24% have no other diagnosis apart from visual impairment of which 78% due to ROP; 74% are totally blind; 50% arrive in our program between 1-2 years of age. 2. The data available regards 3 blind children and 3 severely visually impaired. a the development evaluation based on Reynell Zinkin scale informs that the most compromised area concerns the expressive language (average delay 16,6 months) and the sensor-motor comprehension (average delay 5,4 months) in 5 out of 6 children. b We confirm Hecker’s study (1994) based on BEB-KV Test1 results by which the development of blind premature children is delayed if compared with blind full term children. c The analysis of video material will allow deeper investigation into our first data. Conclusions. We describe the development of visually impaired premature infants taken into care by the Robert Hollman Foundation during the last 5 years, using quantitative (developmental scales) and qualitative tools (videos). Preliminary results inform that the development of premature visually impaired children differs and is more complex than that of full term visually impaired infants and that of premature children with no other diagnosis. In order to confirm these results we intend to increase the number of cases examined and enhance the comparison between the data obtained from the various tools applied.

P14 Adolescent parents and their babies: Quality of interaction, developmental tasks and triadic relationships.

Lehmann E. (Klinik und Poliklinik für Psychiatrie, Psychotherapie und Psychosomatik des Kindes- und Jugendalters, Germany), von
Klitzing K. (Klinik und Poliklinik für Psychiatrie, Psychotherapie und Psychosomatik des Kindes- und Jugendalters, Germany) This study examines the associations between the ability to cope with developmental tasks in adolescence, adolescent parents’ capacities for triadic relationships and the quality of interaction within the family. Research has shown that teenage motherhood accumulates in underprivileged population groups who suffer from socio-economic deprivation. The interaction of adolescent mothers with their children has often been described as peculiar. Intuitive parental competence appears to be less easily accessible for teenage mothers. Moreover, underage pregnancies put at risk the personality development and future prospects of young mothers as well as the development of their children. Therefore, it is necessary to acquire differentiated knowledge about the psychological associations between adolescence and parenthood. For this reason, we conduct a prospective longitudinal study with a sample of N=30 adolescent mothers, their partners and babies. Their ability to cope with the developmental tasks of adolescence and their triadic competences are evaluated by way of a semistructured interview which is supplemented by questionnaires. The quality of the family’s interaction is assessed on the basis of the the Lausanne Trilogue Play situation). First findings imply little accomplishment of adolescents’ developmental tasks. Adolescent mothers we interviewed seem to experience little support outside their partners and families. Achieving emotional independence from parents thus seems to be difficult. More mature relationship with age mates of both sexes is seldom found. A majority of adolescent mothers in our sample have difficulties in preparing for an occupation and economic career. Adolescent parents’ capacities for triadic relationship in our sample seem to differ from an adult population’s results: dialogue concerning the couple’s relationship as well as their child occurs to be less intense and less flexible. Often, one or both partners have experienced disruptions in their biographies, which mostly seem not to be handled. Therefore, childhood experiences offer little resources to these adolescent couples for conflicts appearing in developing own parenthood. Findings of the Lausanne Trilogue Play imply problematic family alliances. Structural as well as dynamic aspects of the LTP appear to be mainly inappropriate or moderate. Overall, interaction in our sample of very young parents seems highly problematic with individual focus on different aspects.

P15 Mother-infant-therapy in the context of an adolescent mother with infanticide in the case history
Pillhofer M. (Universitätsklinikum Ulm, Germany), Ziegenhain U. (Ulm University Hospital Department of Child and Adolescent Psychiatry and Psychotherapy, Germany) Prevention and early intervention have increasingly become a focus of basic and applied research in child and adolescent psychiatry. Many countries in the world try to invest more in prevention and intervention programs at the beginning of life and also start to develop strategies to cope with extreme forms of child abuse and neglect up to child deaths caused by failure of caregivers. Psychosocial risks factors (i.e. immigration background, poverty or adolescence), psychiatric disorders or anxious feelings of the caregiver concerning the future or a possible rejection by the child are established risk factors for child abuse and neglect. We want to describe the characteristics of a successful intervention with a high risk adolescent mother. The mother was charged with infanticide of her first born child as she gave birth to the target child. After the offence she has developed a posttraumatic stress disorder. Furthermore she had an immigration background, was still living with her family, because neither her partner nor herself had graduated or succeeded to get employed. At the first contact an increased insecurity in handling the child was obvious. An attachment based mother child therapy with video-feedback was carried out via home visits in the first weeks after birth, followed by regular contacts in our child and adolescent psychiatry unit. The intervention was nestled in a bunch of actions coordinated by the local child protection team. The professionals engaged compassed a social worker, a special trained midwife, a special trained psychologists and a psychiatrist. For measuring the course and success of the mother child therapy we took several established measurements of the mother, the child and the dyad. The mother-child interactions before, during and after the intervention were coded for global synchronicity, maternal sensitivity and child cooperativeness using the CARE-Index-System (Crittenden, 2001). The representational status of the mother’s attachment was measured using the Adult Attachment Interview (George, Kaplan & Main, 1996). At 12 months of age the Strange Situation procedure (Ainsworth, Bell & Stayton, 1972) was undertaken and we administered the Bayley Scales (Bayley, 2007) for measuring the development status of the child. We will describe the principles of the mother-child therapy, how it was fitted in the guidance program, tailored to the special needs of the delineated woman and her child and finally its outcomes.

Wednesday; Poster session: Alcohol and Other Drugs

P18 Influence of oxytocin or epidural analgesia on personality profile in breastfeeding women: A comparative study
Jonas W. (Karolinska Institutet, Sweden), Nissen E. (Karolinska Institutet, Sweden), Ransjö-Arvidson A. (Karolinska Institutet, Sweden), Mathiesen A. (Karolinska Institutet, Sweden), Uvnäs-Moberg K. (SLU, Afghanistan) Women undergo physiological and psychological changes during pregnancy, labor and lactation. These adaptations can be affective, cognitive and behavioral and can be measured by dimensional personality instruments. One expression of these adaptations is that the personality profile of pregnant and particularly of breastfeeding women is influenced. This pilot study aims to compare (1) the personality profile in mothers after birth with a normative group of non-lactating women and to examine (2) whether the personality profile differs two days, two months and six months after birth between mothers who have been exposed to epidural anesthesia, oxytocin administration or neither during birth. Sixty-nine primiparae were assigned to four groups: mothers having received oxytocin infusion during labor (OT iv group, n=9), mothers having received epidural analgesia with/without oxytocin infusion (EDA group, n=23), mothers having received 10 iU oxytocin intramuscularly after birth (OT im group, n=15) and mothers having received none of these treatments (unmedicated group, n=22). At two days and two and six months postpartum mothers completed the Karolinska
Scales of Personality (KSP). The unmedicated, the OT iv- and OT im groups scored significantly lower on anxiety and aggression related scales and higher on the socialization subscale during the entire observation period when compared with a normative group. These differences were not observed in the EDA group two days postpartum. At two and six months postpartum, the scores of the EDA group had changed significantly and were almost similar to the KSP scores of the other groups. ANCOVA analysis revealed that OT infusion, over and above the effects of EDA, was associated with decreased levels of several anxiety and aggression subscales. We conclude that women who received oxytocin delivered exogenously during labor endorsed the same positive personality traits during breastfeeding such as reduction in anxiety and aggression and increasing socialization, including maternal behavior that have previously been ascribed to oxytocin. More importantly, these effects were not seen at 2 days postpartum in women who received epidural anesthesia during labor.

**P19  Alcohol and pregnancy: Psychological aspects and screening on a French population**

Wendland J. (University Paris Descartes, France), Wendland J. (University Paris Descartes, France), Varescon I. (University Paris Descartes, France)

Background: Pregnancy can be seen as a higher vulnerability period. As a link between addiction and pregnancy, this work deals with the subject of women's alcohol intake in the prenatal period. More precisely, we explored the impact of some risk factors for alcohol consumption, such as depression, anxiety, social support, coping, tobacco and substance consumption during pregnancy in a French sample. Method: 126 French pregnant women were assessed for depression (EPDS, Cox et al., 1987), anxiety (STAI-Y, Spielberger, 1983), psychological distress (GHQ-12, Goldberg, 1972) and perceived social support (SSQ6, Sarason et al., 1983). Moreover, women were screened for alcohol consumption with a specific questionnaire, the T-ACE (Sokol et al, 1989). This questionnaire was build for obstetric practice and was used here for the first time in a French sample. Five of these women, considered as probable alcohol consumers, answered to a semi-structured interview, in order to explore further their history of alcohol consumption, as well as their beliefs and knowledge on alcohol effects during pregnancy. Results: Tobacco consumption and substance consumption were related to prenatal alcohol exposure. Women with a positive score at the T-ACE used more psychoactive drugs and tobacco before pregnancy than the others. Psychopathologic history and coping strategies were also different according to alcohol consumption status. However, no significant difference was found for depression, anxiety and social support. Moreover, the rate of prenatal depression in this French sample (19,8%) was consistent with that found in the international literature. Young, single and low educated women appeared to be more vulnerable to prenatal depression. Anxiety, psychological distress and perceived social support were related to a great extend to depression. Conclusion: This work suggests a psychopathologic way to see alcohol consumption during pregnancy, and perhaps could help to improve screening in France, particularity by using the French version of the T-ACE. This screening is a major issue of prenatal practice; alcohol consumption is today the first preventable cause of mental illness, including Fetal Alcohol Syndrome (FAS), and of neurodevelopmental disorders in the world.

**P20  Neurocognitive development in children born to mothers with substance**

Siqveland T. (University of Oslo, Norway), Haabrekke K. (National Network for Infant Mental Health, Norway), Moe V. (National Network for Infant Mental Health, Norway), Bjørnebakk A. (Department of Psychology, Norway), Walhovd K. (Department of Psychology, Norway)

This Poster will present an ongoing project regarding neurocognitive development in children born to mothers with substance abuse and psychiatric disorders. Prenatal substance exposure can alter brain development and effects can be worsened by concomitant parental psychopathology and environmental risk factors. The aim of the ongoing prospective study is to track neurocognitive development cross-sectional and longitudinal in children with prenatal substance exposure and a sample of children whose mothers suffer from psychiatric problems, compared to children growing up without such risk factors from birth and onwards(currently up to 4, 5 years of age). Methods:89 families have been recruited. In the last trimester of pregnancy information on maternal psychological state and substance abuse is obtained. At birth, meconium is sampled, and neonatal abstinence and general status are registered. At 3 weeks a shortened version of NBAS is administered. At 3 months state regulation is registered, and motor development is assessed. At 6 months sensory, motor and mental development is examined. Capacity of joint attention is measured at 9 and 12 months. At 2 years Mullen Scales is administered and cortisol sampled. At 4, 5 years, WPPSI — III, NEPSY, genotype sampling and Magnetic Resonance Imaging (MRI) scans are collected for morphometric and microstructural white matter characteristics analysis. Interaction between mother and child are video recorded at the following points of time: At 3 months (face to face and, a free play session), 6 and 9 months (a semi structured play session), 1 and 2 years (Three boxes procedure) and 4,5 year (jigsaw puzzle). In addition, questionnaires regarding parental psychological state and stress, child regulation, temperament as well as behavior are administered to the parents at every inquiry. Hypotheses: 1) Can the quality of early mother child interaction mediate the relation between earlier and later cognitive skills? 2) To what extent can continuity be identified in cognitive skills and quality of interaction from 2 to 4 yrs of age? 3) May biological and social risk variables interact with gender in determining developmental outcome with vulnerability for lower cognitive functioning in boys? 4) Can cerebral markers of developmental state, including morphometric and fiber tract characteristics, identified by magnetic resonance imaging (MRI) be used to identify children at risk for cognitively aberrant development?
This study examined the association between prenatal cocaine exposure (PCE) and maternal and child physical and verbal aggression during different laboratory procedures. We tested a conceptual model that included infant autonomic regulation, maternal negative affect, cumulative environmental risk, and maternal psychiatric symptoms at 13 months as mediators. Prenatal exposure to alcohol and infant sex were also included in the model. 220 mother-child dyads (119 cocaine exposed, 101 control infants) were recruited at delivery and followed longitudinally. Data from 1-, 13-, and 24-month assessments were used in this report. Maternal substance use was determined by a combination of maternal report, medical chart review, urine screens, and maternal hair analysis. Substance use during pregnancy may have a variety of serious consequences for the children. Especially use of alcohol may cause teratogenic damages. Since 1996 about 150 pregnant women with substance abuse have been hospitalized against their own will in Borgestadklinikken, Skien, Norway. According to Norwegian legislation, pregnant women can be hospitalized against their own will if their abuse may have serious negative consequences for the children. Norway is probably still the only country in the world with a paragraph like this. The presentation will focus on how the treatment for these women takes place in Borgestadklinikken in a specialized closed ward. It will be referred to two studies with description of these women’s (group 1) substance abuse and their health situation, compared to the situation of pregnant women hospitalized on a voluntary basis (group 2). The first study (1996 — 2004) shows a significant difference in birth weight between these two groups (group 1: 3.027g, n=50 and group 2: 3.366g, n=30, p=0,028) and a correlation between the duration of the mothers’ stay in the clinic before delivery and the birth weight of their babies (p=0,042). The compulsory interventions have been applied to the pregnant women with the most serious health problems related to substance abuse. For the babies born to mothers who were involuntarily hospitalized longer than 20 weeks before delivery (2006 — 2008) the second study showed that their average birth weight was 3.492g (n=11), which is at about the same level as the ordinary average birth weight in Norway (3500g). The average birth weight of the babies born to women who were involuntarily hospitalized shorter than 20 weeks was 429g lower (n=10). Nearly all the women were heavy smokers during their pregnancies. Remarkably few women with alcohol abuse during pregnancy were involuntarily hospitalized, in spite of the fact that alcohol is the most toxic substance for the fetus and that many women drink much alcohol during their pregnancies. The presentation will also refer to a study of what happens to the women and their children after birth. Their social situation will be described, including loss of care for their children.

P22 Birth weight of babies during pregnancy when substance abusing mothers were involuntarily hospitalized during pregnancy
Nordlie E. (Borgestadklinikken, Norway)

P23 Prenatal cocaine exposure and mother-child aggression: A meditational model
D. Eiden R. (Research Institute on Addictions, University at Buffalo, SUNY), Schuetez P. (Buffalo State College, United States)

Concerns about achieving reunification or securing other permanent placements for substance-exposed infants led to the establishment of a Family Treatment Drug Court (FTDC) for perinatal substance users. A cohort of 54 substance-exposed infants whose mothers participated in FTDC were assessed at 6 month intervals between ages 12 to 30 months to examine developmental outcomes, attachment and permanency. Maternal factors including substance use, mental health, parenting attitudes and child abuse potential also were examined. Maternal functioning deteriorated in several domains between 12 and 24 months. At 24 months, more mothers had a high probability of substance dependence, mental health symptoms and high-risk parenting attitudes. At 24 months, 29% of mothers who scored with low probability of substance dependence at 12 months converted to high probability. Forty-three percent of mothers who did not have a positive diagnosis as measured by the Brief Symptom Index at 12 months had a positive score at 24 months. The majority of infants did not have behavior problems, cognitive or language delays. At 30 months, 79% of the infants were reunified with their biological mothers and 90% were in homes identified as their permanent placements. Despite high rates of reunification and identification of permanent placements, Attachment Q-sorts found 59% of infants were not securely attached. The mean AQS security score of .20 (SD = .34) was comparable to those reported in clinical samples (M = .21, SD = .08) (van IJzendoorn, et al. 2004). The mean AQS security score for normative samples in the same meta-analysis was .32 (SD = .16). These findings suggest even minimal disruptions in placement may impact an infant’s ability to form a secure attachment. Examinations of maternal and child functioning limited to the first year of an infant’s life may not capture changing circumstances mothers face as they move further away from supportive services, such as FTDC, and as their infants grow. A long-range view of mother-infant relationships that encompasses evolving maternal and child needs is critical for optimizing infant mental health and keeping placements permanent. A case example through 4 years illustrates challenges substance-involved families face after reunification. Conceptualizing permanency as an ongoing state rather than an event with a finite end can normalize interventions for families who would benefit from periodic or more intensive attention and support.
point rating scale during 2 hours of laboratory procedures at 24 months. Results indicated that cocaine use mothers displayed higher intensity of aggression for longer duration. This aggression was mostly verbal, with cocaine use mothers displaying higher intensity threats toward their toddlers. Results also indicated that cocaine exposed toddlers displayed higher intensity of cursing, threats, and object aggression. The mediational model described above was tested using structural equations modeling. This model fit the data well, χ²(36)=39.79, p=.31, CFI=.99, RMSEA=.02. Results indicated that maternal cocaine use during pregnancy was predictive of higher maternal negative affect during play interaction with the infant at 13 months (β=.22, p<.05), which in turn predicted higher maternal aggression toward the child at 2 years (β=.31, p<.01). PCE was also associated with lower autonomic regulation during arm restraint (β=.32, p<.01), which in turn was predictive of higher maternal aggression toward the child (β=.16, p<.05), and marginally predictive of child aggression toward mother at 2 years (β=.15, p=.06). Maternal psychiatric symptoms and environmental risk did not predict maternal or child aggression. Boys were more aggressive and experienced more aggression from their mothers. Maternal and child aggression was strongly associated with each other (r=.63, p<.001). Results indicate that one risk outcome of maternal cocaine use during pregnancy is higher maternal and child aggression, either due to higher negative affect or due to poor infant regulation.

P24 Accuracy in detecting prenatal alcohol exposure and error prevention
Xavier M. (Portuguese Catholic University, Portugal), Carvalhal T. (Portuguese Catholic University, Portugal), Brizida A. (Portuguese Catholic University, Portugal), Rei C. (Portuguese Catholic University, Portugal), Cruz J. (Portuguese Catholic University, Portugal), Pereira J. (Portuguese Catholic University, Portugal), Bastos L. (Portuguese Catholic University, Portugal), Campos M. (Portuguese Catholic University, Portugal), Costeira M. (Neonatology Service- CHAA, EPE, Portugal)
Obtaining accurate information about prenatal alcohol exposure is particularly important because of the risks for negative neonatal and later neurobehavioral outcome, ranging from subtle developmental problems to fetal alcohol syndrome. In this work we pretend to present data about detection of children prenatally exposed to alcohol, born at a Hospital Unity of North of Portugal between 2005 and the first 6 months of 2009, and discuss error prevention in detecting prenatal alcohol exposure. We performed an analysis of reports of maternal consumption/prenatal exposure in informatics and paper medical records from 2005 to 2009. Children were identified as prenatally exposed to alcohol if a direct description was found on any part of their process. Data about pregnancy, labor, neonatal period or later developmental characteristics, number of emergencies and hospitalizations were analyzed. As preliminary results were being analyzed, it become apparent that data related to the number identified (N=15) were not compatible with informal reports of clinicians and Social Services Professionals, total number of births per year and national and international statistics about alcohol consumptions. This work presents the descriptive analysis of the group identified and a brief discussion about accuracy in detecting prenatal alcohol exposure. We suggest that problems in identification of prenatal alcohol exposure are a combined type of error: part active, part latent, involving a cognitive domain but also representing the contextual (social/cultural) factors shaping the health care practice. We defend that adequate screening and report strategies must be organize and that a non-punitive/collaborative work between the different professionals involved in health care arena is necessary. We hope that this kind of work represents an alert to the future and a step to error prevention in detection of prenatal alcohol exposure.

P25 Children placed in foster families from birth because of the mother's substance abuse
Lier L. (Denmark)
The posters describe multidimensional intervention aimed at infants and young children, prenatally exposed to the mother's substance abuse, with neonatal withdrawal symptoms, regulatory disorders in infancy and a spectrum of developmental psychopathology during infancy and childhood. Background. Since the 1980ties preventive intervention aimed at pregnant women with substance-and alcohol abuse has taken place at the Family Center, Copenhagen University Hospital, Hvidovre, including medical and psychological follow-up in the preschool years. A number of children were severely exposed to narcotics and/or alcohol during pregnancy and developed withdrawal symptoms after birth. The presentation comprises all children (no. 16) born in the period 2000-2009, who 1) were inluded in the pre- and postnatal intervention program at the Family Center, 2) developed neonatal withdrawal symptoms and 3) were placed in foster homes with specialized supervision (the Family project) or specialized infant institutions until placement in foster family was possible. The children have from the very start of life received best possible physical and emotional care and stimulation. Because of severe developmental problems 12 preschool children were referred to childpsychiatric assessment/intervention. Poster 1: Somatic data are presented concerning the mothers' prenatal substance/alcohol abuse, perinatal complications, neonatal treatment and the children's physical development. Psychological data concerning the children's cognitive- and motor development are presented. Poster 2: Childpsychiatric disorders of infancy and early childhood have been diagnosed in a majority of the children: Regulatory disorders, ADHD, autistic disorders and disorders of social development. Assessment and transdisciplinary intervention are presented. Poster 3: The foster families' need for education and support in order to care for a child with severe mental disorder is obvious. Their problems and needs have been assessed. An intervention program is presented comprising support and training/education for foster families.

Wednesday: Poster session: Assessment for Family Law Issues, including Child Abuse and Custody
P26 How can we educate judges about infant development to better inform their decision making?
Wittenberg J. (Hospital for Sick Children, Canada)
Judges across Canada are concerned and involved with decision making for and about children in a range of situations from child welfare, custody and access, and criminal court proceedings. As awareness of the science of brain development has become more
P27  Training child welfare workers
Wittenberg J. (Hospital for Sick Children, Canada)
This section will describe how the Infant Mental Health & Family Law Initiative is creating a national strategy to develop and deliver training, educational resources and practical tools aimed at bringing the science of early childhood into child protection policy and practice. An approach to training that has been tested with hundreds of child protection workers over the last decade will be described. The presentation will describe how the IMH&FL collaborative is creating a common body of knowledge based on empirical evidence and best practice guidelines for working with maltreated infants; developing a list of competencies for child protection work with infants; and creating competency based training modules. The training approach targets the decisions made beginning with the earliest contacts between families with maltreated infants and child protection through to placement planning. The theoretical basis for the training is drawn from a transactional view of risk and resiliency and a developmental framework for understanding infant trauma. The training modules are based on research from decision theory, early childhood development and infant mental health sources. Some of the barriers to effective practice such as high staff turnover & competing demands for training time will be discussed along with adaptations made to address these issues. Tools, resources, and educational materials that have been developed for child welfare workers to promote empirically supported case management decisions, developing effective intervention plans, evaluating intervention outcomes and using attachment theory for custody, access and/or placement planning for maltreated babies will be reviewed. Practical tools, helpful resources and realistic suggestions will be emphasized.

P28  Strategies for change in family law for infants and toddlers
Wittenberg J. (Hospital for Sick Children, Canada)
Pivotal to any type of system change are the partnerships and networks that engage in the inside of the system as well as those on the periphery. As part of the Family Law Initiative presenters will discuss the strategies used to: "Identify the key partners within the system; "Identify those partners who are essential but may have a less direct role within the system. The following were identified as the key partners needed to begin change: "Provincial Policy Makers "Child Welfare Directors "Child Welfare social workers "Child Advocates "Lawyers "Family Court Judges Once key partners were identified the tools and strategies used to inform key partners about the issue, engage them in reaching a consensus for a need to change the system for infants and toddlers, and the processes used to engage them in the process of change will be described. In addition to the strategies used for engagement, the challenges that arose and how these are being addressed will also be discussed. How engagement was managed across several states and various levels of government will also be explored. The presenters will share the various strategies used to engage the wide group of partners. Why engagement of partners was dependent on the ability of the project team to understand the role of each partner, their context, and the types of tools and resources that were most likely to engage them in the process will be addressed. Finally, how partners from different sectors within the system were brought together will be described.

P29  Developing a specialized family court for infants and toddlers
Wittenberg J. (Hospital for Sick Children, Canada)
Although there is a general awareness that infancy is an important developmental period, the implications of family stress and maltreatment during infancy are poorly understood, even by many clinicians. The incredibly rapid pace of brain development in the first year of life, the importance of early relationships for emotional and physical development, and the effects of traumatic experiences on infants are well understood in the early childhood community but are less appreciated among family law professionals. Infants have very limited ways of expressing their emotional distress — their pleas are easily overlooked or misunderstood. The family court hearing is a pivotal opportunity to identify infants in distress, and ensure that their emotional needs are attended to. The complex and often multi-generational problems that these families present require close collaboration between the medical, mental health, child welfare, and legal professionals involved. Success depends on overcoming the seemingly intractable differences in philosophies, goals, and approaches inherent in the law and the mental health professions. This presentation describes an integration of the forensic and therapeutic approaches so that each complements and supports the other in a way that transforms the court proceeding from a litigious process into a therapeutic opportunity. The new model court will act as a training site for staff of all relevant disciplines, as well as a forum for testing and evaluating new approaches. Preparation for the development of the Specialty Court...
involved the development of an Advisory Committee made up of community agencies specializing in infant mental health, child protection agencies, the judiciary and academic researchers. A survey of needs and resources, knowledge and expertise, along with exploration of other models of therapeutic jurisprudence led us to design a system that is feasible in our circumstances. This presentation describes the decision-making process and the model that grew out of that process.

**P30 A national program to support infants and toddlers in the child protection and court systems**
Wittenberg J. (Hospital for Sick Children, Canada), Kulkarni C. (IMP, Canada), Clinton J. (McMaster University, Canada), Wittenberg J. (Hospital for Sick Children, Canada)

Infant Mental Health Promotion (IMP) is an organization based on a collaboration among many community agencies in the Greater Toronto Area that provide infant mental health services and the Infant Psychiatry Program at the Hospital for Sick Children Toronto. IMP has developed an initiative to improve care for infants and toddlers in the child protection and family court systems in Canada. This project involves distinct but integrated components that address the multidisciplinary nature of the child protection and judicial systems in Canada. This project is aimed at improving the system of care that responds to infants who are maltreated or traumatized. The overarching goals of this project are: 1. To raise awareness about the unique needs of neglected, abused and/or traumatized infants in family law hearings. 2. To create practical tools to help child welfare and legal professionals make decisions about babies that are grounded in science. 3. To promote the development of a collaborative infrastructure to support maltreated infants and their families. 4. To develop multidisciplinary training resources for personnel who work in this field. 5. To evaluate the influence of changed levels of knowledge and improved integration of services among the judiciary, legal counsel, child protection services and infant mental health workers. In this symposium we describe: 1. The development and dissemination of information about infant mental health to child protection workers across the country. 2. The engagement of national judicial organizations to improve knowledge of infant mental health and development in the judiciary relevant to their making optimal decisions for infants and young children who appear in their courts. 3. The development of a specialized family court to implement and evaluate a program of therapeutic jurisprudence that integrates child protection, judicial and infant mental health workers.

**P31 Taylor's landing: A case for conceptualizing the integration of the neurodevelopmental, attachment-caregiving, and child welfare systems**
St. John M. (UCSF Infant-Parent Program, United States), Amini Virmani E. (UC Davis, United States)

This presentation describes an infant-parent psychotherapy treatment involving an infant/toddler and his parents who are separated and then reunited through Child Protective Services. Taylor fell literally and suffered a brain injury with neurological sequelae, including a tendency to fall as he began to locomote. He was also at risk of "falling through the cracks" of the child welfare system. The story of Taylor's eventual "landing" back in his mother's and father's care, and the events that precede this, shed light on the dynamic interaction of several systems and processes: the juridical-bureaucratic process of child welfare intervention; the attachment-caregiving system; and the mutually influencing spheres of neurodevelopment including social-emotional, gross and fine motor, and cognition and language. It is argued that Taylor's developmental trajectory and emerging personhood cannot be understood apart from any of these systems or processes, and furthermore that professional conceptualization of each system must take the others into account. As the interplay of attachment and development is more readily recognized, special emphasis is placed in this paper on considering the part played by the child welfare system in this drama. Often the "realities" of the child welfare and family court systems are quite remote from other spheres of infant mental health practice, including developmental pediatrics, early intervention, early childhood education, and early childhood mental health services, all of which acknowledge that standards of best practice demand their being mutually conversant. The discursive and practical distance of the family court and child welfare systems is damaging to developing infants and vulnerable families and is unacceptable in this age of what Dan Siegel has described as professional "consilience." The goal of this presentation is to guide readers in understanding the impact of separation and reunification on infant neural and psychological development in light of what we know about the importance of early caregiving experiences. Specific behavioral observations drawn from moments of the treatment offer striking evidence that abstract "adult" occurrences such as court proceedings can have a direct and immediate impact on a child's neurodevelopment as this unfolds in the context of caregiving relationships. As in the case of Taylor, separation can often mean that a child is suspended between relationships, relying on no one relational foundation but on fragmented relationships and perhaps fragmented neural circuitry. It is incumbent on the professionals involved to conceptualize the systems as integrated if the child is to have an opportunity to perform the developmental and psychological work of self-integration. This presentation demonstrates how infant-parent psychotherapy is a promising way to facilitate such a child's "landing."

**P32 Changing patterns in child abandonment. Changes in therapeutic interventions**
Chatzidimitriou C. (Child and Adolescent Unit, 3d Psychiatric Clinic, Ahepa Hospital, Aristotle University Thessaloniki, Greece)

Aim of the study: The Child Psychiatric Unit of the 3d Psychiatric Unit of the AHEPA Hospital in Thessaloniki has developed for the last 15 years a close collaboration with the Foundling home of Thessaloniki. During these years a shift has been noticed from primary forms of abandonment (that take place immediately after birth or during the very first months of life) to secondary forms of abandonment (that is due to parental neglect, child abuse or serious inability to raise the child). This change in the type of the abandonment which coincides with changes in the Greek society seems to have serious implications in the clinical practice of the child psychiatric units as well as the social and child welfare services involved. Sample: 100 cases of child abandonment that were referred
P34  Do the DC 0-3 subcategories of Feeding Behavior Disorders correspond to scores for the subscales of the Chatoor Feeding Scales?

Numann L. (Emma Kinderziekenhuis (AMC/Universiteit van Amsterdam) and the Dutch Psychoanalytic Society (NPI), Netherlands), Derkx B. (Emma Kinderziekenhuis (AMC/Universiteit van Amsterdam) and the Dutch Psychoanalytic Society (NPI), Netherlands), Schmeets M. (Dutch Psychoanalytic Society (NPI), Netherlands), Rexwinkel M. (Dutch Psychoanalytic Society (NPI), Netherlands)

The concept of attachment is very important in understanding the psychological development of an infant. In the field of infant mental health, clinicians are often confronted with the implications for the psychological development of an infant when the attachment relationship goes awry. Feeding disorders are a classic example of the derailed attachment relationship. Because of the implications for the physical health, emotional development and the parent-infant relationship, the psychological assessment and accurate diagnosis are extremely important. One of the instruments currently used to measure this is the EAS. The topic for this poster will be the use of psychometric instruments that are used to diagnose the parent-child relationship in infants with feeding disorders between 0 and 3 years of age. In particular the focus will be the Emotional Availability Scales (EAS) and the Chatoor Feeding Scales. Both consist of subscales aimed to measure different aspects of the relationship; one is a questionnaire designed to measure observable behavior and the other the clinicians' overall impression of the dyadic interaction. The literature regarding the reliability and validity of these two scales is limited. A thorough systematic review of the literature on these topics was carried out. Additionally, the feedings scenes of 16 consecutive infants between 0 and 3 years of age and their parents of the Infant Mental Health team in Amsterdam diagnosed with feeding disorders were assessed using both scales. The similarities and differences between the EAS and the Chatoor scales were examined quantitatively and qualitatively. Findings include higher inter-rater reliability scores for the Chatoor than for the EAS, a higher Cronbach's alpha (reliability measure) for the EAS and an examination of the overlap between the subscales of both instruments. The findings illustrate a picture that is valuable to the pool of knowledge regarding the reliability and validity of these two assessment instruments. Additionally, these findings are of relevance to clinicians using these instruments for the assessment of their patients.

P35  The use of the Emotional Availability Scales and Chatoor Feedings Scales in assessing the parent-child relationship in infants with feeding disorders

Numann L. (Emma Kinderziekenhuis (AMC/Universiteit van Amsterdam) and the Dutch Psychoanalytic Society (NPI), Netherlands), Derkx B. (Emma Kinderziekenhuis (AMC/Universiteit van Amsterdam) and the Dutch Psychoanalytic Society (NPI), Netherlands), Schmeets M. (Dutch Psychoanalytic Society (NPI), Netherlands), Rexwinkel M. (Dutch Psychoanalytic Society (NPI), Netherlands)

The organization of the NBAS in a Portuguese sample

Costa R. (University of Minho, Portugal)

Background - The Neonatal Behavioral Assessment Scale (NBAS, Brazelton & Nugent, 1995) is an instrument conceived to observe the neonatal behavior. Data analysis is usually performed by organizing items into groups. The most widely used data reduction for the NBAS was developed by Lester, Als, and Brazelton (1982). Objective - Examine the psychometric properties of the NBAS items in a sample of 213 portuguese infants. Method – The NBAS was performed in the first week of infant life (3 days ± 2) and in the seventh week of life (52 days ± 5). Results - Principal component analyses yielded a solution of four components explaining 55.13% of total variance. Construct validity was supported by better neurobehavioral performance of seven-week-old infants compared with one-week-old infants. Conclusion - Changes in the NBAS structure for the portuguese sample are suggested compared to Lester
P37 Depression during pregnancy and infant's gender: A prospective case-control study
Wendland J. (University Paris Descartes, France), Gerardin P. (Rouen University Hospital, France), Bodeau N. (Pitié-Salpêtrière Hospital, France), Galin A. (Pitié-Salpêtrière Hospital, France), Bialobos S. (Pitié-Salpêtrière Hospital, France), Tordjman S. (Rennes University Hospital, France), Mazet P. (Pitié-Salpêtrière Hospital, France), Darbois Y. (Pitié-Salpêtrière Hospital, France), Nizard J. (Pitié-Salpêtrière Hospital, France), Dommerges M. (Pitié-Salpêtrière Hospital, France), Cohen D. (Pitié-Salpêtrière Hospital, France)
Depression is among the most common of health disorders in women. Research on maternal depression has focused primarily on postpartum effects on mother-infant interactions. Recent studies found that between 10% and 20% of women experience depression during their pregnancy, a rate probably higher than that of postnatal depression. Characteristics and risk factors specifically related to prenatal depression are worthy of more systematic study. The impact of prenatal maternal stress on the offspring has shown sex differences in animal studies. The aim of this prospective case-control study was to assess the effect of prenatal depression on newborn and 1-year-old infant characteristics as related to gender, controlling for confounding variables. We screened 205 pregnant women from April 2004 to November 2006 for depressive symptoms. Inclusion in the prenatal depression group (N=34) was based on DSM IV criteria for Major Depressive Episode. We excluded postnatal depression from the control group by routine screening at 2 and 6 months. Newborn and 1-year infant’s characteristics were evaluated with the Neonatal Behavioral Assessment Scale (NBAS) and the Infant-Toddler Social and Emotional Assessment (ITSEA), respectively. Despite numerous exclusion criteria (e.g. low socio-economic status; at risk pregnancy; preterm delivery), prenatal depression highly correlated with anxiety and stress scores. Moreover, male newborns of mothers with prenatal depression had lower scores on motor skills and regulation of states NBAS clusters than controls (p=.026 and p=0.03, respectively). At one year, infants of prenatally depressed mothers presented higher generalized anxiety (p=.002), in particular males (p=.009), activity/impulsivity (p=.042), and sleep problem scores (p=.023) than controls. As in animal studies, adversity during pregnancy may affect infant development, which is related to its gender. Early gender differences associated to depression, stress and anxiety during pregnancy may be a key to understand higher male prevalence in child psychiatric disorders.

P38 Babies' and child's post-traumatic syndromes: Evaluation and care
Baubet T. (Avicenne Hospital (APHP), France), Rezzoug D. (Avicenne Hospital, France), Drain E. (Avicenne Hospital (APHP), France), Taieb O. (Avicenne Hospital (APHP), France), Moro M. (Cochin Hospital Maison des adolescents, France)
Purpose: Awareness of war trauma effects on adults has increased, but impact on babies and childrens have not been enough studied, recognised and treated. Since 1989, we have focused our psychiatric expertise with "Médecins Sans Frontières" (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...). Methods: 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. Results: Through concrete situations of babies and children and theirs 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. Conclusions: 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.

P39 Prevalence of early child neglect and abuse in Southern Germany
Kuenster A. (Ulm University Hospital Department of Child and Adolescent Psychiatry and Psychotherapy, Germany), Thurn L. (University Hospital of Child and Adolescent Psychiatry Ulm, Germany), Wucher A. (University of Graz, Austria), Ziegenhain U. (Ulm University Hospital Department of Child and Adolescent Psychiatry and Psychotherapy, Germany)
Theory/Background: Child neglect and abuse occur in different developmental stages of children. However, infants and toddlers are especially vulnerable for maltreatment. With the exception of the federal statistics of criminality in Germany there are no systematic and continuous data available concerning the incidences of child neglect and abuse or the frequency of early risk factors for maltreatment. These data are especially relevant to plan accurately fitting intervention and treatment for families in order to prevent maltreatment. The aim of this study is to undertake a first approach to collect data of child neglect and abuse in Southern Germany around birth and at age between two and six.

P40 The Insightfulness Assessment
Quitmann J. (University Medical Center Hamburg-Eppendorf , Germany), Ramsauer B. (University Medical Center Hamburg-Eppendorf, Germany), Romer G. (Universitätsklinikum Eppendorf, Germany)
This poster introduces a new method from Oppenheim and Koren-Karie (2002) to assess the insightfulness of parents regarding their children's inner world. Parental insightfulness involves the capacity to see things from the child's point of view, and is based on a) insight into the child's motives, b) a complex view of the child, and c) openness to new information about the child. Insightfulness is seen as the capacity underlying sensitive and positive parenting and providing the context for secure child—parent attachment. In the
assessment of insightfulness parents view video segments of their interactions with their children and are subsequently interviewed regarding their children's and their own thoughts and feelings during the segments. Interviews are transcribed, rated on 10 scales and subsequently classified into one of four groups. The first of the four groups indicates insightfulness while the remaining three indicate a lack of insightfulness.

P42 Fetal heart rate reaction to familiar and novel speech stimuli
Pacheco A. (University of Minho, Portugal), Figueiredo B. (University of Minho, Portugal), Ayres de Campos D. (S. Joao Hospital - Medical School, Portugal)
This study evaluated the effect of two different speech stimuli (familiar and novel) and of speech stimulus repetition (1st, 2nd and 3rd presentation) on fetal heart rate (FHR) in 91 low-risk singleton pregnancies at 36-39 weeks gestational age (M = 37.54, SD = 0.65). Mothers recited a short story out loud to their fetuses (49.5% story “A”, and 50.5% story “B”) every day between the 33rd and the 37th week of gestation. The FHR reaction to familiar and novel stories was evaluated during a cardiotocographic examination performed during the course of a routine prenatal hospital visit. A female graduate student recorded both speech stimulus, and presented these in orders “ABABBA” or “BABAAB” at an average of 95 dB SPL, through a loudspeaker held approximately 20 cm above the maternal abdomen. After a 5 minutes period of stage 1F low fetal activity (pretest phase), each story was took 15 seconds, for a total of 90 seconds with the six stimuli. A further 30 seconds were registered thereafter with no stimulus (posttest phase). The FHR signal was assessed continuously during this period and stored in a computer system (Omniview-SisPorto® 3.5, Speculum, Lisbon). The responses in FHR baseline frequency (BF), and long-term variability (LTV) were evaluated.

When the reaction to familiar and novel stimuli was compared, LTV was significantly higher (t(90) = 2.377, p = 0.020) with the familiar story, but no such differences were found in BF. A significant increase in LTV was found between the pretest phase and the familiar stimulus (t(90) = 2.683, p = 0.009). A significant increase in LTV was also detected between the 1st and the 2nd stimuli presentation, irrespective of the type of stimuli presented [F(2,180) = 4.168, p<0.05], but again this did not occur with BF. No differences in FHR measures were found between the pretest and posttest phases, nor between the stimulus presentation and the posttest phase. Our results did not show a decrease in BF as a reaction to familiar stimulus, as reported by other researchers, but rather an increase in heart rate variability. The latter was a result of the dynamic balance between the sympathetic and parasympathetic nervous systems, and increases mainly as a result of parasympathetic activation. Fetal habituation/familiarization with external stimuli seems therefore to manifest itself preferentially by parasympathetic activation, a response that has many parallels in adult life.

P43 Play Development Scale for Blind and Visually Impaired Children (P.D.S.-BL.)
van den Broek E. (Visio, Netherlands), Moleman Y. (Koninklijke Visio, Netherlands)
In this poster, we will present the Play Development Scale and discuss play development in blind and visually impaired children in detail. We have been studying the play development of blind and visually impaired children since 1995 (Van Eijden, 1994; Moleman, 1997; Van den Broek, 1999). This has resulted in a course now given every year, and described in Spelonwikkeling en spelbegeleiding for a total of 90 seconds with the six stimuli. A further 30 seconds were registered thereafter with no stimulus (posttest phase). The FHR signal was assessed continuously during this period and stored in a computer system (Omniview-SisPorto® 3.5, Speculum, Lisbon). The responses in FHR baseline frequency (BF), and long-term variability (LTV) were evaluated.

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P45 The structure and longitudinal stability of temperament during infancy and toddlerhood.
Casalin S. (Leuven University, Belgium)
Many empirical studies have shown that temperament plays a crucial role in determining the socio-emotional development of children. An important theoretical frame to understand temperament from infancy on, is that of Rothbart, who identifies reactivity' (that compromises extraversion and negative affectivity) and effortful control' as the main components of temperament. Empirical research using Rothbart's questionnaires has consistently shown that three higher order factors underlie temperament over different life periods, i.e., Extraversion', Negative Affectivity' and Orienting/Regulating' (in infancy) or Effortful Control' (after infancy). These higher order factors have been clearly identified in pre-schoolers, older children, adolescents and adults. In infants and toddlers however, less research has been done. Nevertheless, replication of results in infants and toddlers is necessary, especially since the effortful control factor undergoes substantial development during the first years of life. Hence, the sooner and better temperament can be measured, the faster problems can be identified. Our study, the Parent-Child Study', investigated both the structure and the longitudinal stability of temperament, making use of CFA and SEM. The results show that temperament indeed consists of the three factors, even in infants as young as 8-13 months. Although the perception of mothers and fathers differ, in that mothers see their baby as more extravert and effortful controlled than fathers, this temperament factor structure has been found using both mother and father scores. Moreover, results show that the factors are stable over a one-year period. Method and results will be presented and suggestions for future research, as well as clinical implications, will be discussed in the poster.

P46 Symbolic parental images: Factor structure and internal consistency of the Semantic Differential Parental Scale-Brief version
Tang E. (Leuven University, Belgium), Luyten P. (Leuven University, Belgium), Vliegen N. (Leuven University, Belgium)
Mental representations refer to the cognitive-affective schemas that influence one's expectations, feelings, and general behavioural patterns in interpersonal relationships, thereby playing a key role in psychological development. These object relations' are thought to develop within an interpersonal matrix throughout the lifespan, originating in early childhood experiences with one's primary caregivers. As such, these object relations have also been referred to as actual mental representations. Over the years, a myriad of instruments have been developed to measure these representations. Less prominent in the literature is a second, complementary framework on mental representations: the structural-psychodynamic perspective. Central to this perspective are not the actual but the symbolic mental representations. The latter also refer to cognitive-affective schemas, though not exclusively originating in one's developmental history with one's mother and father, but primarily in the sociocultural context in which one is raised. As such, symbolic parental images refer to what characteristics one believes a parental figure should have to truly be a mother/father. Research has indeed shown that changes in sociocultural context have implications for one's symbolic parental images. Such studies have largely made use of the Semantic Differential Parental Scale, a measure which has been shown to possess adequate psychometric qualities, including a factor structure that has evidenced to be relatively invariant across different cultures. A 12-item brief version of the SDPS has been constructed by retaining the six highest loading items on each of the two original factors in different samples. A pilot study in a sample of 250 community adults has provided support for the two-factor model using confirmatory factor analysis. The study presented in this poster aims to extend these preliminary findings by further investigating the factor structure using exploratory and single- and multi-group confirmatory factor analysis, and the internal consistency of the SDPS-B. Results of this two-wave prospective study of 281 biological first-time parents (140 fathers and 141 mothers) will be presented.

P47 Traumatic childhood experiences - early adulthood neurosis -case report
Keskeridou F., Arvaniti A., Kentigkeleni K., Dalagdi A., Tzikos A., Arseniou S., Kapidou E., Livaditis M. (Psychiatric and Paedopsychiatric Department, University General Hospital of Alexandroupolis, Thrace, Greece)
Aim: Case presentation of a young adult Muslim male who suffers: a) from epilepsy since childhood, b) from a Post Traumatic Stress Disorder while in childhood-early adolescence , c) from a Somatomorfic Disorder since middle adolescence and d) from suicidal ideation. Method: The patient meets the DSM-IV diagnostic criteria for Post Traumatic Stress Disorder and for Somatomorfic Disorder and has a low IQ test score. His childhood EEG showed idiopathic generalized seizures and he has stopped taking his antiepileptic treatment since he was 15. His recent EEG is normal and his MRI shows 2 abnormal areas of the right frontal cerebral lobe. He was referred to our clinic by the neurologists because of multiple hysterical reactions while being admitted to the neurological clinic of our hospital mimicking epileptic crises. The Post Traumatic Stress Disorder began at 11 after experiencing his grandparents, with whom he has been living since an infant, making love. The somatomorfic disorder began at 17 after diagnosed with mobile tests and meeting his mother for the first time. Results: The antiepileptic treatment with the antidepressant and the antipsychotic treatment in low dosages and supportive psychiatric sessions ameliorated the patient's mental illness along with his neurological symptoms. Conclusion: Traumatic childhood experiences combined with an organic disorder such as epilepsy -if being untreated- under the negative influence of inappropriate social-family circumstances could lead to severe adult neurosis with the risk of committing suicide.

P48 A state wide initiative for parents with serious mental illness and their infants
Dykman M. (Southern Health, Australia), Chapman M. (Royal Children's Hospital, Melbourne, Australia, Australia)
Working with clients with a major mental illness, including psychotic illnesses, major depressive illnesses, and severe personality disorder, with or without co-morbid drug and alcohol issues, within a public mental health system is complex. This complexity
relationship (e.g., Van den Bergh & Simons, 2008). The present study is the first to examine whether a simple non-verbal measure of
unborn child to a different extend. Generally, self-report questionnaires have been used to assess the quality of the mother-fetus
Introduction It has been shown that during pregnancy, building a relationship with the unborn child is a key developmental task for a
Netherlands), van Bakel H. (Tilburg University, Netherlands)
P51 The parent-fetus relationship: Concordance between a pictorial and verbal measure of antenatal attachment
VreewiC C. (Tilburg University, Netherlands), Maas J. (Tilburg University, Netherlands), Vingerhoets A. (Tilburg University, Netherlands), van Bakel H. (Tilburg University, Netherlands)
Introduction It has been shown that during pregnancy, building a relationship with the unborn child is a key developmental task for a
successful psychological adjustment of pregnant women (e.g., Rafael-Leff, 2005). Mothers and fathers may feel attached to their
unborn child to a different extend. Generally, self-report questionnaires have been used to assess the quality of the mother-fetus
relationship (e.g., Van den Bergh & Simons, 2008). The present study is the first to examine whether a simple non-verbal measure of
increases significantly when the client is a parent of an infant. In Victoria, Australia, a specialist service has been established to assist
clinicians working within the system to keep the baby in mind and the relationship in mind. This clinical teach — in session will
outline The Victorian Parent and Infant Mental Health Service (PIMHS), including presentation of clinical case examples and relevant
data describing the population, in comparison to broader Australia - wide data The assessment process will be outlined with an
emphasis on methods to illicit specific infant difficulties and parent and infant difficulties including the Parent Infant Global
Assessment Scale (PIR-GAS). Further this session will comment on the impact of these findings for provision of services by specialist
infant and parent mental health services, the importance of liaison with other services and the implications for wider service provision.
Management and therapeutic approaches will be described focussing on complex questions such as — What is the problem? Who is
the client? When, why and how do we choose a particular therapeutic approach? What are our expected outcomes? We discuss the
importance of interventions which address core relational and interactional difficulties and which aim to improve the parents capacity
to identify and respond to the inner world of the infant. Risk assessment for this client population will be discussed including the
various ethical dilemmas faced by the service; such as when the clinician's ideas differ from that of the mothers, or of the referrer. We
discuss the importance of balancing the needs of the parents and infants for support and intervention.

P49 Early identification of language delay as a precondition for early intervention in late talking toddlers
Sachse S. (Universität Ulm, Transferzentrum für Neurowissenschaften und Lernen, Germany), v. Suchodoletz, W. (Germany)
Background Language difficulties and disorders are associated with severe consequences for the social, emotional and academic
development of children. Therefore, early identification of language problems and knowledge about the further development of these
children is necessary. Language problems can be identified by using parent questionnaires at the age of 24 months in pediatric routine
examinations. When diagnosing early language delay, it is not yet possible to differentiate between children with later specific
language impairment, who should be enrolled in early intervention programs, and children who do catch up without any intervention
(so-called late bloomers). The aim of the study was to improve the prediction of further language development of children with early
language delay (late talkers) in order to make better decisions about which children are in need of early intervention. Methods and
Material: 58 monolingual German language delayed children were recruited via birth announcements. At the age of 25 months,
children were tested regarding their verbal and nonverbal development. Parents completed several questionnaires on temperament,
behavior, as well as sociodemographic and psychosocial aspects. All children scored within the normal range in the nonverbal
developmental tests, and had normal hearing. 50 of these children were examined again one year later. Results: At the age of three
years, one third of the former late talkers reached language abilities within the normal range, one third showed language difficulties,
and one third was diagnosed as specifically language impaired. Language comprehension, academic background of the parents,
nonverbal abilities, and externalizing problem behaviour proved to be predictors of further language development. Discussion: Two
thirds of the late talkers show language difficulties resp. a specific language disorder at the age of three. Deficits in language
comprehension and lower levels of parents’ education indicate an unfavorable course of development. For these children an early
intervention seems to be appropriate, e. g. a parent directed intervention program. With the results of this study early identification and
intervention can be improved.

P50 Child and maternal psychopathology in a clinic and polyclinic for children and adolescent psychiatry, psychosomatics
and psychotherapy in Münster
Muller, J.M. (Department of Child and Adolescent Psychiatry University Hospital Münster, Germany), Achtergarde S. (Department of
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The Child Psychiatric Family Day Hospital for Preschool Children, their Parents and Siblings in Münster, Germany, treats infants,
toddler and preschool children between 0 and 6 years with a wide range of preschool mental health disorders. Multi-informant data
about child and maternal psychopathology are presented. The distorting influence of maternal depression on the ratings of child
behaviour is known as the depression-distortion hypothesis. This study investigated the depression-distortion hypothesis in a clinical
sample and extended the depression-distortion-hypothesis to maternal psychopathology in general. Subjects were 80 children between
1.5 to 5.9 years, who were referred for treatment in a Child Psychiatric Family Day Hospital for preschool children, and their mothers.
Children were rated on the CBCL/1.5-5 and the C-TRF/1.5-5 by their mothers, kindergarten teachers and therapists. Maternal
psychopathology was assessed by self-rating with the SCL-90-R and the BDI. The depression-distortion was confirmed by structural
equation modelling (SEM). Recommendations were given how to handle biased maternal ratings in order to reduce error in estimating
child psychopathology level.

P51 The parent-fetus relationship: Concordance between a pictorial and verbal measure of antenatal attachment
VreewiC C. (Tilburg University, Netherlands), Maas J. (Tilburg University, Netherlands), Vingerhoets A. (Tilburg University, Netherlands), van Bakel H. (Tilburg University, Netherlands)
Introduction It has been shown that during pregnancy, building a relationship with the unborn child is a key developmental task for a
successful psychological adjustment of pregnant women (e.g., Rafael-Leff, 2005). Mothers and fathers may feel attached to their
unborn child to a different extend. Generally, self-report questionnaires have been used to assess the quality of the mother-fetus
relationship (e.g., Van den Bergh & Simons, 2008). The present study is the first to examine whether a simple non-verbal measure of
parental representations of the antenatal relationship with the fetus relates to a verbal self-report measure. We examined whether 1) verbal and non-verbal (i.e., pictorial) representations of parent-fetus attachment are correlated, 2) whether mothers and fathers differ in represented distance to the fetus and 3) whether knowing about the sex of the fetus is related to depicted closeness to the unborn child. Method One-hundred-and-sixty-nine pregnant mothers and their partner (n=135) completed a verbal and nonverbal antenatal attachment measure at 26 weeks gestational age. Mothers filled in the Maternal Antenatal Attachment Scale and fathers the Paternal Antenatal Attachment Scale (Condon, 1993). To assess the nonverbal representation we asked parents to complete a modified version of the Pictorial Representation of Illness and Self-Measure (PRISM: Büchi & Sensky, 1999). This measure was originally developed as a simple measure of coping with an illness. In the modified version the parent is shown a white A4-size paper with a big circle in the centre (diameter of 18.6 cm), which represents his/her life as it currently is. A yellow circle of 5 cm in the centre of the big circle represents the parent's 'Self'. The parent is then handed a green circular sticker (5 cm) and is asked to imagine that the green circle represents the unborn child with the question "where would you put the baby in your life at this moment?". For quantitative use, the main outcome measure is the Self-Baby-Distance (SBD), i.e., the distance, in centimetres, between the centres of the 'Baby' and 'Self' circles. Results Analyses showed SBD to be significantly related to verbal attachment representations scores of both mothers (ß = .37, R² = .27, p < .001) with fathers depicting a larger distance than mothers (M father = 4.35 cm, M mother = 3.51 cm). No differences were found in SBD of fathers and mothers who were or were not familiar with the fetus' sex. Conclusions The Pictorial Representation of Antenatal Attachment (PRAA) has been shown to be related to a self-report measure of antenatal attachment in both expectant mothers and fathers and could be used as a research tool and as an effective and easy to use instrument in clinical practice.

P52 Relationship-based intervention as point of entry with families of infants with hearing loss: Newborn behavioral observation system and videoanalysis
Hartblay M. (Clarke School for the Deaf, United States)

The implementation of Universal Newborn Hearing Screenings in birthing hospitals across the world has lead to a greater number of infants who are identified with a range of hearing loss in the newborn phase of life. The benefits of this significantly earlier identification, along with intervention and technological advances are well documented yet still unfolding. Although these efforts represent a tremendous improvement over past trends, the period of time between referral, positive diagnosis, and initiation of family-centered intervention remains significant. The parent — infant relationship is in a critical period of formation during the newborn stage of infancy, and when an infant is diagnosed with hearing loss, fundamental questions about care giving and communication arise for many parents. The Newborn Behavioral Observation System (NBO) and video analysis was used as part of a point-of-entry protocol to early intervention by a Teacher of the Deaf and Hard of Hearing. This case study used parent questionnaire and interview to evaluate the use of the NBO, and video analysis to document emerging prelingual communication in a parent-infant play session during the first 3-4 months of life. The NBO was considered to be an effective system for initialization of the parent-infant-provider triad because of its focus on relationship building, parent support, and infant behavior as communicative. Video analysis of a parent-infant play session found some inter-rater reliability for prelingual verbal turn-taking, joint eye contact with mother, and autonomous gesture.

P53 The norm, reliability, and validity study of Vineland Adaptive Behavior Scales: Vineland-II for Turkish children aged birth through age 8 years old.
Alpas B. (Ankara University Medical School, Child Psychiatry Department, Turkey), Akcakin M. (Ankara University Medical School, Child Psychiatry Department, Turkey), Erden G. (Ankara University, Psychology Department, Turkey), Isikli S. (Hacettepe University, Psychology Department, Turkey)

The aim of this study was to investigate the adaptation, reliability and validity of the Vineland Adaptive Behavior Scales — Survey Form — (Vineland-II) for Turkish children whose original was revised by Sparrow and her colleagues in 2005. The Vineland-II was administered on total 553 (274 girls, 279 boys) normal children. The SES of the subject was modified according to mothers' three different education levels (4-year degree or higher, 11th grade and 8th grade or less). The children between nine different age range (0 - 11; 12 — 23; 24 — 35; 36 — 47; 48 — 59; 60 — 71; 72 — 83; 84 — 95; 96 — 107 months). Results indicated that as children grew older, their total scores on the scale also increased. Reliability of the scale determined Internal Consistency Analysis (.68 - .97). Validity studies assessed with two different methods: Test Content and Response Process. The results revealed that the Vineland-II could be used as a qualitative and a quantitative assessment instrument in infancy, early childhood and school age stages of Turkish children.

P54 Developmental outcomes of Turkish children: Results of Denver II test's revision
Bayoglu B. (Hacettepe University Faculty of Medicine, Turkey), Anlar B. (Hacettepe University Medical School Child Neurology Department, Turkey), Yalaz K. (Developmental Child Neurology Society, Turkey)

Screening is especially important as a pathway to referral for infants and children who need prevention and intervention. The early detection of developmental problems, combined with early intervention, if appropriate, leads to improved outcomes for children and their families. Developmental surveillance is a vital process in the promotion of optimal development in children. Identifying a child with developmental disability at an early age is very important for early intervention. Developmental tests are frequently used to screen for developmental delays in preschool children. There are several developmental screening tests one of which is the Denver II test. The Denver II test developed by Frankenburg and his colleagues, has become the best known and most widely used
developmental screening test. The test items are arranged in categories of personal-social, language, fine motor, gross motor development. The Denver Developmental Screening Test II (Denver II) is widely used to identify children in need of more intensive diagnosis or assessment. The revised form of Denver Developmental Screening Test (DDST), has been proposed to overcome some limitations of previous tests by the use of a different scoring system and inclusion of more items, particularly in the language area. The Denver II test is an individually administered instrument that assesses the developmental functioning of infants and young children between 15 days and 78 months of age. The Denver II Developmental Test was adapted and standardized by Prof. Dr. Kalbiye Yalaz and Prof. Dr. Banu Anlar for Turkish Children at 1981 and 1996. The primary purpose of this study is to revision for norms of Turkish children. The purpose of revision is: Update the normative data, develop 4 distinct scales, update item administration, strengthen the screening quality of the Denver. Simplify item administration and manual. We will present to results of research.

P55 Follow up study: Characterization of dropout in a child and mental health service
Moura M. (Central Lisbon Hospital Centre/Dona Estefânia Hospital, Child and Adolescents Psychiatry Department, Lisbon, Portugal), Encarnação R. (Central Lisbon Hospital Centre/Dona Estefânia Hospital, Child and Adolescents Psychiatry Department, Lisbon, Portugal), Gomes F. (Central Lisbon Hospital Centre/Dona Estefânia Hospital, Child and Adolescents Psychiatry Department, Lisbon, Portugal)
We intent to categorize the dropouts in a Child and Mental Health Service, after a year of the assessment. Objective: To examine the dropouts after a year of contact with Child and Adolescents Psychiatry (CAP) Clinic. Trying to analyze the differences about referral motives, diagnostics and other demographic aspects. Material and Methods: The parents, young people and teacher versions of the SDQ were collected between 1st July and 19th October 2008. After a year, 23 (33%) dropout. Them we analyze the different aspects of the sample that dropout. We even talk by phone to the families to know them motive. Results: The sample gathered of 73 children and adolescents (m: 59; f: 14; mean age 9.5) was demographically similar to the 2007 patients population of the same CAP clinic. After a year, 23 (33%) dropout. Conclusion: There are important aspects found on those that dropout concerned with diagnostics and who have referred them and about motives of consultation

P56 Follow up study: Therapeutic impact based on the SDQ
Moura M. (Central Lisbon Hospital Centre/Dona Estefânia Hospital, Child and Adolescents Psychiatry Department, Lisbon, Portugal), Encarnação R. (Central Lisbon Hospital Centre/Dona Estefânia Hospital, Child and Adolescents Psychiatry Department, Lisbon, Portugal), Gomes F. (Central Lisbon Hospital Centre/Dona Estefânia Hospital, Child and Adolescents Psychiatry Department, Lisbon, Portugal)
We pretended to know the therapeutic impact after a year of the assessment to a Child and Adolescents Psychiatry (CAP) Clinic Objective: to examine after a year the improvement of the children based on the Strengths and Difficulties Questionnaires (SDQ) score, and other measures of improvement like Clinical Global Impression (CGI) trying to analyse the differential categories of those children that improve for others at a Child and Adolescents Psychiatry (CAP) Clinic. For that we analyse the differences about referral motives, diagnostics and other demographic aspects Material and Methods: The SDQ with impact supplement was used at one of our CAP clinics in order to determine symptom and impact scores at the time of child/adolescent first appointment. The parents, young people and teacher versions of the SDQ were collected between 1st July and 19th October 2008. After a year, only 47 don't had drop out, the questionnaire was given to the same part of the sample which steal have appointment on the clinic (23) Results: The sample gathered of 73 children and adolescents (m: 59; f: 14; mean age 9.5) was demographically similar to the 2007 patients population of the same CAP clinic. Of those only 23 remain in consultation, so that the sample is less than we expect, but it was still possible to get stuff to make some interesting questioning Conclusion: There are some interesting differences between those who improve and those who doesn't improve, and with this sample we can only put some questions, that other studies could confirm r not.

P57 Narratives of attachment in children from clinical and non-clinical samples - distribution of attachment groups and gender-specific effects
Gloger-Tippelt G. (university of Duesseldorf, Germany), Kappler G. (University Wien, Austria), Koenig L. (University Duesseldorf, Germany)
In attachment research, progress has been made in describing and explaining attachment development in middle childhood, in large part due to the development of an Attachment Story Completion Task (ASCT) by Bretherton and colleagues. The coding and classification system developed in Duesseldorf by Gloger-Tippelt & Koenig provides a valid assessment of attachment quality at a representational level. The ASCT and the classification system has been applied in several samples which now provide a broader data base on attachment quality at the representational level. Results from meta-analyses of 25 samples from Germany, Switzerland, Romania, and Spain will be reported including children aged 3 to 10 years (N=991). Cluster and correspondence analyses were conducted separately on clinical and non-clinical samples leading to characteristic clusters with respect to distribution of the four attachment patterns. In non-clinical samples, the avoidant attachment was almost as frequent as the secure attachment. In samples with risk factors, the disorganized and the avoidant pattern predominated. Moreover, results reveal a significant gender effect, with security and ambivalence being more typical of girls, and avoidance and disorganization typical of boys, in terms of attachment quality for these age groups. Possible reasons for these results will be discussed.

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PTSD. Discussion. Consistent with our attachment transmission hypothesis, children's attachment styles were highly correlated with we recognized a connection between children with disorganized attachment, traumatic life events in parent's and children's lives, and No correlation could be found between the report of a traumatic life event in the child's or the mother's lives and attachment styles or attachment patterns in behavior and representation in particular were highly significantly correlated with mother's attachment patterns. therefrom disorganized 21.2%. Children's attachment representation (story stems): Secure 17.3%; insecure 75.1%; therefrom

Questionnaire, (PROPS, Greenwald, 2000). Results Children's attachment behavior (reunion): Secure 32.7% ; insecure 61.6%, measured in questionnaires (Trauma Antecedents Questionnaire (TAQ, van der Kolk, 1997), Children's Trauma Symptoms representation with Story Stems (Emde et al., 2003, Bretherton et al., 1985) and the Adult Attachment Projective (AAP; George et al., 2003). In a longitudinal study (n=49, age 6-9, mean age 6.7). Methods Boys and their mothers were assessed at the level of attachment including ADHD, we hypothesize that early trauma is related to ADHD. Objective Boys with ADHD and their mothers were assessed of disorganized attachments whereupon attachment disorganization is a variable that influences ex-ternalizing behavior problems have not been examined adequately in this context. If parent's or children's traumatic life events are associated with the development introduction. Since 2004, children from birth to the age of 5;11 years were seen in a specialized outpatient department at the Saarland University Hospital. A full assessment was conducted in each case; individually tailored counselling or therapy was offered when indicated. All children received both ICD-10 and DC:0-3R diagnoses. The aim of the study was to compare the two classification systems. Methods: All ICD-10 diagnoses (including comorbid disorders) were given prospectively at the initial contact. The DC:0-3R diagnoses were allotted in mutual consensus conferences by raters blinded to the original ICD-10 diagnoses. The associations to gender and age were analysed. Results: All 315 children up to the age of 5;11 years presented in the years of 2004 - 2009 were included. The sex ratio was 40 percent for females to 60 percent for males. The mean age was 3.9 years (median 4.2), 17 infants were between 0 - 1 year of age, 23 toddlers between 1 - 2, 39 between 2 - 3, 63 between 3 - 4, 73 between 4 - 5 and 100 between 5 - 6 years. The ICD-diagnoses were grouped into 14 clusters. The most common clusters were hyperkinetic disorders (F90.0 and F90.1; n = 64), specific developmental disorders (F80 and F82; n = 64) and ODD (F91.3; n = 58). In females, emotional disorders (18.25 %) and sleeping disorders (14.28 %) were more prevalent than in males (8.99 % and 6.35 %), whereas conduct disorders (6.35 %) and mixed disorders of conduct and emotions (5.29 %) were more frequent in males. Regarding age groups, between the age of 0 to 1 year, sleep (32.5 %) and feeding disorders (37.5 %) were the most frequent diagnoses. Between 2 and 3 years, specific developmental disorders were prominent (27.5 %). At 4-5 years of age, there were considerable gender differences concerning hyperkinetic (more boys) and emotional disorders (more girls). The DC0-3R-diagnoses will be reported. Conclusion: Psychopathology in the preschool age from 0 to 5 years is varied. There are marked gender and age differences. Younger children have few gender differences and the number of diagnoses is more limited. In older children gender differences become more apparent and the diagnoses more varied. Both classification systems have their advantages in the assessment of young children.

Wednesday: Poster session: Attachment Studies and Clinical Disorders

P60 Early trauma and insecure attachment in boys with ADHD
Kern C. (Children’s Hospital, Ludwig-Maximilians University, Germany), Göttler K. (Germany), Zeiler A. (Germany), Vuksanovic N. (Dr von Hauner Children's Hospital LMU München, Germany), Brisch K.H. (Children's Hospital, Ludwig-Maximilians University, Germany)

Early Trauma and Insecure Attachment in Boys with ADHD Christine Kern, Catherina Göttler, Angelika Zeiler, Nevena Vuksanovic, Karl Heinz Brisch Introduction Previous results of research on ADHD report different etiologies whereas psychosocial parameters have not been examined adequately in this context. If parent's or children's traumatic life events are associated with the development of disorganized attachments whereupon attachment disorganization is a variable that influences ex-ternalizing behavior problems including ADHD, we hypothesize that early trauma is related to ADHD. Objective Boys with ADHD and their mothers were assessed in a longitudinal study (n=49, age 6-9, mean age 6.7). Methods Boys and their mothers were assessed at the level of attachment representation with Story Stems (Emde et al., 2003, Bretherton et al., 1985) and the Adult Attachment Projective (AAP; George et al., 1997). Mother-child attachment was measured in the Reunion Procedure (Marvin & Pianta, 1996). Traumatic life events were assessed in questionnaires (Trauma Antecedents Questionnaire (TAQ, van der Kolk, 1997), Children's Trauma Symptoms Questionnaire, (PROPS, Greenwald, 2000). Results Children's attachment behavior (reunion): Secure 32.7% ; insecure 61.6%, therefrom disorganized 21.2%. Children's attachment representation (story stems): Secure 17.3%; insecure 75.1%; therefrom disorganized 38.5%. Mother's attachment representation: Secure 11.5%; insecure 84.6%; therefrom unresolved 30.8%. Children's attachment patterns in behavior and representation in particular were highly significantly correlated with mother's attachment patterns. No correlation could be found between the report of a traumatic life event in the child's or the mother's lives and attachment styles or ADHD. What we found was a very high correlation between ADHD and PTSD in children after the traumatic life event. Furthermore we recognized a connection between children with disorganized attachment, traumatic life events in parent's and children's lives, and PTSD. Discussion. Consistent with our attachment transmission hypothesis, children's attachment styles were highly correlated with
the mother's attachment representation. It seems as if the modality of unresolved traumatic events and PTSD could have an impact on the development of ADHD. Is ADHD then a symptom of unresolved trauma in a sub-group of boys with ADHD?

**P61 Infants, trauma and ADHD**
Brisch K. (Children's Hospital, Ludwig-Maximilians University, Germany), Kern C. (Germany), Vukanovic N. (Germany)
The etiology of ADHD is discussed in the context of genetic and environmental factors. A new etiological model will be presented that focus on gene x environment interaction in the context of attachment and trauma in the parents and the children. The findings of a study on changes in the HPA axis in ADHD boys in the context of early trauma are supported by a further study that highlights the transgenerational perspective in respect of the impact of early traumatic experiences and attachment quality on the development of ADHD.

**P62 ADHD-Trauma-Attachment: A new aetiological model**
Vukanovic N.(Dr von Hauner Children’s Hospital LMU München, Germany), Brisch K.H. (Children’s Hospital, Ludwig-Maximilians University, Germany)
Introduction: Attention-deficit/hyperactivity disorder (ADHD) is defined on the basis of developmentally inappropriate inattention, motor activity and impulsivity that emerges early in development and causes impairment in social and academic functioning. ADHD is described as a multifactorial disease. Genetic associations with ADHD have been found in the dopaminergic, serotonergic, and noradrenergic neurotransmitter systems. However, individual risk genes have only explained up to 1% of the variance in the phenotype, suggesting that they have a small effect on behavioural variation in ADHD. Early environmental factors such as prenatal exposure to nicotine or alcohol as well as maternal stress, but also maternal depression, quality of parent caregiving and early deprivation play an important role in the development and course of the disorder. Aetiological Model: A brief review of recent aetiological studies emphasizing the gene x environment (GxE) interactions and associated epigenetic processes will be given. These processes are considered as probable mechanism by which those early-development environmental insults can lead to long term alterations in phenotype. Furthermore a new aetiological model for ADHD including parental and child unresolved trauma as well as the concept of attachment, reflecting quality of early interactions, will be presented. We will examine whether genetic polymorphisms involved in dopamine and serotonin neurotransmission, previously reported to be associated with ADHD and disorganised attachment, mediate susceptibility to environmental adversity early in life. The pathways by which parental insensitivity and unresolved mourning contribute to the development of attachment insecurity / disorganisation, insufficient emotional regulation and ADHD like symptoms will be discussed. It appears that those early adversity factors and prenatal / maternal stress exert an effect on offspring behaviour via disruption to normal HPA-Axis functioning. Thus, alterations in physiological stress reaction, as neurobiological marker, may mediate the effects of fetal programming on susceptibility to disorganised attachment and / or development of ADHD. Conclusion: As the perinatal period seems to be particularly involved in both ADHD and attachment disorders, early guidance and possibly early interventions should be developed and assessed for mothers and caregivers with risk-factors, as well as for their children.

**P63 Adrenocortical functioning in boys with attention-deficit/hyperactivity disorder**
Vukanovic N. (Dr von Hauner Children’s Hospital LMU München, Germany), Borns J. (Germany), Zeber K. (Germany), Brisch K.H. (Children’s Hospital, Ludwig-Maximilians University, Germany)
Introduction: The impact of adverse caregiving environments on subsequent HPA axis functioning in children is less clearly understood, but several studies suggest that the types of parental care that foster a secure attachment relationship between infant and parent are critical for the healthy development of the HPA stress response. (Rutter 2006, Wismer-Fries (2009). Van Voorhees et al., 2004). Some evidence suggests that the HPA axis may be dysfunctional in children with attention-deficit/hyperactivity disorder (ADHD) as well (Freitag 2009, Van West 2009). Further research is needed to clarify whether a different pattern of HPA axis activity is found between ADHD subtypes and which early developmental factors are associated with those disruptions. Objective: In a cross-sectional study cortisol regulation is assessed both basally and following standardised emotional, cognitive and attachment-specific stimuli. Do children with ADHD show different stress reaction patterns compared with healthy controls? Is there an association between unresolved traumatic experience in children and/or their parents and alterations in HPA axis functioning? Furthermore, how do early caregiving experience and child’s attachment influence those neuroendocrinologic processes? Methods: Salivary cortisol level will be measured in a group of 60 boys with ADHD (Age 5-8Y) and in the control group (N=60). The basal saliva samples will be collected prior to the first experimental session. Additionally, cortisol level will be assessed after doll-play stories about attachment-related themes (George & Solomon, 1994), after a cognitive stressor (specific tasks from the Kaufmann Intelligence Test (Melchers & Preuß, 1991)) and bever and after a laboratory separation and reunion with the caregiver (Preschool Assessment of Attachment Behavior (Marvin & Stewart, 1990)). Child’s attachment quality with the mother / father will be assessed as well. Information about early developmental factors, traumatic experiences and socioeconomic status will be obtained through several questionnaire measures and evaluation of anamnestic data. Results: Preliminary data will be presented. Discussion: When children with ADHD show alterations in HPA axis stress reactivity, this would contribute to our better understanding of etiological factors for this disorder. The role of early stress experience and attachment quality should thus be considered in future preventive and therapy concepts.
P64 Reactivity of HPA axis to attachment related stress in former very low birth weight preterm infants
Brisch K.H. (Children's Hospital, Ludwig-Maximilians University Dr von Hauner Children's Hospital LMU München, Germany), Kern C. (Children's Hospital, Ludwig-Maximilians University, Germany), Vuksanovic N. (Dr von Hauner Children’s Hospital LMU München, Germany)

Introduction: A range of perinatal adversity factors associated with preterm birth appears to predict an increased risk for later physiological and behavioral dysfunctions. In animal models, gestational stress as well as stressful neonatal events influence directly early programming of the stress response-mediating neuroendocrine system, namely the HPA axis. The quality of maternal care and early mother-child interactions plays an important role in stress regulation as well. Therefore, the developmental neurobiology of stress needs to be addressed especially in VLBW preterm infants. Objective: To assess reactivity of HPA axis to attachment-related stressors in former very low birth weight preterm infants at school age, and to identify early postnatal neurobiological risk factors that may have an impact on later stress regulation. Methods: In a longitudinal prospective study, the Nursery Neurobiological Risk Score was assessed in N=64 very low birth weight preterm infants (birth weight: M=956 g, SD=289, range 320-1490; weeks of gestation: M=27.6, SD=2.6, range 23-35). Salivary cortisol levels were analyzed at age 6-7 years during resting condition, in response to doll-play stories about attachment-related themes (George & Solomon, 1994) and before and after a laboratory separation and reunion with the caregiver (Preschool Assessment of Attachment Behavior (Marvin & Stewart, 1990)). The association of biological risk factors (e.g.birth weight, weeks of gestation) and neonatal morbidities (e.g. infection, intubation, cerebral hemorrhage, seizures) with patterns of stress response has been analyzed. Results: No Influence of the NBRs outcome on stress response patterns was observed. Interestingly, former VLBW preterms showed a relevant but paradox stress reaction, namely the exposure to the attachment related stressor (doll play story stem) yielded significantly decreased cortisol levels (t=3,205, p<0.002). This specific reaction was significantly influenced by the combination of two factors (infection and hypoglycemia) in the early postnatal time. There was a significant negative correlation between maximal acidosis and cortisol levels prior and post to the stressor (Spearman r=0.04).

Discussion: The data suggest that preterm delivery and certain early risk factors may be associated with altered HPA axis function well into childhood.

P65 The unresolved trauma state in 6 year old former preterm infants and their parents
Kern C. (Children's Hospital, Ludwig-Maximilians University, Germany), Brisch K. (Children's Hospital, Ludwig-Maximilians University, Germany)

The Unresolved Trauma State in 6 Year Old Former Preterm Infants and Their Parents
Christine Kern, Karl Heinz Brisch

Introduction: Very low birthweight preterm infants are at risk for developmental problems. Many longitudinal studies focus on neurological and cognitive outcome, but rarely on emotional development. Findings about the attachment development of preterm infants are contradictory. Neonatal risk factors and neurological outcome have to be considered as influential factors for the development of attachment but in some studies they are not measured or not reported in detail. Objective: Longitudinal prospective study (N=108, m=54, f=52) of former preterm infants assessed with parents at age 6. Methods: Children's attachment behavior with mother was measured with the Preschool Strange Situation (Marvin, 1995). Attachment representation in children was assessed with the Story Stems (Emde et al., 2003, Bretherton et al., 1985). Parent's attachment representation was tested with the Adult Attachment Interview (AAP; George et al., 1997). The parent's resolution of the child's diagnosis was assessed in the Reaction to Diagnosis Interview (Marvin & Pianta, 1989). Results Children's (n=108) attachment behavior (reunion): Secure 38.9%, insecure 61.1%, therefrom disorganized 6.2%. Children's (n=111) attachment representation (story stems): Secure 14.2%, insecure 71.7%, therefrom disorganized 38.1%. Mother's (n=103) attachment representation: Secure 23.0%, insecure 77.0%, therefrom unresolved 39.8%. Father's (n=53) attachment representation: Secure 9.5%, insecure 90.3%, therefrom unresolved 24.8%. Discussion Especially children's attachment patterns and their father's attachment quality. Concerning mother's and father's attachment representations, we discovered the unresolved attachment state in the cemetery story above average (mothers 63.8%, fathers 53.3%). Data for the Reaction to Diagnosis Interview will be presented. Surprisingly, even 6 years after the children's preterm birth, seen as the stressful traumatic event, a high percentage of the parents remained unresolved concerning stories dealing with death. On the other hand, most of the children being unresolved in the story stems showed disorganization in the overestimation of the hurt knee story followed by stories about death of serious illnesses treated in the hospital.

P66 Emotional availability of VLBW infants and their mothers in post-stress and play situations
Wünsche S. (LMU München, Germany), Brisch K. (Children's Hospital, Ludwig-Maximilians University, Germany)

Introduction: The birth of a very low-weight premature baby under 1500 g is associated with risk factors for the child's further physical and psychosocial development. A qualitatively good mother-child relationship is an important protective factor for particularly vulnerable children. Objective: 61 mothers and their premature infants below 1500 g were studied at the age of 14 months (corrected for prematurity). The interaction of the children with their mothers was assessed using the Emotional Availability Scales (EAS) (Biringen, 2000) in a play and a post-stress situation (reunion after a three-minute separation). A transactional systemic model was postulated in which factors associated with the infant and mother interact. The goal was to investigate whether the severity of trauma experienced by the mother as a result of the premature birth (AAI George et al. 1985), and the neurobiological developmental status of the infant (Hagberg et al. 1975) have an effect on mother-child interaction. Results: 32.8% of mothers experienced an unexpected and sudden birth as traumatic. It has been proposed that the mother's trauma continues to echo in her interaction with her...
child as much as 14 months after the birth. Mothers tended to be emotionally less available in their relationship as much as 14 months after the birth, depending on the mother's level of trauma. Serious disability in the child is a further risk factor for a non-optimal mother-child interaction. Whereas mothers of slightly disabled children tended to compensate for their child's deficit by adopting a particularly available emotional style of interaction, mothers of seriously disabled children tended to become less emotionally available. Because of the small number of severely disabled infant test subjects, this result is not significant and must be tested in further studies. Discussion: In order to ensure optimal physical and psychosocial development of VLBW premature infants, risk group screening of traumatized mothers should be performed in the neonatal intensive care unit. The second risk group consists of mothers of severely disabled children. Both groups can benefit from psychotherapy.

P67 Preterm infants, attachment, trauma and stress
Brisch K. (Children's Hospital, Ludwig-Maximilians University, Germany), Vuksanovic N. (Dr von Hauner Children's Hospital LMU München/Germany, Germany)
The birth of a very low birthweight preterm infant is a stressfull life event for the parents that can have the quality of a trauma. This could influence maternal sensitivity, attachment development of the infant and the regulation of stress in the HPA-axis of the infant. The presented studies show, how the stress of mother-infant-separation interferes with traumatic loss experiences of the mother. Results show, how early changes in the regulation of the HPA-axis are associated with stress and trauma. These traumata can have an impact on the development of former preterm infants into school age.

P68 Exploring the emotional quality of the mother-child relationship using the PIRGAS
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We are interested in applications of the PIRGAS with our very high-risk, substance-exposed population of infants and young children. We have found that the quality of the mother-child relationship, based on ratings using the PIRGAS, was related to the range of infant's mental health symptoms and to infant's mental health diagnoses (Freeman & Motz, submitted). It is well established that the emotional qualities of the members of the dyad are an important aspect of the parent-child relationship (Biringen, 2000; Emde, 1980, 1983; Emde & Easterbrooks, 1985). PIRGAS ratings are intended to capture the behavioural aspects and the emotional quality of the parent-child relationship (ZERO TO THREE, 2005); however, there are no studies to date that have examined how PIRGAS scores relate to other validated measures of the emotional adjustment of both members of the dyad or observational measures of the emotional quality of the relationship. Using a sample of 30 high-risk mother-infant dyads we have conducted clinical case reviews in order to rate the quality of the mother-child relationship using the PIRGAS. Videotaped free play mother-child interactions for the same 30 dyads are also available. We are in the process of coding these interactions using the Emotional Availability (EA) Scales 4th Edition (Biringen, 2000; 2008). Other measures of emotional adjustment will include maternal self-reports of anxiety and depression and clinical ratings of the children's emotional functioning. The objectives for our study are: (1) to examine how PIRGAS ratings are associated with an observational assessment the dyad's emotional availability; (2) to explore how PIRGAS scores are related to the emotional adjustment of the mother and the child; and (3) to compare independent ratings of the PIRGAS obtained based on retrospective case reviews and based on observations of videotaped mother-child interactions. We will present case examples and videotapes of mother-child interactions to augment our discussion of the results and clinical applications of our research.

P69 The reciprocal relationships between attachment representations, cognitive abilities and externalizing behaviors in preschoolers
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The current study is concerned with the relation between cognitive abilities, attachment representations and behavioral problems in children. With regard to the relations between attachment and low behavioral adaptation, most of previous studies used the Strange Situation Procedure for showing significant relations between child’s attachment pattern and behavioral problems. Very few used the Attachment Story Completion Task in order to study their predictive value on later behavioral adaptation. We hypothesized that attachment representations would predict behavioral problems one and two years later. The relations between cognitive abilities and behavioral problems have been highlighted in several studies through the predictive role of low cognitive abilities in the development of low behavioral adaptation. However, little is known about the distinct role of both reasoning and verbal abilities on behavior. Also, the relations between attachment security and intelligence were well-documented in previous literature. But the conclusions only supported the prediction from attachment to cognitive abilities, rarely the reverse prediction from cognitive abilities to attachment security although strong conceptual background exists around the concept of internal working models. Therefore, we innovatively hypothesized that high cognitive abilities would actually lead to more secure internal working models taking account from relational experiences with various caregivers in different settings. The present study is embedded in the longitudinal “H2M children” research program and conducted in a sample of 120 Belgian preschoolers (from three to six years of age) displaying externalizing problems. The results partially confirm the hypotheses. The discussion focuses on the cognitive dimension of attachment representations, the role played by children’s cognitive abilities in their attachment representations and their consequences regarding behavioral problems. Implications are discussed both for their scientific and clinical relevance.
P70  Self-focused and child-focused dimensions of parental reflective functioning: Implications for parenting in substance abusing mothers of infants

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Parental reflective functioning refers to the capacity to interpret actions of children from an intentional perspective and make inferences about emotions that drive children’s behavior. RF is thought to have a self-reflective and an interpersonal component that together provide an individual with a capacity to distinguish intrapersonal mental and emotional processes from interpersonal communications. There are several reasons for examining dimensions of RF and their implications for parent - child relationships in clinical samples: First, absence of self-focused RF and its implications for self-organization, self-agency, impulse control and affect regulation, is at the core of many kinds of psychopathology, including substance abuse. Second, child-focused RF (a) involves mentalizing for another person whose developing mental capacities are in flux, and (b) is especially critical during early childhood when behavioral cues are the child’s primary means for communicating about mental states. Little is understood about how these two dimensions of RF together influence the parenting process in parents with clinical disorders. Understanding RF dimensions can also inform intervention development. We examined maternal reflective functioning (RF) as a bi-dimensional construct in 47 methadone-maintained mothers of infants. In factor analysis we tested a two-factor solution with items from the Parent Development Interview and confirmed the presence of two related \((r = .30)\) but distinct dimensions – self-focused RF (mentalization about parenting distress) and child-mentalization (mentalization about interactions with infant). We then tested predictions that (a) self-focused RF would predict initiated maternal behaviors observed during the NCAST Teaching Task and that (b) child-mentalization would predict contingent maternal behaviors. Results showed self-mentalization was the strongest predictor of initiated and contingent caregiving behavior. This finding suggests that, for substance using mothers, enhancing self-focused RF may be a critical first step to improving quality of mother-child interactions.

P71  Effect of emotional state during pregnancy on prenatal attachment

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There is a growing literature about prenatal stress, anxiety and depression effects, but most studies focus on birth outcomes as prematurity and low birth weight, or on negative effects on child development. To date, no study has explored the effects of maternal emotional states on prenatal attachment. Prenatal attachment refers to affective investment that parents develop towards the unborn baby during the pregnancy. The study of which factors could affect the development of prenatal attachment seems to be essential to the prevention of early disturbances in mother-infant relationship. Based on a longitudinal study of 53 pregnant women, the present study examined the mother’s emotions during pregnancy and its consequences on the development of prenatal attachment. Prenatal attachment was assessed for each trimester of pregnancy with a French version of the Antenatal Emotional Attachment Scale (Condon, 1993). This scale differentiates the quality of attachment (quality of affective experiences) and the intensity of attachment (time spent thinking about, talking to dreaming about, or palpating the foetus). First of all, results confirm that the prenatal attachment score increases as the pregnancy progresses, which confirms previous literature. However, the original contribution of this research indicates, for the first time, that negative emotional states are significantly linked with a reduced prenatal attachment. More precisely, high levels of state-anxiety and depression were correlated with low quality of attachment in the first and third trimesters of pregnancy. The intensity of attachment was, however, not affected. Given that recent research supports the idea that negative prenatal relationship between woman and the unborn child may be related to attachment disturbance in postpartum, our results raise the issue of the impact of the mother’s emotional state during pregnancy on the quality of early interaction quality, the latter possibly linked to problems in child development.

P72  Exploration of the links among fathers’ unresolved states of mind, atypical paternal behavior, and disorganized infant-father attachment

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Although the role of father has evolved in past decades, a paucity of research exists on mechanisms involved in the development of infant-father attachment relationships. Maternal states of mind with respect to attachment and interactive behaviors have been described as quintessential mechanisms driving individual differences in the quality of infant-mother attachment relationships. Are the same mechanisms involved in infant-father attachment? Maternal sensitivity has been implicated in the development of secure infant-mother attachment; however, paternal sensitivity is a much weaker predictor of secure infant-father attachment. Atypical maternal behavior has been consistently identified as a precursor of disorganized infant-mother attachment, but to date, no research has examined the role of atypical paternal behavior in the development of disorganized infant-father attachment. In the current study we examine the role of fathers’ unresolved states of mind regarding early traumatic attachment experiences and atypical paternal behavior during infant-father interactions, as antecedents to disorganized infant-father attachment. Thirty-four fathers-infant dyads from middle class backgrounds participated. States of mind were assessed using the Adult Attachment Interview at infant age 6 months. The Strange Situation was used to assess infant-father attachment at infant age 18 months. Atypical paternal behavior was assessed during the Strange Situation using the Atypical Maternal Behavior Instrument for Assessment and Classification (AMBIANCE). The concordance between unresolved vs. not-unresolved states of mind and disorganized vs. not-disorganized attachment was significant.
(r2 (df=1) = 12.86, p< .0001). However, infant-father disorganized attachment was not associated with atypical paternal behavior. In summary, findings confirm the previously documented link between a caregiver's unresolved state of mind and disorganized infant-father attachment. Contrary to empirical data linking atypical maternal behavior to the development of disorganized infant-mother attachment, atypical paternal behavior was not associated with infant-father disorganized attachment. Although the small sample size limits the generalizability of the findings, this study provides preliminary evidence that atypical paternal behavior may not be the

**P73 The Circle of Security Intervention to a Japanese couple who were struggling with their son's violent behavior**

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Mother suffered that she couldn't love her 9 years old son who spoke terrible words to her, and father couldn't stop punishing his son physically. Since they were strongly motivated to change their relationship with their son, we decided to apply the Circle of Security (COS) Intervention Program to them for the first time in Japan, with supervision by Bert Powell, who is one of the originators of this intervention program. The COS, originated in the United States, is an early intervention program for parents and children, and it is evidence based that integrates attachment research into video based intervention. Assessment was conducted through the modified Strange Situation and the COS Interview. During the Strange Situation, their son showed avoidant behavior. They did have some emotional contact but rapidly moved to the top half of the circle (when exploration need is activated). From the Interview, both of the parents revealed to have painful memories on the bottom half of the circle (when attachment need is activated) as they were being raised by their parents. It was assumed that their Internal Working Models worked defensively not to activate their painful affects when their son showed his attachment needs. Even though mother described her son as violent, he actually behaved cooperatively during the Strange Situation. So we assumed that their son was hungry for parent's commitment and that if he could get it he could be cooperative. We chose video clips to help them realize that their son was anxious and needing their support. Mother, after reviewing the clip of her son being anxious while he was left alone, found that he couldn't regulate his negative feeling by himself. She also felt confident about her importance to him after reviewing the clip from the reunion, where even though he acted avoidant way, he did take a glance at her and his quality of play had improved. After then, she started to understand his violent behavior as his way of expressing unregulated affects and that he needed her support. Father also became more empathic to his son, and he started to realize that it was not necessary to physically punish his son and that it was more important to respond to his needs all around the circle. Their say that the COS Intervention was effective for this couple who was Japanese and whose son was 9 years old.

**P74 Attachment and trauma in the paediatric Bipolar Disorder literature**

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Objective: Whilst a substantial body of literature has accumulated on pediatric bipolar disorder (PBD) over recent years, it remains a contentious diagnosis. Critics have suggested that attachment and trauma related factors are overlooked and that PBD research would benefit from a developmental psychopathology perspective. Conversely authors of the PBD literature often argue that child and adolescent psychiatrists and allied child mental health practitioners have traditionally overlooked or misdiagnosed PBD as other childhood disorders. This literature sought to examine these claims. Methods: A body of PBD literature was searched using Scopus (academic search engine) and in order to achieve specificity to PBD was refined to 1,365 post-1995 publications from the top 70 authors. These were then searched in all fields for terms relating to attachment, trauma and maltreatment. A body of attachment and developmental trauma literature was also defined by Scopus search to 721 publications from the top 70 authors in this area, these were then searched for PBD terms. Results: Of 1,365 PBD articles only 15 included the word "attachment" and only 3 applied it in the context of attachment theory as a significant theme in the text. Maltreatment/abuse and trauma/PTSD aspects were infrequently considered. Trauma/PTSD was seen as secondary to PBD by researchers affiliated with one of the main PBD research institutions. Of 721 attachment and developmental trauma related articles only 3 mentioned PBD. Similar neuroimaging findings were generally not cross-referenced between the PBD literature and attachment/trauma/developmental neurobiology literature. Conclusions: A search of the PBD literature for terms like "attachment", "PTSD", "maltreatment" and "abuse" with the Scopus search engine, lends credence to critical claims that the PBD literature in general neglects or dismisses attachment theory. Furthermore trauma concepts are generally not related to attachment perspectives. Conversely a more cursory search of attachment theory and traumatology based literature suggests almost complete neglect or dismissal of the concept of PBD. However much attachment theory based research occurs before likely onset of even what some consider very early pre-pubertal PBD, so mention of PBD in this body of literature is not likely to be common. There thus appears to be a large communication gulf between two different paradigmatic approaches in child & adolescent psychiatry and developmental psychopathology. Resolution of the controversy surrounding PBD may benefit from increased dialogue across these two paradigms.

**P75 All that glitters is not gold!!: Emotional Expression in Attachment Representations of Young Children**

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Research has supported Bowlby's (1969/1982) conception that secure attachment relationships uphold positive affect expression (Sroufe, 1977; Kochanska, 2001; Raikes, 2005) promoting the ability to regulate negative emotional arousals, and facilitating the
elaboration of more sophisticated internal working models (IWM) (Bretherton, 1988; de Rosnay, 2002; Kerns, 2007). However, few studies have assessed children's emotional expression in the context of IWM elicitation. In the present study, the Attachment Story Completion Task (Bretherton, Ridgeway & Cassidy, 1990) was administered to 70 Portuguese preschoolers attending a day care, while controlling for language skills with the WPPSI-R (Wechsler, 1989). Blind trained coders rated for Coherence (Bretherton, et al. 1990; Heller, 2000). Independent coders rated General Intensity, General Inappropriate Expressiveness and valence of Child Overt Emotional Expression and Characters Emotional Display. For both coding systems Pearson Correlations showed reliable inter-rater agreement (md= .82, max=.96, min=.64; md=.90, max=.98, min=.73). In the 5 stories Cronbach a for Coherence scores and Emotional Variables showed good internal consistency enabling for each the use of average scores. Correlations with Verbal IQ were non significant. A significant positive correlation was found between age and Characters' Positive Emotional Displays. Sex differences were obtained in the Characters' Negative Emotional Displays, with boys enacting more negative emotions. Attachment representations' Coherence was positively significantly associated with the valence of the Characters' Emotional Displays and negatively with the general Inappropriate Expressiveness. Non significant associations were found between Coherence and children's Overt Emotional Expression. Moreover, positive expressions were significantly associated both to positive and negative interactions between characters, and to incongruent emotionality. It seems that the presence of positive emotion per se in the facial expression of the child may not be a good indicator of inner emotional states, at least if defence mechanisms associated with IWM (Bretherton, 2008) and distinctive attachment regulatory strategies are not considered. This supports the idea that the valence of emotional expressiveness cannot be linked in a linear way with attachment security (Abe & Izard, 1999; Cassidy, 1994). In light of this, the particular role of emotional intensity is discussed.

P76 Attachment, mother/child interactive styles and risk indicators: A longitudinal study
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Introduction. As is well-known the inadequacy of first relational experiences is an important risk factor for socio-emotional development and for the emergence of psycho-pathological problems (Greenberg, 1999; Stroufe et al., 2005). The objective of the study was to examine the relationship between the components of representational and relational parent/child interaction with the aim of identifying adequacy and risk indicators (Riva Crugnola, 2007). Methods. 34 mother/child dyads were followed (F=14). Maternal attachment models were evaluated when the child was 3 months old with Adult Attachment Interview (Main, Goldwyn, 1994), mother/child interaction styles at 3, 6 and 9 months with Care-Index (Crittenden, 1998) and child attachment at 14 months with Strange Situation Procedure (Ainsworth et al., 1978). Later the psycho-pathological risk of children 6 years old (23, F=11) was evaluated with CBCL (Achenbach, 1991). Results. The results showed a significant relationship between maternal and child attachment models (X2=5.790, gdl=1, p<.05) as well as between maternal sensitivity/non sensitivity stability evaluated at 3, 6 and 9 months of the child and his secure/insecure attachment patterns (X2=10.305, gdl=2, p= .006). For the children of 6 years, there was a significant relationship between the non sensitive style of the mother at 6 months and higher scores of the children on the CBCL Externalizing scale (t=-2.1845; p<.05); children who were uncooperative with their mothers at 6 months had higher scores than cooperative children on the Externalizing (t=3.0726; p<.01), Internalizing (t=2.2955; p<.05), Other problems (t=2.5003; p<.05) and Total problems (t=3.0838; p<.01) scales. Furthermore non sensitive maternal style at 9 months was associated with higher scores with regard to Internalizing (t=2.2865; p<.05), Externalizing (t=3.2366; p<.01) and Total problems (t=2.4178; p<.05) scales in their children compared to the children of sensitive mothers. A significant relationship also emerged between the uncooperative style of the child at 9 months and higher scores on Internalizing (t=2.4599; p<.05) and Total problems (t=1.9907; p<.05) scales. The results show how the inadequacy of the first interactive experiences is an important factor for the emergence of insecure pattern of attachment and of psycho-pathological risk indicators in subsequent development, affecting in particular the regulation of negative emotions (Bradley, 2000; Eisenberg et al., 2001).

P77 Attachment in institutionally-reared children and caregivers' narrative competence: Child's cardiac activity during interactions with the caregiver
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Aims To examine, in a group of institutionally-reared children, the relations among child's attachment disordered behaviors, caregiver's narrative competence, and child's cardiac activity during interaction tasks with the institutional caregiver. Method Participants 40 institutionalized children (19 females) aged 12 to 30 months (Mean = 19.9; SD=6.66) and their caregivers were recruited in 12 institutions (Mean age at the time of admission = 8.35, SD=7.77; Mean length of time spent by the children at the institution = 11.53, SD=4.58). Measures Disturbances of Attachment Interview (Smyke & Zeanah, 1999); Rating of Infant and Stranger Engagement (Atlas-Corbett, Riley & Lyons-Ruth, 2005); Strange Situation Procedure (SSP; Ainsworth et al., 1978); Bio-Behavior Attachment Multimedia System - BioBeAMS 2.0 (Soares, Dias, Rangel, Martins, & Cunha, 2008); Caregivers' narrative competence (Gonçalves et al., 2001); Infant Characteristics Questionnaire (Bates, Freedland, & Lounsbury, 1979); Bayley Scales of
Infant Development III (Bayley, 2006). Procedures Children were connected to 3 electrodes attached to the wireless signal acquisition box placed on a backpack. Episode 2 of the SSP was defined as the baseline for the cardiac activity. Next, two routine interaction tasks (1. caregiver telling a story using a picture book, and 2. feeding the child while telling a story) were carried out. Results A negative association between caregivers' narrative complexity and children's language was found, suggesting a higher stimulation from the caregivers when verbally interacting with children with language delays in a structured task. Furthermore, children with less difficult temperament seem to have caregivers who tell more structured narratives. Indiscriminate behavior was correlated to cardiac activity during the routine tasks and the SSP; a decreased heart rate was found during interaction with stranger and a decreased LF/HF ratio was found when caregiver leaves. Discussion BioBeAMS 2.0 is a valuable resource for studying cardiac activity in interaction tasks with young children. Results suggest that caregivers' narrative competence is relevant to the quality of interaction with institutionalized children. Finally, indiscriminate behavior seems to be related to cardiac activity during interactions with the caregiver, in particular during separation situations.

P78 Building secure transitions into child care through an attachment based intervention
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This study describes the process of intervention used in the Attachment Matters — From Relationships to Learning intervention to facilitate secure transitions from home to childcare in children with emotional and behavioural difficulties or who come from distressed family relationships. The poster describes seven innovations for drop-off and reunion to give toddlers and their parents a secure base for these transitions. (1) The early childhood educators are trained in attachment theory and supportive communication, being introduced to the Circle of Security (Marvin et al.2002) and the Marte Meo developmental support program (Aarts,2000). (2) The staff implement structured “play spaces” at the start of the day to make the children's reunions with them very predictable. (3) They film their interactions with the children and use these video-clips in staff meetings to see how effective they are at a procedural level in making connections with individual children and to review how to go further to support each child to use staff as a secure base and safe haven. (4) They show parents video footage of their own child's interactions with staff and peers. These brief (10 minute) interventions with individual parents are designed to be an integral part of part of the drop-off and reunions. In a concrete and accessible way the staff use 1-2 minutes of video-footage to highlight how a moment of emotional exchange is built-up either with themselves and the child or between the child and peers. (6) Drawing on a model of infant mental health consultation, and layered support for reflective practice, a child and family worker works alongside the child care staff to provide a secure base for them to help them become more sensitive to the children's feelings and more aware of their own. (7) As part of the intervention program, the child and family worker also implements a clinical “play space” to support children and parents in cases where children find it very difficult to connect with staff and peers. A pre-test post-test design shows positive changes in staff's perceptions of the children and in the children's emotional regulation and further case study data will be analysed and presented. Further, the intervention model has been carried forward and evaluated in a multi-site study in areas of socio-economic disadvantage designed to support children and families through their preschool and child care experiences.

P79 Developmental changes in security of attachment to mother and father and quality of friendship in Portuguese preadolescents
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Attachment theory (Ainsworth et al., 1978; Bowlby, 1973) provides a framework for conceptualizing the nature and implications of parent-child relationships and also proposes that experiences with the primary caregivers are an important basis for the development of other close social relationships. Several studies, using different types of measures, have demonstrated that attachment security is related to higher scores of social competence, social status, number, reciprocity and quality of friendship, from early childhood to adolescence (Clark & Ladd, 2000; Contreras & Kerns, 2000; Lieberman et al., 1999; Schneider et al., 2001). In the present study we aimed to: 1) analyse the relationship between the quality of attachment to mother and father and the quality of friendship in early adolescence; 2) explore developmental changes in components of parent-child attachment security (perception of availability and utilization of attachment figures), according to age and gender. Participants were 348 preadolescents (187 boys and 161 girls), aged between 10 and 14 that attended the fifth and the sixth grades of a school in the suburbs of Lisbon. The subjects completed the Korns Security Scale (Kerns, Klepac, & Cole, 1996), a 15-item measure designed to assess children's perceptions of the attachment security in the parent-child relationship, as well as the availability and utilization of the attachment figures. They have also answered the Friendship Quality Questionnaire-Revised (Parker & Asher, 1989), a 40-item questionnaire designed to assess their perceptions of various qualitative aspects of their very best friendship, namely: validation/caring, conflict resolution, conflict and betrayal, help/guidance, companionship/recreation and intimate exchange. The results showed significant correlations in attachment security to mothers and fathers in early adolescence. They also confirmed that the security of attachments to parents has implications on the quality of friendship, with secure children showing higher scores on caring, conflict resolution, help/guidance, companionship and intimate disclosure. Results also revealed that older children tend to rely less on mothers and that girls show higher values in almost all dimensions. Results will be discussed within attachment and peer literature.
P80 Treating children with early disorders of development in a pediatric intensive care psychotherapy unit
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Introduction: Children with early developmental trauma need intensive care in psychotherapy in a holding environment with an attachment-based therapeutic approach. Trauma, such as child abuse or deprivation, impairs child development and is correlated with emotional, social, cognitive and behavioural problems. Such difficulties require intensive care in a secure and safe milieu with the emphasis on psychotherapy to promote affect regulation, empathy, and assertiveness, and to reduce anxiety and other trauma-related characteristics. Method: At the Department for Pediatric Psychosomatic Medicine and Psychotherapy at the Children's Hospital of the University of Munich, an intensive in-patient psychotherapy of children with early developmental disorders is implemented as a specific treatment for children with early developmental disorders after severe trauma. A small number of children are undergoing long-term treatment in an in-patient unit. The treatment consists of play therapy, sociotherapy and creative arts therapies within a multidisciplinary team. A pediatric nurse is available one-on-one and acts as a psychological parent for the child. Collaboration with the parents or other primary caregivers is essential for this treatment approach, and helping them to grow with their child's development and to sensitizing them to the special needs of their child. Presentation: The basic principles and the therapy concept of intensive in-patient psychotherapy of children with early developmental disorders after severe trauma will be demonstrated. Based on the clinical history of two children, their development and treatment — with video demonstration of the therapy — will be discussed.

P81 Attachment and Maternal Representations in Prematurely Born Infants
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Background and Aims: Prematurely born infants tend to be less alert, attentive, active and responsive than infants born at term (Golberg & DiVitto, 1995). In turn, their mothers tend to be more intrusive, controlling or psychologically withdrawn (Forcada-Guex et al., 2006; Muller-Nix et al., 2004). Moreover, insecure attachment tends to be higher in these dyads (Pederson & Moran, 1996; Plunket et al., 1986). We investigate the relation between maternal representations and mother-infant attachment in healthy premature born infants. Methods: We selected 57 healthy prematurely born infants (PBI; Mean-gestational age at birth=34.0 (31-36), SD=1.68; Mean-birth weight=2088 g. (1050-2500g), SD=0.487) and 60 infants born at term (IBT) and their mothers. Participants were primarily Portuguese Caucasians from middle-class homes with urban backgrounds. No parents had any known mental health problems or drug/alcohol addictions. At babies second day of life, an interview was preformed to collect maternal initial representations about their pregnancy, labour, and experiences in the first 48-hours. At 9 months (corrected age), mothers were asked to rate their babies' difficult temperament on a Portuguese validated scale (Lopes dos Santos, Fuertes, & Sanches-Ferreira, 2005). At 12 months (corrected age), mother-infant attachment was observed with Strange Situation (Ainsworth et al., 1978). Results: Our findings indicate that mothers of PBI had more negative perceptions about their pregnancy and labour [t(115) = 2.678; p<.05; t(115) = 3.340; p<.01]. These mothers are more concerned about their baby’s health and development [t(115) = 2.056; p<.05; t(115) = 2.109; p<.05]. Nonetheless, they were as confident as others in their ability to engage in a positive relationship with the baby [t(115) = 1.012; n.s.]. At 9 months, maternal positive representations of PBI temperament were associated with more positive expectations about their babies future development [F(2, 56) = 7.281; p<.05] and with higher expectation of getting help to take care of their baby [F(2, 56) = 5.444; p<.05] reported in the first interview. Secure attachment was related to maternal positive representations of their 9 months prematurely born infants [F(2, 53) = 1.70; p<.05, 3p2 = .14]. Conclusion: Our study indicates differences in maternal representations of PBI and IBT. Moreover, maternal representations of PBI are directly and indirectly related with attachment status. These results help to explain the mother-infant interactive difficulties in dyads with prematurely born infants.

P82 Attachment representations in adoptive mothers and children

Studies of families with adopted children are of special interests to attachment theorists because they afford opportunities to probe assumptions of attachment theory with regard to the developmental timing of interactions necessary to form attachments with parents and the quality of child attachment. Central to Bowlby and Ainsworth’s theory is the idea that the infant-parents attachment relationship arises from interaction. Thus, despite being proposed as a phenomenon common to all children, they suggested that different interaction histories should account for different outcomes in the quality of infant–mother secure base relationships. Bowlby stressed the role of internal working models in the intergenerational transmission of attachment patterns. Recent conceptual and methodological innovations (Salatas-Waters, Cunliffe, Gottmann-Steinmetz, 2001; Salatas- Waters, Rodriguez, & Ridgeway, 1998) that integrate cognitive psychological (e.g., scripts) and attachment (the secure base phenomenon) related concepts make assessments of the organization of secure base information/knowledge in adults and children more readily accessible. They have opened a window for the study of how secure base information is mentally represented. The study of Attachment security in adoptive children and of the internal working models in adoptive mothers will contribute to clarify how this intergenerational transmission occurs, relating them with the children history (deprivation, time of institutionalization, age of adoption,...). 30 adoptive mothers and their children from Lisbon Adoption Service, Portugal participated in the study. The present study, used narratives to access the “secure base script” of adoptive mothers and the attachment story completion task — ASCT (Bretherton, Ridgeway & Cassidy, 1990) for children between 4 to 7 years old and the Kerns Security Scale (Kerns et al., 1996, adapted by Santos et al, 2009) for children more then 7 years. Both
measures were used 6 months after the adoption placement. To control for possible confounding effects of differential language skills subjects were also evaluated by a Verbal Scale. The assessments took place in the context of a more general study about the construction and development of parental relationships in Portuguese adoptive families. Results will be discussed in terms of the contribution of mother internal working model to the construction of a secure relation with the adoptive child.

P83 Investigation of the development of patterns of attachment in preterm infants
Twighig A. (Lucena CAMHS, Ireland)
The development of a secure attachment has been found to confer significant benefits in terms of the future social and emotional development. Infants who are born prematurely can be at risk of insecure attachment, while the longer term implications of this are unclear. Preterm and low birth weight infants have been found to have higher levels of future mental health problems than infants born at term. Maternal representations of attachment have been shown to be crucial to the development of secure attachment in preterm infants. This study aims to investigate the development of patterns of attachment and associated factors in the parent infant relationship of preterm infants and their parents in Ireland. This study will have three parts: The initial part of the study will be a retrospective study of attachment patterns in a cohort of 4 year old preterm children. This will involve a parental interview to gather information on the experience of the birth, the development of the child and the parent-child relationship. An objective assessment of child attachment will also be carried out. Interim results of this part will be presented at the WAIMH Congress in 2010. The second part of this study will be a naturalistic observational study of approximately 20 preterm infants and their parents. This will involve both qualitative descriptions of the development of the infants and the parent-infant relationship and objective measurements of demographics, child development, parental factors and attachment classification, including the strange situation paradigm at intervals over a period of at least 2 years. The adult attachment interview will be carried out to assess parental attachment classification. The third part of the study will be a study of an intervention focused on promoting attachment relationships between infants born prematurely and their parents. This will involve an evaluation of a parent-infant psychotherapy programme to be delivered to a small number of parent-infant dyads.

P84 Empathy in young-adult females: Attachment, reflective functioning and neurobiology
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Theoretical background. Mirror Neurons System (MNS) maps observed and executed actions, personally experienced and observed emotions or sensations within the same neural substrate, through immediate processes of “embodied simulation”, providing an explanation of what being empathic is about. Nevertheless, empathy could involve more articulated levels of resonance, that is modulated by reflective elaborations about ones’ and others’ mental states. Reflective functioning (RF) enables the individual to empathize with other’s emotions, by referring to representations of the Self and the Other, structured within internal working models which are re-elaborated throughout the lifespan. During the young-adulthood, such elaborations organize the caregiving system, the set of representations about nurturing behaviors, deriving from the attachment experiences and their connected emotions. Method. Research involved 23 young-adult nulliparous females, divided in two groups according to their state of mind with respect to attachment (AAI - Main, Goldwyn, 1997): Secure Free/Autonomous (n=11) and Dismissing (n=12). Subjects underwent an fMRI, during which they were asked either to “imitate” or to “observe and empathize” with affective expressions (joy, distress and neutral) of unknown children. Neurobiological data was correlated with the scores of TAS-20 (Taylor et al., 1992) and of RF Scale (Fonagy et al., 1998). Results. In respect to Dismissing, Secure group reported higher levels of RF, and lower scores on TAS-20 (total, F1 and F2 scores). During “observation”, fMRI evidenced an increased activation of MNS in Dismissing Vs Secure subjects, irrespective of emotion; further, especially when empathizing with negative expressions, Dismissing subjects presented a decreased activation in Orbital-Frontal Cortex (OFC), a cerebral region involved in attachment and nurturing behaviors. Correlation analysis showed that, during the “observation” of emotional expressions, activity in the OFC was inversely correlated with TAS-20 F2 scores in Dismissing subjects. Conclusions. These data point toward an affective dysregulation in dismissing subjects, who show a difficulty in regulating affective states (especially negative ones), due to infantile experiences of refusal towards attachment needs. It can be argued that defensive mechanisms of splitting and denial are used to escape from self-involving affective interactions, and to eliminate any negative emotion.

P85 Susceptibility to a sensitive caregiving context in foster children: Differential findings on attachment security for shy children
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In recent years, the susceptibility hypothesis has been tested in diverse samples of young children. Little is know about children's susceptibility in caregiving settings with non-biological caregivers. In this study, we explored the susceptibility of foster children to caregiver sensitivity. The Strange Situation Procedure as well as a 15 minute parent – child interaction task were administered to 59 foster children and their foster parents (age M = 57 months, SD = 16.4). The foster parent filled out the Child Behaviour Questionnaire. Results indicate an interaction effect for attachment security. Children who were more shy appeared more affected by sensitivity of the foster parent. When these children had more sensitive parents, they more often were securely attached. For less shy
children, no differences in attachment security were found depending on the sensitivity of the foster parent. These results are partly in line with susceptibility studies in the context of foster parenting in rhesus monkeys.

**P86 A study of attachment behaviour in young children with multisystemic disorder**

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Research on the development of the first social relations was greatly developed by Bowlby’s clinical descriptions and theoretical formulations. The attachment theory had a great impact on the research in human sciences and revealed an important predictive value about the social development of the child (Guedeney et al, 2002). Bowlby’s concepts were further developed by Ainsworth when she described an experimental standardized protocol to study the attachment - The Strange Situation - and described the attachment patterns (Ainsworth, 1985). Ainsworth, in 1985, described the Attachment Classification from the behavior observed in children at the Strange Situation, especially the behaviors at the reunion of the child with the mother (Ainsworth, 1985). A revision of the responses of the children that were unclassifiable at the Strange Situation revealed all of them had a similar pattern of disorganized behavior (Main, 1990). The Strange Situation has been used to study the individual differences in the organization of the attachment behavior of normal children and populations with psychiatric disorders and developmental delays (Rogers et al, 1991). The response of children at the reunion with the mothers in the Strange Situation is generally accepted as an indirect indicator of the dyadic interaction past at home (Bretherton et al, 1995). Several investigations suggest that the Strange Situation classification has the capacity to predict the quality of the child’s relationships later in life (Lewis et al, 1989). A lot of studies demonstrated that the attachment behavior is compatible with n with multisystemic development disorder, and can be assessed with strange situation.OBJECTIVE. To study the attachment behavior in a clinical population of children with multisystemic disorders.Method: Compare the attachment of 30 children with multisystemic disorder with 30 children with 30 children of early infancy psychiatric disorders , using the strange situation.

**P87 Attachment patterns and adaptive abilities within internationally adopted children**

Barcons N. (Universitat Autònoma de Barcelona, Spain)

International Adoption is a growing phenomenon involving more than 40,000 children per year and more than 100 countries worldwide. Only 22 of them receive more than 95% of the yearly International Adoptions and adoption rate in Spain is the highest in the world. Adoption constitutes in itself a separation of the child from the biological attachment figures. Many adopted children have been through several institutions, foster care families, and several care keepers until their adoption, that is one of the reasons why adoptive families have little information about the pre-adoption life of their children. The sum of many risk factors like poor pre-adoption experiences, can lead to a difficult development whereas protection factors like the quality of the attachment with their previous care keepers and a correct attachment with the adoptive parents can counteract this negative impacts. The quality of the attachment in the first relationships of the child will influence in his or her own development, in the attachment that will establish with his adoptive parents, in his adaptability and in their social relations, whether it is with his adoptive parents, with his partner group or in the future couple relationships. Socioeconomic characteristics of the different countries of origin can contribute to the knowledge of the living conditions before being adopted of the adopted children. However, their own individual or collective differences like the institutions where they have stayed shorter or longer periods, do not allow us to generalize these conditions and it is important to investigate the different attachment patterns of the adopted children according to the country of origin and their adaptive abilities. There are very few studies of attachment patterns and Adoption and the goal of this research is to explore in a sample of 200 internationally adopted minors in Spain, aged 7 to 10 years old, the above mentioned individual and collective differences: sex, country of origin, age at adoption, time spent in an institution and the attachment pattern; and their relation with the children adaptive and social abilities. Attachment patterns are being assessed with the Friends and Family Interview (FFI, Steele and Steele, 2006). Interview has been videorecorded, transcribed and codified according to the training received by Prof. Steele. For the assessment of the adaptive and social abilities the Behavioral Assessment System for Children questionnaire has been used (BASC; Reynolds and Kamphaus, 1992). The study of the factors related to the child adaptive outcome can provide useful information to clinicians and researchers. It is important to investigate the factors that contribute to positive adaptation because individual interventions have to be designed according the individual differences to foster the protective processes of resilience.

**P89 Attachment-based therapy for the treatment of attachment disorders (with video-demonstration)**

Brisch K. (Children's Hospital, Ludwig-Maximilians University, Germany)

Introduction: Children with early developmental trauma need intensive care in psychotherapy in a holding environment with an attachment-based therapeutic approach. Trauma, such as child abuse or deprivation, impairs child development and is correlated with emotional, social, cognitive and behavioural problems. Such difficulties require intensive care in a secure and safe milieu with the emphasis on psychotherapy to promote affect regulation, empathy, and assertiveness, and to reduce anxiety and other trauma-related characteristics. Method: At the Department for Pediatric Psychosomatic Medicine and Psychotherapy at the Children’s Hospital of the University of Munich, an intensive in-patient psychotherapy of children with early developmental disorders is implemented as a specific treatment for children with early developmental disorders after severe trauma. A small number of children are undergoing long-term treatment in an in-patient unit. The treatment consists of play therapy, sociotherapy and creative arts therapies within a multidisciplinary team. A pediatric nurse is available one-on-one and acts as a psychological parent for the child. Collaboration with the parents or other primary caregivers is essential for this treatment approach, and helping them to grow with their child’s
development and to sensitizing them to the special needs of their child. Presentation: The basic principles and the therapy concept of intensive in-patient psychotherapy of children with early developmental disorders after severe trauma will be demonstrated. Based on the clinical history of two children, their development and treatment – with video demonstration of the therapy – will be discussed.

P90 Attachment and ADHD-like symptoms in internationally adopted children
Abrines N. (Universitat Autònoma de Barcelona, Spain),
The Attention Deficit Hyperactivity Disorder (ADHD) is a children neuropsychiatric disorder, the diagnosis of which has increased considerably during the last years. One of the three used treatments for this disorder is the pharmacologic one, and its level of consumption has been trebled in Spain during the last 5 years. More specifically, there has been an evident increase of ADHD diagnostics in internationally adopted children. The existence of pre-adoptive and post-adoptive factors, which favor the appearance of ADHD-like symptoms, it’s been observed. These symptoms can lead to misdiagnosis of ADHD and can be followed by an inappropriate treatment (often with drugs). In this way, symptoms do not subside as it is expected. Furthermore, in International Adoption, there are several risk factors (early parental separation, long periods in institutions, frequent care-takers replacements...) which can favor the existence of Attachment Disorders. The aim of this study is to explore the influence of some factors (attachment pattern, parenting styles, age at adoption, country of origin and sex) in the appearance of the ADHD-like symptoms in internationally adopted children. The hypotheses are the following: H° 1: Differences in the frequency of ADHD-like symptoms, depending on the country of origin, will be found. H° 2: The relation between some factors and the appearance of Attention Deficit and Hyperactivity symptoms will be observed. The objective is to assess the relation of each factor with the appearance of those symptoms. A sample of 200 internationally adopted children, aged between 7 and 11 years, has been assessed with the following methods: Family data questionnaire ADHD Symptoms: Behavioral Assessment System for Children (BASC) (Reynolds y Kamphaus, 1992), Attachment pattern: Friends and Family Interview (FFI) (Steele & Steele, 2006). The interviews were video-recorded, transcribed and double coded. Parenting styles: Egna Minnen Beträffande Uppfostran (EMBU) (Perris, Jacobsson, Lindström, Von Knorring, i Perris, 1980).

P91 Promoting secure attachment in high-risk parents and infants: Transition from research into practice
Geenen G. (Belgium)
This contribution presents a translation and elaboration from a Ph.D. research on attachment in a Belgian poverty sample into practice. Despite multiple professional interventions by various disciplines, the multiple problems poor parents are faced with are transferred to the children in an almost unbreakable chain. Negative, cumulative effects of poverty on psychological development of children is well documented. Little research investigated psychological components in the transgenerational reiteration of problems associated with poverty. Our multiple case study highlights one psychological aspect of the repetition: transmission of attachment between mothers and infants and mediating factors as sensitivity, representational level. Based upon attachment theory, psychoanalysis and low SES research, research methodology consisted of interviews, observations, questionnaires during many home visits. Main findings research Geenen (2007): Insecure attachment is overrepresented, secure attachment underrepresented in mothers (AAI) and infants (AQS). Inensitive behavior of mother towards infant is observed in most dyads (EAS), although some infants still respond (somewhat) to mother. Mothers show a low capacity to mentalize (RF) and a low level of differentiation between self and other (D-R). A majority of children (CBCL, C-TRF) show deviant behavior according to at least one judge. As in AQS and EAS, some infants show signs of resilience. Conclusion: The deficits for almost all mothers and infants point out a vulnerability that asks for intensive guidance of mother and infant in a long-term, interactional perspective, specially adapted to the needs of each dyad. Because representational capacity (RF and D-R) more than sensitivity seems to determine infant attachment quality, it is more important to learn mothers to reflect upon behavior than focus upon behavioral change alone. Concerning infants, detection of developmental risks on this age asks for early assistance. From research into practice (Geenen & Corveleyn, 2010): Based upon research and in collaboration with professionals and poor parents, four ports of entry to promote secure attachment between vulnerable parents and infants are developed: forming a relationship, promoting mentalization, stimulating sensitive behavior, listening to poor parents’ needs. Ideas for policy are early start, relationship based, curative and preventive, long-term and intensive, continuity, representation as essential part of entry for intervention, home visiting, tailoring care, attention for social network and specific culture, for

P92 Influences of attachment and genetics in the generation of ADHD and comorbid disorders in school children
Moneta M. (Universidad de Chile -U Diego portales, Chile), Carrasco X. (Universidad Catolica, Chile)
We are studying the interaction between genetic and environmental factors in ADHD children. Attachment and parenting styles could affect the development of ADHD as well as the presence of comorbid conditions. Methods: 50 children with ADHD diagnosis, between 7 and 13 years old and 35 controls were recruited. The children which have been diagnosed with ADHD according to DSM-IV criteria and Child Behavioral Check list underwent psychometric, psychological, electroencephalographic, genetic (DRD4 and DAT1), and sleep studies plus a full neuro-pediatric examination. Controls underwent the same procedures to discard mental and neurological illnesses. Scores of attachment security with the mother were obtained applying the Security Scale (SS) from Kerns, Kaplan & Cole (1996). Mothers were separately interviewed to assess their willingness to serve as an attachment figure. Results: Security Scale showed higher levels of insecurity in ADHD children with comorbid disorders (ADHD/COM+) compare to Controls and ADHD children without comorbid conditions (ADHD/COM-). This difference was statistically significant (Kruskal-Wallis p
value <0.001). Genetic studies showed preponderance of DAT1-10R, one of the candidate genes for ADHD, but not for DRD4-7R, the other risk allele studied. There was no difference in the allelic combinations between the three groups. Discussion: This is the first study showing insecure attachment associated to ADHD with comorbid disorders. Insecure attachment (according to Kerns scale) was positive associated with oppositional defiant disorder, social phobia, conduct disorder and anxiety disorder. We discuss the participation of epigenetic factors in the development of ADHD which could point towards specific types of therapeutic interventions.

P93 Attachment narrative representations and psychopathological symptoms: The mediation effect in institutionalized children
Torres N. (UIPCDE /ISPA, Portugal), Pinto A. (UIPCDE /ISPA, Portugal), Maia J. (UIPCDE/ISPA, Portugal), Santos O. (UIPCDE /ISPA, Portugal), Pinhel J. (UIPCDE /ISPA, Portugal), Veríssimo M. (UIPCDE /ISPA, Portugal)

The study of children’s attachment representations has been appointed as a valid way to infer the security of the attachment organization in preschool and school age children. The extension of attachment research to populations of children at high-risk in atypical rearing environments can contribute to a better understanding of the role that attachment plays in the development of dysfunctional behaviours and psychopathological symptoms. Children in institutions are considered at a high risk and have been associated both to clinical disorders of attachment and to psychopathological symptoms. However it is not clear how the current care giving context and the children’s internal organization of attachment contribute to the psychopathological outcomes. Mediation analysis models can contribute to distinguish between attachment- and non-attachment-related risks for psychopathology. The Objectives of this study are to analyse 1) the differences in the attachment representations of institutionalized children as compared to children from low and high educational level living with their natural families. 2) The main-effect associations between institutionalization, attachment representations, verbal IQ and externalizing and internalizing symptoms (aggressive and social-withdrawal). 3) The extent to which the association of institutionalization with psychopathological symptoms is mediated through attachment representations. Participants were 91 Portuguese children, 52% girls, aged 48-96 months (M= 73.4; SD=10.5). There were 3 different groups, with equivalent Age and Gender: 19 institutionalized children, 16 low educational level families’ children and 56 high educational level families’ children. Instruments: Attachment representations’ Security was assessed with the Attachment Story Completion Task (ASCT). Psychopathological symptoms were assessed using the Child Behaviour Checklist (CBCL) for parents and care-takers. Verbal IQ was assessed using the W.P.P.S.I. Results show that 1) Institutionalized children had significantly lower Security scores, lower verbal IQ and higher aggressive behaviour than the other two groups. 2) Attachment representations were associated with social/withdrawal and aggressive symptoms, being independent of age, verbal I.Q., and parents’ education. 3) The main-effect of institutionalization on externalizing aggressive behavior was completely mediated by the security of attachment representations.

Wednesday: Poster session: Autistic Spectrum Disorders

P94 Disproportionate head growth in children with autistic spectrum disorder
Ito J. (Taiyo-no-Sono, Japan)

OBJECTIVE: Several reports have indicated that many children with autistic spectrum disorder (ASD) are associated with abnormal head growth. In this study, we explored the frequency of disproportionate head growth in Japanese children with ASD and its relationship to physical and developmental features. METHOD: We retrospectively studied longitudinal data of occipito-frontal head circumference (OFC) and height from infancy to 5 years old, in 165 children (120 boys and 45 girls) with ASD. We compared them with the data of the ordinary children (Control group: 40 boys and 30 girls) and normative data (current Japanese children’s percentile growth charts). All of their previous data were collected from “Japanese mother and child notebook”. We identified the disproportionate head growth as large head or small head. Furthermore, the former was divided into macrocephaly (OFC > 97th percentile) and disproportionate head overgrowth (DHO) (OFC percentile / height percentile > Mean + 2SD of control group). The latter was divided into microcephaly (OFC < 97th percentile) and disproportionate head undergrowth (DHU) (OFC percentile / height percentile < Mean - 2SD of control group). RESULT: Disproportionate head growth was identified in 61 boys (51%) (Large head: 58(48.3%), macrocephaly: 19(15.8%) and DHO: 39 (32.5%). Small head: 1(0.8%) and DHU: 3(2.5%)) and 13 girls (28.9%) (Large head: 7(15.6%), macrocephaly: 4(8.9%) and DHO: 3(6.7%). Small head: 6(13.4%), microcephaly: 3(6.7%) and DHU: 3(6.7%)). In children with large head, 13 boys (22.4%) and 3 girls (23.1%) were also associated with excessive physical growth (both OFC and height > 97th percentile). Close evaluation of the growth rate in 61 boys with large head revealed that the accelerated growth before 6 month was identified in many of them. Although many of the children with small head were associated with intellectual disability, there was no straightforward relationship between excessive head overgrowth and intellectual abilities. DESCUSSION: Disproportionate head growth is common in children with ASD, especially large head is more frequent among boys. Furthermore, large head may be a symptom of excessive physical overgrowth in some of them. Our studies also suggest that some neurobiological differences in early infancy might predict behavioral characteristics of ASD. Close evaluation of head growth in infancy may be important for the assessment of their mental development.

P96 Developmental shifts in facial expression references of infants in Japan and China: A search of discriminating factors for infants with PDD
Igarashi K. (Shirayuri College, Japan), Jing J. (Sun Yat-sen University, China), Kakinuma M. (Nippon Veterinary and Life Science
University, Japan), Morinaga R. (Shirayuri College, Japan)

Early intervention of children with pervasive developmental disorders (PDD) would reduce secondary problems they face in later development. In order to improve their QOL, identifying them at early age would be very important. Since qualitative differences in understanding of expressions have been found between children with and without PDD, we hypothesized that if we can screen children with PDD by focusing on these differences. Thus, we examined the following: (1) the developmental changes in attention to the expressions, (2) the development of attention to the expressions of babies 6 to 12 months old in Japan and China who showed no developmental problem at the time of the research, and (3) we have compared those with high risk infants. Infants are recruited at major hospitals in Tokyo and Guangzhou. Infants with regular health check up and those who spend some time in NICU in Japan are asked to participate in the experiments. Total of 162 with no developmental delay in China (CN) and 103 in Japan (JN) participated as well as 71 high risk babies (JR) have participated. Stimulus of 3 women’ faces with five emotional expressions (happy, surprised, sorrow, fear and anger) obtained from Advanced Tele communications Research Institute International database are used. Infants are presented to total of 15 faces while sitting on mother’s lap. Infants are video taped and duration of visual attention to each stimulus is compared. Initial looking time is compared. Preferences for particular emotion: JN showed longer duration of visual attention for surprise face at 10 mos. than 6 mos.(p<.05). JN spend more time looking sorrow face at 10 mos. than 6 mos. or 12 mos.(p<.1). We did not find any differences in happy face. No such differences in preferences of facial expressions were observed in CN or JR. We suppose that since infants are not exposed to surprise face in daily bases, novelty may have been related to the longer looking. Developmental differences: JN showed longer looking time for sorrow and surprise at 9 mos. than JR and for surprise at 10 mos.(p<.05). No other differences were observed either between JN and JR or CN. Results suggest that we can use this task as a screening for high risk infants in Japan that high risk infants do not change much in looking at different expressions during the first year of life. Since we did not find any cultural differences, it is possible that there are cultural factors behind the development of interest in facial expressions. We hope to find typical developmental patterns or index with this type of task to identify early symptom of social cognitive disorder of people with PDD.

P97  C.O.R.E.: "Pre" preschool for three year olds on the autistic spectrum
Woodside R. (Rivendell School, United States), Taddiono D. (Rivendell School, United States)

Corrective Object Relations Education (CORE) is a "pre" preschool program designed for 3 year olds on the autistic spectrum, a group observed to be overwhelmed by even the most welcoming inclusive preschool environments, to foster and/or strengthen those social-emotional school readiness skills that will support later success in preschool. Through her description and discussion of CORE, the presenter will orient attendees to the concept of social-emotional preschool readiness and the strategies developed to foster the development of these skills for children on the autistic spectrum. Concepts based on theory of mind including attachment, shared perspective and growth of relationships, which underlie the CORE curriculum, will be discussed as will teaching methods that appeal to the strengths/learning styles of many children with autism. The collaborative nature of the teamwork required for this type of comprehensive intervention will be underscored, including the primary roles of parents and the inclusive preschools that CORE "graduates" will ultimately attend. The timeliness of this presentation is connected to several observations: the number of children diagnosed with autistic spectrum disorder continues to increase, diagnosis occurs at increasingly younger ages and, while many preschools offer inclusive programming for children with special needs, the challenges to actual successful participation are overwhelming for many preschoolers with autism. Yet, when these children are ready, inclusive preschool settings can offer developmentally appropriate placement with the benefit of exposure to typically developing peers, a powerful positive influence. Presentation content will include a brief review of autism spectrum disorder, including the typical social-emotional profile of children with the diagnosis; the history behind the development of the CORE program; working definitions of underlying constructs including attachment, shared perspective, object relations, corrective object relations and theory of mind; the CORE curriculum and its relationships to the demands of typical inclusive preschool settings; intervention methods that appeal to the strengths/learning styles of children with autism; the collaborative team: child, family, service providers and inclusive preschools; case study material.

P98  The significance of EEG of sleep in an assessment of alienations at children with high risk on schizophrenia at early childhood and adolescence
Boravova A. (NC N RAMS, Russian Federation), Boravova A. (NC N RAMS, Russian Federation)

Objective of study. Mental development of children from bunch of high risk on schizophrenia which infringements of development corresponded neurointegrative markers of a schizophrenia was studied. Search of correlations psychopathologic and leading EEG signs arising at children at early childhood were carried out. The clinical and electrophysiological data were compared by a blind method. Materials and methods. 150 children in the age of from 6 months till 3 years (32 from monogynopaediums genetically burdened by schizophrenia, 118 from general population) have been surveyed prospectively for3-5 years and in follow up for 10-12 years. The electrophysiological method consists in registration of a level of brain current potentials of a brain on a hardware-software complex during dream. Reliability of distinctions of investigated parameters between the investigated groups defined with the nonparametric criterion the Mann-Whitney U test. Results.On gravity of a mental state children were divided into three bunches. On EEG sleep of 12 children of the first bunch with autistic disorders within the framework of an infantile psychosis, high-frequency diffuse as spindles -beta-activity was recorded. At 10 children with rather mild neurodevelopment and infringements of a feeding behavior, it was observed modified modified gamma-rhythm in the form of spindles of dream with locus in frontal ranges and frequencies of fluctuations of 8-12 Hz. The third bunch of children was united besides presence of autistic exhibitions with presence in a clinical
picture of various psychosomatic distresses and infringements of sleep as often night awakenings with episodes of clouded conscious states. On EEG at them were present paroxysmal wave forms as a theta rhythm, occasionally complexes of a spike wave. Follow up at a great bulk of children to teenage stabilization of a state with formation of personal schizoid and autistic features was observed. As to patients with the beta-activity dream recorded at early age at them by 14–15 years clinical attributes of flow of endogen disease were kept. Conclusions. Revealed correlations are of interest by way of search neurophysiologic predictors of frustration of group of schizophrenia. At their duly revealing will allow the doctor to estimate adequately a condition of the patient and in due time to begin correction of mental infringements. Keywords: high risk of schizophrenia, schizophrenia, autistic, children, EEG

P99 Attention function in unaffected siblings of children with autism spectrum disorders
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Introduction: Impairments in cognitive function are often present in neurodevelopment disorder, such as pervasive developmental disorder. This study aimed to investigate the possible attention problem in unaffected siblings of children with autism spectrum disorders (ASD) and to compare that in unaffected siblings of children with ASD, children with Attention-Deficit/Hyperactivity Disorder (ADHD) and typically developing children. Methods: Children aged 5 to 15 participated in this study. The diagnosis of ASD was established by clinical judgment of an experienced psychiatrist and assessed with Korean version of Autism Diagnostic Interview-revised and Korean version of Autism Diagnostic Observation Schedule and finally identified as affected or unaffected. The diagnosis of ADHD was based on DSM-IV-TR criteria. All participants were evaluated using the Kiddie-Schedule for Affective Disorders and Schizophrenia-Present and Lifetime version-Korean version (K-SADS-PL-K). Inclusion criteria for all participants consisted of having an IQ>70, drug-naïve conditions and an absence of serious neurological, psychiatric or medical conditions. There was no individual with ASD in relatives of children with ADHD and typically developing children. The Continuous Performance Test (CPT) and the Korean version — Child Behavior Checklist (K-CBCL) were conducted in one visit. Statistical analyses were performed using SPSS ver. 15.0. Descriptive statistics, t-test, and Analysis of Covariance, while covarying for gender and IQ, were conducted Results: As comparing attention problems scores in K-CBCL, ADHD group (n=20, 19males, 8.04±1.67years) and typically developing group (n=23, 20males, 8.25±1.41years) (p< .05). However, when profiles in CPT were compared, the three groups showed significant difference in Omission Error subscore while covarying for gender and IQ (p=.02). The Omission error subscores (T-score) were 62.15±24.76(unaffected siblings group), 66.00±25.80 (ADHD group) and 48.43±8.93 (typically developing group), respectively. The difference was marked between unaffected siblings group/ADHD group and typically developing group. Conclusion: Omission error is one of the parameters of attention and vigilance. The results in this study showed the attention problem in unaffected siblings of children with ASD. These results suggested that cognitive problem associated with attention and vigilance might be a possible endophenotype of ASD.

P100 The role of medical home in meeting the needs of young children with autism spectrum disorders and their families
Behl D. (Early Intervention Research Institute, United States), Carbone P. (University of Utah Department of Pediatrics, United States)

The concept of a medical home reflects the important role of the primary care physician - typically a pediatrician- in providing comprehensive, continuous, coordinated, and family-centered care. Their role is central in the diagnosis and connection with interventions for children with special needs, particularly children with autism spectrum disorders (ASDs). Given the increasing prevalence of children with ASDs, it is important to understand the extent to which pediatricians are serving as a fully-conceptualized medical home and to identify the challenges faced in achieving this goal. A qualitative study examined differences between the perceptions of parents and pediatricians regarding the needs of children with ASDs and their families within the medical home. Two separate focus groups of parents of children with ASDs and primary care pediatricians were conducted in Utah, United States. Parents and pediatricians identified unmet needs within medical homes of children with ASDs. Parents reported care was less comprehensive, and coordinated and family centered than desired. They described the emotional impact of pediatricians who do not respect parental expertise as well as ignore parent request for support. Pediatricians expressed a desire to improve services but cite lack of time, training and resources as barriers. Medical homes for children with ASDs would be improved if pediatricians were better educated about ASDs and if medical systems supported extended visits, care coordination and interdisciplinary collaboration. This poster session will present the findings from this study and discuss the results in regard to the extent to which medical homes are demonstrated at an international level. Recommendations for early intervention providers and families will be provided, along with potential medical home tools to assist medical homes in providing comprehensive, coordinated care.

P101 Method to help preschoolers learn classroom behaviour by communicating to them through their peers
Sakala S. (Oasis Language School, Japan)

Various methods are employed by developmental psychologists, caregivers and parents in their effort to help children with poor social skills and delayed language development overcome their difficulties. Since there are many factors at play such as degree of handicap,
social-economic factors, age, stage in development and so on, there is no single formula that can help every child. This paper outlines a method employed to help preschoolers and a kindergartner improve their language and classroom behaviour by using other children around them. Method. Preschoolers generally have an exalted view of their capabilities (Hirsh-Pasek etal). They think they can do what they see older children do. Three children, two with autism and one with delayed language development were each placed in a separate foreign language class where the rest of the members were normal and about 2 years older. The ages of the three children were 5, 4 and three respectively. The four-year old and the three-year old had previously been in classes of children their age. The children were brought in the class after the rest of the members (older children) had gotten used to the classroom environment and were fairly settled. The activities in the class were centred around language learning, waiting for ones turn, following the rules of the games and role playing. The class size was four to seven children per teacher and each session was one hour per week. The activities included playing games, repeating language patterns, question and answer interactions, listening to stories, singing songs and playing the teacher. Observation When the younger children had been in the classes of children their age, they would negatively influence the rest of the children but after about three months of moving to the new classes, they were positively influenced by the older children. Instead of running around and causing chaos, they had learned to sit down for almost the whole hour of the lesson and they had acquired good classroom behaviour. It was also observed that the younger children could more easily follow what they saw the older children do than they would follow instructions from an adult. Conclusion Communicating with preschoolers was more effective through the children around them. By interacting with through play and observing other children, the preschoolers were able to learn good classroom behaviour, follow rules of the games and act like their older classmates.

P102 Hyperlexia and poor readers: A comparison between two groups diagnosed with pervasive developmental disorders
Erden G. (Ankara University, Faculty of Letters, Psychology Department, Turkey), Akcakin M. (Ankara University, Faculty of Medicine, Department of Child Psychiatry, Turkey)
Objective: One of the remarkable symptoms of some children with Pervasive Developmental Disorder (PDD) is that, although they lack communication and language skills, they are Hyperlexic before school-age. If reading skills is considered as a spectrum, then Hyperlexic children stand in one end and poor reader children stand in the other end of the spectrum. The aim of this present study is to compare the descriptive characteristics and cognitive functions of Hyperlexic children with PDD and poor readers with PDD. (Using the intelligence tests scores Stanford Binet Intelligence Test and Wechsler Intelligence Scale for Children-Revised form (WISC-R)). Also the comparison of PDD children with and without Hyperlexia in terms of DSM criteria and in terms of WISC-R subtest patterns is another aim of this study. Method: The sample consisted of 110 children with PDD. The clinical diagnosis of children with PDD was assured using a semi structured interview form which includes DSM IV criteria (Assessment of Autistic Behavior Form, AABF). 60 of them are Hyperlexic and 50 of them are poor readers. The Hyperlexic children have started to read before then 48 months age. The poor readers have started to read after then 80 months age. Results and conclusion: The results indicated significant differences between children with Hyperlexia and without Hyperlexia. These results discussed in the light of literature.

P103 Short out come in the rehabilitation process in a little group of children with ASD with a developmental relationship based model.
Sindelar M. (Centro de investigaciones en psicologia, Switzerland), Seminara E. (Centro de Investigaciones en Psicologia, Argentina)
The present work shows a clinical experience and outcomes of a little group of children with ASD, all of them severely involved. The children presented all severe difficulties in communication and social interaction, lack of language and gestures of communication, and aggressive, repetitive and stereotyped patterns of behavior. The rehabilitation process took place during six months with a developmental individual differences based model, (DIR, Greenspan-Wieder) and a Clinical Intervention Developmental Team approach (CIDT, Sindelar 1999). For its implementation were taken into account: the functional emotional developmental level of each child, his individuals differences in receiving, processing and responding to the information coming from the word an others, and the type of relationship established with adults and significant caregivers. After the diagnosis, an individual rehabilitation program was set up and was implemented at school, home and institution; working this three settings together in a coordinate way. After six months work, all the children shows significant improvements in self regulation, engagement, two way communication and intentionality. Aggressive behaviors diminished and in two cases totally disappeared. Family were active participants in the rehabilitation process. School, family and professional team worked in an optimal and coordinate alliance. Conclusions: even though the severity of the symptoms, the age of the children and the lack of results in the previous interventions, a systematic, intensive and comprehensive approach based on the development, can modify pathological behaviors and give tools to work against the fundamental symptoms of ASD. Videos of the whole intervention are showed.

P415 The evaluation of food allergy on behavioral problems in autistic children
Javanbakht M. (Department of Psychiatry, Islamic Azad University, Mashhad branch, Iran), Khakzad M. (Department of Immunology, Islamic Azad University, Mashhad Branch, Iran), Soltanifar A. (Department of Psychiatry, Mashad University of Medical Sciences, Iran), Mesghat M. (Islamic Azad University, Mashhad Branch, Iran)
Introduction: Many efforts have been made to explore the biologic basis of autism including metabolic, genetic, immunologic, and neuroimaging investigations about this disorder, but the etiolog remains unknown. Food allergy has been suggested as a pathogenic factor in Autism Spectrum Disorder (ASD). The aim of this study was to evaluate whether food allergy could be considered as a risk
factor in autistic children. Methods: Thirty nine autistic children, 25 boys and 14 girls with the mean age of 5.5±1.65 (4 - 9 years old), were examined by skin prick test and total IgE. The skin prick tests were used for egg white, orange, peanut, tomato, tuna fish, walnut, aubergine, melon, grape and cow’s milk. Then, parents and school teachers were requested to exclude the same diet matter from those food regiments for 6 months. The autistic children with food allergy were evaluated for behavioural problems by using Childhood Autism Rating Scale (CARS) before the diet and after 8 weeks and 6 months of treatment. Results: The prevalence of positive skin prick test responses was 7.7% (3/39) among autistic children. The Cut off (=100 IU/ml) total IgE levels were elevated in 56.4% of cases (mean = 164±24.5). Generally, our results have shown decreased mean of behavioral problem of autistic children on CARS criteria after 8 weeks and 6 months. However this decrease was not statistically significant. Conclusion: We believe that food allergies might play an important role in the pathophysiology of autism. Because, our observations have shown beneficial effects of food allergens avoidance on behavioural problems of autistic children.
**THURSDAY**

**Thursday: Poster session: Caregiving Contexts**

**P104  A new attachment-focused pre-service education program for professional caregivers of infants: A longitudinal study of its effectiveness**
Emmett S. (Ballarat University, Australia), Rolfe S. (The University of Melbourne, Australia)  
Despite the critical importance accorded attachment relationships in the development and wellbeing of infants and the role of professional caregivers as attachment figures pre-service preparation of early childhood professionals in the area of Attachment Theory (AT) and practice has been little researched. This presentation will outline findings and implications of an Australian longitudinal study that followed, over a three year period, the professional journeys of 15 participants who took part in a new attachment focused pre-service program in the final year of their early childhood studies. Developed by the researchers to allow students to experience AT and practice in radically new ways, the program not only explored attachment concepts and relationship issues, but facilitated participant reflection upon their work with infants and their own attachment history in a collaborative environment. The research investigated the immediate outcomes of the program and its ongoing effects over the first two years of the participants’ professional employment in early childhood settings. Researchers entered the world of participants, gathering vivid, and in depth data exploring the natural context of the participants’ environments, thereby gathering data about the sustainability of their knowledge over time. Data were collected at three points—immediately before and after the program, and after the first two years of professional employment—using a range of methods including semi—structured interviews, observation and personal journals. Non-parametric statistics were used to summarise outcomes. These were augmented by analyses of the rich qualitative data to emerge meanings based on participant perception. Although participants’ depth of knowledge and ability to operationalise this knowledge increased significantly from the pre-program to immediate post-program phase these benefits were not sustained in the workplace. Qualitative data reveal why enacting the attachment dance in infant care contexts is not easy, even when professionals begin their employment journeys with understanding of the importance of AT, how attachment security is promoted and how their attachment history may impact on practice. These findings enrich the knowledge base of AT in relation to infant care settings and provide insight upon which can be built pre-service programs that address the challenges of sustained, attachment-focused practice within infant care giving contexts.

**P105  Hold me Tight! Intervention for the clingy infant**
Meehan M. (Royal Children’s Hospital, Australia)  
Sleeping, feeding, crying and behaviour issues present in a variety of stories. Four recent cases had been referred to my Clinical practice (Nurse Specialist) with similar stories of babies whose mothers sought help because the babies would not be put down without a lot of crying. All babies were about 10-12 months and presented because of clingy and demanding behaviour. All would cry even as mum attempted to put them on the floor, and often when picked up continue to complain. As a result they were carried around most of the time, which by this age was well past what was acceptable to the family. This clinical teach-in will present the concept and implementation of overindulging them as a way to help mothers shift their entrenched response (that of picking them up) to a more infant focused response. By breaking the cycle of the rejection faced by the infant (put down as soon as he stopped crying) he can learn to get enough of his mother and move on to enjoy the environment available. As well, the clinical setting and play with the therapist will be described and demonstrated.

**P106  Putting parents back into the focus**
Weille K. (Leiden University of Applied Science, Netherlands), Weille K. (Leiden University of Applied Science, Netherlands)  
Most thinking about parents and parenting is focused on the effects of parenting on children, rather than on the nature of parenthood. This tendency is most pronounced in relation to parents of very young children, where the psychological enmeshment of the parent-child system is greatest and children are the most dependent on the quality of parental care. Yet, at no point is the psychic life of a parent more in turmoil and transformation than in these initial years. This poster session will make a case for the importance of investigating, and understanding young parenthood as a phenomenon in its own right, in a range of domains from public policy to community health to training programs for professionals who work with parents. Our thesis contains five themes: 1. The societal view of parenthood. Parenthood can be viewed as a resource that contributes to the well being of a society as a whole, and yet is hardly invested in. 2. The difference between parenthood and childrearing. Parenthood and childrearing usually go together, but not always. 3. The attachment dance. The attachment dance is key to understanding the nature of parenthood. 4. The attachment dance and the helping professions. Here, many issues emerge, ranging from how clinical training pays little attention to working with parents to the mistaken assumption that parents mainly need information about how they are supposed to raise their children. 5. Parenthood in research. Thinking about parenthood is usually a sub-category of thinking about child development, or else is focused on failing parents. The question of how it’s possible for a parent to abuse a child receives more clinical, research, and
societal attention than the question of how young adults, in spite of all that life asks from them and they of life, still manage to make the child their first concern and priority. That parents do so is surely as surprising as the fact that they sometimes fail to do so. Parenthood withstands untold pressures and yet it is rare to see research focusing on this fact.

**P107 Toddlers' transition to out-of-home care: Design, aims and first results of an ongoing research project**

Funder A. (Universität Wien, Austria), Fürstaller M, Hover-Reisner N. (Universität Wien, Austria), Wininger M. (Universität Wien, Austria)

Day-care-entry and adjustment to Out-of-Home Care are crucial developmental steps for young children. Nevertheless, by now this transition period has received little attention by the scientific community, and there are only a few research results concerning the question which factors may facilitate toddlers' successful transition from sole maternal to non-maternal day care. Currently an interdisciplinary team of researchers from the University of Vienna is engaged in a study investigating "Toddlers' adjustment to Out-of-Home Care". The principal investigator is Prof.Dr. W. Datler (Dept. of Education and Human Development) in collaboration with Prof.DDr. L. Ahnert (Dept. of Developmental Psychology). The project is funded by the Austrian Science Fund (FWF) and designed and financed for three years (2007-2010). This study investigates toddlers' initial reaction to day care entry and their patterns of behaviour change over the first months in care. In order to get differentiated information about the children's behaviour and experiences during their transition from sole home to Out-of-Home Care and to identify factors which help children in their transition process a multi-method-design — including a bundle of quantitative and qualitative methods — has been used: (1.) Different aspects of the child are focused by conducting standardised research instruments used in early education research and developmental psychology. Collected data concern the e.g. - "caregiver quality", using a german version of the CIS (Arnett 1989), - "quality of interactions" between toddlers and their caregivers as well as children's "emotional wellbeing, interest and social involvement" by analysing video-taped observations (Ereky-Stevens et al. 2008), - "children's temperament", using the TTS (Fullard et al. 1984), - "child-caregiver attachment", using the AQ5 (Waters et al. 1985), - "children's state of development", by using Beller's Entwicklungsstabellen (Beller 2005), - "level of children's distress", by analysing cortisol levels in toddlers' saliva (Watumura et al. 2003) and - children's "social-emotional adjustment", by using the german version of the CBCL/CTRF (Achenbach et al. 1987). (2.) General characteristics concerning the quality of the institutions are assessed, by using the ITERS-R/KRIPS-R (Tietze et al. 2005). (3.) To examine how toddlers experience the relationships and interactions with their caregivers and peers some toddlers have been observed by applying "Young-Child-Observation", a psychoanalytic observation method, based on the Tavistock-Model (Lazar 2000). In the intended workshop we will present and discuss (a) the main aims and research questions, (b) the research-design and (c) first results of the study.

**P108 A developmental, relational professional development program for public health early childhood education consultants to early care providers**

Ayoub C. (Children's Hospital, Harvard University, United States), Sparrow J. (Brazelton Touchpoints Center, United States), Vele-Tabaddor E. (Brazelton Touchpoints Center, United States)

Over half (57.2%) of young children (<5 years) in the U.S. are regularly cared for by center-based child care settings. High quality care promotes nurturing parenting and positive child outcomes. Quality improves when ECE providers share information about children and families in their care with other professionals across agencies and within communities. Relationships may be impeded if consultants impose their expertise without recognizing that of providers, expect the provision of information to remedy problems immediately, or possess limited or outdated knowledge of child development and the demands of group care. Current developmental theories postulate a nonlinear, discontinuous process of disorganization and reorganization that predictably produces temporary increases in negative caregiver-child interactions and provider stress which may interfere with the quality of provider-child-parent relationships and care. Our program reframes predictable developmental crises as normative so to foster and protect collaborative relationships among all adults affected by them, optimizing a child’s development. These times of heightened vulnerability are opportunities for consultants to assist providers to understand the child more deeply and appreciate his/her struggles and strengths, minimizing negative interactions. This study explores the effects of a developmental, relational professional development program for regulators who offer programmatic and child development consultation to ECE providers in the context of local and state mandate enforcement. Research questions examine the effects of the program on: (1) Regulators' attitudes about ECE providers, (2) Regulators’ relationships with ECE providers, (3) Regulators’ knowledge of developmental theories presented in the program.

Regulators (n=16) were recruited from the Department of Public Health in a large urban area. Participants, Masters-level early childhood professionals, provide technical assistance and oversight for license renewal to ECE centers. They consult to providers to ensure mandate compliance re: curriculum, program development, record keeping/documentation, classroom environment, nutrition/administration, and teacher-child interaction. Each regulator interfaces with 125 providers on average, once a year. Measures at baseline and follow-up indicate that the program improves regulators’ relationships with ECE providers [F(1,18)=6.89, p<.05] and their knowledge of child development [F(1,26)= 6.87, p<.05.] during periods of risk for disruption in familial and developmental functioning. Given that ECE providers are more committed, nurturing, and satisfied in their jobs within a collaborative model, it is likely that the quality of ECE services would improve as a result of more mutual and encouraging consultation and oversight.
**P109 Adoption as a dramatic transition: Exploring some harmful effects of the rescue myth**
Laine G. (United States)

Adoption is a lifelong, intergenerational process which either unites or divides the triad of birth family, adoptee, and adoptive family over a life span. The infants undergo a dramatic transition from one environment to another. Many changes occur among the members of the adopted family as well. On occasion a myth arises among adoptive parents involving the fantasy that they are rescuing a stranded child from her despair. This myth may interfere with the fulfillment of the adopted infant's needs insofar as a misattunement sometimes occurs within the adoptive family. In this paper, my main focus will be on the potentially traumatic effects of the adoption myth on the adoptive parents and the infant who has been physically and psychologically disconnected from her biological origins. Issues of adoption, in this context, will be viewed from the perspectives of attachment theory and relational self psychology. My clinical case studies consist of two adopted children and their families: one a six-year old girl and the other a preadolescent girl of eleven. Both of my cases illustrate differing manifestations of the rescue myth and in both cases the parents failed to recognize that adoption often leads to unique problems specific to the adoption process. In one case, the child felt mismatched with her adopted family. In our work together she was afraid to do anything that was different from her therapist. For this child being different had painful connotations that were explored and worked through in the treatment. The adoptive parents' rescue myth adversely affected the child's sense of identity and self esteem. The next case involved a mother who did not like her baby's appearance. The baby couldn't find reflections in her mother's eyes that might have made her feel she was a good and wanted baby. The rescue myth in this case interfered with the child's development of a coherent narrative. The treatment involved helping the child and her parents to come to terms with her questions concerning whether she was good or bad. This case also dealt with the child's strong wish to know her biological family. Participants will be encouraged to share their own clinical material.

**P110 Adapting the Solihull approach parenting group for foster carers**
Douglas H. (Solihull NHS Care Trust, United Kingdom), Nuttall C. (Solihull NHS Care Trust, United Kingdom), Kennedy S. (Solihull NHS Care Trust, United Kingdom), Abel K. (Solihull NHS Care Trust, United Kingdom)

The Solihull Approach Parenting Group aims to support parents' relationships with their children through containment and reciprocity whilst developing a life skill of applying behavioural interventions within the context of understanding where the child is coming from. This model has been applied to foster carers to emphasise communication with the foster child together with understanding the issues affecting foster children, to facilitate the application of behavioural interventions. These issues include off-age development, attachment styles, emotional regulation, the effects of abuse and neglect on brain development, coping with separation, understanding transitions, parentification and regression.

**P111 Childcare in the promotion of social-emotional development of young children (1): A practice in infant-home settings in Japan**
Aoki K. (Ochanomizu University, Japan), Minamiyama K. (Children's Rainbow Center, Japan), Konno N. (Ochanomizu University, Japan), Masuzawa T. (Children’s Rainbow Center, Japan)

[Object]In Japan, the number of children who live in institutions i.e., infant-homes is ten times more than that of those in foster care. Although psychologists have made a great contribution to psychological care and the promotion of development of these children in institutional care for a number of decades, it was only in 2006 that the Japanese government announced placing psychologists in every infant-home. Immediate solutions are required for establishing a standard model of the placement of psychologists in practice in an infant-home setting. In order to tackle this problem, we have been conducting empirical studies employing those affected. In this paper, outcomes of a comprehensive developmental assessment are reported as follows. [Method] The following two assessments were carried out involving a total of forty-four male and female offspring aged two to thirty-five months registered with an X infant-home. a) Enjoji's Infant Analytic Development Test examining aspects in the following categories was employed: Physical Movement, Sociality, Language. b) Based on categories of the clinical assessment advocated by Greenspan (2003), social-emotional development of the children was examined using behavioral observations which were conducted by two clinical psychologists (?=.77). [Results and Discussion] Development of sociality such as Activity of Daily Living was fast but language development was delayed. When the outcomes were divided into age groups, the lowest developmental quotient or DQ was evident in children of age 12 to 14 months. Utterance of their first word was slightly delayed and the subsequent language development tended to decelerate. The total of infants who were classified to be in need of clinical care based on other categories such as social relationships and emotional regulation outnumbered the rest of the sample. As far as children of infant-homes are concerned, they are often admitted soon after their births, and therefore differ from those who require treatment for psychological trauma caused by abuse. Nevertheless, the outcomes showed delayed language development at an early stage of their development. Such results have led us to determine that human relationships including attachment formation and emotional development should be reinforced. The above outcomes are taken as a Needs Assessment for the application of an infant-home based community approach and clinical interventions are proposed.

**P112 Childcare in the promotion of social-emotional development of young children (2): A practice in infant-home settings in Japan**
Konno N. (Ochanomizu University, Japan), Aoki K. (Ochanomizu University, Japan), Minamiyama, K. (Children’s Rainbow Center, Japan), Masuzawa, T. (Children’s Rainbow Center, Japan)
As a result of a current increase in the number of children requiring psychological treatment in institutional care due to familial maltreatment, the placement of full-time psychologists was enforced in 2006. The number of psychologists working full-time in infant-homes has increased since, and they are engaged in providing consultations for improvement of caregiving environment on the basis of psychological assessments, conducting family interviews for future unification and so forth. Based on the work carried out by psychologists in infant-homes, the promotion of general development of children was aimed at and case studies of four children in institutional care involving psychologists and institutional caregivers are reported in this paper. The children were selected based on the outcomes of our earlier study reported in "Childcare in the Promotion of Social-Emotional Development of Young Children (1)". This report will focus on a process of developing a childcare program particularly aimed at social-emotional development of the children. [Study Outline] The four children in need of a special program were 14, 15, 20 and 22 months of age. These children were separated from the standard residence of 40 children, and received intensive home-like residential care with two staff members, as well as psychologists and other care workers. The baseline research was conducted immediately after the children were admitted to the program. Enjoji's Infant Analytic Development Test, measuring the general development of children and Tsumori-Inage's Questionnaire of Infants' Mental Development completed by the caregiver were employed. A comprehensive assessment was performed on the basis of data obtained with these tests and observations of the children. Multiple categories of objectives were listed for each child. Specific programs were provided for each child and the above set of the assessment was performed once a month. Based on the outcomes, the programs were modified each month. The initial Developmental Quotients or DQs of the children varied from the below average DQs of 60, 72 and 84 to the average DQ of 95. Improvement of the DQs of the four children was evident after six months of the beginning of the program and the enrichment of social-emotional relationships with the staff was also evident in the course of developmental processes. The rest of the outcomes will be reported later. Differing to traditional social care administered on an individual basis, the present findings indicate that the administration of a care program carefully and promptly modified by psychologists together with the caregivers who receive immediate feedback after each assessment may also promote rapid development of the children.

P113 Sources and outcomes of variations in father care as a caregiving context in early childhood

Owen M. (The University of Texas at Dallas, United States), Klaushi J. (The University of Texas at Dallas, United States), Beron K. (The University of Texas at Dallas, United States)

Despite broad interest in father involvement as a contributor to children's development, few studies have examined children's experiences of their fathers as a routine care arrangement ("father care"). Father care is a common experience, with census estimates indicating 25% of children in the U.S. under 5 receive care by their fathers when mothers are employed. Using data from the NICHD Study of Early Child Care (N=1364), we examined (1) family and child factors associated with variations in father care experiences as either a primary or supplementary care arrangement and (2) effects of father care on child social outcomes and parenting qualities. Logit analyses were used to model how family demographics, parental work conditions, child characteristics, and maternal attitudinal factors were associated with changes in the probability of father care across five ages, 6-54 mos. Trajectories of father care hours were modeled using a truncated normal regression analysis that accounted for zero hours of father care being a legitimate value. We also examined associations of child and parenting outcomes at age 54 months with average hours of father care and total months of father care 6-54 mos. In the final model, non-standard work schedules of each parent and the mother working either part-time or full-time were associated with a greater likelihood of father care and, except for mother's part-time work, with more hours of father care when father care was used. Fathers who worked more hours provided fewer hours of father care. Mothers with less traditional beliefs about raising children and mothers with more separation anxiety were more likely to use father care. Higher family income was associated with a lower likelihood of father care and fewer hours of father care. Lower maternal education was also associated with more hours of father care. Significant effects of average father care hours and epochs of father care on child and parenting outcomes, controlling for selection factors, suggested that children who experienced father care for longer periods of time as their primary care arrangement had fewer externalizing behavior problems and better social skills as reported by their mothers. In addition, mothers and fathers were less harsh and mothers were less involved in children's care when more hours or more epochs of father care were provided in early childhood. Longer-term child and parenting outcomes of father care will also be presented.

P114 Mental and motor development and working memory of infants adopted from China: Differences between post-institutionalized and former foster children.

van den Dries L. (Leiden University, Netherlands), Juffer F. (Leiden University, Netherlands), Bakermans-Kranenburg M. (Leiden University, Netherlands), van IJzendoorn M. (Leiden University, Netherlands)

In this short-term longitudinal study we compared the cognitive and motor development as well as working memory of 42 former foster and 50 post-institutionalized Chinese girls (aged 11 to 16 months at adoption), two and six months after adoptive placement in the Netherlands. Foster children may have experienced a more normative family-type rearing arrangement in China compared to institutionalized children, potentially resulting in fewer delays in their development. All Dutch agencies mediating adoptions from China handed out information packages about the study (including a response card) to parents adopting infant girls. In total, 92 families participated in the study. At arrival, the children were 13 months old (SD = 1.35, range 10.84-16.53). The mean age of the mothers was 36 years (SD = 2.81). Most children were reared in two-parent families (n = 90), with highly educated parents (scale: 1 to 5; mothers: M = 3.79, SD = 0.92; fathers: M = 4.09, SD = 0.89). Cognitive and motor development was assessed using the Bayley Scales of Infant Development — 2nd edition. At both assessments, the former foster children outperformed the post-institutionalized
children on cognitive and motor skills (see Table 1). Both groups showed a (similar) catch-up for cognitive development ($p < .05$). For motor development no catch-up was found. Table 1. Cognitive development. Cognitive development Institution (n=50) Foster care (n=42) Assessment 1, M (SD) 74.04 (18.41) 84.40 (17.62)$^\ast$ Assessment 2, M (SD) 84.38 (20.01) 92.26 (17.83)$^*$$p < .05$. Table 2. Motor development. Motor development Institution (n=50) Foster care (n=42) Assessment 1, M (SD) 85.16 (18.84) 93.05 (17.94)$^\ast$ Assessment 2, M (SD) 84.58 (14.58) 90.88 (12.58)$^*$$p < .05$. For the assessment of working memory children completed an imitation task (Bauer, 2000) in which they were requested to imitate action sequences modeled by the experimenter. Children were demonstrated an action sequence and were asked to imitate the modeled sequence twice, once immediately and once after a 10 minute delay, to examine whether they remembered the sequence after this period of time. This task is currently being coded and results will be presented at the conference.

P115 Transcending the divide between two domains: The fields of domestic violence and of attachment theory
Buchanan F. (Flinders University, Australia)

The diverse perspectives of feminism and attachment approaches to women and children affected by domestic violence seem to comprise contrasting, sometimes clashing perceptions. None the less, the basis for both spectrums is human experience, including the experiencing of emotions in relationship. Attachment theory looks at the development of the self in relationship. Feminism is concerned with women's relationship with themselves and others, the lived environment and the structures of societies. In the division between the two approaches views of women who have survived domestic violence of the impact domestic violence has on the forming of relationship between themselves and their infants have not been investigated. Hence there is a gap in knowledge that needs to be addressed so that insight into the complexities of forming a primary attachment relationship in domestic violence can aid professional understanding. This is the subjective background of my doctorate research which asks the question: What are the effects of domestic violence on mother/infant attachment from the perspective of women who have birthed and mothered infants in domestic violence? My research is based within current knowledge of attachment and of the effects of domestic violence on women, on mothering and of the direct affects of domestic violence on infants and young children. The research also considers the implications of seminal research by Zeanah, Danis et al (1999) which found that, in their sample, 56.9% of infants raised in domestic violence had disorganised attachment patterns. The thoughts of Liotti (2005) regarding the links between disorganised attachment and fear are also considered. In the workshop themes from my own research will be presented, including findings regarding the tensions found between women's wish to protect and the infants need to attach. The implications for theoretic thinking will be set in the context of a socio-political framework which includes an ecological perspective. I will present findings from this qualitative research so that we may: 1.Consider factors which negatively or positively influence mother/infant attachment in domestic violence, based on women's experiences. 2.Gain insight into practice implications for work with women and infants who form their relationship within domestic violence situations. 3.Discuss the potential for practice of combining a feminist perspective with an attachment approach to therapy.

P116 A qualitative investigation of maternal representations in pregnancy and early motherhood
Buldur N. (Turkey), Okman Fisek G. (Bogazici University, Turkey)

The present study aimed to explore the maternal self and object representations and develop an understanding of the course of maternal identity formation. The sample of the study consisted of 10 primiparous mothers, equally divided on the sex of their infants whose ages ranged between 6 to 12 months. The data gathered through a semi structured interview with the participants, focused on their subjective experiences in representational and relational aspects from pregnancy onwards, and was interpreted through a narrative analysis approach, based on Stern's "motherhood constellation" construct (1995). The results of the study evidenced the existence of a motherhood constellation for this sample of mothers in Turkey with its four common themes, with some specific cultural factors influencing representational and relational experiences of motherhood. The narratives revealed a gender based difference in mothers' representations; mothers of daughters indicated more projection in their reflections for their infants than mothers of sons. Participants had difficulties in separating self-as-person from self-as-mother and self-as-mother from self-as-woman identities. It is evidenced that mothers reorganize their relationship with and representations of their own mothers, husbands, and fathers. Though the results did not signify a direct relationship between maternal representations and perceived maternal efficacy, gender based differences appeared in mothering cases. Keywords: Maternal representations, motherhood constellation, relationships with family, perceived maternal efficacy.

P118 Tube feeding in the context of motherhood constellation
Wilken M. (Darmstadt Child Hospital Princess Margaret, Germany)

The feeding situation is an emotional laden interactional process between parents and infants. To see the infant be fed, grow and thrive has an eminent meaning for the parents' adaptation to their new parents' role. Different authors have discussed the impact of parental psychopathology on feeding behaviour. But the impact of food refusal on the transition to parenthood and motherhood constellation has not been addressed. What happens to the parents if oral feeding can not be established, resulting in a long term tube feeding with a gastrostomy? A rich qualitative research body shows a high rate of parental dysfunction, if the child is fed by tube. Most research papers have explained the high rate of psychopathology by psychosocial stress with handling the child. Viewed from the theoretical framework of motherhood constellation an alternative explanation can be given. It can be assumed, that tube feeding results in parental maladaption, because mothers can not solve their developmental task involving feeding their infant. In the workshop maternal psychopathology, if the child is tube fed, should be explained from a motherhood constellation background. Intervention strategies
based on the theory of motherhood constellation to guide parents through the tube feeding decision process and adaption to tube feeding will be described. The primary goal is to assists mothers to integrate tube feeding into their motherhood constellation and thereby reduce maternal psychopathology in feeding disordered infants.

P119 Mental Health Study of Preschoolers and Their Mothers in Korean Divorced Families
Park J. (Namseoul University, South Korea)
The purpose of this study was to examine the differences of Korean preschooler's and their divorced mother's mental health according to socio-economic class, that are 6149 poverty, 17699 latent poverty, and 17931 middle class. Results are as follows. First, preschoolers in middle class showed more internalizing and externalizing behavior problems and mothers in poverty are most depressed . Second, mothers in middle class were more abusive in parenting and their children showed more separation anxiety. Preschoolers in poverty and latent poverty showed no reactions in separation and reunion episode with their mothers. Third, the length of mother's rearing their child after divorce was negatively related to preschooler's externalizing behavior problem and their mother's depression. Social support was negatively related to mother's abusive parenting in poverty. On the other hand, social support was positively related to mother's depression in middle class. Economic support from ex-husband and the meeting between ex-husband and preschooler were positively related to preschooler's behavior problem and mother's depression in middle class.

P120 An integration of the ABC-X model of family stress and Belsky's determinants of parenting model to explain adjustment to parenthood
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The transition to parenthood may lead to role strain, fatigue, less time for self and spouse (Cowan & Cowan, 2003), and depression, which can compromise parenting (Merrillies & Cummins, 2009). Contextual factors such as social disadvantage, low social support, child characteristics, and cultural factors have been considered (McCarty et al., 2003; Feldman & Shafig, 2007). However, no model has yet conceptualized factors affecting the transition to parenthood in an integrated whole. This poster develops a model of adjustment to parenthood based in part on the ABC-X Model of Family Stress (McCubbin & Patterson, 1983) and the Determinants of Parenting Model (Belsky, 1984). Bilingual research assistants recruited pregnant women from prenatal care providers. Postnatal qualitative interviews (n = 20), oversampling Spanish-speakers (n = 5), elicited experiences of the transition to motherhood. Child age ranged from 4 months to 2 years. We double coded interview transcripts using an iterative process and grounded theory. Using content analysis, we coded transcript content into six categories based on Belsky's model: work, social network, marital relations, personality, developmental history, and child characteristics. We then classified codes as perceptions, stressors, resources, and adjustment per the ABC-X Model. Data supporting developmental history included statements about paternal involvement modeled by grandfathers. Mothers commented on child temperament such as "fun to get to know him and his personality" and "tantrums in the street". Stressors included sleep loss, ("I start to feel crazy when I don't have enough rest") and responsibility changes ("you don't have spontaneous freedom"). Several mothers cited spousal and social supports ("having to lean on [my husband] helps you just get to know one another" and "a couple moms around that helped me to know that they went through the same thing"). Perceptions included feeling "trapped". Maternal resources included alone time ("take some time to myself") and self-esteem ("becoming more confident"). Low-income, Spanish-speaking Latinas included husbands' work demands (leaving him "one day out of the week for [children]") and anxiety ("if [child] hurts himself we go to the hospital, and I get nervous") as stressors, and outings ("getting out helps me feel better") as resources. Changing priorities ("you're able to realize what's really important") and positive outcomes ("[baby] definitely helped our relationship [with sister]" and "I feel like more of an adult") typified maternal adjustments. In sum, mothers' current experiences of adjustment to parenting infants supported the integration of Belsky's (1984) model and the ABC-X Model (McCubbin & Patterson, 1983).

P121 From the represented baby to the real one: The parents' experience of childbirth
Candelori C. (Italy), Babore A. (University 'G. d'Annunzio', Italy), Trumello C. (University 'G. d'Annunzio', Italy)
Childbirth is a special event for every woman: the way she experiences this particular moment may influence the mother's state of mind and the relationship with her partner and the newborn. A negative childbirth experience may result in emotional problems for the woman and consequently in a more difficult development of her "maternal identity" (Rubin, 1984; Fowles, 1994). Several authors suggest that a positive perception of their childbirth experience may help mothers to take better care of their children and to find their own well-being (Green, 1993; Schytt et al., 2007). In the last decades, studies regarding the emotional aspects of the childbirth experience have focused on fathers as well, especially on the deep emotions they experience at the birth of their first child (Venniläinen-Julkunen, Liukkonen, 1998). Our study, as part of a wider research concerning parenthood, explores the childbirth experience from both mothers' and fathers' perspective. For this purpose a specific instrument has been set up, the IEP (Interview about the Childbirth Experience; Candelori et al., 2005). It is a semi-structured interview, where parents are asked questions individually, between the 10th and the 15th day after childbirth. The focus is on three topics: the childbirth experience, the post-partum in the hospital, the returning home from the hospital. For each one of these topics two types of data were collected: descriptive information (type of delivery, length of the hospitalization, bottle or breast feeding,....) and information about emotions (reaction at the first encounter with the infant, moments of distress, closeness/distance of the partner,...). IEP has been applied to 80 subjects: 40 mothers and 40 fathers at their first experience as parents. Collected data showed: how popular caesarean section is and what kind of
effects it produces; the consequences, for mothers, of being close or distant to their child right after delivery; the relevant role of fathers in the childbirth experience; moreover several specific "at risk" cases were highlighted. According to other studies (Mayes, Leckman, 2007), useful comparisons have been realized between parents' memory of the childbirth experience and their mental representations explored during pregnancy and four months after childbirth.

P122 Prenatal and postnatal factors, associated with infants' breastfeeding at the age of 3 months
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The various benefits of breastfeeding are well documented and widely accepted. Extensive research provides evidence that breastfeeding has advantages for infant health and neurodevelopment, maternal health and community (Gartner LM et al., 2005). The WHO recommends exclusive breastfeeding (infant's consumption of human milk with no supplementation of any type) up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond. The statistics about breastfeeding rates around the world shows that the lowest percentage (19 %) of exclusively breastfed infants (< 6 months) is in Central Europe/Russian Republics, and Baltic States (UNICEF, 2007). The aim of this research is to identify prenatal and postnatal factors, associated with infants' breastfeeding at the age of 3 months. Mothers of full term infants were given questionnaires during their hospital stay after childbirth. It included Edinburgh postnatal depression scale (Cox, Holden, Sagovsky, 1987) and Prenatal maternal expectations scale (Coleman, Nelson, Sundre, 1999), and the additional questions about social and psychological newborn's family context, parental emotional reactions to the pregnancy, maternal emotional wellbeing, risk behaviors, intentions about breastfeeding, etc. Three months after the birth participants completed mail-in questionnaires on breastfeeding practices and infant's psychosocial development environment. More than 600 women of full gestation infants answered questionnaires early postpartum. The second measurement is still ongoing. The preliminary analysis of the research data shows that 78 % of the participants are breastfeeding their infants at age 3 months. 10% of them feed the infants with additional supplementation. The breastfeeding is not linked with the women's intentions to breastfeed after childbirth (only 1% of the women didn't intend to breastfeed), and their subjective evaluation of the delivery difficulty and postnatal emotional well-being. Based on the results of the research the predictive analysis of breastfeeding at age of 3 months in respect to psychological (prenatal and postnatal emotional wellbeing, social support, prenatal expectations) and biological variables (women's delivery type and course, the use of analgesics at delivery, etc.) is planned. The data analysis of the research allows identifying the strongest predictive factors of breastfeeding success at 3 — 4 months after childbirth.

P123 Adults’ interpretation of infants’ inner states: Differences between parents and non-parents
Shinohara I. (Shiraume Gakuen College, Japan), Moriguchi Y. (Joetsu University of Education, Japan)
Aim: This study investigated on adults’ interpretation of infants’ mental states. Some previous studies reported that adults’ reading of the intentionality of infants’ behavior varied between parents and non-parents (Zeedyk,1997; Adamson et al.,1987). In observations of mother-infant daily interaction, it was found that mothers often commented on not only infants’ intention but also their feeling, thought, belief and motives, and the frequency of those maternal comments differed among mothers (Meins, 2001). In this study, we have developed the measurement of adults’ tendency to read a variety of mental state from infants’ behavior, and examined the differences of the tendency between parents and non-parents. Method: Participants were eighteen non-parents and twenty-two parents. The non-parents were graduate school students (age:M=23.1y, sex: 9 males and 9 females). The parents were mothers of infant (age:M=34.5y). Their infant ranged in age from 13 months to 6 months (M=7.68m), 10 boys and 12 girls. All participants were asked to watch video clips of some infants and then infer the infants’ internal states. The filmed infants were not the mothers’ own children. There were two measures in the test. 1. Intensity: We asked them to rate the intensity of infants’ mental states behind the behavior (8-point scale). The average of ratings for five stimuli was calculated. 2. Frequency: The participants were asked to report what kind of internal states the filmed infant had. Total number of participant’s comments on infants’ inner experiences for five stimuli was scored. Results: 1. Intensity: We compared the average of parents’ rating-point (M=5.82, SD=1.15) and non-parents’ one (M=5.33, SD=1.20). There were no significant differences between them (t(38)=1.30,p>.20). 2. Frequency: About mothers, the average of total number of description on infants’ mind was 10.91(SD=4.01). On the other hand, non-parents’ average was 6.89 (SD=2.86). There was a significant difference among parents and non-parents (t(38)= -3.57,p<.002). Discussion: It was found that parents and non-parents equally thought that infants had some kind of mental states behind the behavior. However, we found that mothers had the richer interpretation of infants’ inner world. The results suggest that the difference of reading about infants’ mental states among parent and non-parent was not specific to infants’ intentionality. It could be that this difference affects parents’ and non-parents’ behavior for infants when they interact with them.

P124 Psychological impact of cleft lips with or without cleft palate and importance of the therapeutic follow-up by a multidisciplinary medical team
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Significance were found particularly regarding partnership and social support in correlation with stress perception and further medical history. The patient had to follow a long multidisciplinary treatment during his childhood and adolescence, which is even sometimes maintained at adulthood.. This medicosurgical setting for facial malformations i.e. the features of the patient’s face which are largely involved in their interpersonal relationships and the expression of emotions can have serious consequences. Most of the children affected by CLP and living in France benefit from regular follow-up schemes carried out by a multidisciplinary team in competent reference centres where members represent each of the fields of expertise involved in the correction of this malformation: infantile maxillofacial surgery, otolaryngology, orthophony and dentofacial orthopedics. Only the two reference French centres benefit from the permanent presence of a psychiatrist. This raises the question whether every care centre should take into care the mental health of these children and their parents’ by offering psychological support during the course of the therapeutic follow-up scheme for these children, and this from an early age on as is recommended by the American Cleft Palate Craniofacial Association.

P125 Signing in childcare settings: Effects on children language development
Farkas C. (Pontificia Universidad Catolica de Chile, Chile)
Infant Signing is the systematic use of symbolic gestures between preverbal children and their caregivers, offering an alternative form of communication until verbal language is possible. This practice has been developed with normally hearing infants, and different researches have shown the relevance of the infant signing during the child first year of life and the consequences on children's cognitive, linguistic and socio-emotional development. This poster will focus on the applications of Infant Signing on Chilean childcare settings; specifically, on the language development during the first two years. The study considered three longitudinal evaluations of 70 infants (12, 18 and 24 months), divided into two groups, where part of them received the intervention (before the first year of life) and the others don't. The evaluation considered application of CDI (parents and educators reports) and Bayley III. The results suggest significant differences between groups on the language task growing considering receptive and expressive aspects, according to parents and educators report, in the direction of higher growing in the intervention group. The children were also divided into two groups of language development: Normal and Risk. The results show an impact of the intervention in the children of the Normal group, but not in the Risk group. These results are discussed and their impact for the equity achieve for the development of all the Chilean children are considered.

P126 Social support and a consolidated partnership as protective factors against stress during pregnancy
Moehler E. (University of Heidelberg, Germany), Rothenberger S. (University of Heidelberg, Germany), Petersen M. (University of Heidelberg, Germany), Resch F. (Department of Child and Adolescent Psychiatry, University of Heidelberg, Germany)
Abstract: Social support and a consolidated partnership as protective factors against stress during pregnancy Petersen M., Rothenberger, S., Resch, F., Moehler, E. Introduction: Stress during pregnancy and its impact on child development is a current and challenging topic. In this context different findings have been described, for example the correlation between stress and lower birth weight, smaller head circumference, hyperactivity/attention problems, schizophrenia or also mixed-handedness . Currently an association between child development and maternal cortisol levels in pregnancy is discussed with controversial results. A question that has as yet remained unanswered is, whether some stress factors are more important than others during pregnancy? Are there protective or disposing factors? This was the purpose of the present study. Methodology: In our study 108 women were accompanied and examined with nine questionnaires in each trimester of pregnancy. Additionally there was a detailed interview about personal characteristics, education, occupation, objective stress- and risk factors, etc. The questionnaires contained questions about the personal perception of stress, mood, depression, anxiety, partnership, social support, live events, pregnancy complications, e.g. Furthermore, at all three time points salivary cortisol was assessed. All data were analyzed by the SPSS statistical package. Results: Significant results were found particularly regarding partnership and social support in correlation with stress perception and further stress factors. Analyses showed that women with good partnerships had significantly lower subjective stress as well as reduced anxiety in the second trimester. Correlations were also shown between a bad marital relationship and financial troubles and other stress factors. A separation during pregnancy showed correlations with anxiety, reduced social support and increased subjective stress perception. Conclusion: The results show a significant importance of partnership and social support as protective factors against stress during the pregnancy. According to the findings described above, partners actually can have a great influence on the child’s health and development, by supporting their wife. Also friends and family can contribute and protect the women against subjective and objective stress factors through their support.

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P127  Causal inferences regarding changing maternal employment status and early childhood externalizing behavior problems
Im Y. (University of Chicago, United States), Hans S. (University of Chicago, United States), Pollack H. (University of Chicago, United States), Raudenbush S. (University of Chicago, United States), VanderWeele T. (Harvard University, United States)
This study investigates the causal link between mothers’ re-entry to the work force and externalizing behavior problems for 5-year-old Hispanic, Black, and White children. Specifically, this study tests the hypothesis that a change in maternal employment status may adversely affect children's behavior during early childhood. This study compared outcomes across four maternal employment patterns for children aged 3-5: (a) beginning/returning to work; (b) no work/out of work force; (c) being laid off/stop working; and (d) continuing work. We analyzed data from the Project on Human Development in Chicago Neighborhoods (PHDCN), a longitudinal cohort study of children residing in 78 neighborhoods of Chicago, Illinois. The subjects (N=1047) were 6 months old at the beginning of the study. Subjects and their primary caregiver were interviewed in three waves over a six-year period from 1995 to 2001. The outcome measure of externalizing behavior of the child at mean age 5 was obtained from the Child Behavior Checklist. Results from OLS regressions and propensity score stratification models demonstrate that changing maternal employment status is associated with elevated children's problem behavior for all Hispanic, Black, and White children. One pattern stood out among the findings: Despite an increase in family income that may beneficially affect early childhood development, children whose mothers returned to work exhibited a significantly higher level of behavior problems when compared with those whose mothers stayed in the work force consistently. The findings also indicate a mediating role of maternal depressive symptoms and stress in the link between a mother's return to work and subsequent child aggression. Adverse effects were particularly pronounced among young children exposed to a higher level of intra-family conflict and violence in low-income, African-American families residing in less-advantaged communities. These associations remained strong even after controlling for child, mother, and family characteristics, including externalizing problem at 3-year-old, race/ethnicity, gender, age, levels of maternal education, social support, parental warmth, parental hostility, internal home environment, marital status, extended households and family income.

Zhang Y. (Konan University, Japan)
In South Africa, 280,000 children are said to be having HIV. These children are facing various problems, not only from the disease but also from the poor living environment, such as physical developmental delay, loss of parents, depression, psychosocial problems, emotional issues such as stigma and discrimination, neglect, abuse, sexual abuse, etc. When providing psychological care for these children, it is very important to have interdisciplin ary thoughts, and the transtheoretical approach is very useful. Also, cooperation between different professionals is very important. In this paper, we will put together the problems the children infected with HIV/AIDS face, introduce the interventions and psychological care we provide in Epworth Children's home in Germiston, South Africa, and how the cooperation is between different professionals such as educational psychologists, clinical psychologists, occupational psychologists, social workers, doctors and children’s home managements.

P129  Parent’s secure base knowledge, children’s secure base behavior and child temperament
Silva F. (ISPA, Portugal), Fernandes M. (ISPA, Portugal), Verissimo M. (ISPA, Portugal), Santos O. (ISPA, Portugal)
According to attachment theory, the interaction is a fundamental precursor to the variations in patterns of attachment (Ainsworth et al., 1971; Stroufe & Fleeson, 1986). Children construct the internal working models (IWM) from repeated interaction patterns with their principal attachment figures (Bretherton & Munholland, 1999). Bowlby (e.g., 1973; 1980; 1988) suggested that representations of the caregiver and expectations about the child's own role in future social relationships depend crucially on experiences with caregivers during the first years of life, and by implication, on the quality of the secure base relationship arising from those experiences. According to Fox's meta-analysis (1995) on the concordance between infant-mother and infant-father attachment classifications, both attachment relationships show some overlap that might be explained by temperament. Our main objective is to analyse the relations between both parents' representations of attachment, children's secure base behaviour and child temperament. The participants were 75 mother/child and father/child dyads, from Lisbon, Portugal. Mother/child and father/child dyads were observed during separate visits, each lasting between 2 to 3 hours, completed by two different teams of observers. Home visits were counter-balanced. After completing observations, the child was described using the Waters AQS items. Q-sort descriptions were scored for "Security" using the criterion definition of the highly secure child provided by Everett Waters (Mean =0.45, SD=0.20). Mothers and fathers were instructed about the narratives, which were completed one at a time using the word-prompt lists prepared by H. Waters. Mothers and fathers also completed the Bates temperament questionnaire. The narrative scores had satisfactory cross-rater agreement. Correlations between 3 secure base script scores derived from the narratives were significantly associated with the AQS security score. Scores derived from adult-child stories had higher correlations with the AQS score than did scores derived from adult-adult stories. A significant negative correlation was found between AQS security and difficult temperament described by the mother. Our findings suggest that secure base knowledge is scripted for adults and serve as one source of influence on interactive behavior between parent and child that result in the child's use of the parent as a secure base.
P130 The impact of a supervision support group on caregivers working at a Turkish orphanage and its relationship to children's developmental achievements
Kologlugil D. (Istanbul Bilgi University, Turkey), Catay Z. (Istanbul Bilgi University, Turkey)
The aim of the present study was to examine the effectiveness of an education and supervision support group for caregivers working at an orphanage in Istanbul. The group was designed to promote sensitive and responsive caregiving at the institutional setting and increase the quality of the relationship between caregivers and children. This improvement in the caregiving environment was hypothesized to lead to an improvement in children's developmental skills and a decrease in their behavioral problems. Thirty-six children between the ages of 15 — 37 months living in the Bahçelievler Children’s Home, and 24 caregivers participated in the study. Eleven caregivers who attended the 5-month-long support group composed the experimental group, and the remaining 13 caregivers who did not receive any support composed the control group. The results of the study indicated that the intervention was successfully implemented in general. Caregivers in the experimental group displayed significant decrease in the amount of psychological symptoms they reported and in their burnout levels. There were also significant improvements in their level of job satisfaction and sense of self-efficacy. Moreover, the results showed that children's development improved in all domains and their behavioral problems decreased. Finally, caregivers who received an education and supervision support were observed to engage in verbal communication with children and display mirroring and physical contact in their interactions with children. The implications of these findings suggest that providing caregivers with an education and supervision support creates positive changes in caregiver variables, can increase warm and socially responsive caregiving, and improves children's developmental skills at an institutional setting.

P131 Evaluation of a secure attachment program oriented to day care staff in charge of children from 0 to 2 years.
Santelices M. (Pontificia Universidad Catolica de Chile, Chile), Farkas C. (Pontificia Universidad Catolica de Chile, Chile)
In the last years the Chilean government expanded and granted the access to day care centers for children from 0 to 2 years. This fact produced an increased interest in the quality of the bonds between the staff and children in these new centers. A central aspect in the quality of the service is thus the training of the staff. The present work shows the results concerning the evaluation of a secure attachment intervention program oriented to public day care educational staff in charge of children from 0 to 2 years. The main objective was to improve both the staff's sensitivity and mentalization. It was performed a longitudinal study in 22 day care centers, 10 from the experimental group and 12 from the control group. A total of 200 children were evaluated before and after the intervention. It was measured the staff's sensitivity and also mother's sensitivity. In the case of children, it was measured the cooperativeness and psychomotor development. The instruments used were Care index, EEDP and TEPSI. The results show a positive impact of the intervention in the evaluated aspects. Moreover, it is important to consider the many multiples factors to be involved in the design of such interventions to promote secure attachment in the population. That can contribute with new elements in the design of future studies on the promotional basis.

P132 The numeric normativity of secure attachment: Attachment and parental sensitivity in a low-risk Finnish sample
Hautamaki A. (University of Helsinki, Finland)
A low-risk sample of 34 parents expecting their first child and maternal grandmothers (Ntotal=135) was followed up from pregnancy until the child was 3. The Adult Attachment Interview (AAI) was used to assess attachment in mothers in the last trimester of pregnancy, fathers and maternal grandmothers. After the birth of the baby, the CARE Index was used to assess parental sensitivity when the baby was 7 weeks and 6 months old. The Strange Situation Procedure (SSP) was used to assess attachment in infants at 12 months. The Preschool Assessment of Attachment (PAA) was used to assess attachment in 3-year-old children, and the parents completed the CBCL. Type A attachment was predominant for fathers (64.7%), children at the age of 3 (51.5%), and for grandmothers (42.4%)(three-category). There was a lower than expected frequency of Type B attachment for distributions of samples drawn from normative populations. Like Grossmann et al.’s (1985) Bielefeld study, the present study represented an “outlier” in cross-cultural comparison. The thesis of the numeric normativity of secure attachment was not supported. The predominance of Type A1-2 and the low rate of Type B children were not associated with parent-rated psychopathology. None of the parent ratings of their children on the CBCL fell into the clinical range. Neither the mothers' nor the children's attachment classifications showed any concordance with the CBCL-values, apparently also depending on the small sample size and low base rate of psychopathology, resulting in a small variation of CBCL-values. The low level of parental sensitivity validated the predominance of insecure attachment. The mothers were significantly more sensitive than their spouses, and the babies were significantly more cooperative with their mothers at the child ages of 7 weeks and 6 months. Maternal sensitivity and infant cooperation, at the child ages of 7 weeks and 6 months, significantly predicted the secure attachment of 1- and 3-year-old children. The mother’s secure attachment classification, assessed during pregnancy, significantly predicted her sensitivity and the cooperation of her baby when the child was 7 weeks and 6 months. The results are discussed in terms of the numeric normativity of secure attachment, the self-protective cultural scripts of the old rural way of life across three generations in Finland, the size of the sample and the scoring procedures used.

P133 What's around toddler's feeding?: Interviews with French mothers
Bordet J. (Université de Bourgogne FRANCE / Université de Lausanne SUISSE, Switzerland), Sanchez S. (Nestlé Research Center, Switzerland), Benony C. (Université de Bourgogne, France), Pierrehumbert B. (CHUV, Switzerland)
This study proposes to investigate how 33 French mothers and their toddlers (from 12 to 24 months old), in the current world wide context of campaigns against obesity and unhealthy habits, interact around food, eating and feeding. We studied how maternal
representations of food, own experiences around food, but also social cognition and object relations influence the quality of feeding interactions between mothers and their toddler, in the second year of life. In other words, which heritage form their past and current relation to food mothers will give to their toddlers in terms of pleasure with food, healthy eating behaviours and habits, etc. Our hypotheses are the following: (1) Mother's own experience (during childhood, adolescence or current life) toward food will have an impact on how they feed their toddlers and on what they prioritize in toddler's feeding (e.g.: nutritional balance, socialisation in eating etc&). (2) Mother's experiences toward food will be linked to the way she invests emotions in relationships to her toddler and to the complexity of her representation of her toddler (cf. items of the SCORS-G scale by Westen, 1997). We did semi-directive interviews with 33 French mothers of healthy toddlers (12-24 months) during two hours. We analysed those interviews (1) qualitatively with a thematic analysis to get some input on mothers' representations and preoccupations on eating/feeding and (2) quantitatively investigating mothers' social cognition and object relations (using the SCORS-G from Westen, 1997). Our preliminary results show that, even if they want to transmit the same to their toddlers (healthy eating habits) mother's who experienced and/or are experiencing problematic relationships to food do not use the same method to teach good habits to their toddlers as compared to mothers with healthy eating experiences. Analyses on mother's social cognition and object relations are on going.

**P134 Influence of exercise intervention for infants on their physical activity and sleep rhythm: Approach based on activeness evaluation**

Yagyu T. (Aikokugakuen University, Japan), Sano H. (Aikokugakuen, Japan)

The purpose of this study is to examine the influence of exercise intervention for infants on their physical activity and sleep rhythm. Recently, problems in infants, such as decrease in the amount of exercise and disrupted daily rhythm of diet or sleep, have become increasingly serious. Therefore, we've worked on: 1) to measure the change in physical activity by performing exercise intervention; 2) to review the relationship between the measured physical activity and infants' activeness evaluated by their nursery school teacher; and 3) to clarify the relationship of physical activity and sleep rhythm. With subjects of 27 infants aged 5 to 6 (16 boys and 11 girls) who go to nursery school in Tokyo, we've made an examination for three weeks in which exercise intervention was performed during the second and third weeks except for the first week. The measurement of physical activity such as number of steps and exercise time was performed by using an accelerometer (Lifecoder EX) put on the subject infants and the data was collected and recorded. Questionnaire was used for activeness evaluation of infants and for survey on lifestyle habits including bedtime and sleep time respectively. Activeness evaluation was performed a few months after the three weeks of examination had been completed, while the survey on lifestyle habits was performed during the same period as the measurement was conducted by the accelerometer. Based on the result of activeness evaluation, the infants were divided into two groups; i.e. high-activity group and low-activity group. Number of steps and exercise time of middle to high intensity (level 4 to 8) as a physical activity amount were significantly increased in both high-activity group and low-activity group by exercise intervention. While positive correlation between infant's activeness and the number of steps has been known in previous studies, no difference based on activeness evaluation was observed in the results this time both in the number of steps and exercise time. On the other hand, bedtime and sleep time have shown difference depending on the activeness. That is, it has been proved that bedtime was earlier and sleep time was longer in high-activity group than in low-activity group. Further, in terms of sleep time, it has been shown that difference in sleep time on holidays depending on activeness had been eliminated after exercise intervention. The study has clearly shown that physical activity is substantially increased by exercise intervention. However, it is still unclear how physical activity is associated with activeness, and it will be required not only to merely increase physical activity but also to improve activeness qualitatively.

**P135 Parents and children’s perceptions about parenting in a context of poverty**

Noblega M. (USMP, Peru), Muñoz P. (USMP, Peru)

This poster presents the results obtained from a qualitative research which explored the children and parent’s perceptions about the family characteristics, the roles assigned to mother and father, childrearing practices, use of punishment and maltreatment. The research was made in a slum of a district of Lima, Peru, this is a poor community created 10 years ago and it is in a legalization process. The participants were a group of 36 mothers and fathers and 15 boys and girls who are between 7 and 11 years old. For data collection, focus groups were used with fathers and mothers and children participated in play sessions. The results discussed the particular mean that punishment takes for children and parents considering the context of poverty in which these families live.

**P136 The baby on the screen: The parents' experience of ultrasound examination**

Pantalone N. (University "G. d'Annunzio" - Chieti, Italy), Ricciardi P. (University "G. d'Annunzio", Italy), Trivelli M. (University "G. d'Annunzio", Italy), Babore A. (University "G. d'Annunzio", Italy)

The quality of the parent-fetus emotional bond is really important for the subsequent attachment relationship and for the infant's psychological development. During pregnancy parents construct an "imagined baby" and this process may be influenced by their personality and their experience of this period. An important moment in the construction of the relationship with the child-to-be during pregnancy may be represented by the experience of ultrasound scan, whose role in the development of the imagined baby has been variously considered (SoulÀ", 1982; Boyer, Porret, 1987). In some studies this experience is considered a limit (or a break) for the process. From this point of view the screen images could play a catalyst role for the construction of the parental
awareness, with different implications for mothers and for fathers. The general aim of our study was to explore the role and the affective meaning of the ultrasound scan for parents-to-be, with a particular interest for the emotional implications of seeing "the baby on the screen". We referred to some topics of IRMAG and IRPAG (Interviews of Maternal and Paternal Representations During Pregnancy; Ammaniti, Candelori et al., vers. Ch), used during the seventh month of pregnancy, when the parental couple has experienced more ultrasound scan sessions. The sample consists of 100 subjects (50 couples), at their first experience of parenthood. According to IRMAG and IRPAG, they were asked about their personal and their partners experience of the ultrasound exam (by describing thoughts, emotions and mood). In addition questions about imagined child have been considered in order to compare with the experience with the real baby, once born. Our first results show that ultrasound scan seems mainly to provoke an escalation of the parents' awareness of the baby, reinforcing his reality, although in different ways for each parent: while the mother experiences fetal movements as the most important signal of the child's presence, the father realizes baby's existence mainly by observing partner's bodily changes and seeing the fetus on the ultrasound screen.

P137 Exploring internal working models of maternal and caregiving representations: The influence on the mother infant relationship
Hopkins F. (University of Melbourne, Australia)

This paper describes preliminary findings from a PhD research project that investigates two specific cognitive processes, namely, maternal representations and care giving representations in first-time pregnant women. The theoretical underpinnings of this study are informed by Bowlby's work on internal working models in relation to care giving (CR) and Stern's work on maternal representations (MR). The MR can be described as mothers' internal subjective experiences of their relationship with their unborn baby during pregnancy. The CR can be described as mothers' internal subjective experience of being cared for and the use of these scripts' as a caregiver to their unborn baby. Ethics approval was granted to conduct a qualitative study of a group of fifteen first-time pregnant women attending an antenatal clinic for routine checkups at a metropolitan hospital. Data was collected using 2 in-depth interviews one, at 12 weeks pre-birth and another at 12 weeks post-birth. A journal with 3 set questions was kept for the duration of the pregnancy and for 3 months postpartum. Three quantitative scales (MAAS, PBI & WBPBL) were administered. Data was analyzed using narrative analysis. Gee's methods for analysing extended narratives of experience for example stanza was used to organize and analyse the data. Data from the quantitative tools was used to add richness and thickness to the data. Preliminary findings from the data indicate that MR and CR in a non-clinical population are similar to a non-clinical group and are infused with anxiety which is pervasive and emerges in dreams and is particularly common up until the first ultrasound. Implications for health professionals such as midwives include the need for midwives to provide a space for pregnant women to articulate fantasies, dreams and imaginings about their unborn baby. This space foregrounds the importance of the psychological processes of pregnancy in midwifery practice.

P138 Neuroendocrine functioning in relation to other developmental domains in Portuguese institutionally reared children: Preliminary longitudinal findings

Marques S. (University of Minho, Portugal), Soares I. (University of Minho, Portugal), Sousa N. (University of Minho, Portugal), Silva J. (University of Minho, Portugal), Baptista J. (University of Porto, Portugal), Mesquita A. (University of Minho, Portugal), Palha J. (University of Minho, Portugal), Martins C. (University of Minho, Portugal)

Few studies have investigated the impact of child's institutionalization, following early parental deprivation, on the relations between neuroendocrine functioning and other developmental domains. Studies in rodents and primates suggest that responsivity and regulation of the HPA system later in life may be shaped by early social experiences (Levine, 1994; Suomi, 1991). There is increasing evidence that children in deprived rearing environments show marked disturbances in diurnal cortisol rhythms. In this line, some studies revealed that toddlers living in orphanages in Russia and Romania have blunted early morning cortisol levels and no systematic decrease in levels over the course of the day (Carlson & Earls, 1997; Kroupina et al., 1997). Similarly, low early-morning levels have also been noted for domestically neglected children soon after placement in foster care (Dzierz et al., 2006). Aiming to contribute to a further understanding of the relations between neuroendocrine functioning and other child's developmental domains, a longitudinal study was conducted with children from birth to 30 months. Children were assessed repeatedly starting with a baseline assessment at the time of admission, and afterwards, every three months. Child's neuroendocrine functioning as well as physical growth, cognitive level, temperament, and socio-emotional functioning were longitudinally assessed. The measures are: (1) daily cortisol levels in saliva samples, collected at 7 am; at 11 am; at 5 pm, for neuroendocrine functioning (2) standard measures of weight, height, head circumference for physical growth; (3) the Bayley Scales of Infant Development (BSID-III; Bayley, 2005) for assessment of cognitive, language and motor development; (4) the Ages & Stages Questionnaires — SE (Squires, Bricker & Twombly, 2002) for social-emotional development and (5) the Infant Characteristics Questionnaire (Bates, Freeland & Lounsbury, 1979) to assess temperament. Preliminary findings about neuroendocrine functioning related to other developmental variables throughout child's institutionalization will be presented.

P139 Education and caring for the children at the daycare center in Keimyung College University, Korea.
Yoon B. (Keimyung College University, South Korea)

Background. The center opened 2005 Spring by the college, for staffs' welfare and students practicum on the campus and also working family in community. The center provide education and care service for 99 children within 2 to 5 years old. The teacher's have teacher's certification for the early childhood education from the Keimyung college univeristy. Daily schedule The daycare
Based on a study of a group of migrant's children, we will analyze the vulnerability and resources of babies and young migrant's French language very quickly when they start going to school; some cannot do it because of speech or affective disorders. Whereas the majority of migrants (firstly newcomers or children of migrants) learn context at a stage of their development. The service of Child and Teenager Psychopathology of the Avicenne Hospital provides representations of the benefits brought by mother-tongue transmission to migrants' children and to children evolving in a multicultural environment.

Bilingualism 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. The service of Child and Teenager Psychopathology of the Avicenne's Hospital provides care for a great number of migrant's children. Whereas the majority of migrant (firstly newcomers or children of migrants) learn French language very quickly when they start going to school, some cannot do it because of speech or affective disorders. Based on a study of a group of migrant's children, we will analyze the vulnerability and resources of babies and young migrant's children practicing their mother tongue.

P140 Infants' mental health and BA courses on Early Childhood Education: What should infants care givers and educators know and be able to do?
Staats H. (Family Center, University of Applied Sciences Potsdam FHP, Germany), Ludwig Koerner C. (Family Center, University of Applied Sciences Potsdam FHP, Germany), Grunwald W. Early childhood educators are in a privileged position. In working with infants and toddlers they can contribute to the development and mental health of children throughout their life. The importance of highly qualified education for the very young is becoming more and more accepted. Early education has become a recognized academic field in Germany. However, research is only starting on questions, what nursery educators should know and what they should be able to do. Courses differ widely in the knowledge they teach, the capabilities they train and even in the attitudes they aim to develop. The workshop offers the opportunity to discuss the different approaches to teach early childhood education with respect to fostering infants' mental health, their emotional and social development. As an introduction, the discussants offer an input on a five year old Bachelor courses in early education at the University of applied Sciences in Potsdam. The course maintains a strong focus on early childhood (infant) education and on understanding children and their parents using a developmentally oriented psychoanalytic stance. Research on selection criteria for students in this course and on students' outcome and their professional development is presented.

Thursday: Poster session: Cross Cultural Studies

P142 Satellite babies in our transnational world: Diagnostic trends
Steinberg C. (Canada)
In 2006, I had the privilege of founding an Infant Mental Health Clinic in Richmond B.C Canada. I will describe this multi-ethnic community (60% recent immigrants). Our program is an assessment, diagnosis and treatment facility, which sees Chinese families in proportion to the population. I will describe the large volume of families seen and significant numbers of satellite babies/children assessed and treated. Borh and Tse(2009) clearly outline the challenges People's Republic of China immigrants face in raising their children in North America. A significant number here also select to send their children back to PRC to be raised by family there. In this poster, I will describe background knowledge, approach, and history-taking skills that I have found important in assessing these children. I will go on to describe 3 diagnostic areas that are over-represented in these children and give case examples. It is important to recognize these as merely my clinical impressions. I believe there is validity in considering these trends in looking to community service provisions, treatment trends and ultimately counsel for families.

P143 Study of vulnerability and resources in young migrant's children practicing their mother tongue
Rezzoug D. (Avicenne Hospital, France), Bennabi M. (Amiens University, France), Serre G. (Avicenne Hospital, France), Moro M. (Cochin Hospital Maison des Adolescents, France)
Bilingualism 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. The service of Child and Teenager Psychopathology of the Avicenne's Hospital provides care for a great number of migrant's children. Whereas the majority of migrant (firstly newcomers or children of migrants) learn French language very quickly when they start going to school, some cannot do it because of speech or affective disorders. Based on a study of a group of migrant's children, we will analyse the vulnerability and resources of babies and young migrant's children practicing their mother tongue.

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P144 Working with children of immigrant parents: clinical viewpoints and research orientations
D’Autumne C., Taieb O. (Avicenne Hospital (APHP), France), Rezzoug D. (Avicenne Hospital, France), Baubet T. (Avicenne Hospital (APHP), France), Moro M. (Avicenne Hospital (APHP), 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 theirs families, we have built a specific setting. We will show an example of this therapeutic setting which takes in 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 term 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 judgements 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.

P145 Child-rearing strategies and caregiver-infant interaction among Chinese Canadian and European Canadian mothers: A cross-cultural study
Chan J. (York University, Canada), Bohr Y. (York University, Canada)

Much of the literature on caregiver-infant interaction is heavily biased by a focus on western culture. Thus, mental health clinicians who provide assessments and interventions to parents who are experiencing difficulty with their young children are challenged by the often inadequate theories and empirical knowledge to inform their practice. Although abundant research with North American families has shown that mother-infant-interaction is affected by many variables, including child behaviour problems, parental attributions, caregiver stress, caregiver confidence, and caregiver sensitivity, few studies have examined these variables among ethnic minority populations. Using a combination of quantitative and qualitative methods, this study assessed cultural differences in parental beliefs and perceptions, and caregiving strategies in a sample of first generation Chinese mothers, and Canadian-born mothers of European descent, with children between the ages of 1.5 and 3. Quantitative analysis revealed few significant differences in parent and child variables across groups. Although Chinese Canadian mothers reported greater perceived child behaviour problems and higher parenting stress than European Canadian mothers, differences in household income partially accounted for these findings. However, after controlling for household income, Chinese mothers had significantly lower caregiver total sensitivity scores $F(1,21) = 6.37$, $p <.05$, than European mothers. Interviews with participants revealed that both groups valued the importance of giving love, care and support to children, providing opportunities to learn and grow, and ensuring children’s happiness. However, Chinese Canadian mothers placed a greater emphasis on academic achievement, relationships with extended family and friends, respect for elders, and the importance of teaching, guiding, and directing children. European mothers were more likely to encourage the development of independent behaviour, sociability, and the expression of affection and emotion in their children. Therefore, in spite of the few significant differences observed in parent-child interaction, and obtained from standardized measures, the two groups of parents in this study reported considerable variations in parenting values and practices, suggesting that a range of parenting beliefs and strategies can lead to similar family mental health outcomes.

P146 Adaptation and validation of the HOME Scale for Turkish-German toddlers in Germany
Otyakmaz B. (Duisburg-Essen University, Germany)

According to Caldwell and Bradley (2003), the developers of the HOME Inventory, this measurement is one the most widely used instrument to assess the developmental context of children. Numerous studies, including those of Bradley and colleagues, have been concerned with the lack of validity of the HOME Inventory in ethnic and minority groups in the USA (Bradley et al., 1989, 2001). Referring to the validity criterion it was found in a comparative study with Anglo-American, Afro-American and Mexican-American samples (Bradley et al., 1994) that the relationship between HOME scores and the cognitive developmental scores of the children was stronger in the Anglo-American sample than in the two other groups. It was assumed that a cultural bias underlying the item construction caused these validity differences and therefore Bradley and colleagues proposed to develop supplement items to the HOME Scale in order to detect culture specific aspects in the home environment of minority children. For the assessment of the developmental context of Turkish-German toddlers in Germany the author composed culture specific supplement items. In a validation study the original items and the supplement items were applied to 36 Turkish-German and 35 German families with infants at the age of twelve months. The results of the study suggest that an addition of supplement items can increase the validity of the HOME Scale slightly but that a criterion oriented item selection of the original items is a more successful approach.
Thursday: Poster session: Emotion Regulation and Disorders of Temperament

P147  Are regulatory problems in infancy precursors of ADHD in childhood?: A moderating role for the dopamine D4 receptor gene
Laucht M. (Zentralinstitut für Seelische Gesundheit, Germany), Blomeyer D. (Zentralinstitut für Seelische Gesundheit, Germany), El-Faddagh M. (Clinical Center Karlsruhe, Germany), Esser G. (University of Potsdam, Germany), Schmidt M. (Zentralinstitut für Seelische Gesundheit, Germany), Banaschewski T. (Zentralinstitut für Seelische Gesundheit, Germany), Becker K. (University of Marburg, Germany)

Objectives: Research addressing the issue of whether infant regulatory disorders are possible precursors of ADHD has been inconclusive. The present study was designed to examine whether variation in dopamine genes impacts on the risk of infants with regulatory disorders to develop later ADHD. Methods: Participants were drawn from the Mannheim Study of Children at Risk, an ongoing epidemiological cohort study following the outcome of early risk factors from birth to adulthood. 300 children (145 boys, 155 girls) were characterized on measures of regulatory problems in infancy as well as ADHD symptoms and diagnoses from childhood to adolescence according to DSM IV, using standardized psychiatric interviews and behavioral observations. The dopamine receptor D4 (DRD4) exon III VNTR genotype was obtained from genomic DNA. To examine a potential moderating effect of DRD4 on the association between infant regulatory problems and ADHD measures, linear and logistic regression models were performed. All models were adjusted for gender, family adversity and obstetric risk status. Results: Children with regulatory problems in infancy who were carriers of the DRD4 7r allele displayed significantly higher rates of lifetime ADHD and had more ADHD symptoms during development than those without regulatory problems or carrying other alleles. In particular, in children without the DRD4 7r allele, a history of regulatory problems in infancy was unrelated to later ADHD. Conclusions: This is the first evidence to suggest that, in carriers of a genetic risk factor for ADHD, regulatory problems in infancy predict ADHD later on. However, replication is needed before firm conclusions can be drawn.

P148  Infant’s psychophysiological profile and temperament at 3 and 12 months
Costa R. (University of Minho, Portugal), Figueiredo B. (University of Minho, Portugal)

Objective: This study is intended to analyze (1) differences in infant temperament at 3 and 12 months according to infants’ psychophysiological profiles: “withdrawn”, “extroverted”, and “underaroused”, (2) changes in infant temperament from 3 to 12 month, and (3) changes in infant temperament from 3 to 12 months according to the infant psychophysiological profile and the quality of mother-infant interaction. Method: Ninety four 8 week-old infants were assessed using the Neonatal Behavioral Assessment Scale (NBAS, Brazelton & Nugent, 1995) and the Alarm Distress Baby Scale (ADBB, Guedeney & Fermanian, 2001). Sinus samples were collected at 8 to 12 weeks old, both before and after a routine inoculation for cortisol reactivity measurement. Mother-infant interaction was evaluated at 12 to 16 weeks, using the Global Rating Scales (GRS, Murray, Fiori-Cowley, Hooper, & Cooper, 1996) and mothers’ reports on infant temperament at 3 and 12 months were collected using the Infant Behavior Questionnaire (IBQ, Rothbart, 1981). Results: Significant differences in mothers’ perception of infant temperament were found at both 3 and 12 months in infants with distinct psychophysiological profiles. Stability was observed in most of the temperature’s dimensions from 3 to 12 months old; still, there were changes in mothers’ perception of infant temperament in terms of level of distress, cuddliness, sadness and approach. Infant psychophysiological profile and mother-infant interaction both interfere with the pattern of those changes. Conclusion: The results corroborate that both infant’s early life characteristics and the environmental factors interfere with mothers’ perception of infant temperament and their changes across the 1st year of life.

Hommel S. (Parent Infant Toddler Counselling, Germany), von Hofacker N. (Klinikum München, Germany)

Purpose of study: This retrospective study examined a clinical sample of children with Feeding Disorders to study the differences between Posttraumatic Feeding Disorders (PTFD) and non-posttraumatic Feeding Disorders (non-PTFD) in perceived levels of stress by mothers and children and disturbances in their relationship. The children and their parents were treated with an interaction- and relationship-focused psychotherapy model in an inpatient child and adolescent psychosomatic department in Munich, Germany. Methods: The children ranged in age from 0 to 6 years and were hospitalized for 1 to 19 weeks. Their Feeding Disorders were classified according to the criteria by Chattoor (2002). 43 children out of 65 met the criteria of Feeding Disorders as a primary diagnosis, 22 children met the criteria for PTFD, 21 did not. The two groups did not show significant differences in age, gender, race and socioeconomic status and prematurity. The groups with PTFD (n=22) and non-PTFD (n=21) were compared by child and maternal variables and cumulative scores of perceived stress levels before and after treatment. Results: Children and mothers of both groups showed high levels of perceived stress. Children of the PTFD-group showed more severe somatic symptoms, more psychosocial stress indicators and higher cumulative stress scores. All mothers showed high psychosocial stress levels. Both groups showed high levels of relationship disturbances and high levels of forced feeding. Both, the PTFD- and the non-PTFD-group experienced a significant reduction of symptoms in the children, of stress levels in children and mothers, and an improved quality of mother-child-interactions after treatment. However, the PTFD group required longer treatment. Conclusions: We found more distress in children with PTFD and in their mothers, and more disturbances in the relationship between them. There were more very vulnerable children in the PTFD group, due to their associated medical condition, and extremely high
incidents of tube feeding. Overall this study demonstrated very severe levels of stress and somatic symptoms experienced by children with PTFD requiring the longest treatment.

P150 Infant emotion reactivity & regulation: Role of maternal depression
Moran T. (Erikson Institute, United States), Franklin C. (U of Minnesota, United States)
A large body of evidence suggests that being reared by a mother who has experienced an episode of postpartum depression places the infant at risk for disrupted socio-emotional development and later psychopathology. However, methodological difficulties including discordant definitions of postpartum depression and the use of paradigms involving the mother-infant relationship to assess infant emotionality in infants, the Laboratory Temperament Assessment Battery (Lab-TAB; Goldsmith & Rothbart, 1999). Participants were 30 women who met DSM-IV criteria for Major Depressive Disorder, 50 women who did not endorse significant depressive symptoms and their 8 -13 month old infants. Mother-infant dyads were visited within their homes five months after they had completed a diagnostic interview. At that time, six episodes from the Lab-TAB were conducted that are designed to elicit fear, anger, and positive affect. Emotional reactivity was coded using the AFFEX (Goldsmith & Rothbart, 1988) and composite scores were generated for each emotion regarding average latency to express the emotion, average intensity of the emotion, and total emotional expression time. There was a non-significant trend for infants of depressed mothers to display more intense fear and to remain fearful longer. There was no difference between groups in latency to express anger, amount of time spent expressing anger, or in intensity of anger expression. Infants of depressed mothers exhibited less intense pleasure to stimuli designed to elicit that emotion, but did not spend less time displaying pleasure nor have a longer latency to display pleasure. Change scores (Buss and Goldsmith, 1998) suggested that lying with clothing or an object and interacting with the stimulus were effective at regulating both fear and anger. In addition, averting gaze was effective in regulating anger. Follow-up analyses revealed that infants of depressed mothers used gaze aversion more frequently and were less likely to engage in social referencing during episodes designed to elicit fear. The implications of these findings for the nature and transmission of risk as well as treatment will be discussed.

P151 Infant-mother attachment status in relation to infant emotion regulation
Sherman L. (United States), Ramos-Marcuse F. (University of Maryland School of Nursing, United States), Stupica B. (University of Maryland, United States), Cassidy J. (University of Maryland, United States)
Effective emotion regulation is an important component to mental health (Gross & Munoz, 2006). Following from attachment theory (Bowlby, 1969/1973), Cassidy (1994) suggests that insecure/avoidant children learn to minimize emotional signals in order to avoid the painful experience of maternal rejection, whereas insecure/ambivalent children learn to heighten emotional signals in order to ensure a response from an inconsistent caregiver. The present investigation tested these propositions by examining changes in infant emotion regulation during frustration between 5 and 12 months as a function of their attachment classification at 12 months. Data come from 149 irritable infants and their economically stressed mothers enrolled in a randomized controlled study (73 intervention, 76 control). At infant ages 5 and 12 months, infant response to frustration was coded from an arm restraint procedure (see Stifter & Fox, 1990) on a four-point scale: 0 (no reactivity) to 3 (high reactivity). Inter-rater reliability was high (ICCs = .99). At 12 months, infant-mother attachment was assessed in the Strange Situation (Ainsworth et al., 1978) by blind, reliable coders. Because of the theoretical basis of the study (described above) infants initially considered as disorganized or unclassifiable were assigned their underlying secure, avoidant, or ambivalent classification. A repeated-measures ANOVA revealed a significant main effect of time, F(1, 143) = 17.26, p < .001. The effect of treatment group was not significant, nor was any interaction containing treatment group. There was, however, a significant Time x Attachment interaction, F(2, 143) = 3.31, p = .039, for response to frustration. Post-hoc probing indicated that, at 5 months, there were no significant differences among the three attachment groups, F(2, 146) = 1.86, p = .15; at 12 months, however, the three attachment groups differed significantly, F(2, 146) = 5.65, p = .004. Post-hoc tests revealed that, at 12 months, avoidant infants had significantly lower response to frustration than secure and ambivalent infants, although the latter two groups were not significantly different from each other. Findings support the notion that 12 month olds, who did not differ at 5 months, learn to express their distress in response to frustration based on their attachment-related experiences with their caregivers. The theoretical and clinical implications of these findings will be presented at the conference.

P152 Emotion regulation in infants of adolescent mothers
Neault I. (Département de psychologie, UQÀM, Canada), Cossette L. (Département de psychologie, UQÀM, Canada), Houle K. (Département de psychologie, UQÀM, Canada), Mihalescu P. (Département de psychologie, UQÀM, Canada)
Introduction Emotion regulation is an essential component of psychological adjustment, even in young infants. It thus appears crucial to identify the factors that can contribute or compromise the development of emotion regulation in early infancy. Research has shown that the quality of child interaction with his/her family and the quality of parenting practices play a critical role in this process (Holodynski, Friedlmier, & Harrow, 2006). Poor parenting skills, as often observed in adolescent mothers, could thus be an important risk factor for infants. The aim of the present study was to compare the development of emotion regulation in infants of adolescent mothers and of adult mothers and to examine the relationships between maternal behaviors and infants' emotion expressions and regulatory behaviors. Method The total sample included 107 infant-mother dyads (50 adolescent mothers). Except for age, the sociodemographic characteristics of adult mothers were similar to those of adolescent mothers. The dyads were observed during face-
to-face interaction when infants were 4 months and 10 months of age. Infants were also observed when left alone during a brief period of time. Infants' and mothers' facial expressions of emotions were coded using Max (Izard, 1983). Infant regulatory behaviors (self-comforting, distraction, withdrawal, and self-stimulation) and mothers' interactive behaviors (gazing, proximity, physical contact, etc.) were also coded. Results Overall our results show similar regulatory capacities and emotional expressions in both groups of infants. Compared to infants of adolescent mothers, more infants of adult mothers were found to express negative emotions when left alone at 10 months. No other differences were found between the two groups. Not surprisingly, both groups of infants showed more negative affect when left alone than while interacting with their mother and this difference increased with age. Both groups of infants also used more regulatory behaviors with age. The comparison of adolescent and adult mothers' behaviors with their child reveals once again very few differences between the two groups. Further analyses will be conducted to compare adolescent and adult mothers' responses to their child emotion expressions and to examine the relationships between mothers' and infants' behaviors.

P153  The 3 month stability of a parent-reported measure of infant temperament
Bouvette-Turcot A. (McGill University / Douglas Hospital, Canada), Minde K. (Douglas Hospital, Canada), Steiner M. (Women's Health Concerns Clinic, St Joseph's Hospital, University of Toronto/McMaster University, Canada), Meaney M. (Douglas Hospital/McGill University, Canada), Wazana A. (McGill University/Jewish General Hospital, Canada)
Temperament is a constitutional factor in children that is considered to be inherently stable. Assessment of infant temperament is of particular relevance since it allows for an early evaluation of behaviour prior to the full influence of familial environment (Rothbart & Derryberry, 1981). A measure of temperament that has been studied extensively is the IBQ-R (Infant Behaviour Questionnaire-Revised; Garstein & Rothbart, 2003). This parent-report measure has been designed to assess temperament in infants aged 3 to 12 months and is comprised of 14 subscales (Activity Level, Distress to Limitations, Approach, Fear, Duration of Orienting, Smiling and Laughter, Vocal Reactivity, Sadness, Perceptual Sensitivity, High Intensity Pleasure, Low Intensity Pleasure, Cuddliness, Soothability, and Falling Reactivity). So far, there is good evidence to suggest the IBQ-R's concordant validity and internal reliability (Garstein & Rothbart, 2003) but there is no evidence for its stability. Hence, with the present research, we aimed to get a better understanding of the stability of temperament as a construct. The sample consisted of 590 children recruited from community populations in Montreal and Hamilton (Ontario) in the prenatal period. Each site consisted of healthy control babies (normal weight) and a high risk sample (intrauterine growth retardation, or prenatal maternal depression). Eligibility criteria included age 18 or over, singleton gestation, and fluency in French or English and excluded women with severe chronic illness (other than hypertension, asthma, or diabetes) and other serious medical conditions (e.g. placenta previa). Only babies born at 37 weeks or longer gestational age were included and children exhibiting significant developmental delays according to the Bayley were removed from the study. Measures included birth weight, prenatal depression score (EPDS; Edinburgh Ante/Postnatal Depression Scale; Cox et al., 1987), maternal depression score, number of life stressors and the IBQ (3 and 6 months). Preliminary analyses reveal higher scores for Distress to Limitations, High Pleasure, and Sadness for boys at 3 months and 6 months of age. Moreover, at 3 months, Approach and Perceptual Sensitivity scores seem to increase as birth weight increases. However, this trend did not remain for 6 months ratings. The stability of the IBQ from 3 months to 6 months will be presented, as will the factors associated with the stability of the score.

P155  Prenatal maternal stress and parental ratings of negative emotionality
Dragan W. (University of Warsaw Faculty of Psychology, Poland), Rozmysłowska J. (University of Warsaw Faculty of Psychology, Poland), Pawlus B. (Holy Family Obstetrics and Gynecology Hospital, Poland)
Previous research indicates that prenatal maternal stress can have a lasting influence on infant and child development. The aim of the present study was to examine possible associations between prenatal maternal stress and infant negative emotionality perceived by both parents. The sample consisted of 188 mother-infant and 166 father-infant dyads. Maternal stress was evaluated during the third trimester of pregnancy by means of Perceived Stress Scale. Infant negative emotionality traits (Fear, Sadness, Distress to limitations and overall Negative Affectivity) were assessed by means of the Infant Behavior Questionnaire – Revised (IBQ-R) at 5 months of age. Prenatal maternal stress experiences were significantly related to maternal ratings of Fear (beta=.23, p<.005), Sadness (beta=.16, p<.05) and Negative Affectivity (beta=.2, p<.01). These associations were not explained by mothers’ postnatal depressive symptom scores. Furthermore, there were no significant associations between maternal stress and paternal ratings of infant temperament. This study confirms relationships between maternal ratings of prenatal stress and infant negative emotionality.

P156  The characteristics of Korean preschooler's behavior problems in comparison between mother's report and teacher's report
Lee K. (Hanshin University,South Korea, South Korea), Shin Y. (Yonsei University, South Korea), Park J. (Namseoul University, South Korea)
The purpose of this study was to examine the characteristics and trends of Korean preschooler's behavior problems in comparison mother's report and teacher's report. Subjects were 245 preschoolers(137 boys, 101 girls) between 3 years old and 5 years old. The instruments included: (a) Korean version of Child Behavior Checklist 1.5-5, (b) Korean version of Strength and Difficulties Questionnaire. Results are as follows. 10.2% of preschoolers showed internalizing behavior problems and 13.1 % of them showed externalizing behavior problems at high risk by mother's report. 24.8% of preschoolers showed social problems and 26.8% of them showed attention-impulsivity problems at high risk by teacher's report. Preschooler's internalizing behavior problems of mother's
report was similar to that of teacher’s report. On the other hand, preschooler’s inattentive and hyperactive problems of teacher’s report were roughly double that of mother’s report.

P157 Validating sensory processing alterations and emotional and behavioral symptomatology in Regulatory Sensory Processing Disorders

Pérez-Robles R. (Universitat Autònoma de Barcelona, Spain), Bullabriga J.(Universitat Autònoma de Barcelona, Spain), Doval Diéguez E. (Universitat Autònoma de Barcelona, Spain), Caldeira da Silva P. (Unidade de Primera Infância-CHLC-Hospital Dona Estefânia, Portugal)

The aim of this study it is to contribute to validate Regulatory Sensory Processing Disorder diagnostic criteria, with external validity data about the presence and gravity of sensory processing difficulties and emotional and behavioral symptomatology in this diagnostic. We compare two groups of toddlers, one of them with RSPD (N=14) and the second group with another DC:0-3 diagnostic (N=46). We assess in a independently way of clinical opinion: a) the sensory processing characteristics with the Infant Toddler sensory Profile (ITSP) and b) the emotional and behavioral symptomatology with the Child Behavior Check-List (CBCL). The results showed in the RSPD group a statistically higher number of sensory areas with extreme scores and a higher number of sensory patterns with extreme scores. 78% of children with RSPD showed two or more concomitant sensory patterns. A significant high gravity of symptoms as withdrawn, inattention, developmental problems and externalizing symptomatology characterized RSPD group. We discuss the implications of this results about the RSPD diagnostic which has lack of studies validating its clinical criteria.

P158 Impact of prenatal, perinatal and postnatal adverse conditions on psycho-bio-social health in children

Shaqqir-Emini L. (University of Zurich, Clinical Psychology and Psychotherapy, Switzerland), Erni K. (University of Zurich, Clinical Psychology and Psychotherapy, Switzerland), Ehlert U. (University of Zurich, Clinical Psychology and Psychotherapy, Switzerland)

Theory: Different lines of research indicate a negative impact of adverse prenatal, perinatal and postnatal conditions on bio-psycho-social health and level of psycho-bio-social function. Objective: The goal of this study was to examine the influence of prenatal and perinatal adverse conditions, as prenatal stress, low weight and length on mental and somatic health. Also the impact of postnatal critical and transitional life events. Methods: Therefore we examined 96 ten-year-old children. The experimental group (n=37) was characterized by a glucocorticoid treatment of their mothers because of high risk of preterm delivery. As control group (n=59) we assessed a sample of children with anamnesis of preterm delivery risk but without glucocorticoid treatment. The second control group (n=34) was built up from age- and further matched children with a pregnancy without complications. For prenatal and perinatal objective adverse conditions were consulted medical histories of pregnant mothers and birth reports of all children. Mental health was assessed with the Diagnostic Interview for Psychiatric Disorders for Children (Kinder-DIPS), subjective health wellbeing and life events with a standardised half-structured anamnestic interview for children and parents and the Giessener Beschwerde Fragebogen für Kinder und Jugendliche (GBB-KJ) and with the Zürcher Lebens-Ereignis-Liste (ZLEL). Results: Data analyses show significant group differences in the psycho-social level of function and somatic well being/discomfort/diseases. There is in totally a variance of 9.2% to 15.4% of the independent variables explained through prenatal, perinatal and postnatal adverse conditions. Furthermore moderator analyses show no significant gender effect. Mediation analyses reveal a mediation effect of perinatal and postnatal adverse life conditions between prenatal stress and the psycho-bio-social functioning in ten-years-old children. Logistic regressions analysis show significant associations between adverse conditions and psychosocial dysfunctions in children at ten year (OR 2.205, 95% CI 1.067-4.599; OR 1.675, 95% CI 1.195-2.349). Conclusion: Prenatal stress, low weight and length on mental and somatic adverse conditions have an adverse effect on psychological and somatic well being in children. Adverse prenatal, perinatal and postnatal conditions can increase the risk for the development of psychosocial dysfunctions and pathology. These can have a negative influence on the quality of live in children and later adulthood. The results are important for the treatment of mothers exposed to prenatal stress and further for prevention and treatment of psychosomatic disorders in children and adolescents.

Thursday: Poster session: Evaluating Parent-Infant Psychotherapy

P159 Assessment and treatment structure and principles for child psychiatrically ill infants, toddlers and pre-school children and their families

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The Family Day Hospital for infants, toddlers and pre-school children at the Department of Child Psychiatry, University of Muenster, conducts treatment of referred child psychiatric patients between 0 and 5 and their families. Although the index patient is always the child, 31 % of parents, who were mostly previously undiagnosed, were equally admitted and treated as full psychiatric patients in their own right. The double specialist qualification within the Department of child and adolescent psychiatry as well as adult psychiatry allows for the treatment of both, the index child and any psychiatrically ill parent. The full child psychiatric assessment is complemented by specialist diagnostic procedures in cooperation with pediatrics, pedaudiology, child neurology and other specialist departments of the hospital allowing for a diagnostic range of mental health aspects from genetics to behavioral as well as attachment issues to psychodynamic psychotherapy according to the requirements of each child referred. Core principal of the treatment of the index child is based on video recorded and video-documented interactional diagnosis and treatment. Core elements in the overall
mental health assessment are the identification of parental factors on the one hand and child factors on the other hand, which as risk factors or protective factors may determine the specific and necessary treatment techniques of the interactional treatment of the specific infant, toddler or pre-school child and her or his parent as well as additional individual group and family work. Core elements of treatment constitute the attachment status of the child in combination with the presented child psychopathology especially of affect regulation disorders and self-disorders of the child in the context of dysfunctions of parental sensitivity, which in themselves may have their origin in dysfunctional stress factors in the present family, parental mental ill-health or in behavioral pattern or meaning-systems of the family of origin. The complex treatment structure of individual work with adults, separate group work with children and parents, multi-family work as well as the core treatment at symptom- and disorder-specific interactional family work including the use of video-assessment, video-treatment and video-feedback will be outlined in the context of the specific family -day-hospital treatment setting of parent-child play and interaction, peer-group play, eating situations, situations of toileting and tiredness and other treatment specific trigger situation which may become the focus of the video-based interactional treatment and other treatment modalities in an overall family psychiatric approach.

P160 Evaluating parent-infant psychotherapy: About bodily mobilizations and bodily interactions
Claudon P. (Université Nancy2-France, France), Ligehezzolo-Alnot J. (Université Nancy2-France, France), de Tyche C. (Université Nancy2-France, France), Dekkoumi S. (Université Nancy2-France, France), Roche G. (Université Nancy2-France, France)
Authors present a new tool to describe parent-infant interactions and communications. The tool is a guide-book: "Interactions and Bodily Mobilizations Observation" (IBMO). The "IBMO" guide-book considers both the dyadic unit and the individual contributions of the partners. That tool gives microanalytic data of interaction and communication from video. The interest of the "IBMO" is to describe with precision how bodily relationships participate or do not participate in emotional communication and intention exchange. The "IBMO" is useful for clinical research and useful to give preciseness during parent-infant psychotherapy when troubles are too much difficult to mark.

P161 MIPPS 1: The mother-infant psychoanalysis project of Stockholm
Salomonsson B. (Unit of Child Psychiatry, Karolinska Institute, Stockholm, Sweden)
During Oct.-05 – Jan.-09, an RCT compared mother-infant psychoanalytic treatment (MIP) with Treatment As Usual (TAU) in Stockholm. 80 mothers with infants < 18 months were interviewed with 6-month outcome interviews. INSTRUMENTS: Primary; mother-reported depression (EPDS) and infant functional problems (ASQ:SE) and interviewer-rated relationship (PIR-GAS). Secondary; mother-reported stress (SPSQ) and psychic distress (SCL-90), externally rated video-interactions (EAS). RESULTS: Treatment by Time effects significantly favoured MIP on the EPDS, SPSQ and PIR-GAS. Qualitative pre-treatment "ideal type" assessments yielded two infant types; those "affected" and "unaffected" by the disturbance. Two maternal types, the “Participants” and the “Abandoned”, reflected attitudes to psychoanalysis. For the “affected” infants, the PIR-GAS improved significantly more from MIP. For the Participants, the maternal EAS improved significantly more from MIP, and for the Abandoned, it improved nonsignificantly more from TAU.

P162 MIPPS 2: The mother-infant psychoanalysis project of Stockholm
Salomonsson B. (Unit of Child Psychiatry, Karolinska Institute, Stockholm, Sweden), Winberg Salomonsson M. (Unit of Child Psychiatry, Karolinska Institute, Stockholm, Sweden)
FOLLOWUP of the MIPPS study, Stockholm: The sample will be interviewed and tested at 4½ years to evaluate long-term effects of mother-infant psychoanalytic treatment (MIP) and TAU. INSTRUMENTS: The Working Model of the Child Interview (WMCI), the ASQ:SE; EPDS, SPSQ, SCL-90, and the SDQ (Strengths and Difficulties Questionnaire. Also provided by staff at day care centre). Interaction: the EAS. Child: Children’s Global Assessments Scale (C-GAS), Wechsler Preschool and Primary Scale of Intelligence (WPPSI-III), the Machover Draw-a-Person Test, and the Story Stem Assessment Profile (SSAP). Time-table: Interviews Oct. 2009 – June 2012.

P163 Babies want to have fun in a research study on the “infant to infant interaction” in group psychotherapeutic treatment with babies and mothers
Malmqvist Saracino A. (Infant and preschool team, Child- and adolescent Psychiatry, Stockholm, Sweden)
The author will present findings from a qualitative study. Seven psychotherapists exchanged their experiences of the “infant-to-infant interaction” phenomenon in slow open baby-mother groups in a “focus group interview”. The therapists describe the “infant-to-infant interaction” as fascination for each other, a particular force within the child to seek out same aged peers. The vitalizing force of their interaction promotes relationship development and the therapists use it as a therapeutic instrument for: be in the here and now, regulate affects, develop attachment quality and to create a sense of belonging and meaning for the infants- the mothers- the therapists and for the group as a whole. Therapists’ theoretical connections and interpretations linked to the phenomenon will be presented. Human beings are the most communal of animals, with an extraordinary ability to share purposes, experiences and feelings about what happens, without the benefit of words and other elaborate conventions. Infants have an inherent capacity - and a desire - to explore the world with others including same-aged peers. The attachment relationships within the dyad and triad context are insufficient to create a social and cultural being. Current, interdisciplinary infant research claims that babies are born with a “general relational capacity” in addition to the “dyadic program” that generates attachments. What is the significance of the “Theory of Companionship” for clinical practice, theory and research? How can the findings from the study promote psychotherapeutic treatment for infants and parents with
P164  An attachment-based parenting intervention for substance-abusing mothers: Preliminary findings from a randomized clinical pilot
DeCoste C. (Yale University School of Medicine, United States), Castiglioni N. (Yale University School of Medicine, United States), Suchman N. (Yale University School of Medicine, United States)
Although many substance abusing mothers caring for young children are at risk for insensitive and emotionally unresponsive interactions with their children, most interventions developed to date for this population adopt behavioral approaches that have generally failed to improve these critical dimensions of parenting behavior. Four years ago we were funded to develop and evaluate the Mothering from the Inside Out Program (MIO). MIO is the first parenting intervention developed for substance abusing mothers based on the principles of attachment theory and recent discoveries about the neural circuitry of addiction and parenting. In a nutshell, MIO aims to enhance maternal capacity for reflective functioning and representations of the child as a means to improving maternal caregiving sensitivity and responsiveness to infants and toddlers when they are emotionally distressed. MIO also aims to enhance maternal enjoyment of the relationship with infants and toddlers in order to reset the dopaminergic reward systems that have been altered by chronic drug abuse. Mothers who were enrolled in substance abuse treatment and caring for a child aged birth to 3 years were randomized to 12 sessions of MIO vs. the Parent Education Program (PE), an individual supportive comparison intervention. In this presentation, we will report on maternal and child outcomes from the 47 mothers who completed the randomized clinical pilot. Maternal outcomes will include representations of the child, reflective functioning, observed caregiving behavior, psychiatric symptoms and substance abuse. Child outcomes will include observed clarity of communication and efforts to engage the mother during structured interactions. Data has shown that MIO leads to greater improvement than PE in the majority of targeted parenting outcomes and psychiatric distress. Both MIO and PE mothers also achieved abstinence from drug use at the end of treatment. These preliminary findings indicate the potential promise of brief attachment-based parenting interventions offered within the context of outpatient substance abuse treatment programs for conjointly addressing parenting deficits and substance abuse.

P165  Multimodal care of women with mental disorders during pregnancy, postpartum, and early motherhood: A Dresden Pilot Project
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For a number of women maternity is not a time of myriad happy moments. Mental disorders are quite numerous in pregnancy and postpartum (20-30%). During pregnancy, mental disorders may affect the expectant mother as well as the unborn baby by providing a risk factor for its future development. They are correlated with complications during pregnancy and childbirth and do also interfere — moderated by physiological and endocrinological processes - with the prenatal development of the child. Postnatal mental disorders have an effect on the interactional and bonding behaviour between mother and child and may increase the vulnerability of the child. Therefore, mental disorders during pregnancy and postpartum require a prompt and multiprofessional treatment. However in the outpatient care these requirements are often not realized and in a lot of cases women have to wait too long for an adequate treatment. The Dresden Pilot Project is a cooperative project between the University Hospital Carl Gustav Carus Dresden (Clinic for Psychosomatic Medicine and Psychiatric Clinic) and the Youth Welfare Office Dresden. It aims to improve the prompt psychological and/or psychopharmacological treatment of women with mental disorders during pregnancy and early motherhood. The project will be evaluated to answer questions about the requirements (How many women need a specific treatment? How many women get a specific treatment? What are the characteristics of the included women? What are the access paths to the treatment?) and the additional benefit of a specific and multimodal treatment. We will give an overview about the study design and first analyses can be presented.

P166  Trauma, stress and postpartum depression: Video-analysis and treatment of a parent-infant attachment relationship
Tortora S. (Dancing Diologue LLC, United States)
How does trauma, stress and postpartum depression affect the developing parent-infant attachment relationship? This workshop describes the use of a multisensory psychotherapeutic treatment approach that supports this primary relationship. This program, called Ways of Seeing, is based on dance/movement therapy principles that incorporate movement, music, creative expression, and Laban nonverbal movement analysis to facilitate healing and change. This method is discussed within the context of attachment system theory and research, trauma, and painful early childhood experiences. Implicit knowledge, intersubjective motivations, early infancy memory, embodied attunement, and dyadic nonverbal therapeutic video-analysis support the psychotherapeutic approach. The Ways of Seeing method is exemplified through the presentation of a videotaped mother-infant dyad involving a preverbal and newly verbal child who has experienced a series of environmental stressors. These stressors include medical intervention in the NICU at birth, a mother who suffered from postpartum depression, and complex extended family dynamics.

P167  Predictors of outcome in infant functional or behavioral disorders and mother anxious-depressive symptoms after a brief parent-infant psychotherapy
Herve M. (Child and Adolescent Psychiatry Department - CHU Montpellier, France), Maury M. (Child and Adolescent Psychiatry Department - CHU Montpellier, France)
The efficacy of parent-child psychotherapies is widely recognized today. There is however less data on predictive factors for outcome in infants and toddlers and their parents. The aim of this study was to highlight predictive factors for outcome after a brief psychotherapy in a population of 49 infants and toddlers aged 3 to 30 months presenting functional or behavioral disorders. Two assessments were performed, one before treatment and the second a month after the end of the therapy. These assessments included an evaluation of the child's symptoms, and of depressive or anxiety symptoms in the parents. Mother-child interactions were studied for a part of the population. The assessments after therapy show complete or partial improvement in the child's symptoms for nearly three quarters, and a decrease in the number of anxious and depressive mothers, and in the number of depressive fathers. During mother-child interactions, mothers become more sensible; the number of controlling and unresponsive mothers decreases, and the children become more cooperative and less passive. Three independent factors appear as predictive of unfavorable outcome for the child: frequency and intensity of behavioral problems and fears, and the absence of the father at more than two thirds of consultations. The outcome for the mother is associated solely with her anxiety score at the start of the therapy. The children with behavioral disorders have before therapy more anxious-depressive and controlling-unresponsive mothers than children with only functional disorders. The mothers are less anxious-depressive after the therapy, but keep a lower sensibility. This study underlines the particular difficulties involved in the treatment of infants and toddlers presenting behavioral disturbances and emotional difficulties, and the value of involving the father in treatment.

P168 How can user-involvement of parents be integrated in a mental health team for infants and toddlers?
Haug S. (Vestre Viken HF, Buskerud Hospital, Division of Psychiatry, Unit of Child and Youth Mental Health, Norway)
Background: Infants and toddlers form a relatively new group of patients within mental health care where little research has been done in relation to theirs and the parents influence on the treatment. Purpose: The objective of this study was to explore what parents' expectations of a mental health team was, and the impact of treatment received. Did this treatment give them another understanding/perspective of their child, of their role as parents and of the family as such? And did they have any influence on the collaboration with other services involved? Theoretical framework The approach is phenomenological-hermeneutic. It is also based on theories of user participation, empowerment, family- and network theories and relational theories. Method: The study is qualitative with use of focus groups. Analysis is based on phenomenological approach inspired by Georgi. Findings: The parents' expectations of the team were influenced by the information received before treatment started. All were concerned with having a good relationship with the therapist, safety, and a helping context where they felt listened to and understood. This gave them a feeling of coping in their parental role, and to see their child in a different way. They revealed being content with the involvement in treatment, and the information given about assessment and treatment planning. They were also satisfied with the information given to other professionals involved in the treatment program. The informants expressed less satisfaction with the information-flow, communication and collaboration within the department they there treated and the various units and professionals there. Conclusion: Network building was experienced as a need in all the families. The fathers would like more focus on their role in the family. Considerable changes in family- and community structures and increasing number of ethnic minority families all demand a more differentiated treatment program. Integration of services and improved information flow may offer better quality in early intervention of parental support and improved user involvement of parents in treatment.

Maestro S. (IRCCS Stella Maris, Unierity of Pisa, Italy)
The authors will compare two experiences of infant- parent psychotherapy, the first one based on psychodinamic oriented model, the second one based on the guidance therapy model. Sample we have selected two groups of infant/very young children who have been included on the base of a random criteria in the two different programs of infant-parent joint psychotherapy. The effects of the two models of treatment will be evaluated on the following dimensions: parents s representation , assessed by PSL, parent-infant interaction ,assessed by AXIS II of D.C.O-3R; child' emotional and social functioning on the base o the AXIS V of D.C.O-3 R ,

P170 Long-term evaluation of specific therapeutic early interventions following acute strain among children and adolescent, multiple trauma experience
Dieffenbach I. (Vestische Kinderklinik, Germany)
Background: Early intervention is intended to prevent or reduce chronic manifestation of acute traumatic strain since such strain has a negative impact on the child's day-to-day quality of life, overall development and functioning of the brain. Studies of multiple trauma among adolescents have shown that the severity of any impairment upon their psychological health must be seen in relation to the number of traumatic experiences during childhood. In this process, interpersonal traumatic experiences such as accidents or severe illnesses can adversely affect development as much as traumatic exposure connected to elements of crime. Objectives: 1. Interventions following acute traumatic strain will be examined with regard to the symptoms - the mental health of children and adolescents with multiple trauma experience in the long term. The study will examine whether early intervention has a positive effect on symptoms and whether such effects are of a short or long-term nature. 2. The study should show whether gender specific and/or age specific correlation can be identified in the development of symptoms according to specific types of trauma, and whether risk groups can be identified as a result. 3. The study will examine whether there exists an independent sub-group of children with multiple trauma under 6 ys, whose symptoms correspond to a developmental trauma disorder. Methods: The study has a retrospective and prospective part. The retrospective part will contain an examination of the treatment results of 150 children and adolescents with multiple trauma
experiences in the Clinic between 2002 and 2009. This will be followed by an evaluation of the treatment results by way of a newly developed telephone catamnese, based on validated questionnaires (CRIES-13, ILK, Telekat) for measurement points T1-T3. Results: First results of the retrospective examination of children and adolescents with multiple trauma experience will be presented and compared to the results of our first evaluation of specific therapeutic early interventions following acute strain among children and adolescents with mono trauma experience.

P171 Attachment-based intervention in high-risk mothers and their infants
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Clinical experience indicates that infants at risk for child abuse and/or neglect are frequently displaying Disattachment disturbances. Especially attachment-based interventions focusing at enhancing parental sensitive behavior have proven to be in large part promising. In this context the early beginning of intervention is claimed explicitly as a successful way. This ongoing study investigates the effects of an early and preventive attachment-based and video-based intervention on maternal sensitive behavior and infant's cooperativeness in a high risk sample. In a quasi-experimental-control design teenage and/or psychiatrically ill mothers and their infants received attachment-based and video-based intervention and were compared to mother-infant dyads with treatment as usual, meaning mothers in regular medical care and/or service delivery provided by youth welfare (N=60; ongoing recruitment). The mothers were from a very low SES-background, and were exposed to multiple psychosocial risks. The intervention started in the first three months of the infant's life and lasted about three months (six to seven sessions). Three months after the interventions ended (about age six to nine months), both groups were evaluated. The "Ulm-Developmental-Counseling" (Entwicklungspsychologische Beratung) serves to initiate a change in the mother's interactive behavior by video-feedback. Every session is based on a recent video-take. In the first session only positive infant-parent interaction is shown. In the following sessions a negative one follows a positive video-take. The infant's signals of stress, emotional and physical stability or regulatory efforts to (re-) achieve stability are described in a non-judgmental way. The video-feedback occurs in the presence of the infant. Assessments utilized were the CARE-Index (behavioral observation, videotaped mother-infant interaction), the Brief Symptom Inventory (BSI, psychological strain of the mothers, self report), the General Depression Scale (ADS-L, self report), the Child Abuse Potential Inventory (CAPI, screening for child abuse and neglect). The Adult Attachment Interview and the Ainsworth-Strange-Situation were conducted with a part of the sample. Preliminary results indicate that mothers with intervention improved in their sensitive behaviors as well as their infants displayed more cooperativeness in interaction with their mothers compared to the control group.

Poster session: Father Infant Interaction

P172 A comparison of fathers' and mothers' play quality during free-play with their 6-month old infants
Xia L. (University of Central Florida, United States), Culp A. (University of Central Florida, United States), Culp R. (University of Central Florida, United States), Bourlier N. (University of Central Florida, United States), Saathoff-Wells T. (Central Michigan University, United States)
Over the past 30 years, father's involvement and influences on children's development received much attention across the world (Laflamme, Pomerleau, & Malcuit, 2002; Tamis-LeMonda, Shannon, Cabrera, & Lamb, 2004). These studies demonstrate a need to further investigate the relationships between fathers' utterances and contingent responsiveness on infants' vocalization and the roles between fathers and mothers in play interaction with their infants. The dataset is from a previous home visitation program implemented by the Community-Based Family Resource Services (Culp, Culp, Hechtner-Galvin, Howell, Saathoff-Wells, & Marr, 2004). For the current study, the data from 27 fathers' behaviors in the 5-minute free play were analyzed. This study examines parents' utterances, contingent responsiveness and play quality with their 6-month infants during free play at home. The specifics questions are "Is there a relationship between fathers' utterances and contingent responsiveness on the number of infants' vocalization outcomes?" and "Are there differences in play quality between father- and mother-infant dyads?" Each language transcript of father-infant dyads was recorded and reviewed by three transcribers. The number of fathers' utterances, contingent responsiveness, and infants' vocalization were counted, and three categories of teaching languages were coded: (1) descriptive teaching, (2) directive teaching, and (3) expansion in teaching. A play scale was conducted in order to measure the play quality of both father- and mother-infant dyads. This study employed Pearson's Product Moment Correlation to examine the relationships between fathers' utterances and contingent responsiveness to children's vocalization, as well as compared the ratings between father- and mother-infant play patterns. The result of this study will provide additional evidence to clarify the distinctive roles between fathers and mothers during free play.

P173 Factors influencing paternal involvement of 3-4-month-old infants: In relation to father's self-efficacy toward caregiving abilities
Mineno T. (Nagoya University, Japan)
Recently, studies of paternal involvement to care-giving increased gradually, and the factors that would influence paternal involvement were revealed. In a lot of these studies, however, the subjects were fathers of preschool children. Considering that care-giving differs in each stage of child development, the factors influencing paternal involvement would be different in each stage. This research examined the factors of paternal involvement of 3-4-month-old infants fathers. Care-giver of 3-4-month-olds would be more required to give physical care for baby than to socialization and education. In addition, this research examined the relationship between the fathers' self-efficacy toward care-giving ability and paternal involvement. Procedure: Subjects are the fathers of 3-4-month-old infants. In health center's infant periodic check, the mothers received the questionnaire for the father. After the fathers completed the questionnaire, they posted it. The questionnaire is composed of demographic items and 4 scales; the positive sense of paternal role (Izumi, 2005), the short form version of gender role scale (Suzuki, 1994), the self-efficacy toward care-giving, the feelings to infant scale (Hanazawa, 1998), and the paternal involvement. It will be discussed the fathers have high paternal involvement and what the factor more influencing to paternal involvement is.

**P174 Father-child interaction in families of infants with feeding problems: The role of paternal depression**
Barak-Levy Y. (Ben Gurion University of the Negev, Israel), Atzaba-Poria N. (Ben Gurion University of the Negev, Israel), Gueron N. (Ben Gurion University of the Negev, Israel), Meiri G. (Soroka University Medical Center and Faculty of Health Sciences, Ben-Gurion University, Israel), Yerushalmi B. (Soroka University Medical Center and Faculty of Health Sciences, Ben-Gurion University, Israel)
Research regarding non organic failure to thrive (NOFTT) in infants has commonly focused on the mother-child relationship. Maternal mental health, including symptoms of depression, has been repeatedly associated with child NOFTT. This research aims to shed light on the father-child dyad in families of infants with NOFTT, and to investigate the associations between paternal depression and father-child and mother-child interaction. Fifty two families with infants (21 boys and 31 girls) participated in the study: 26 infants diagnosed with NOFTT and 26 with no feeding difficulties. Data was collected during home visits in which both mothers and fathers completed the Center for Epidemiologic Studies Depression Scale (Radloff, 1977) and were videotaped in free and structured play interactions with their child. Mother-child and father-child interactions were found to be more positive in the comparison group than the NOFTT group. No differences were found between the groups in the level of maternal or paternal depression. However, within the NOFTT group, fathers with elevated levels of depression were less positive in their interaction with their infants, demonstrating a strong negative correlation between paternal depression and father-child interaction (r=0.581, p<0.01). In the comparison group these same variables showed a nearly significant correlation (r=0.37, p=0.06). Moreover, a substantial negative correlation was found between paternal depression and mother-child interaction (r=0.65, p<0.001) within the NOFTT group. This correlation was not found in the comparison group. No correlations were found between maternal depression and mother-child or father-child interaction in either group. These findings suggest that paternal depression is related to family functioning, particularly to the mother-child and father-child relationships, in families of infants with NOFTT. The role of fathers of infants with NOFTT is discussed and intervention programs are suggested.

**P175 A qualitative study of fathers’ experiences of 3/4D ultrasound and paternal-fetal relationship: Differences between first and third trimester**
Xavier M. (Portuguese Catholic University, Portugal), Resende C. (Portuguese Catholic University, Portugal)
We are currently experience a new meaning of the father's role. This leads to a necessity to explore it in the current climate with main focus during pregnancy, where fatherhood begins. It has been noted an increasing father involvement during pregnancy (both in emotional and behavioural forms), that fits the paternal-foetal relationship (internal representation of the foetus and emotional connection established with the same). The fathers’ experience of external connection to the foetus (by the mother's body) is not always easy and differs from the mother's "biological privileged status". Consequently, the routine ultrasound that produces such real images from the foetus in both 3 and 4 dimensions, will assume an important role in facilitating the acknowledgement of the foetus and foetal-paternal relationship. The purpose of this study is to understand the paternal speech about the pregnancy experience and the foetal-paternal relationship, their thoughts and feelings. We analysed the paternal speech differences between pre and post 3/4D ultrasound (first and third trimester of gestation), focusing on its impact on the pregnancy involvement and experience, as well as the foetal-paternal relationship. Two semi-structures interviews were made (before and after the 3/4D ultrasound by telephone). Interviews were then transcribed and subjected to content analysis procedure. Results indicate that the fathers are involved in behavioural form as well as emotionally with the pregnancy in the early stage, denoting an established connection with the foetus. The 3/4D ultrasound experience was significant to all fathers, with impact in their feelings, identity and foetal-paternal relationship. These 3 dimensions in analysis showed differences regarding the gestation trimester.

**P176 To be a son, to be a father: A study on paternal representations**
Babore A. (University "G. d'Annunzio", Italy), Cupello Castagna B. (University "G. d'Annunzio" - Chieti, Italy), Trumello C. (University "G. d’Annunzio", Italy)
During last decades, transition to fatherhood has been more and more investigated, by means of studies focusing mainly on the postpartum period (Magill-Evans et al., 2007). As a matter of fact paternal experience of pregnancy has recently been defined as “still
a dark continent, a little known zone" (Bartlett, 2004, p.160). However, a growing number of researchers is turning interest into exploring this important phase of man's life (Ammaniti et al., 2005; Boyce et al., 2007), defined as a developmental phase and a maturational crisis (Glaser, 1989), with fathers-to-be experiencing mixed emotions about pregnancy and future role as fathers. During pregnancy a man has to face expectations coming from himself, his partner, his family of origin, about his ability to realize the transition from being a son to becoming a father. In this process, a special role is played by the man's own relational experience with the family of origin (Lamb, 1997) and, above all, with his father. Beaton and Doherty (2007) have found that fathers who have either very positive or very negative relationships with their fathers during childhood, demonstrate subsequently strong attitudes about father involvement. However, these authors collect their data through questionnaires, an instrument that explore the declarative level of a subject's knowledge. According to a psychoanalytical approach, we have used in our study clinical semi-structured interviews to deeply assess mental representations. We hypothesized that the experience of a good relationship with the paternal figure during childhood can facilitate the assumption of the father role during pregnancy and it makes easier the approach to the child-to-be through fantasies and dreams. In fact identification with an internal "good enough" father can produce more attitude to fatherhood. Our longitudinal research examines the transition to parenthood for first time fathers, from pregnancy to early months of child's life. The sample includes 30 subjects recruited in childbirth classes. During the seventh month of pregnancy we used IRPAG-version Ch (Ammaniti, Candelori et al., 1995) to explore father's representations and AAI (George, Kaplan, Main, 1985) to evaluate the attachment. In order to assess fathers' mental representation four months after child's birth, we used IRPAN-version Ch (Ammaniti, Candelori et al., 1995). First results about mental representations during pregnancy show the higher frequency for integrated representations (70%), followed by disengaged (26,7%) and ambivalent ones (3,3%). Qualitative analysis of interviews shows that subjects with a good relationship with their fathers have more rich and flexible fantasies about child during pregnancy. Analysis of data about the post partum period is still in progress.

P177  Father's involvement and children's organization of secure base behaviours in portuguese families
Fernandes M. (ISPA, Portugal), Silva F. (ISPA, Portugal), Verissimo M. (ISPA, Portugal), Monteiro L. (ISPA, Portugal), Santos O. (ISPA, Portugal)

Children organize their behaviour around the figures with which they interact in a regular basis, independently of their involvement in physical care, these figures became more salient with increasing emotional/social interaction experiences (Bowlby, 1969/1982; Schaffer & Emerson, 1964). Lamb et al. (1983) suggested that the quality of the father/child relationship may be associated with a particular type of involvement instead of with the global quantity of involvement. Our aim is to assess if there is a shared participation in the organization/care and in the play/leisure activities; to analyse the way the children organizes their secure base behaviour with the mother/father at home; to study the impact of father's participation, and the context of that participation in children's organization of secure base behaviour with the father, and to analyse if that participation is related to mother-child secure base relationship. 75 mother/child and father/child dyads from bi-parental families from middle class participated in the study. Children were between 29 and 38 months of age. Mothers' age ranged from 26 — 48 years and fathers' from 28 — 63 years. Both parents are employed outside home. Parental Involvement was assessed using a questionnaire (Monteiro et al., 2006), organized into two dimensions: 1) Care Tasks (11 items); 2) Play Activities (6 items). Participants are asked to answer in a 5 points scale (Always the mother — 1 to Always the father — 5). Attachment Behaviour Q-Set (AQS) measures the organization of children's secure base behaviour in the presence the attachment figure, in ecologically valid contexts (Vaughn & Waters, 1990). According to the results children use both parents as secure base. The organization of secure base behaviours in child/father dyads was positively and significantly associated with fathers' participation in care/organization tasks, and was marginally significant in play/leisure activities. A significant correlation between AQS security score with the mother and the level of fathers' participation in play/leisure activities was found. Mothers perform near always the care/organization tasks and both mother and father participate in play/leisure. Although women presently accumulate responsibilities in the family and professional spheres they continue to be responsible for the care tasks, while fathers perform care/organization tasks.

Thursday: Poster session: Infant Depression and Early Psychopathology

P178 Sustained withdrawal behavior in infants of mothers with borderline personality disorder
Wendland J. (University Paris Descartes, France), Brisson J. (University Paris Descartes, France), Medeiros M. (University Paris Descartes, France), Serres J. (University Paris Descartes, France), Rabain D. (Pitié-Salpêtrière Hospital, France), Aidane E. (Pitié-Salpétrière Hospital, France)

The prevalence of borderline personality disorder (BPD), predominantly female, estimated at 2% for the general population and at 10% for persons who seek outpatient services (APA, 2000), as well as the potential crisis that represents the transition to parenthood, makes that borderline parents are not rarely seen in perinatal mental health services. BPD is often linked to early and unresolved traumatic and deprivation experiences (harsh or inconsistent parenting, domestic violence, maltreatment, sexual abuse, early lost or separation from parents). The phenotype of BPD is broadly defined by features of emotional dysregulation, impulsivity, identity disturbance, conflicting interpersonal relationships, feelings of emptiness, affective instability, transient paranoid ideation or dissociative symptoms, and suicidal/self-harm behaviors. Becoming parents, these adults may feel estranged, anxious, overwhelmed and angry with their infant from birth. They may show some attempts to re-enact or resolve early trauma with the child and have major difficulties in understanding and responding with empathy to their infant's needs. Although these high-risk features, the issue of parenting of adults with BPD and its consequences for infant and child development has been poorly addressed. Most available studies
are limited to school-aged children and teenagers. Some research in the attachment field has found that mothers with BPD show a pattern of intrusive insensitivity towards their infant. In turn, infants of mothers with BPD show more dazed looks, looks away from mother and less responsiveness, which may be seen as avoidance behaviors. The present ongoing study focuses on the assessment of sustained withdrawal behavior in infants of mothers with BPD (N=10), during their first 24 months of life. Mothers fulfilled the criteria for BPD according to the DSM IV. They were compared to a control group (N=10) composed of mothers with no diagnosed psychopathologic disorder, and their infants. Sustained withdrawal behavior was assessed through a specific tool, the ADBB scale (Guédeney & Fermanian, 2004), which was applied to 10 minutes free-play recorded sessions. Preliminary results show that infants of mothers with BPD display higher levels of withdrawal behavior than control infants, in particular less vocalizations and less visual contact with their mothers.

**P179 Social withdrawal behaviour and developmental profile in infants with high risk of autism spectrum disorders**

Wendland J. (University Paris Descartes, France), Jagodowicz J. (University Paris Descartes, France), Guédeney A. (Bichat -Claude Bernard Hospital, France), Adrien J. (University Paris Descartes, France)

Social withdrawal behaviour in infant is defined as “the action to become withdrawn, to retract as to protect, to preserve his personality”. This symptom is found in several early disorders (depression, pervasive developmental disorders, attachment disorders, anxiety disorder, post traumatic stress disorder, sensorial disorders …). Described since more than half a century, several studies took an interest in the relation between sustained social withdrawal behaviour and infant psychopathology. However, as far as we know, none of them had specifically investigated the link between social withdrawal behaviour and first signs of autism. The present ongoing research tries to establish the relation between social withdrawal behaviour in infants and early signs of autism. We hypothesize that children with early signs of autism also show sustained social withdrawal behaviour. Thus, social withdrawal behaviour could be one of the early signs of autism. We also study cognitive and social development of children with both social withdrawal behaviour and early signs of autism, in order to identify whether they have a specific developmental profile. Population is composed of 25 infants between 12 and 24 months of age with developmental disorder referred to infant psychiatry services. The group is compared to a random control group of 25 infants aged 12 to 24 months. The children were examined with the Alarm Distress Baby Scale (Guédeney and Fermanian, 2001), the Modified Checklist for Autism in Toddlers (Robins, Fein and Barton, 1999) and/or (depending on their age) the Infant Behavior Summarized Evaluation Scale (Adrien et al., 1994) and the Social Cognitive Evaluation Battery (Adrien and col., 1994; 2007). The first results allow to establish a relation between first signs of autism and social withdrawal behaviour. They also allow to identify specific developmental profiles among selected groups: children with social withdrawal behaviour and signs of autism; children with social withdrawal behaviour but no signs of autism; and children with no social withdrawal behaviour nor signs of autism. Final analysis of results would allow to determine groups of children with the higher risk to develop autism, to a better understanding of its early signs, and to provide care at the earliest stage of the child development.

**P180 Sustained withdrawal behavior and early signs of autism: Preliminary results of a study on home movies**

Wendland J. (University Paris Descartes, France), Gautier A. (University Paris Descartes, France), Brisson J. (University Paris Descartes, France), Adrien J. (University Paris Descartes, France)

Although sustained withdrawal behavior is a key-symptom of the diagnostic of autism, to date, it has received little attention in studies of precursory signs of pervasive developmental disorders. In his original description of the autistic syndrome, Kanner observed that some autistic infants may display withdrawal behavior from the very beginning of life and that this may appear as deafness-like behavior. However, for other infants with autistic or other pervasive developmental disorders, withdrawal behavior may have a later onset. Surprisingly, very few studies have addressed this specific issue in the field of autistic spectrum disorders. The analysis of home movies of autistic children appears today as one of the most valuable methods in the study of the first signs of autism. Home movies allow to capture the emergence and the evolution of the first pathological signs, providing a prospective overview of the natural course of autism. The aim of the present on-going study was to identify early signs of sustained withdrawal behavior in infants, aged from birth to 18 months, later diagnosed as autistic, through the analysis of home movies. Home movies from infants with no diagnosed disorder were used as a control group. A new scale designed specifically to assess withdrawal behavior in infants (ADBB, Guédeney and Fermanian 2001) was employed. This scale was not yet used in the field of autism, nor applied to home movies. Its validity in the screening of early signs of autism was tested by comparison with a specific scale of autistic behaviors in infants: the ECA-N (Sauvage, 1988; Adrien et al., 1989). Compared to normal infants, infants with autistic spectrum disorders have higher and more lingering scores of sustained withdrawal behavior during their first 18 months. While infants with autistic spectrum disorders showed important inter-individual differences in the ADBB and the ECA-N assessments, their individual scores profiles in the ADBB and the ECA-N were very similar. A strong correlation between the scores of the ADBB and the ECA-N was found and this may confirm the potential predictive value of sustained withdrawal behavior in the screening of autism. However, these preliminary findings also show that sustained withdrawal behavior may not be present since the first months of life and may display important variability during the first 18 months.

**P181 Mother-child, father-child and marital relationships in families with a child feeding disorder**

Gueron N. (Ben-Gurion University, Israel), Atzaba-Poria N. (Ben-Gurion University of the Negev, Israel), Barkai A. (Ben-Gurion University, Israel), Meiri G. (Soroka University Medical Center and Faculty of Health Sciences, Ben-Gurion University, Israel),
Yerushalmi B. (Soroka University Medical Center and Faculty of Health Sciences, Ben-Gurion University, Israel)

"Feeding behavior disorder" (DC 0-3R; Zero to Three, 2005) is a psychiatric diagnosis describing children under the age of three who do not exhibit significant weight gain. The diagnosis is provided subsequent to exclusion of medical problems, lack of food or the existence of mental disorders. Research demonstrates that the development of feeding disorders is linked with mother-child relationship difficulties, such as mother-infant control struggles and hostility, maternal negative affect towards the infant and infant withdrawal and remoteness in the interaction with the mother. However, to the best of our knowledge, the links between infant feeding disorders and the father-child relationship have not been studied. The current research sought to transcend the limited focus on the mother-child relationship towards a more comprehensive family relationship understanding of infant feeding disorders, by examining the three main relationship contexts among children with feeding disorders and healthy controls: 1) mother-child; 2) father-child; 3) mother-father. Sixty-six children, their mothers and fathers participated in the study. Thirty-three children were diagnosed with non-organic based feeding disorders (i.e., feeding disorder group) and 33 children were healthy with normal development (i.e., control group). Data was collected during home visits. Mother-child and father—child interactions were videotaped during play and feeding. In addition, mothers and fathers completed a marital adjustment questionnaire and were interviewed about their parental role division and involvement in child care. Results suggest that both mothers and fathers from the feeding disorder group were less sensitive when interacting with their children than the comparison group parents. Furthermore, parental role division was more traditional in the feeding disorders group than in the control group. That is, both mothers and fathers in the feeding group reported that mothers were more involved in child care than fathers in comparison to parental reports in the control group. Finally, although marital cohesion was lower for the feeding disorders group parents than among comparison group parents, no between-group difference was found in mothers' and fathers' levels of marital satisfaction. These finding highlight the importance of understanding specific family dynamics in families of children with feeding disorders.

P182 Delay or difference? The effects of maltreatment mirrored in the content and purpose of children’s speech and gesture.

Vallotton C. (Michigan State University, United States), Grimm F. (Max Planck Institute for Human Cognitive and Brain Sciences, Germany), Ayoub C. (Harvard Medical School, United States)

Maltreatment in early childhood exerts a strong influence across many domains of development. However, for some domains it is not clear whether maltreatment causes a delay (Beeghly & Cicchetti, 1994) or creates a bias in development that reflects a child's adaptations to their environment (Ayoub et al, 2006). Previous work revealed that maltreated children have language skills equal in sophistication to demographically matched age-mates; however, the maltreated children show a negativity bias in the grammatical structure of their language (Grimm, Vallotton, & Ayoub, 2008). That is, maltreated children used more words like can’t, won't, and don’t, and used the word no twice as many times as their non-maltreated peers. In the current study we test whether this negativity bias is reflected in aspects of communication in addition to grammar. We examine transcripts from the peer-play therapy sessions of 64 low income children between 2 and 5 years old, half of whom have been maltreated. Transcripts are coded for three aspects of children's communication. We observed children's use of head gestures, including nodding (yes) and shaking (no). We code children's use of internal state language, the language of thoughts (know, think), emotions (sad, mad), feelings (cold, hungry), and perceptions (see, hear). Finally we examine the social pragmatics of their language — the purpose that language serves in an interaction — using the Inventory of Communicative Acts (INCA; Ninio & Wheeler, 1984). Preliminary results reveal that maltreated children do not differ from non-maltreated peers in the number of gestures produced, but that maltreated children do produce far fewer head nods. It is unclear whether the low frequency of nodding is related to lower agreement with proposed statements, or to less "back-channeling", a social cue that lets the speaker know that the listener is paying attention. Results for internal state language and social pragmatics are forthcoming. Analyses of the relationship between the gestures and the INCA codes will investigate the reason for infrequent head-nodding gestures among maltreated children. This study provides evidence that maltreated children adapt to their environments while developing communication skills equal in sophistication to their peers. However these developmental adaptations may be detrimental to children's relationships with others. Implications for intervention will be discussed.

P183 Delay or Difference: Maltreated children’s use of grammatical negations

Grimm F. (Germany), Vallotton C. (Michigan State University, United States), Ayoub C. (Harvard Medical School, United States)

Childhood maltreatment can exert a strong and lasting influence on an individual's development. However, when examined separately from other family and demographic risks, it is not clear whether maltreatment results in developmental delays or in developmental differences that result from the child's adaptation to his toxic environments. When the parent-child relationship is compromised by maltreatment, the effects on development are widespread (e.g. Beeghly & Cicchetti, 1994). Many studies have shown an association between child maltreatment and an overall delay or deficit in language development (e.g. Cosier & Cicchetti, 1993; Eigisti, 2006). However, some studies have shown that a maltreated child may develop behavioral, emotional, and cognitive differences, which were often characterized as a negative bias, rather than deficits in their developmental sophistication (Ayoub et al, 2006). The current study examined children's spontaneous language during peer-play to determine whether maltreatment is associated with lower language skills and/or with a negativity bias in their language use. The researchers compared the spontaneous speech of 32 maltreated children (ages 24 to 67 mon) in a therapeutic play setting to that of 32 non-maltreated children equivalent in gender, age, neighborhood of residence, ethnicity, and family income. The researchers compare the two groups to investigate whether maltreated children exhibit lower language skills as seen in less talkativeness, shorter mean lengths of utterances etc., and/or whether they show a negativity bias through greater use of grammatical negations, which might be the directly expressed negativity bias in the children's worldview,
shown through negative behaviors, emotions, and cognitive processes. Results of the current study showed that maltreated children's spontaneous language was generally equal in sophistication to non-maltreated peers'. They performed similarly in lexical diversity, talkativeness and several grammatical aspects, but they produced a shorter mean length of utterance than non-maltreated children. However, maltreated children used twice as many sentence negations as their non-maltreated peers, showing a strong negative bias in the structure of their spontaneous language. Maltreated children showed resilience in adapting to their experiences and environments; the researchers, furthermore, discussed the possible risks to peer relationships created by these developmental adaptations.

**P184 Emotional symptoms in kindergarten age: A community sample study in the city of Leipzig**

Fuchs S. (Klinik und Poliklinik für Psychiatrie, Psychotherapie und Psychosomatik des Kindes- und Jugendalters, Germany), Klei A. (University of Leipzig, Department of Child and Adolescent Psychiatry and Psychotherapy, Germany), Otto Y. (Kinder- und Jugendpsychiatrie Uniklinikum Leipzig, Germany), von Klitzing K. (Klinik und Poliklinik für Psychiatrie, Psychotherapie und Psychosomatik des Kindes- und Jugendalters, Germany)

Emotional symptoms of developmentally inappropriate anxieties and/or depression can be frequent phenomena during early childhood. Previous epidemiological studies showed that 15-22% of school kids reveal psychological problems (e.g. Esser et al., 1990). Numerous prospective studies looked at psychopathological time courses. Nevertheless, only a few start at preschool age. We therefore plan to investigate emotional problems in a large community sample of kindergarten children within the city of Leipzig. In cooperation with the Health Department we will screen children between 4 to 5 years of age derived from 263 (~3800 children) kindergarten within the city. Data acquisition for emotional symptoms takes part during a time interval starting from August 2009 to August 2010. So far our sample consists of 455 (46% girls, 54% boys) kindergarten children (mean age 3.61, SD = 0.61). The children were recruited from 63 kindergarten in the city of Leipzig. To assess their children's behaviour, parents completed the Strengths and Difficulties Questionnaire (Goodmann, 1997) consisting of the Emotional Symptoms Scale (e.g. often seems worried and unhappy, nervous or clingy in new situations'), Conduct Problems Scale (e.g. gets angry easily') and the Hyperactivity Scale (e.g. is distracted easily'). Within our sample of kindergarten children (N = 455) 11% showed emotional symptoms (borderline and in the clinical range), 24% exhibited conduct problems and 9% problems with hyperactivity. Within the emotional problem group (N = 49) 45% of the children showed additional conduct problems and 41% problems with hyperactivity. In perspective, we plan to extensively explore affective disorders, possible risk and protective factors amongst the group of preschool children which exhibit emotional problems. Up to date, little is known about the emergence and maintenance of internal disorders (depression, anxiety) in very young children.

**P185 Infants' sustained withdrawal in relation to mothers' mental health status: The importance of early identification.**

Underdown H. (University of Hertfordshire, UK, United Kingdom)

This study considers the relationship between infants' sustained withdrawal behaviour and their mothers' mental health status. Fourteen mother-infant dyads from a psychiatric Mother and Baby Unit (MBU) and ten control dyads were evaluated. Babies were videoed in two sets of three minute face-to-face interaction; one with their mother and another with an interactive stranger. Infant responses were coded for sustained withdrawal using the Baby Alarm Distress Scale (ADBB; Guedeney and Fermanian 2001). Higher ADBB scores were found for the MBU infants who on average exhibited sustained withdrawal behaviour when interacting with their mother. Social responses improved significantly with an interactive stranger for this group, with infants' ADBB scores moving into the healthy range. Within the control group there was no significant difference in infant responses in both conditions (mother and stranger) and infants received healthy ADBB scores in both situations. These findings suggest that sustained withdrawal is more prevalent in infants whose primary caregiver has a clinically diagnosed mental health problem, which in the early stages may not be generalised to other caregivers. The ADBB is a useful screening tool to identify which infants may be at risk and consider interventions that may support mothers and their babies. An understanding of infants social responses has wider implications for helping young children grow into healthy adults and links have been made between early regulation of stress responses and later social, emotional and cognitive capacities (Pawlby, Sharp, Hay and O'Keane 2008).

**P186 Influence of psychotropic drugs intake during pregnancy on early newborn health**

Ingrid L. (Centre Hospitalier Charles Perrens, France), Anne-Laure S. (Fôle Universitaire de Psychiatrie Adulte, Centre Hospitalies Charles Perrens, France)

Influence of psychotropic drugs intake during pregnancy on early newborn health I Lacaze1, C Chazaud1, N Glangeaud2, H Verdoux1,3, N Rascole4, AL Sutter-Dallay1,4 1 Fôle Universitaire de Psychiatrie Adulte, CH Charles Perrens, Bordeaux, France 2 INSERM UMR, S 953 Villejuif, France 3 INSERM U657, Bordeaux, France 4 EA 4139, Université Victor Segalen Bordeaux 2, Bordeaux, France Objective To asses the impact of psychotropic drugs during pregnancy on newborns health condition. Method The intake of psychotropic drugs (antipsychotics, antidepressants, mood stabilizers, anxioleltics/hynnotics) during pregnancy was retrospectively evaluated in a sample of 187 women hospitalized for psychiatric disorders during postpartum in the Bordeaux's mother and baby unit (MBU working group-Société Marcé Francophone data base). The impact of psychotropic drugs was evaluated through 3 factors: duration of pregnancy, APGAR scores and hospitalization of the baby in neonatal unit. Characteristics of prenatally exposed to psychotropic drugs babies (E) (N=87) were compared with those of unexposed population (NE) (N=100) by univariates analyses. Results The APGAR scores of the E children were significantly lower, independently from premature birth or low birth weight. These children were more frequently hospitalized for neonatal cares. E childrens mothers significantly more frequently used alcohol and/or tobacco and presented more frequently schizo-affective disorders. Regarding therapeutic classes of drugs, the APGAR scores were
significantly lower for exposure to all classes; babies were all more often hospitalized, and the duration of pregnancy was shorter for mothers treated with antipsychotics, and/or mood stabilizers and/or anxiolytics. Association at trend level was found between use of mood stabilizers and preterm delivery. Discussion Newborns whose mothers used psychotropic medications during pregnancy presented with more neonatal health difficulties than those of untreated mothers. Differences of the APGAR scores between the two groups can be related to medication, but also to alcohol and/or tobacco use, which are more frequent among E women. Higher frequency of hospitalizations of those newborns can also be due to the fact that mothers presenting with serious disorders (schizoaffective) during pregnancy are sometimes hospitalized for maternal competencies evaluation. Lastly, the psychiatric condition motivating the prescription of treatment may also directly impact on the course of the pregnancy.

P187 Internalizing and externalizing symptoms in preschool age: Differences in opinion between parents, teachers and children
Otto Y. (Kinder- und Jugendpsychiatrie Uniklinikum Leipzig, Germany), Otto Y. (Kinder- und Jugendpsychiatrie Uniklinikum Leipzig, Germany), Machmutow K. (Kinder- und Jugendpsychiatrie Uniklinikum Leipzig, Germany), Klein A. (University of Leipzig, Department of Child and Adolescent Psychiatry and Psychotherapy, Germany), von Klitzing K. (Kinder- und Jugendpsychiatrie Uniklinikum Leipzig, Germany)
In 2008 a cross-sectional pilot study was conducted at the Child and Adolescent Psychiatry at Leipzig University Hospital, using a multi-informant perspective to assess the degree of impairment of preschool children with psychological problems (N = 32, Ø 5.6 years). The multi-informant assessment can help to obtain a more precise measurement of the psychopathology in children. High levels of convergence between informants are almost never achieved and rarely more than moderate in strength. However, correlations between cross-informants are slightly better for externalizing symptoms compared to internalizing symptoms. Mostly child-dren and young adolescents endorse emotion symptoms more often than parents or teachers do. In order to determine the perspectives of parents and teachers in our study, the Strengths and Difficulties Questionnaire (SDQ) was administered. As an age-appropriate method to interview young children about their self-perceptions of key aspects of their lives the Berkeley Puppet Interview (BPI) was accomplished. Many studies indicated the BPI being an adequate approach to measure young children's perceptions of their social skills, behaviours, and symptomatology. When comparing the questionnaires of parents and teachers almost no significant correlations were to be found, except the symptom scale hyperactivity. Parental reported about more prob-blems concerning emotional symptoms and hyperactivity. Contrasting the BPI with the SDQ filled out by parents, the following results were found: both symptom scales conduct prob-blems and hyperactivity displayed significant correlations whereas there was no concordance concerning emotional symptoms. Between teacher reports and children’s self reports no sig-nificant correlations were found. These results highlight the importance of a multi-informant-perspective to get a broader and more precise view about the complex of problems, even at a young age where parents often function as sole informants. As this was a clinical sample it is a typical result that parents report about more problems in different areas, as they are highly sensitive to these topic and concerned about their child. This can lead to a bias concerning the severity of the problem. Teachers get a better chance to compare the child to other children, while the children themselves are mostly concentrated on themselves and their experiences. The BPI offers them the chance to speak about their point of view and their feelings.

P188 Transition to language: Working with young children with early signs of the autistic spectrum disorders
Chatzidimitriou C. (Child and Adolescent Unit, 3d Psychiatric Clinic, AHEPA Hospital, Aristotle University Thessaloniki, Greece), Avramidou E. (Child and Adolescent Unit, 3d Psychiatric Clinic, AHEPA Hospital, Greece), Abatzoglou G. (Child and Adolescent Unit, 3d Psychiatric Unit, AHEPA Hospital, Greece)
The dual co-therapeutic work (psychologist, speech therapist) with 3 children aged 3, 4 and 6 years old that present signs of autistic spectrum disorders and mainly absence of speech, will be presented. Emphasis will be given on the role of early depressive psychopathology in speech absence. The importance of a psychodynamic approach will be stressed focusing mainly on the support of the parents and the psychotherapeutic work with the child.

P190 Maternal depression and child psychopathology in a infancy early Childhood Consultation
Girao S. (Hospital Garcia de Orta, Portugal), Mendes A. (Hospital Garcia de Orta, Portugal), de Castro F. (Instituto Nacional de Salud Publica, Mexico), Mateus M. (Hospital Garcia de Orta, Portugal), Pires P. (Hospital Garcia de Orta, Portugal)
The Child Mental Health Unit of the Paediatric Service of the Hospital Garcia de Orta E.P.E. is located in Almada, in the south periphery of Lisbon. One of the strategic goals of this Unit is the promotion of Mental Health during pregnancy and infancy. The aim of this Poster is a descriptive and exploratory study of population from zero to five years old that attended our Unit since 2005 until 2009. Simultaneously we intend to correlate two different aspects: the maternal depression and the baby and toddlers psychopathology, using the Diagnostic Classification of Infant Mental Health - revised Edition (DC: 0-3)

Thursday: Poster session: Infant Mental Health Services and Training
P191 The Michigan Child Care Expulsion Prevention Program: Change in child outcomes after early childhood mental health consultation
Van Egeren L. (Michigan State University, United States), Carlson J. (Michigan State University, United States), Brophy-Herb H.
The Child Care Expulsion Prevention Program (CCEP) was an early childhood mental health consultation program administered by the Michigan Department of Community Health. Consultants in 16 sites serving 31 counties provided services targeting children identified by child care providers as demonstrating challenging behavior. Consultants, who were employees or subcontractors of Community Mental Health agencies, used infant mental health strategies in intervening with providers, parents, and children, and were required to achieve endorsements in infant mental health and participate in regular reflective supervision. This paper presents evaluation results of the CCEP program with respect to changes in child outcomes. At enrollment and exit, parents and providers reported on social competence, self-regulation, and behavioral problems using the Devereaux Early Childhood Assessment (DECA) and four subscales of the Behavioral Assessment System for Children-Second Edition (BASC-2). Preliminary data with 225 children (73% boys) indicated that after controlling for child age and gender, both providers and parents reported significant improvements on most DECA and BASC scales (ps range from .03 to .001). For some outcomes, time by gender interactions were evident, with older children and girls showing greater improvement. Final results will include consideration of program dosage and consultant characteristics as well as a comparison to a control group of children identified by providers as having challenging behavior located in counties without CCEP services. References Gilliam, W. S. (2005). Prekindergarteners left behind: Expulsion rates in state prekindergarten systems. New Haven, CT: Yale University Child Study Center. Gilliam, W. S., & Shahar, G. (2006). Prekindergarten expulsion and suspension: Rates and predictors in one state. Infants and Young Children, 19, 228-245. Perry, D. (2005). Results of the early childhood mental health pilot sites: A report to the Maryland State Legislature. Unpublished manuscript. Washington DC: Georgetown University, Center for Child and Human Development.

P192 Lessons from the field: What works in early childhood mental health consultation?

Perry D. (Georgetown University, United States), Duran F. (Georgetown University, United States), Hepburn K. (Georgetown University, United States), Irvine M. (Georgetown University, United States), Anthony B. (Georgetown University, United States), Horen N. (Georgetown University, United States)

Early childhood mental health consultation (ECMHC) is emerging as an effective strategy for addressing challenging behaviors and supporting young children's social-emotional development in early care and education (ECE) settings (Brennan, et al, 2008; Perry, et al., in press). However, there remain many unanswered questions about the specific components associated with these positive outcomes for children and families, staff and programs. To address these gaps in the current evidence-base, we embarked on an in-depth, qualitative study to provide data-driven guidance around consultation program design. Our research protocol consisted of the following steps: first, six consultation programs that had demonstrated positive child, family, ECE staff and/or ECE program outcomes were identified through a national scan and review of the research. Second, semi-structured interviews were developed and field-tested with parallel forms for several types of respondents (i.e., consultation program staff, ECE staff, families, program/system partners and researchers/evaluators). Two members of the research team conducted two-day site visits to each site; in all, the study team conducted interviews with a diverse array of 125 stakeholders. Qualitative data were transcribed and analyzed for core themes using Atlas TI. Our analysis revealed several core program components that were associated with effective consultation outcomes: 1) solid program infrastructure; 2) highly-qualified mental health consultants; and 3) high-quality services. Our research also uncovered two other critical factors (i.e., "success moderators") that affect the relationship between the core elements and outcomes: 1) the quality of the relationships between and among consultants and consultees and 2) the readiness of families and ECE providers/programs for ECMHC. This presentation will highlight the key findings related to the skills, knowledge and qualifications that effective consultants should have as well as the support and supervision needed to promote best practices.

P193 Effects of a statewide early childhood mental health consultation system in three random-controlled evaluations

Gilliam W. (Yale University, United States)

Methods and results from three statewide experimental random-controlled trials (RCTs) evaluating the Connecticut Early Childhood Consultation Partnership (ECCP) will be presented. ECCP is a statewide, semi-manualized, menu-driven mental health consultation system. The model uses MA-level mental health providers to deliver brief (14 weeks) but relatively intensive (12+ hours per week) classroom and home-based services. RCT-1 is a recently completed evaluation in preschool centers (n=42 treatment, 43 control classes), RCT-2 is an ongoing follow-up RCT in preschool centers (n=50 treatment, 50 control classes), and RCT-3 is an ongoing RCT in infant-toddler centers (n=25 treatment, 25 control classes). In all three RCT classes with ECCP service requests were randomly assigned to treatment or control condition with data were collected at pretest and posttest. All classroom data were collected by trained, reliable observers who were blind to treatment status. Measures included well-known and validated observational measures of classroom quality and teacher-child interactions, teacher sensitivity, teacher job stress and depression, teacher- and parent-rated child behavior problems, time-sampling coding of in-class behavior, and parent-rated temperament. Child measures were completed on two target children per class (RCT-1-3) and on two randomly selected peers (RCT-2-3). RCT-1 classrooms were mostly in community-based child care centers (82%), with the rest in Head Start (13%) or public schools (5%), and classrooms in RCTs 2 and 3 are similar. In RCT-1 significant effects favoring the treatment group were found on all scales of externalizing behavior problems, e.g., oppositional behaviors (F=10.96, p<.01, d=0.57), hyperactivity (F=8.92, p<.01, d=0.51), and restless-impulsive behavior (F=4.10,
P194 ECMHC: Effects on teacher behaviors and classroom environments
Perry D. (Georgetown University, United States), Anthony B. (Georgetown University, United States)
A promising approach to building early care and education (ECE) providers' skills for reducing problematic behavior in young children is providing a mental health consultant to work in concert with the child care provider. Gilliam (2005) reported that pre-kindergarten programs that had on-site mental health consultants had lower rates of expulsion that those without access to this service. In addition, a systematic review of the most rigorous evaluations of early childhood mental health consultation (ECMHC) conducted across the U.S. showed evidence that these programs can lead changes in teacher attitudes and behaviors, and, in some studies, improvement in the quality of the ECE environment (Brennan, et al., 2008). Based upon positive findings from a pilot study of ECMHC in two counties in Maryland (Perry, 2005), nearly $2 million in new state funding was allocated to expand ECMHC services across the state. A multidisciplinary team of researchers is implementing a large-scale multi-site study to examine the impact of ECMHC on a variety of outcomes. The evaluation is measuring changes in child- and family-level outcomes, for those children who are identified with specific behavioral challenges. In addition, for all classrooms receiving ECMHC, changes in the attitudes, beliefs and behaviors of ECE providers are being measured. This paper will report on data from the Preschool Mental Health Climate Scale (Gilliam, 2008). This measure is an observational tool used by the mental health consultant to assess multiple dimensions of the ECE environment including: transitions, directions and rules, staff affect and cooperation, staff-child interactions, as well as negative indicators of classroom climate. Data are collected during the initial visits to an ECE settings and then again after 4 months of consultation. Changes in teacher behaviors and classroom environments will be examined in relation to frequency and intensity of ECMHC as well as demographic characteristics of the ECE program.

P195 The results of an epidemiological study of the effects of early life events on the mental health of 1887 preschool children
Furniss T. (Department of Child and Adolescent Psychiatry University Hospital Münster, Germany), Beyer T. (Department of Child and Adolescent Psychiatry University Hospital Münster, Germany), Mueller J. (Department of Child and Adolescent Psychiatry University Hospital Münster, Germany)
Life event research had its first peak in the 70s, when Brown, Harris and others studied the potentially detrimental effects of life events on the mental health of adults. In child psychiatry many studies have shown the effects of the potentially highly traumatic life events of all forms of child abuse on the mental health of children. The present study has looked at ordinary life events of very young children with life events between the ages of 0 to 6 years. At this age cognitive child development has not yet reached a degree of maturity where family life events such as family moves, unemployment, separation or divorce, as well as individual child life events such as illness or change to a new nursery school are able to be adequately and fully cognitively processed individually by the child on her or his own. Contrary to prior believes younger children at this age are therefore more prone to psychosomatic and psychopathological consequences of early life events as confusing, fearful and disorientating emotional events can not be satisfactorily cognitively understood and used for confusion- and anxiety-reducing individual cognitive processing. Therefore young children may get emotionally disturbed by life events which cognitively fully developed adults can easily process mentally. Traditionally life event research studied the effects of life events up to 6 or 12 months following the event. In this study the effects of accumulated life events has investigated over the whole life span of the child between 0 and 5 years. In the study in addition to single life events clusters of life event have been created to minimize interactions of dependent variables such as "separation", "divorce" and "remarriage". The results have shown highly statistical significant effects. Preschool children 6 months prior to school-entry who had experienced zero or one life event or life event pattern had statistically highly significant viewer mental health symptoms than children who had experienced two or more life events and life event clusters during this period. The results will be related to existing life event research especially on sequential traumatization. Requirements for further research will be highlighted as well as potential clinical implications of the findings.

P196 Infant mental health training in child protection & family law: Changing practice changing lives
Wotherspoon E. (IMP, Canada), Kulkarni C. (IMP, Canada)
This session will describe the Infant Mental Health & Family Law Initiative; a collaborative effort to create a national strategy for educating professionals across sectors on the needs of traumatized young children. The Collaborative has engaged infant mental health, family law, judicial education and child protection professionals who have come together from across Canada to develop educational resources and practical tools aimed at bringing the science of early childhood development into family law and child protection policy and practice. The presentation will describe how the Collaborative created a common body of knowledge based on empirical evidence and best practice guidelines in the literature. Our aim is to inject the science of early childhood development and early intervention into the practices of child welfare staff, clinicians and family law professionals including Judges. We will describe how a partnership with local child welfare agencies, government ministries and family law educators was established to support this effort. We will describe the initiative from its inception in 2007 to its current status. We will share the tools, resources, and educational materials that we have developed for these audiences to promote empirically supported court decisions, case management
strategies, placements and clinical intervention plans for maltreated babies and their families. Common barriers to collaboration will be discussed along with successful approaches to resolving them.

**P197 The genesis of an Infant Mental Health programme on the West Coast of Aotearoa, New Zealand**

Haskell S. (CAMHS, New Zealand)

The paper will report on the developmental history of an IMH programme within a Child and Adolescent Mental Health Service (CAMHS) on the West Coast, South Island Aotearoa. The programme showed parallels with that of infancy itself. The genesis of the service was like most pregnancies and births it delivered challenges, joys and sorrows. The need for nurture to enhance its development was evident throughout. A sense of feeling held was paramount for staff to deliver a new and innovative service. The challenges echoed that of the infant and mothers referred; physical-the need for an infant friendly space and resources; social—emotional—the need to build relationships for development and cognitive—putting knowledge into clinical practice. The programme was conceived out of demand for a service for infants and their mothers referred to CAMHS. It was designed to facilitate positive infant-parent relationships through a group programme. It was informed by a number of theoretical models. The facilitators work alongside the mothers and their infants, offering coaching, guidance and support for the infant — parent relationship. Providing the programme for infants and mothers created a number of practical issues for the service including: an infant friendly space, changing facilities, age appropriate toys. No additional money was available therefore a number of creative solutions were implemented: A room was cleared on a weekly basis for the group; local Toy Library provided toys; A baby changer was placed in the client facilities. The staff, like expectant parents, began to feather the nest and prepare for the birth of the new service. The aim of the project was to offer a comprehensive IMH programme. Entry to the programme was via a comprehensive assessment including play assessment, Psychometric assessments (Bayley: Scales of Infant and Toddler Development; Nepsy II: Developmental Neuropsychological Assessment). IMH clinical training was an important factor in setting up the IMH programme. It laid the foundations of the programme, ensuring safe clinical practice was fundamental. It ensured the programme was evidence based, informed by theoretical knowledge and good clinical practice. The programme, as a relationship — based service for infants and their mothers created a holding environment for the clients; the importance of holding’ staff through robust supervision was also recognised for the effectiveness of the service. The programme had a dual purpose; treatment for the infant and mothers referred and a training for staff. Clinical agendas took second place to the infants and their mothers. The need to work at the pace set by the infants and their mothers and to nurture them into the infant - parent relationship was paramount, to ignore this was at our peril.

**P198 The results of experiencing contact with a baby and unborn child through the use of portable ultrasound in Kindergarten and Elementary School**

Sawada T. (Izumi Municipal Hospital, Japan)

Recently, child abuse cases have been increasing in Japan. The purpose of this project was to improve relationships and guard against abuse in the home. In the four years since 2006 we ran classes in kindergarten, elementary school, junior and senior high school to teach about pregnancy, childbirth and baby-care. This report focuses particularly on those classes held in kindergarten and the lower grade of elementary school. Pregnant women and babies visited classes so that children could observe their appearance and behavior. They could observe the fetus in the pregnant women's womb with a portable ultrasound. They experienced the process of birth through teaching materials showing a simulation of delivery. With a stethoscope and fetal ultrasonic doppler detector, they could even hear the baby's and mother's heartbeat. Children had the chance to hold the realistic fetal dolls and to hold the real babies themselves. They touched the big abdomen of pregnant women. In kindergarten the mothers of the kindergarten children participated in the classes too. After classes, many of the kindergarten's children's mothers said that the experience had brought them closer to their children and the children had become good at doing "amae". Others said that they had looked at maternal and child health handbooks, videos and pictures of the fetus or the baby together and their families had come to have a lot of conversation about life. Others said that the class helped them to remember how they felt when they were pregnant and their child was born. And what a very special feeling it was. As a result, mothers recognized that their children were truly their most important treasures. The conversations seemed to build good relationships between the parents and their children. One woman who had abused her child, said to us, "I remembered the amazing moment of childbirth" and "I was so happy to have my sweet child." From that time she has been able to raise her child without abuse. These learning experiences, in cooperation with the pregnant women and the babies, can make better parent-child relationships. Children can return to infancy and become good at doing "amae". We believe that we can prevent child abuse through such educational experiences for child and mother. We hope that when these children become adults, they will take better care of their own children. We found these classes to be very effective for the establishment of good parent-child relationships and for protection against child abuse.

**P199 Solihull approach foundation training: Analysis of feedback**

Douglas H. (Solihull NHS Care Trust, United Kingdom), Panter K. (Solihull NHS Care Trust, United Kingdom), McArthur R. (Solihull NHS Care Trust, United Kingdom), Lawrence C. (Solihull NHS Care Trust, United Kingdom)

The Solihull Approach provides a model for intervention supported by a comprehensive resource pack for practitioners working with families. It integrates psychodynamic, child development and behavioural concepts. The initial 2 day Foundation training has now been carried out in hundreds of locations across the UK with thousands of practitioners. This poster presentation summarises the results of an analysis of 2000 feedback forms, with a thematic analysis of what delegates found to be helpful for their work. A follow-
up was carried out with 58 delegates and a further thematic analysis was carried out in more detail. The results show a very high satisfaction rate with the training, but the themes are interesting as to exactly what practitioners value in the application of these theories to practice.

**P200 Infant mental health consultation in child protection**

Wotherspoon E. (IMP, Canada), Pirie J. (Alberta Health Services, Canada)

Participants will learn about the Collaborative Mental Health Care Program (Wotherspoon, et al, 2008) a multi-disciplinary team of infant mental health consultants who work in a close partnership with child protection services. The presenters will draw on a decade of offering advice, information and training to child protection workers in Calgary, Alberta, Canada. The presenters will describe the theoretical framework they use for the consultation process that integrates concepts from the Transactional Model (Sameroff & Chandler, 1975) with a developmental framework to help workers understand infant trauma and plan appropriate interventions. They will discuss the importance of using a relationship based consultation process and how this was developed with their child protection partners. The lessons learned from this experience that will be shared include: the value of targeting the decision making process over delivery of clinical treatment to this population; the need for targeted advocacy at multiple levels that include the courts and policy makers along with front-line consultation; the importance of cross training for medical, mental health, and family law audiences; and the value of separating clinical consultation from treatment services when responding to maltreated infants. Practical advice, information and tools will be shared for those interested in adopting this model as a means of infusing clinical expertise into the child welfare case management process on behalf of infants and toddlers.

**P201 Early childhood mental health consultation: A systematic approach to improving teacher sensitivity through ongoing professional development**

Amini Virmani E. (United States), Masyn K. (Harvard Graduate School of Education, United States), Thompson R. (UC Davis, United States), Conners-Burrow N. (University of Arkansas for Medical Sciences, United States)

The ability of early childhood teachers to provide sensitive, responsive care to young children is likely to be challenged by the complexity of emotional and behavioral issues presented to them in the classroom. Given that approximately 16-30% of children in early child care classrooms present with emotional and behavioral problems (Raier & Knitzer, 2002), early childhood teachers need additional support and guidance in identifying and developing strategies to attend to the demanding needs of young children with social, emotional, and behavioral difficulties. If provided with the proper tools and supports, early childhood settings have the potential to be supportive contexts for troubled young children. When teachers respond in sensitive and responsive ways, young children can experience their relationships with teachers as supportive, in some cases even compensatory to their troubled home relationships. In efforts to sustain high quality caregiving practices and to adequately address the growing needs of individual children with emotional and behavioral difficulties in early childhood settings, many federal programs such as Head Start are mandating the provision of early childhood mental health consultation (ECMHC). While there is some research to suggest that ECMHC is likely to be a promising intervention, the approaches and practices surrounding early childhood mental health consultation vary considerably from one program to the next. The goal of the current study was to examine the effect of early childhood mental health consultation on teacher sensitivity over time, taking into account specific characteristics of ECMHC that contribute to change in teacher sensitivity. One-hundred and forty-one early childhood teachers, serving economically disadvantaged 3-and 4-year olds in the state of Arkansas participated in this study. All child care sites and preschool programs participating in the study received early childhood mental health consultation through the Arkansas Early Childhood Mental Health Consultation Project over a period of 3 years. Findings from this study suggest that teachers participating in this early childhood mental health consultation intervention made significant gains toward sensitivity as compared to their initial levels of sensitivity. Quality of ECMHC and teachers' experiences of ECMHC predicted the amount of change in sensitivity as measured by more positive interaction, less detachment, and less punitiveness. Teachers with less classroom experience and lower sense of efficacy at the start of the study evidenced the greatest improvement in sensitive caregiving practices over the course of the intervention. Findings suggest that early childhood mental health consultation may be a promising professional development intervention for teachers in early childhood settings.

**P202 IMH training in Australia: The NSWIOP Post-graduate Masters programme**

Mares S. (Australia),

Knowledge, skill and confidence about infant and relational assessment and intervention are central to competent perinatal and infant mental health practice. Reflective processes are a central aspect of this; This presentation outlines the development of postgraduate Perinatal and Infant Mental Health (PIMH) education and training in NSW, Australia and will focus on the principles that underpin and inform the Graduate Diploma and Master of PIMH. A Certificate programme is being developed. An outline of the course content, structure, and delivery will be provided as well as the challenges facing the programme. Post-Graduate training in Infant Mental Health (now Perinatal and IMH) was first offered by the NSW Institute of Psychiatry in Sydney Australia in 1998 and there have been over 100 graduates in that time. The course is offered at Grad Dip and Master level by distance education, to a multidisciplinary group of students who come from a wide range of professional disciplines and social and professional contexts across Australia and New Zealand.. The programme content and delivery emphasise the development of reflective skills in students through a supportive relationship based approach to training; a twelve month infant observation which provides students with the opportunity to understand early development, develop observational skills about infants and families as well as their own responses to
the infant and family; ongoing clinical supervision and development of a reflective clinical journal, and study and assessment tasks that require the student to integrate new knowledge into their clinical practice. An overview of the programme, opportunities and challenges will be provided.

P203 Developing reflective skills in IMH post-graduate students: The Australian experience
Mares S. (Australia), Warren B. (NSW Institute of Psychiatry, Australia), Birch M. (NSWIOP, Australia)
This paper considers the various ways that the notion of reflective practice and reflective supervision is used in different disciplines and defines our understanding of its place in Infant Mental Health(IMH) training. Post-Graduate training in IMH has been offered by the NSW Institute of Psychiatry in Sydney Australia since 1998, at Graduate Diploma and Masters level. A Certificate programme is in development. The programme is delivered by distance education, to a multidisciplinary group of students across Australia and New Zealand. Course content and delivery emphasise and promote the development of reflective skills in students in a number of ways. These include; a supportive relationship based approach to training; a twelve month infant observation which provides students with the opportunity to understand early development, develop observational skills about infants and families as well as their own responses to the infant and family; ongoing clinical supervision and development of a reflective clinical journal, and study and assessment tasks that require the student to integrate new knowledge into their clinical practice.

P204 IMH Training in Australia: the NSWIOP Postgraduate Masters programme
Warren B. (NSW Institute of Psychiatry, Australia), Birch M. (NSWIOP, Australia),
Knowledge, skill and confidence about infant and relational assessment and intervention are central to competent perinatal and infant mental health practice. Reflective processes are a central aspect of this. This presentation outlines the development of postgraduate Perinatal and Infant Mental Health (PIMH) education and training in NSW, Australia and will focus on the principles that underpin and inform the Graduate Diploma and Master of PIMH. A Certificate programme is being developed. An outline of the course content, structure, and delivery will be provided as well as the challenges facing the programme. Post-Graduate training in Infant Mental Health (now Perinatal and IMH) was first offered by the NSW Institute of Psychiatry in Sydney Australia in 1998 and there have been over 100 graduates in that time. The course is offered at Grad Dip and Master level by distance education, to a multidisciplinary group of students who come from a wide range of professional disciplines and social and professional contexts across Australia and New Zealand. The programme content and delivery emphasise the development of reflective skills in students through a supportive relationship based approach to training; a twelve month infant observation which provides students with the opportunity to understand early development, develop observational skills about infants and families as well as their own responses to the infant and family; ongoing clinical supervision and development of a reflective clinical journal, and study and assessment tasks that require the student to integrate new knowledge into their clinical practice. An overview of the programme, opportunities and challenges will be provided.

P206 Babies in withdrawal!: Working with substance-abusing caregivers and their infants in the post-partum period
Merminod G. (Service de Psychiatrie de l'Enfant et de l'Adolescent, Switzerland), Almeida A. (HUG, Switzerland), Ansermet F. (University Hospital of Geneva, Switzerland), Schechter D. (University Hospital of Geneva, Switzerland),
Background and Aims: This paper presents work done on our pediatric hospital consult-liason service. The focus is on our collaboration as mental health clinicians with the Developmental Pediatrics Unit within which, each year, 8 to 12 infants are hospitalized with withdrawal syndromes that result from substance abuse by their mothers during pregnancy (opiates, benzo diazepines, alcohol, etc.). Here we describe and reflect upon our multidisciplinary care of these high-risk infants and their parents. Methods: Treatment takes three forms: 1) Structured observations of the baby during medical and ambient treatment for withdrawal syndromes, as well as potentially related trauma and maternal deprivation. Such observations are informed by the use of the Finnegan scores (indicators of withdrawal signs), a sensori-motor evaluation as described by Bullinger, and observation of caregiver-infant interaction via the Brazelton Neonatal Assessment, as well as clinical evaluation of feeding and sleep difficulties. 2) Work with the parent(s) concerning substance abuse and withdrawal, underlying and consequent psychiatric difficulties, and the impact of parental mental health on the baby. This involves our specialized collaboration with our adult psychiatry unit. 3) Evaluation of the parent-infant relationship, involving assessment of parental mental representations of their infant and their relationship with him as described by Zeanah, Cramer and Palacio, as well as of the caregiver's sensitivity to infant signals as described by Ainsworth and Crittenden. Results: Out of 10 babies hospitalized for withdrawal, in 2008-9, 3 returned home, 2 were placed first in a therapeutic holding facility and then returned home, 1 went to a mother-child transitional living program for substance abusing parents and their children, 4 were placed in permanent foster care. We describe the two cases that were at the extreme opposite poles of these outcomes, and discuss risk and resilience factors as they might have contributed to their evolution. Conclusion: This case series suggest the need for further systematic research on the links between infant suffering and related physiologic states during withdrawal, as helped and-or hindered by parental psychopathology, and the infant-caregiver relationship. This paper suggests that careful interdisciplinary assessment and follow-up with attention to arousal-regulation and sensory processing are indicated with these high-risk children.

P207 When kindness hurts
Borge A. (University of Oslo, Norway), Vaagen R. (University of Oslo, Norway)
Previous work has suggested that prosocial behaviour is supportive and influencing positively interactions among infants and toddlers.
The effect of the level of prosocial behaviour on the development of emotional difficulties has not been investigated in very young children. We know that aggression and friendships have both good and a bad side, but how is it about prosocial behaviour? Is it always positive for children to appear as very prone to share, help and comfort peers? Method This study has interviewed individually 525 2-6 years old, annually four times. The study started when the children attended nurseries and day-care centres and followed the children across the transition to school. This poster presents data and results from the first three waves of data collection. In addition to the child interviews, parents and day-care centre teachers filled in questionnaires. By way of international collaboration between researchers in Montreal, Brisbane, London, Bern and Oslo an interview method based on pictures and drawings was developed. It was of course difficult to get answers from the very youngest children when the study started. SDQ was used to tap emotional problems. Results Most of the children were free of symptoms of emotional difficulties. Some girls had more frequent emotional problems than the boys. These problems were stable over two years and across three data collections. Furthermore, girls were more prosocial than boys. At T1, a group of girls was identified that was both high on emotional problems and high on prosocial behavior. At T3, these girls showed increased level of emotional problems. Surprisingly, girls with emotional problems but who displayed normal levels of prosocial behavior, did not show increasing emotional problems. Boys had no such problems at any of the time points. Conclusion These results confirmed one of our hypotheses whether prosocial behaviour could have a bad effect or a good effect promoting healthy development. Some very young girl had in fact symptoms of emotional problems and among these girls, high levels of prosocial behaviour functioned as a risk factor for further stable emotional problems.

P208 Help for children of parents with mental diseases: Experiences of the projekt auryn Leipzig
Gorspott M. (Auryn Leipzig, Germany)
We like to inform about our 7 years old projekt for children and families, when a parent has a mental disease or mental disorder. This children have a higher risk, to develop mental disease in the future. It is important to support them and their families, so that they can grow up healthy and strong. We like to tell about our work, our methods and what this children and the parents need to cope with the situation in the family.

P209 Comparing competency systems for early childhood mental health specialists: What is covered and what is not
Korfmacher J. (Erikson Institute, United States), Hilado A. (Erikson Institute, United States)
Who should provide mental health services to young children and their families, and who has the right to say who can provide these services? Recently, different workgroups and organizations have attempted to define characteristics of competent providers of mental health services for children birth to five years and their families in order to guide the field and establish common benchmarks for quality. These competencies detail knowledge that early childhood mental health (ECMH) providers should have, establish areas of service and treatment, and outline requisite skills and abilities. This poster presents results of an analysis comparing seven sets of competencies (two created in the past year), each developed by a group of professionals within a particular state or region in North America: California, Florida, Indiana, Michigan, Vermont, Illinois, and Toronto. The extent to which these systems overlap in content and approach suggests a convergence of beliefs about competency standards. This comparison suggests a fair amount of similarity across the systems. Most converge on an inclusive definition of who can consider themselves an ECMH specialist, encompassing different levels of expertise and multiple disciplines. All rely heavily on an infant mental health orientation to treatment and care; for example, they acknowledging the importance of relationships and the value in self-reflection. Although all systems can be applied across the entire birth to five age range, they focus more heavily on social-emotional issues in the birth to three period than on these same issues in preschool (three to five years). In addition, the systems share the position that the ECMH specialist should be trained as a generalist. That is to say, these competency systems take a holistic view of the child and cover many topics beyond a narrow definition of mental health, such as sensory processing and regulatory issues or nutrition. At the same time, however, many specific mental health challenges at this young age are infrequently noted, such as depression, anxiety, autism, behavior challenges, or trauma. These competencies are not “high stakes” standards; for the most part, they are not connected to any form of licensure, oversight or financial reimbursement. Although one system is embedded in an endorsement program, the other systems are used mainly to guide training and professional development activities. There is a need for evaluation of these competency systems, to discover how well they accurately capture the knowledge and abilities of those seeking to address the mental health needs of young children. An important policy consideration is how these competencies might assist in providing oversight of the ECMH workforce, especially as more government entities are establishing initiatives for comprehensive systems of child mental health services that include the youngest children.

P210 Foster families as child guidance clients: Mental health problems & counseling process
Gabler S. (Friedrich-Alexander University Erlangen-Nürnberg, ), Bovenschens I. (Friedrich-Alexander University Erlangen-Nürnberg, Institute of Psychology, Germany), Scheuerer-Englisch H. (Child Guidance Service Regensburg, Germany), Spangler G. (University of Erlangen, Institute of Psychology, Germany)
Theoretical Background & Objective. Previous research indicates that foster children are a vulnerable group for developing mental health problems. Many of the children entering foster care have suffered from neglect, physical, or emotional abuse (e.g. Courtney, Piliavin, Grogan-Kaylor & Nesmith, 2001). Furthermore, foster children often have to experience numerous placement disruptions (Newton, Litrownik & Landsverk, 2000). Traumatic experiences and multiple placement histories contribute negatively to mental health of foster children (Newton et al. 2000). To date, there are few studies investigating specific mental health needs of foster
children in Germany. Moreover, further research about adequate prevention and intervention strategies for this population is needed. Thus the purpose of the present study was to assess mental health problems of foster children in a child guidance center — compared to a matched control group. Additionally, the counseling process as well as the relationship between mental health problems and therapeutic process was analyzed. Methods. A pre-posttest control group design was used to assess counseling process and children’s mental health. The sample consisted of 50 foster and 50 non-foster families from a child guidance setting. Baseline information was retrieved from case files of the child guidance service. After leaving child guidance service, both parents and children were asked about children’s mental health and therapeutic process. Results. At baseline, foster children showed increased mental health problems compared to non-foster children. Again at follow-up, foster parents and foster children reported higher problem scores than parents and children of the comparison group. Further results suggest that foster families received significantly more child guidance support, i.e. they had more counseling sessions and spend longer time in child guidance clinic. Baseline mental health problems were positively correlated with service use of the families. Service use was also positively associated with follow-up mental health problems. Discussion & Conclusion. The results indicate that foster children are a high risk population for developing mental health problems. Further this study implies that foster families are at need for intensive support. A mental health screening as well as the identification of specific support needs should be established in child welfare so that effective treatment services can be provided.

P211 Ten years of application of "Diagnostic Classification Zero-to Three": An Italian experience

Maestro S. (IRCCS Stella Maris, University of Pisa, Italy)

We described a sample of 300 subject referred to the "Center of Psychiatry of Early Infancy" since 1999 until now. We collected clinical data from each subject, and on the basis of this, a diagnosis was made in accordance to criteria of "Diagnostic This study has provided us to have an estimate of psychopathological disorders in the earliest years of children. Moreover this work has allowed us to compare and validate the "two" multiaxial classifications which offers professionals the ability to diagnose, prevent, and treat difficulties by identifying and describing disorders not addressed in other classification systems and pointing the way to effective intervention approaches.

P212 A state wide initiative for parents with serious mental illness and their Infants

Dykman M. (Southern Health, Australia), Chapman M. (Royal Children's Hospital, Melbourne, Australia, Australia)

This poster will describe the Infant & Parent Mental Health Network of The State of Victoria, Australia. Across the State the service is divided demographically into three areas. State wide the service offers primary, secondary and tertiary consultation and education to primary care providers including Area Mental Health Services, Hospital services and Maternal & Child Health Services. This poster will describe the client population, approaches to management and treatment, evaluation of parenting capacity and evaluation of risk. The poster will identify what is required in our role as advocate for the infant. This includes what is required in order to assist the referrer to keep the baby in mind, and the parent and infant relationship in mind. The aim of which is to ensure that the infants’ rights to adequate care and protection from a sensitive, appropriately responsive caregiver is achieved. We will provide examples of management plans offered to referrers. Liaising with services such as protective services is outlined.

P214 Improving clinical care through routine outcome measurement

Kowalenko N. (Royal North Shore Hospital, Australia)

In Australia, a national system of routine data collection (the minimum data set) includes routine outcome measurement for specialist mental health service provision for those aged more than 4 years. This system has been in place for several years; its long term aim is to improve the quality of clinical care throughout the nation. Recently, one of the committees (Child & Adolescent Mental Health Outcomes Expert Group) supporting the government’s efforts regarding young people, provided advice about introducing a suite of outcome measures for those aged less than 4 years. This involved both a review of relevant measures and assessing how they performed against feasibility criteria. The criteria for outcome measures, is that they: i) are suitable for the target age group ii) are able to be filled in quickly (under 10 minutes) by a parent or carer and a clinician iii) assess social, emotional and behavioural domains of functioning and should be sensitive to change iv) are freely available v) have sound psychometric properties vi) should have continuity with outcome measures used in older age groups This paper will provide a review of relevant measures and the impact of feasibility criteria on recommendations for suitable measures. Those attending this presentation will gain an understanding of routine outcome measurement in mental health services and be able to reflect on the challenges inherent in implementing such an approach, especially in large systems, while meeting national policy priorities. The opportunities presented for improving infant mental health service delivery through such potential developments will also be considered.

P215 Early Childhood Mental Health Consultation: Predictors of effective outcomes

Van Egerten L. (Michigan State University, United States)

Preschoolers are three times as likely to be expelled when compared with students in grades K through 12 (Gilliam, 2005). Explanations for this higher expulsion rate appear to be linked to factors related to the preschool attended, the characteristics of the children in the class, and the teacher's self-reported stress and depressive symptoms (Gilliam & Shahar, 2006). One strategy designed to reduce behavior problems, improve socioemotional functioning, and decrease expulsion rates is mental health consultation with childcare providers and parents. Addressing behavior problems observed in out-of-home care via a mental health promotion approach requires the need to enhance the social and emotional quality of child care settings and to assist parents and caregivers in their ability to improve the quality of care that they receive.
to promote positive behaviors across home, school, and community settings. Multiple systemschild, family, staff, and programmed need to be targeted by programs aimed at preventing preschool expulsion (Perry, 2005).

P216 Developing services, nurturing clinicians, and seeing babies: Growing infant mental health in a Child and Adolescent Mental Health Service
Chapman M. (Royal Children's Hospital, Melbourne, Australia), Howard J. (Royal Children's Hospital, Australia), Kernutt J. (Royal Children's Hospital, Australia), Enderby K. (Royal Children's Hospital, Australia), Cleary J. (Royal Children's Hospital, Australia), Heynatz A. (Royal Children's Hospital, Australia), Eyre K. (Royal Children's Hospital, Australia), da Silva L. (Royal Children's Hospital, Australia), OHara A. (Royal Children's Hospital, Australia), Kasiannan P. (Royal Children's Hospital, Afghanistan), Paul C. (Royal Children's Hospital, Melbourne, Australia)
The Royal Children's Hospital in Melbourne, Australia, has a twenty five year tradition of excellence in the provision of a range of infant mental health services. The primary model of care is one of infant-parent psychotherapy, with an emphasis of infants who have co-morbid medical conditions. The opportunity has arisen for this long standing program to be expanded to meet the demands from infants and young children up to the age of four, who do not necessarily have a medical connection with the Royal Children's Hospital, in the Western region of Melbourne. This geographic area is one of high psychosocial need, and research has indicated that relatively few older children with mental health problems are seen by mental health clinicians due to high demand and limited resources. Consequently, specialised infant mental health services available within this region are also scarce. The establishment of infant mental health services within this region is being done through increasing the skills and scope of the existing resources within the Children and Adolescent Mental Health Service (CAMHS), which already provides a hub and spoke model of mental health care within the community. This poster will outline the development of the program, and the training model which is being undertaken to provide CAMHS clinicians, without necessarily prior experience or exposure in infant mental health work, with both the skills and confidence in being able to assess and intervene with this population. It will outline the progress of the program to date, with respect to types of referrals, and outcomes for the infants and their families. It will also explore potential challenges related to the service as demand for it increases.

P217 Norwegian registry for infants treated in out-patient child psychiatric services
Olaasen K. (Center for Child and Adolescent Mental Health, University of Tromso/Clinic for Child and Adolescent Psychiatry: National Network for Infant and Toddlers Mental Health, University Hospital of North Norway)
Background There is currently a growing focus on infant mental health within Norwegian child psychiatric out-patient services. In 2003, there were 1037 referrals for children aged 0-3 years, whereas in 2006 there were 1608 referrals. Along with the establishment of specialized teams engaged in the assessment and treatment of disorders in infancy and toddlerhood, implementing standard procedures for measuring outcome can be rendered possible. Indications on the efficacy of services for patients and their families can thus be reached through a systematic evaluation and documentation of the professional practice. Aims This project aims at establishing a national registry which can serve as a structured basis for monitoring quality in infant mental health services. A registry of quality is basically an organized overview of clinically relevant information, emphasizing three main questions: i) A defined group of patients ii) What are we doing? Are we doing what we are supposed to do? iii) How did it turn out? Subjects and methods The target group consists of all patients within the age 0-3 years and their families who are referred for assessment and/or treatment in outpatient clinics for child and adolescent psychiatric in Norway. A reference group and an executive committee with representatives from all regions in Norway have been established, which will conclude discussions at the end of 2009 about specific tools suitable for assessment. Included in a standard package of tools for every new case will be the use of the five DC 0-3R axes as an adjunct to the formal diagnostic procedure employing the ICD-10. As an indication of change, a pre-post design will be utilized. This includes collecting standard information from both the caregiver and clinician during the early phase of contact and at discharge. Measurement tools will comprise symptom-checklists as well as caregivers' ratings of their satisfaction with services. Implementation and perspectives Completing legal matters and IT-solutions, as well as training professionals, will be focused in 2010. The registry is planned to be fully operative at the end of 2010. At present, there are no registries of quality within Norwegian psychiatric services. Establishing routine monitoring of clinical work may thus enter into professionals' ordinary practice. Furthermore, the data-base may be connected with other national registries, such as the birth registry, as well as serve as a foundation for clinical research.

Friday: Poster session: Mother-Infant Interaction

P218 The use of videofeedback to improve mother-infant relationship in women with postnatal depression
Buist A. (University of Melbourne, Australia)
Background: Postnatal depression (PND) affects up to 15% of mothers. Treating the maternal depression does not in itself improve the relationship. Studies suggest using video feedback, may have improved outcomes in maternal sensitivity and attachment [1]. Aim: To investigate the effectiveness of a brief video feedback intervention, in inpatient mothers diagnosed with PND, in improving mother-infant interaction is compared to verbal-only feedback and controls who received standard care. Methodology: Mothers were recruited from two inpatient PND treatment programs. After admission, those women who agreed to participate were randomly allocated to video or verbal if the therapist was available, or to control if she was not. Therapy sessions lasted up to half an hour, once a week; both verbal and video were given information about attachment and watched a video Changes in attitude to the infant, parenting
confident and mental health status pre and post-intervention were assessed. Results: 59 women with PND being treated as inpatients have been recruited to date; 20 to the video, 20 to the verbal group and 19 to control (standard care). Preliminary analysis from first 14 women in video and verbal groups reveal significant improvements in mental health status were observed post intervention within all groups; improvements were observed in one measure of maternal attitudes/parenting confidence and only in the video feedback group. Comparison between interventions showed no significant difference in other measures. More mothers receiving video feedback thought this intervention was useful in helping them understanding infant behaviour but there was a trend that at least initially these women lost confidence. Analysis from all three groups will be presented at the conference. Conclusions: Focus on the mother-infant interaction is an important part of treatment for some women with PND; a simple, easily administered mother-infant therapy appears helpful, with a possible added advantage of the use of video. Vulnerable women however may be at risk of loosing confidence initially and need support and are likely to need ongoing work to fully benefit. 1. Juffer F, Van Ijzendoorn MH, and Bakermans-Kranenburg MJ, Attachment-based interventions in early childhood, in Promoting Positive Parenting,, Juffer F, Bakermans-Kranenburg MJ, and P.P.P. Van Ijzendoorn MH, Editors, 2008, Taylor &Francis: NY, USA.

P219 Infants born of rape or non-consensual sex: Overview and an infant observational study
Thomson-Salo F. (Royal Children's Hospital, Melbourne, Australia), Berg A. (University of Cape Town and Red Cross Children's Hospital, South Africa), Hopkins J. (Tavistock Clinic, United Kingdom)
The first presenter will present a review of the experience and knowledge about infants born of rape and intimate partner violence. There is a paucity of data, despite many thousands of rape-related pregnancies a year in different contexts (armed conflict, or in the family or the community). Over 90 professionals in health care and related services were surveyed. A number of women carry the infant to term, perceiving the infant to be a victim like themselves, but arrange permanent care. Those who keep the infant experience a continuum of states of mind including accepting the infant while separating the nature of the conception. A number of mothers are unable to be other than rejecting. The teach-in will outline some issues that caregivers face (maternal representations of the infant) and from the infant's perspective, attachment patterns, specifically insecure/disorganised attachment, father representation and how the infant may develop a positive self-representation. The second presenter will present observations of an infant, O-J, whose mother was a 10-year-old girl and the victim of interfamilial rape. At 3 days O-J was placed in a longterm foster home with other infants awaiting adoption. Weekly infant observation visits since the first 10 days of her life provide a frame for carers and infant, beginning a psychotherapeutic process for her. In the home, there are 4 mothers', volunteers and many transient siblings'. O-J very early used defensive gaze avoidance. When she regurgitated milk following a carer's description of the inappropriateness of the biological family's visit, she was only able to resume swallowing when the observer made the interpretation of her confusion. Similarly O-J used bowel movements to expel the anxiety generated by the confusion around her surname. While linking these bodily reactions to what was said about her family is conjecture, these observations could serve as indicators of pre-verbal, intuitive understanding and expressions of distress. The following themes are likely to be relevant to infants born of rape: Removal to alternative care Multiple caregivers with overstimulation and/or deprivation Constant threat of attachment disruption Infant anxiety about contact with a profoundly pathological family of origin Need to sort out the confusion of what belongs inside and outside to aid development of a coherent sense of self. The third presenter will offer an integrative discussion which will consider, in particular, issues of attachment.

P220 Right symptomatic recognition of mothers for bronchial asthma makes asthmatic control of children better
Abe T. (Kochi Red Cross Hospital, Japan), Morisawa Y. (Morisawa pediatric clinic, Japan), Manabe T. (Manabe pediatric clinic, Japan), Kimura M. (Kochi Red Cross Hospital, Japan), Shinahara K. (Kochi Red Cross Hospital, Japan), Morihata T. (Morihata pediatric clinic, Japan), Kubota H. (Kubota pediatric clinic, Japan), Honjo K. (JA Hospial, Japan), Nishiuchi R. (Kochi Medical Center, Japan), Ogura H. (National Kochi Hospital, Japan), Wakiguchi H. (Kochi University, Japan)
Objective. We examined how sufficient symptomatic explanation to mothers influenced condition of their children with infantile asthma (IA). Methods. We carried out a questionnaire to mothers of patients with IA in Kochi, with Easy Asthma Program comprising five questions. In five months from March to July in 2008, we added up 211 patients (male/female=128/83, mean: 5.5 years old, range: 0-17 years old). We reviewed whether there were significant differences of recognition of asthmatic attack between mothers and us by Mann-Whitney-U-test. Two months after we performed enough symptomatic explanation to them, we examined how asthmatic control of their children changed. Results. In 15 points (pts) of perfect scores (excellent: 15, good: 14-12, poor: under 11 pts), there was no significant difference between self-assessment of the mothers and our evaluation (mean; patient: 12.4, doctor: 12.0 pts, p=0.064). The biggest gap between them was seen in question 4 (Are you in trouble by cough or stridor when you exercise or are in high spirits during this one month?) (mean; patient: 2.37, doctor: 2.20 pts, p=0.0001). This result depends on underestimate of mothers for symptoms of exercise induced asthma (EIA). However, the evaluation of EIA after two months had no significant difference between them (mean; patient: 2.41, doctor: 2.40 pts). Moreover, in 72 patients in poor condition group of patient’s evaluation, the condition of 64 patients improved (excellent: 4, good: 60), although 8 patients remained in poor condition. Likewise, the condition of 66 patients improved (excellent: 4, good: 62) in 80 patients in poor condition group of doctor’s evaluation. In addition, total dosage of drugs decreased in these 66 patients. Patients who used disodium cromoglycate decreased from 31 to 7, and theophylline from 21 to 5. Conclusions. Bronchial asthma is said to be one of psychosomatic diseases. In this sense, mental supports to mothers and patients as well as physical treatments become important. In this study, we demonstrated that enough explanation to mothers whose recognition of EIA had been insufficient improved frequency of asthmatic attack and symptoms of the patients. Therefore, we suggest that right recognition for bronchial asthma of mothers can make prognoses of their children with IA better.

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P221 Mothers' internal working models of attachment and available cues for mother-infant interaction: Differences between 3- and 9-month-olds.
Shima Y. (Japan), Obara T. (Preschool Education & Nursery, Aichi Konan Collage, Japan), Kobayashi K. (Aichi Konan College, Japan), Ueshima N. (Nagoya University, Japan)

Background and Aims: Mother-infant interaction has been paid a great attention to in a lot of studies, and they have revealed that it is affected by mothers' trait such as maternal sensitivity, emotional availability, and so on. In this study, we take up the internal working models of attachment (IWM) as a maternal trait. It is well-known that the IWM affects maternal sensitivity and emotional availability, and it guides sensitive and effective responses to their infants. We have previously revealed that mothers use variable cues when they decide the behavior for infants (Ueshima & Obara, 2008), but the relation between these cues and the IWM has not been investigated. So, in this study, we investigate whether and how mothers' IWM affect the cues available for mother-infant interaction. Methods: Participants were 10 mothers of 9-month-olds (mean age = 28.7, SD = 2.7). They were shown 10 video clips, each of which was 15 seconds long (Shima et al., 2009). Half of the video clips included infants of 3 months old and the other half included infants of 9 months old. Mothers were interviewed about what cues in the video clips they paid attention to for deciding their own behavior. Then they were assessed the IWM by a questionnaire, which is composed of "anxiety" and "avoidance" (Brennan et al., 1998). Results and Conclusions: Mothers' responses were coded when they referred one of the following categories; infants' emotion, infants' behavior, mothers' own subjectivity, child-care experiences, or environmental situations (Ueshima & Obara, 2008). The number of mothers' references to each category was regressed by "anxiety" and "avoidance". The results showed that when infants were 3 months old, more avoidant mothers referred less to infants' emotion (β = -0.61, p < 0.5) and behavior (β = -0.66, p < 0.5). On the other hand, when infants were 9 months old, more avoidant mothers referred more to mothers' own subjectivity (β = .71, p < 0.5) and less to infants' emotion (β = -.80, p < .01). "Anxiety" did not have any effect on mothers' responses to the video clips. These results indicated that (1) the mothers' IWM, especially "avoidance", affects the availability of the cue for mother-infant interaction, and (2) mothers refer to her own subjectivity when infants are old enough. These results were discussed in relation to emotional development of infants. We are currently collecting more data for this study and more robust results will be obtained.

P222 Post-partum depression and early social interaction: A double video study.
Braaard H. (Centre for Child and Adolescent Mental Health, Norway), Skothiem S. (Regional Centre for Child and Adolescent Mental Health, Norway), Stormark K. (Regional Centre for Child and Adolescent Mental Health, Norway)

Developmental theories point to the importance of early caregiver-infant interaction for affect regulation and socio-emotional and cognitive development in infants. The purpose of this study is to assess face-to-face interaction between 2-to-3-month-olds and their mothers. The participants are represented in two sub-groups: one sub-group of infants and their mothers with depressive symptoms and one sub-group of infants and their mothers without depressive symptoms. The study will utilize a "double video" design, which enables the mother and the infant to hear each other and see a full-sized image of the other. The infant and the mother will be presented with live real-time video sequences, where communication is mutually responsive (Live sequence), or replay sequences where communication is set out of phase. The double video design consists of five sequences: Live1- Replay1- Live2- Replay2- Live3. In Replay1 the infant receives a replay of the mother's behaviour from Live1 while the mother is presented with live sequence of her infant. In Replay2 the mother receives a replay of her infant from Live1 while the mother is presented with live sequence of the mother. The study addresses several hypotheses: 1. Infants of non-depressed mothers are more sensitive to social contingency than infants of depressed mothers; 2. Infants of non-depressed mothers look significantly more at their mothers during the live-sequences compared to infants of depressed mothers; 3. The non-depressed mothers vocalize with significant higher pitch during the live-sequences, followed by a significant drop in pitch during the replay sequences. We don't expect this variability in intonation in mothers with depressive symptoms. Preliminary results are discussed.

P223 Intervention for baby and mother who suffered from stress during pregnancy.
Sawada T. (Izumi Municipal hospital, Japan)

It is very difficult for a pregnant mother suffering from stress to hold her baby after birth. Alcohol, nicotine and stress-hormones and the mother shouting during pregnancy badly affect the development of the fetal brain. There were two cases of pregnant mothers suffering from stress, who both gave birth to boys. The boys had a difficult time growing up and were abused by their mothers. Some years later, they suffered from ADHD and became delinquent boys. We examined 20 babies, born to pregnant mother suffering from stress, who had entered Misono Baby Home, where there is a child-family-support-center for babies under 2 months old. All the children studied for this project were under 10 days old. The number of babies with problems was 13 (65%). Their symptoms were hyperactivity, hypersensitivity, hyper-muscle tone, bad mood, hard crying, no eye-to-eye contact, poor sucking, poor-sleeping, having a bitter-looking face, a blank face, sleeping for long periods and not wanting to drink milk even when hungry. Caregivers held these babies in a fetal posture as if still in their mother's womb, and spoke to them while maintaining eye-to-eye contact. They carried them on their backs, slept, bathed and played together with them. After one month, their symptoms gradually began to improve. At one year, the symptoms of 8 babies (62%) had disappeared completely. And those of a further 5 babies (38%) had reduced substantially. All 20 babies were good at doing "amae" for caregivers and mothers. Caregivers advised their mothers, who couldn't understand their babies, to come to the Baby Home and to meet their babies. Caregivers held the babies and showed how they had become good at doing "amae" and could express their feelings. So the mothers wanted to touch their babies and sympathized with their babies little by little.
little. After that, they gradually began to tell caregivers about their past trauma. As a result, their trauma was healed and they were able to receive their babies affectionately. If a pregnant mother is suffering from a lot of stress, it is more likely that she will have a baby who also has a lot of stress. Then she cannot hold her baby with love. We have to hold and bring up the baby to become good at doing "amae". So that the baby can recover from his stress and his symptoms disappear. And then, as the baby can now do "amae" very well, they can use that power to change their mothers into mothers who can "contain" them.

P224 The Japanese version of IFEEL Pictures: A basic study on the relationship between perception of emotions and style of defense
Chiba C. (Tokyo Medical Center, Japan), Hamada Y. (Keio University, Japan), Fujisawa A. (Keio University, Japan)
We have continued to study the Japanese version of IFEEL Pictures (JIFP). Among female college students, several characteristics of their defense style have been shown to affect their perception of emotions in the JIFP responses. In this study, we examined the relationship between perceptions of emotion and the style of defense among mothers of infants, as a part of JIFP's basic validation study. Method: Cooperators: Mothers of infants (n=23, mean age: 33.9 years; SD = 4.44). Materials: JIFP album which is comprised of 30 pictures of Japanese infants' facial expressions; and the Japanese version of the Defense Style Questionnaire (DSQ42) which is comprised of 42 questions, yielding 20 defense style scores. Procedures: The JIFP album was presented to the subjects who were asked to describe, the emotion that the infant in the pictures expressed. The responses obtained were classified according to Relationship Assessment Categories (such as Deviated Responses (D), Object Seeking (OS), Satisfaction/Frustration of Needs (FN), Basic Emotions (BE), Physiological States (PS), Attentive/Concentrated States (AC), Simple Description of the Picture (SD), and Rejection (R)). The subjects were then requested to fill out DSQ42, and the defense style scores were calculated. Results and Discussion: Some picture was seen between the subjects' style of defense and the characteristics of their emotional perceptions identified from the JIFP. 1) A mother who tends to focus on a child's emotions (BE) and physiological condition (PS) may have internalized an idealized object that she can depend on. She may be able to show stable emotional states without excessively interpreting reality in her favor or avoiding anxiety-causing situations; 2) A mother who tends to observe only the manner and facial expressions of a child engaged in an action (SD), instead of reading his/her emotions (BE), may not judge people based on her own ideals, or pass the blame to others if things turn out badly. On the other hand, she may interpret a child's emotions rarely in the light of her own feelings or thoughts; and 3) A mother who tends to perceive emotions inappropriately (D) may not be good at controlling her aggression toward other people. Her attitudes tend to be inconsistent and contradictory. These findings differed from the previous data obtained from college students. We plan to add more data and investigate this difference further.

P225 Infant's psychophysiological profile and mother-infant interaction
Costa R. (University of Minho, Portugal), Figueiredo B. (University of Minho, Portugal)
Objective: This study aims to (1) identify and profile groups of infants according to their psychophysiological characteristics, considering their neurobehavior organization, social withdrawal behavior and neuroendocrine reactivity to stress, and to (2) analyze group differences on the quality of mother-infant interaction. Method: Ninety seven 8 weeks-old infants were examined using the Neonatal Behavioral Assessment Scale (NBAS, Brazelton & Nugent, 1995) and the Alarm Distress Baby Scale (ADBB, Guedeney & Fermanian, 2001). Cortisol levels were measured both before and after routine inoculation between 8 and 12 weeks. At 12 to 16 weeks mother-infant interaction was assessed using the Global Rating Scales (GRS, Murray, Fiori-Cowley, Hooper, & Cooper, 1996). Results: Three groups of infants were identified: (1) “Withdrawn”; (2) “Extroverted”; (3) “Underaroused”. Differences between them were found regarding both infant and mother behaviors in the interaction and the overall quality of mother-infant interaction. Conclusion: The identification of psychophysiological profiles in infants is an important step in the study of developmental pathways leading to normalcy or to psychopathology.

P226 Tuning in and tuning out: TV distractions during mother-infant play
Saathoff-Wells T. (Central Michigan University, United States), Culp A. (University of Central Florida, United States), Culp R. (University of Central Florida, United States)
Mother-infant play sessions were recorded as part of a longitudinal evaluation research study, which documented the effects of a home visitation program for first-time parents in five counties in Oklahoma from 1997 to 2001. The original study was quasi-experimental, with a control group of seven additional counties with no home visitation services. Play dyads were recorded in the family home when the child was twelve months of age. At the time the dyads were recorded, a small number of televisions were on and visible/audible with a control group of seven additional counties with no home visitation services. Play dyads were recorded in the family home when the child was twelve months of age. At the time the dyads were recorded, a small number of televisions were on and visible/audible. Cortisol levels were measured both before and after routine inoculation between 8 and 12 weeks. At 12 to 16 weeks mother-infant interaction was assessed using the Global Rating Scales (GRS, Murray, Fiori-Cowley, Hooper, & Cooper, 1996). Results: Three groups of infants were identified: (1) “Withdrawn”; (2) “Extroverted”; (3) “Underaroused”. Differences between them were found regarding both infant and mother behaviors in the interaction and the overall quality of mother-infant interaction. Conclusion: The identification of psychophysiological profiles in infants is an important step in the study of developmental pathways leading to normalcy or to psychopathology.
interactions. We will compare distraction to other variables in the original study, including quality of play, child development knowledge, mother's language skills, and mother's social support. Participant Information: The total N is 37 (23 intervention, 14 control dyads). Mothers' ages range from 15 yrs to 36 yrs with 33% between ages 15 and 19 (n=12) and 22 moms in their 20s and 26 of the mothers had completed high school or their GED by their infant's 1st birthday. Most of the mothers were single (n= 20) with the next most common status being married (n= 14). Sixty-five percent of the families earned an annual household income of $20,000 or less, yet the income bracket with the most mothers (n=10) was the $20,001 - $30,000 range and most mothers reported that they had worked since the birth of their child and that they were utilizing Medicaid at the time of the 12 month interview.

P227 The Japanese version of IFEEL pictures: Evaluation of mothers' childrearing attitude through relationship assessment category
Nagaya S. (Chukyo University, Japan), Fukatsu C. (Otsuma Womens University, Japan), Hamada Y. (Keio University, Japan), Inoue K. (Yokohama National University, Japan)
Purpose: To carry out appropriate childrearing behaviors, mothers need to perceive their children's emotional signals. The Japanese version of IFEEL Pictures (JIFP) and TK Parent-Child Relationship Test (TK-Test) that measure a mother's childrearing attitudes, were conducted to examine the relationship between a mother's childrearing attitudes and her emotional availability. Method: Cooperators: Mothers of infants aged 0 to 3 (n=41, mean age=32.6, SD=3.37). Materials: JIFP album; Relationship Assessment Categories (Deviated Responses(D), Object Seeking(OS), Satisfaction/Frustration of Needs(FN), Basic Emotions(BE), Physiological States(PS), Attentive/Concentrated States(AC), Simple Description of the Picture(SD), and Rejection(R)); TK-Test: Comprised of 80 questions, it shows a mother's childrearing attitudes in terms of her scores for each of the five attitudes and ten types. Procedures: The subjects were requested to fill out the TK-Test in advance, then had the JIFP presented to them, and were asked to describe, in a single word, the emotion that the infant in the photo expressed. Results and Discussion: 1. Correlation between the number of category responses and the score on the parent-child relationship scale revealed that mothers who tended to take note of a child's behavioral and physical condition aspects rarely meddled with their children, or acquiesced to their demands. Mothers who were highly critical of a child might have difficulties perceiving emotions. 2. Correlation between the scores for each question item and the number of JIFP responses revealed the following: (1) high OS response scores: an overprotective but consistent childrearing attitude; (2) high FN response scores: a childrearing attitude where the parent always seizes the initiative; (3) high BE response scores: an overprotective, excessively meddling and ambivalent childrearing attitude; (4) high PS and SD response scores: little or no interest in children and few interactions with them; (5) high D response scores: insistence on “saving face”; excessively strict discipline; and (6) high R response scores: an excessively meddling and negative childrearing attitude. Mothers' emotional availability determine the childrearing attitude. Also, JIFP's validity was confirmed.

P228 Mothers' subjectivity in interacting with infants: Differences between 3 and 9 months old infants
Ueshima N. (Japan), Obara T. (Preschool Education & Nursery, Aichi Konan Collage, Japan), Kobayashi K. (Aichi Konan College, Japan), Shima Y. (Nagoya University, Japan)
Background and aims: Mothers' responses to their infants were affected not only by infants' emotion which they perceived but also by mothers' subjectivity aroused by the infant. Previously it has been reported that mothers are aware of their own subjectivity such as motivation, intention, and feelings to the infants (Ueshima, 2008). However it is unknown how the contents of mothers' subjectivity are affected by infants' development. Thus this study examined the differences of the contents of mothers' subjectivity to the infants at 3 months and 9 months old experimentally. Our hypothesis was that at 3 months mothers report their interaction with their infants more from the perspective of their own subjectivity, because infants' mental states, such as emotions, intention and desire, are less differentiated and clear at that age. On the other hand, it becomes easier for mothers to interact on older infants' from the perspective of infants' mental states.
Methods: Thirteen mothers (M=28.6, SD=2.7) who have nine months old infants were participated semi-structured interview. Firstly they were shown ten short video clips, each was 15 seconds long (Shima et al., 2009). The half of the video clips included infants of 3 months old, and the other half included infants of 9 months old. Mothers were asked about their responses to each infant in different situations. Results and conclusion: Mothers’ answers to the question “why you selected a particular response” were coded when they referred one of thirteen categories. The result showed that contents of mothers' subjectivity aroused by the infant is qualitatively different when the infant is 3 months versus 9 months old. When infants get older, mothers are less affected by their own subjectivity and they become more interacting to the infants affected by intention to affect and regulate infants' emotions which mothers perceived.

P229 Maternal insightfulness in depressed mothers
Quitmann J. (University Medical Center Hamburg-Eppendorf, Germany), Ramsauer B. (University Medical Center Hamburg-Eppendorf, Germany), Rome G. (Universitätsklinikum Eppendorf, Germany)
Maternal insightfulness is seen as the mental capacity underlying positive parenting and providing the context for secure child—parent attachment. It involves the capacity to see things from the child’s perspective, and is based on insight into the child’s motives, a complex view of the child, and openness to new information about the child. So far little is known about how insightfulness relates to
maternal depression. In this study we assessed maternal insightfulness of a sample of 23 depressed mothers of three- to twelve-month old infants and compared the results to a parallel control group. As expected depression was negatively related to maternal insightfulness. The importance of considering the role of maternal insightfulness in parenting behavior of mentally ill parents and potential implications for the development of the children is discussed.

**P230 Patterns of communication in heroin dependant mother and their infant: A statistical and non-linear dynamical analysis**

Bochand L. (Lille, France)

Some recent studies have underlined the importance of the emotional quality of the parent-child communications for understanding the relationship of heroin dependant mother and their infant. The present study proposes to evaluate the dynamic (i.e., the temporal succession) of the patterns of communication between the heroin dependant mother and their infant during a feeding session with 1-month-old infants prenatally exposed to heroin. 15 dyads of heroin-dependant mother and their infant were compared to 15 dyads of mother without substance abuse disorders paired according to their level of education and the number of child. The mothers were asked to respond to questionnaires assessing their level of anxiety, the post partum depression, the quality of the parental care and the strategies of emotional regulation. Sessions feeding were videotaped when the infant was 4 or 5 weeks old. Videotapes were coded according to the frequency, the duration and the quality of infant sucking, arousal, feeding problems, and maternal feeding activity and activity motor maternal. The behavioral sequences are processed using both statistical methods and non-linear time-series analysis. The results support the hypothesis of a poverty of nonverbal behaviors in the mothers with drug dependence. The dynamical analysis of nonverbal communications shows that the heroin-dependent mothers would present more repetitive patterns of behavior and less flexibility. These specific patterns of behavior are discussed according to the difficulty of these mothers to fit the emotional signals of their infant, the assumption of cognitive perseveration, associated to drug consumption, or the poverty of a maternal model.

**P231 Effects of early weaning over fatty acid concentration and anxiety level after maturation in rat: Early deprivation of milk leaves long-term effects**

Kakinuma M. (Nippon Veterinary and Life Science University, Japan), Matsumoto H. (Nippon Veterinary and Life Science University, Japan), Nose I. (Nippon Veterinary and Life Science University, Japan), Hirose H. (Nippon Veterinary and Life Science University, Japan)

In livestock, early weaning are known to produce better quality of meat, suggesting physiological construct can be modified by early shift in diet. Early separation can cause deprivation of both maternal care and nutrition, but manage to grow up without major dysfunction. Rats can be separated early and catch up in body weight growth, but have higher anxiety level in later development. In order to investigate long-term effects of these deprivations, we have compared weight, fatty acid concentration, and anxiety level of rats weaned on 15th day(EW) and 21st day(CT), standard day for separation. Since male rats develop higher anxiety level due to early separation, we have only used male rats here. Blood samples of collected blood samples from 15th day to 37th day (30 CT and 32 EW rats) and also 10th week (28 CT and 23 EW). Body weight was measured daily until 28th day and also on 10th week. Anxiety level was measured by elevated plus maze on 10th week (22 CT and 16EW). Results show that shortly after the separation, EW rats experience drop in body weight compared to CT (P<.01), but caught up by 21st day. On 10th week, no differences in body weight were observed. EW rats also experience acute drop in most of 24 fatty acids measured during the first week following the weaning. But within a week, most of them increase rapidly as to catch up to CT. By 10th week, most of the fatty acid concentrations caught up except for omega 6 group. EW showed higher anxiety level in elevated plus maze that average stay in open arm area was much shorter (p<.01). These results suggest that even though early weaned rats catch up in body weight one week after the separation, their metabolic system do not catch up with the control later than 10th week. Their high anxiety level could be due to the lack of maternal protection, as has been suggested in the past, but we should look into the balance of fatty acids in the brain system as well. Further studies are needed for longer effects of the separation in metabolic system as well as behavior. A major question remains. If we can supply the nutrition deprivation by some measures, would the anxiety level be improved, or would the metabolic balance be different by 10th week.

**P232 Does maternal history of abuse affect maternal and infant interactive style at 5 and 12 months?**

Henning A. (Saarland University, Germany)

Research on the intergenerational cycle of violence shows that a history of childhood physical or sexual abuse is a significant risk factor for parental abuse of the offspring. Relatively little is known on whether, and how, a history of abuse impacts on early mother-infant interaction. The aim of the current work is therefore 1) to assess the effect of maternal history of abuse on the mother’s and her infant’s interactive style in free play interactions when infants are 5 and 12 months of age, and 2) to assess stability of interactive styles across a period of 7 months. Results of previous analyses for the sample of the current study showed that mothers with a history of abuse were rated as more intrusive than control mothers in play interactions with their 5-months-olds (Möhler, Biringen, & Poustka, 2007) and scored higher on a self-report scale on impulsiveness when infants were 12 months of age (Möhler et al., 2009). Ten-minute play interactions of more than 100 hundred mother-infant dyads were videotaped in the lab when infants were 5 and 12 months of age. Half of the mothers had reported experiences of severe sexual and/or physical abuse during their childhood as assessed by the Childhood Trauma Questionnaire. Mothers in the control group were matched according to child gender, maternal marital status, education, and number of siblings. Gender distribution and average birth weight of infants were comparable across the two groups (see Möhler et al., 2007, for details on the sampling procedure). We are currently in the phase data recoding. Maternal and infant

P233 Out-patient mother-baby treatment group: A 10 week pilot
Philipp D. (University of Toronto, Canada)
Several models currently exist for the group treatment of mothers and their babies in the setting of maternal psychiatric decompensation in the post partum period. Whether inpatient or ambulatory the focus has been primarily on maternal symptoms or guidance around parenting. However, to date there have been few attempts to concurrently address maternal mental health along with infant mental health and the dyad as a unit. Our hope was to conduct a group that could attend to both issues given that they are inextricably linked. The model includes up to 8 mothers and their babies referred to a weekly group therapy of 2 hours duration. All the mothers are struggling with clinically-significant peri-partum anxious or depressive symptoms, but none required hospitalization at the time of referral. Cases are screened by the two clinicians-leaders using a number of standardized measures. One leader has expertise in infant mental health, while the second leader's area of practice is in maternal mental health. Sessions run weekly for two hours, and all mothers have access to an individual therapist in addition to the weekly group, although not all are currently in regular individual therapy. The goals of the group are twofold: 1. To improve maternal sensitivity and attunement through: mindfulness techniques, infant observation in the form of a group Watch Wait and Wonder, as well as open discussion. 2. To address the psychiatric symptoms of the mothers, particularly as they impact on their parenting. Each session also includes a psycho-educational component. Outcome measures are given at the end of each 10 session group. Results will be discussed.

P234 Tension and shape-flow in marked moments: Nonverbal qualities embodied in parent-child affect regulation
Sossin K. (Pace University, United States), Shaw J. (Pace, United States)
In markedness (Gergely, 2007), an affect is reflected in an exaggerated form, in which some aspects of the expression, including time, space and intensity are modified, but close enough to the caregiver's genuine affect display so that the affect and caregiver are still recognizable. This type of exaggerated reflection facilitates the development of affect regulation by helping the young child distinguish his or her own affective state and that of the caregiver (Fonagy, Gergely, Jurist, Target, 2002). Moments of markedness were culled from 26 video-captures of parent-child play interaction. The children ranged in age from 11 to 53 months. The current study employs coding of bodily patterns using the Kestenberg Movement Profile (Kestenberg Amighi, Loman, Lewis & Sossin, 1999) to identify the sequence of parent and child behaviors during 20 second intervals, including 10 seconds before the moment of markedness and 10 seconds after. The specific movements denoted are patterns of bipolar shape flow, unipolar shape flow and tension-flow attributes, theoretically linked to affects of comfort-discomfort, approach-withdrawl, and safety-danger respectively. Findings pertain to measuring 1) movement pattern/behavior changes corresponding to marked moments by comparing pre- to post-markedness patterns; 2) the linkage between sequential movement patterns of the parent and those of the child, and 3) the correspondence between the movement pattern sequences and other behavioral measures such as the Early Relational Assessment Scales (Clark, 1999). Literature of temporality in dyadic relationships suggests that a closer look at patterns of interactive behavior can reveal predictive information. Prior researchers (Stern, Tronick; Trevarthen, Beebe) have demonstrated that sequential patterns are co-created by parent and young child and pertain to the experience of intersubjectivity. This is the first temporally framed use of the Kestenberg Movement Profile and addresses the organization of movement patterns. The study looks at multiple steps in movement pattern sequences that are predictive of communicatively marked moments, and contributes methodologically and conceptually to the relevance of shape-flow and tension flow behaviors. What will be the meaningful nonverbal segments of movement in parent-child interaction that will predict the parent's ability to communicate both an understanding of the young child's affect and attribution of affect by the parent? Relationships among marked moments, affectively-meaningful nonverbal behavior, and intersubjectivity are gleaned from this study. Theoretical implications regarding embodied intersubjectivity are explored.

P235 Learning from mother's face: An experimental examination of the transgenerational transmission of anxiety
Bolten M. (University of Basel, Switzerland)
In addition to genetic factors, etiological models of anxiety disorders underscore the importance of environmental factors like observational and instructional learning in the development of anxiety. Furthermore, studies have shown, that expressions of emotion can regulate the behavior of others. From around eight months, infants begin to seek information from their mother, or other relevant adult, concerning the adult's emotional response to, and appraisal of, a referent (e.g. an unfamiliar object or person); infants are then likely to modify their own behavior in line with that response. This process is called social referencing. The present study examined the transgenerational transmission of anxiety using the visual cliff paradigm to study the relationship between maternal emotions and infant's social referencing behavior in an ambiguous situation. Mothers and their infants were invited twice into our behavioral observation lab (repeated-measure design). Immediately before the visual cliff paradigm mothers' mood had been manipulated by video clips inducing a neutral or anxious/depressive mood (counterbalanced order). Dependent variables during the visual cliff
paradigm were percentage of children crossing the visual cliff, crossing time and eye gazes between mother and child. Our data, collected from 60 mothers with their 8-13 month old infants, indicated that infants’ temperament and mothers’ anxious and depressive mood explained a significant amount of variance in infants’ behavior. Thus, findings indicate the relevance of mothers’ mental state and infants’ temperament for infant behavior in ambivalent and unfamiliar situations. Analysis of mother and infants facial expressions and vocal tone as pathways explaining these results will be discussed at the meeting.

P236 Integrating antenatal parentcraft with the solihull approach
Douglas H. (Solihull NHS Care Trust, United Kingdom), Delaney J. (Solihull NHS Care Trust, United Kingdom), Lewis F. (Solihull NHS Care Trust, United Kingdom)
In the UK, antenatal parentcraft sessions delivered by midwives tend to focus on the facts of pregnancy, birth, pain relief and breastfeeding. Yet the antenatal period could be an opportunity to help the parents build up their relationship with their baby and to get to know their baby, whilst also learning about the processes of birth and pain relief. The Solihull Approach team, in conjunction with midwives, have piloted a 4 session model (the usual length of parentcraft courses in the UK) where the relationship is integrated into each session, setting the scene for the parents to form an attachment with their baby when the baby meets the outside world.

P237 An exploration of interaction patterns among adolescent mothers and their young children: Risk factors for child maltreatment
Dhayananthhan B. (York University, Canada), Bohr Y. (York University, Canada)
The pattern of interaction between a mother and her young child has a powerful influence on the dyadic relationship (Wallace, Roberts, & Lodder, 1998). Mothers and infants influence each other by providing signals about their needs, feelings, and concerns (Barnard, 1994). The dyad’s ability to respond to each other's cues sensitively and appropriately has been shown to impact child development over time (Ainsworth, 1969). For example, infants rely on and interpret caregiver affective cues to gain information not only about the world around them but also to gage their internal feelings (Hobson, 2007). Thus, mothers who are emotionally available and responsive to their child’s needs are more likely to foster secure attachments with their children. Conversely, submissive, unclear or hostile transactions on the part of one member of the interaction can impede the functional adaptation of both members (Barnard, 1994). The present study utilized the NCAST observational coding system (Barnard, 1994) to examine interaction patterns and their relationship to child maltreatment risk in a sample of 50 adolescent mothers and their children living below the poverty line. It was hypothesized that more contingent mother-child interactions (composed of high levels of maternal sensitivity and responsiveness and high levels of child cue clarity and responsiveness) would negatively predict child abuse potential. Results indicated a significant negative correlation between maternal sensitivity (r= -.424, p=.001), child responsiveness (r= -.444, p=.001) and child cue clarity (r=-.531, p <.001) and child abuse potential. In a significant regression model [R= .599, F (2,47) = 13.18, p <.001] child factors such as cue clarity and responsiveness (ß= -.47; p <.001), and maternal factors such as sensitivity and responsiveness (ß= -.28; p <.05) emerged as protective factors that negatively predicted child abuse potential. These findings highlight the utility of observational coding methods such as the NCAST-PCI to increase our understanding of how stable versus impaired interaction patterns can play a role in child abuse potential. Findings also support past research that the mother-child interaction is indeed bidirectional (Hauser-Cram et al., 2001), and underscore the importance of tailoring interventions for high-risk adolescent mothers and their children in a way that will promote adaptive communication.

P238 Maternal attachment representations and quality of dyadic exchanges in a group of children at risk for maltreatment
Nicolaï G. (University of Molise, Faculty of Health Sciences, Italy), Speranza A. (Sapienza University, Italy), Guarino S. (Sapienza University, Italy), Trentini C. (Sapienza University, Italy)
The intergenerational transmission of abuse describes how maltreatment experienced during one’s infancy stands as a significant risk factor for the eventual development of abusive parenting. Within this “cycle of maltreatment” (Zeanah, Zeanah, 1980; Dixon et al., 2005) attachment plays a major role, as patterns of interactive dyadic exchanges can be negatively impacted via mother’s sensitivity with significant risk for future onset of psychoopathology in the child. We examined maternal attachment representational status and the quality of dyadic interaction in a sample of 74 child-mother dyads. 37 dyads, with children in a 9 to 60 months age range, were living in residential communities while waiting for court decisions on alleged abusive home environments (experimental group). The other 37 dyads were matched for child sex and age range (control group). Mothers were administered the Adult Attachment Interview (George et al., 1984; Hesse, 2008) for the assessment of their attachment representational status. Dyads were observed in a 20-minutes videotaped free play session, with their dyadic interaction being scored through the Assessment Scale of Mother-Child Interaction System (Speranza et al., 2003). Our results show that attachment representational status in mothers whose child was at risk for maltreatment was significantly more problematic with respect to control mothers, and that dyadic interaction in at risk dyads scored significantly worse than in control dyads.

P239 Effects of maternal sensitivity and intentional teaching on entwined developmental domains: Differences in mechanisms in an early intervention context
Vallotton C. (Michigan State University, United States), Mastergeorge A. (University of California, Davis, United States), Ayoub C. (Children’s Hospital, Harvard University, United States)
Introduction. Early parent-child interaction and intervention are important contexts of development for infants and toddlers, but little
is known about the mechanisms by which these contexts may affect children's developing skills in multiple domains. This study addresses the following questions: (1) Does the quality of mother-child interaction — mothers' sensitivity to child cues and intentional teaching — support both language and self-regulation skills? (2) Is the effect of mother-child interaction on child self-regulation mediated by the effect on child's language skills? (3) Does the impact of maternal interaction quality differ in the context of an early intervention? Method. This study is a secondary data analysis of the National Early Head Start (EHS) Evaluation data, a prospective study of low-income children and families when children were 14, 24, and 36 months old. The sample includes 3,001 families, half of whom were randomly assigned to the EHS intervention. We measured (a) maternal sensitivity and intentional teaching during interactions at each wave, (b) child vocabulary at 24 months, using the MacArthur CDI, and (c) child self-regulation at each wave using the Bayley Scales of Infant Development. We used multi-level growth models to test whether parent-child interaction qualities affected children's self-regulation through their impact on children's language skills, and whether these relationships were different in the context of the EHS intervention. Results. Children's language skills at 24 months predicted their self-regulation trajectories through toddlerhood. Maternal insensitivity negatively impacted child language at 24 months; this effect was bigger for the control group. The impact of maternal sensitivity on self-regulation was significant for both groups, and was not mediated by its effect on child language. Parents' intentional teaching had a positive impact on child language, and an effect on self-regulation that was mediated by its impact on child language skills; this effect was bigger for the EHS families. The Early Head Start intervention had a small positive effect on self-regulation, accounting for children's language skills. Discussion. The EHS intervention increased parents' intentional teaching of children which had positive effects on child language, and on self-regulation through child language. Further, EHS protects children's language development from the negative effects of maternal insensitivity.

P240 Parents' strategies to support toddlers' language development: A comparison of measurement tools for quantifying parent-child interaction qualities.

Vallotton C. (Michigan State University, United States), Ayoub C. (Harvard Medical School, United States), Masyn K. (Harvard Graduate School of Education, United States), Mastergeorge A. (University of California, Davis, United States)

This paper will compare two different methods of observing and quantifying parent-child interactions in order to test the effects of two different qualities of parent interaction style — sensitivity and cognitive stimulation — on children's language development. We use data from one site (n = 120 families) of the National Early Head Start Research and Evaluation Study in which data on family characteristics, parent-child interaction, and children's development were collected when children were 14, 24, and 36 months old. Mothers and children were videotaped during a semi-structured play task at each wave. We apply both a rating system and a coding system for sensitivity and stimulation to parent-child interactions. We test whether parents' sensitivity to their children's cues and their cognitive stimulation of children are each unique contributors to children's early language skills. We contrast the roles of these two parent interaction qualities at each age, and examine how parents' sensitivity and cognitive stimulation change over time. This paper also examines the methodological value of applying a summative rating versus a micro-analytic coding system to the task of quantifying parent-child interactions. The rating system gives one score on each of two scales which summarize the qualities of their interaction over the total observation at each wave. The micro-analytic coding system, which is applied to the same observed parent-child interactions as the rating system, provides the multiple measures of contingent sensitive and stimulating behavior responses by each parent to her child's specific behaviors during the observed interaction at each wave. This permits a conditional random effects model of parental responses, explicitly estimating within- and between-dyad interactional variability at each time point. Through an adjacent examination of these two different approaches of capturing parent interaction qualities and the analytic methods necessarily paired with each, we answer questions about both the role of parenting style in supporting development and the relative value of rating and coding systems for predicting children's developmental outcomes. Preliminary results reveal that both sensitivity and stimulation uniquely contribute to children's language skills, however their relative value alternates such that it is sensitivity in infancy (14 months) and cognitive stimulation in toddlerhood (24 months) that best predict child language skills.

P241 Mother-infant observation as a tool for facilitating primary relationships put at risk by post-natal depression: Notes on a multi-disciplinary project

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Mother-infant observation as a tool for facilitating primary relationships put at risk by post-natal depression. First notes on a multi-disciplinary project. Within a research project for pedopsychiatric very early prevention (from 0 to 2 years) we present cases of infant observation, with mothers at risk of post-natal depression or extremely anxious mothers, performed in the first six months of life (until the infant is six months old). We will show how participated observation provides support to maternal functions, when the mother is afraid of not being competent and of being unable to "see and feel". The observer also takes up the role of coordinating the interventions of the obstetrician and the paediatrician in charge of the mother/infant couple, trying to build a common orientation, a sort of compass for the couple. In a later phase of our project (after the infant is 6 months old) the whole family is seen in brief consultation following the method of 0/5 (Tavistock Model from 0 to 5 years) once a month until the infant is one year old and once every two months until the infant is 2. Our aim is to understand if the mother seen once a week in the first months feels she has been helped to face the difficulties in the separation process and the scary and disorienting aggressive feelings toward her infant with greater awareness.
The first year of parenting is a year of big changes on several levels, where mother and baby will have to adjust, adapt and learn to work together. The way that parents can identify the child's needs and respond appropriately regulates the relationship between mother and infant, behaviour and mood of the baby (Kivivardi et al, 2005). The relationship is dependent on the protagonists of the process, the mother and its characteristics, like involvement, sensitivity and type of response may influence the way she lives motherhood. The environment in which they relate (mother and son) and the social support given by the family and the father, as well as individual characteristics of the baby, where we have the baby's temperament (Belsky, 1984; Wachs, 1999; Mercer, 2004). The temperament of the baby is a theme taken up by different authors, so there are many divergent currents, however, there is some consensus on the construct of that temperament refers to a set of individual behaviour of biological origin that arise from an early age and remain relatively stable over time (Seifer & Schiller, 1995; Vaughn & Bost, 1999; Cole & Cole, 2001). It is a quality with relational characteristics influenced by the behaviour of protagonists, mother and baby, the social environment and seems to have some relationship to the physical environment. Temperament interferes with the type of relationship that is established in the dyad, which may lead to association with attachment (Vaughn et al, 2008). In relation to temperamental dimensions there isn't total consensus among authors, highlighting the activity level and emotionality, difficulty, self-regulation, reactivity, sociability, such as those in which most authors agree (Goldsmith et al, 1987; Wachs, 1999). Babies can be classified according to the temperament in easy, slow-to-warm-up and difficult, and these differences influence the relationship with mother (Goldsmith et al, 1987). Infant massage may be an important form of assistance to facilitate and enhance the mother-baby relationship because it allows the closeness between parents and baby and building a healthy, balanced and of mutual respect relation, which leads to the creation of stronger ties between them (Field, 2001; Field, Diego, & Hernandez-Reif, 2005; Figueiredo, 2007). Subjects were 124 Portuguese mothers assigned in two groups (Group 1: 58 mothers conducted infant massage on their babies and Group 2: 66 mothers with their babies-control group). Data were collected from mothers when babies had 1 year of age. Infant temperament was assessed with Infant Characteristics Questionnaire (I.C.Q. - Bates, Freeland & Lounsbury, 1979). There is a significant difference between the two groups according to infant difficult temperament. Mothers from the massage group scored their children as having less difficult temperament than mothers from the control group.

The development of parent-child interaction: Maternal sensitivity and children’s expressive language in the early years
Nievar A. (University of North Texas, United States), Leigh P. (Edinboro University, United States)

Sensitive and timely maternal responsiveness is related to linguistic and communicative competence (Belsky & Pasco Fearon, 2002; Richards, 1994). Mothers who respond to their child's initiations for interaction promptly and appropriately may enhance their child's language development (Landry, Smith, & Swank, 2006; Tamis-LeMonda, Bornstein, & Baumwell, 2001). Although evidence exists for the importance of maternal sensitivity in child language development, few studies test for effects of child language on maternal sensitivity. Further, the process and development of mother-child linguistic interaction is understudied. To gain a better understanding of the home language environment and developmental effects, we examined data from the National Institute of Health and Human Development Study of Early Child Care and Youth Development (NICHD SECCYD). Method Participants (n = 1364) were selected to approximate demographics of families in the United States. The present study examines a subset (n = 1224) with at least one measure of maternal sensitivity or child expressive language. Coded videotapes of mother-child interactions during a semi-structured procedure at 6, 15, 24, and 36 months (adapted from Egeland & Heister, 1993) assessed maternal sensitivity. The MacArthur Communicative Development Inventories (CDI) for Infants and Toddlers (Fenson et al., 1991) and Reynell Developmental Language Scales (Reynell, 1990) assessed expressive language skills at 15, 24, and 36 months. Results In a structural equation model, paths from child language to mothers' sensitivity proved to be non-significant and did not substantially increase the model fit. A parsimony-adjusted measure indicated that the final model (PCFI = .333) had higher parsimony than the original model (PCFI = .290). The final model, without paths indicating a child effect on mothers' sensitivity, also indicated goodness-of-fit, ?2 (5) = 2.62, p = .76, AGFI, .997, RMSEA .000. Interestingly, early maternal sensitivity (15 months) had a substantial effect on later sensitivity (36 months) (b = .27). Although children's expressive language did not predict mothers' sensitivity in a cross-lagged model, mothers' sensitive responsiveness showed effects on later child language development. Results support family-centered practice and early language stimulation training for caregivers as service delivery models in the area of speech language pathology.

Evaluation of maternal anxiety of parenting and baby's behavior using NBAS Scale in the early stage of the newborn period
Nakatomi R. (Kobe University, Japan), Igarashi T. (Meiji University of Integrative Medicine, Japan), Ryougou C. (Meiji University of Integrative Medicine, Japan), Matuhashi A. (Toho University, Japan), Takahashi H. (Toyota Hospital, Japan), Ng K. (ECC Foreign Language Institute, Canada)
The aim of this study was to survey the related maternal anxiety of parenting and their baby's behavior in the early stage of the newborn period using the NBAS Scale, and to assess the effect of the scale on maternal anxiety of parenting or attachment to their babies. Twenty postnatal mothers are randomly split into two groups. All mothers were in marital relations and their babies were full term infants. The intervention group answered the Maternal Anxiety Scale, the Maternal Attachment Inventory and the Hanasawa's Scale before and after participating in NBAS, and two weeks after the discharge from the maternity hospital. The control group answered the same questionnaires as the intervention group at the hospital and two weeks after discharge. The mothers of the control
P245 Maternal laboratory stress influences fetal neurobehavior: Cortisol does not provide all answers  
Fink N. (Harvard Medical School, United States)  
Objective: Maternal stress can have an impact on pregnancy. However, effects on fetal neurobehavior are not well understood. In this study, the effect of laboratory stress on maternal psychoneuroendocrinological response and on fetal neurobehavior was studied. Serum cortisol as a potential underlying mechanism was measured. Methods: twenty-seven women made a single 1.5-hour visit in their third trimester. The laboratory stressor involved an arithmetic task. Associations between maternal laboratory stress response and fetal neurobehavior were analyzed by studying 19 maternal-fetal dyads with high signal quality cardiotocograms. Results: Stress exposure changed participants stress perception (p < .0001). However, only half of the participants (Responders) had an HPA-axis response. Fetuses responded to the stress exposure depending on their mothers’ stress response: i) there was a FHR group effect at the level of trend (p = .06). Fetuses of Responders had higher HR levels 20 minutes after the exposure (p = .043), ii) there were interaction (p = .026) and group effects at the level of trend (p = .078) found for FHR short-term variation. Fetuses of Responders had lower FHR short-term variation 20 minutes after stress exposure (p = .007). Cortisol as a potential underlying mechanism only seemed to be associated with short- and long-term variation of FHR. Conclusions: An activation of the maternal stress-system could result in a child being born having a history of responding to maternal stress.

P246 Impact of puerperal mania and mixed affective states on early mother-infant interactions  
Ingrid L. (Centre Hospitalies Charles Perrens, France)  
Background: If impact of postnatal depressive disorders on mother-infant interactions is widely studied, the effect of puerperal mania and mixed states remain very poorly evaluated. Objective: To assess the specificities of mother-infant interactions in case of maternal manic, mixed or depressive puerperal episodes. Method: The "Global Rating Scale for mother-infant interactions" (GRS, Murray et al, 1996) was used in 54 mother baby dyads hospitalized for maternal puerperal mood disorder in the mother and baby unit of Bordeaux. This scale assess 5 minutes of video-taped interactions, between 2 and 6 months. The differences in the interactions (mother interaction, infant interaction and global interaction) between 4 groups (mania without psychotic characteristics, mania with psychotic characteristics, mixed state, depression) were tested using univariate analyses. Results: There are no significant differences between the 4 groups, neither concerning mother and infant interactions, nor global interactions. All mothers have a “unstable” interactive profile (mix of intrusive, self absorbed and positive behaviours), and all the infants are non-fretful and self-absorbed during half of the duration of interaction. Finally, mothers with a psychotic manic episode are, at trend level, less absorbed by the child, and children of psychotic manic mothers have globally lower scores, and are significantly less lively than children of manic mothers. Discussion: All puerperal mood disorders affects maternal interactive competencies while making it “unstable”. Infants seem to develop an adaptive self regulation behaviour with withdrawal attitudes.

P247 The effect of negative affectivity on maternal feeding behavior: The role of a controlling feeding style  
de Cock E. (Tilburg University, Netherlands), van Bakel H. (Tilburg University, Netherlands)  
Introduction. Childhood obesity is a major problem in many parts of the world. Multiple studies have shown that parental feeding behavior and feeding styles affect children’s eating behavior and weight (e.g. Wardle & Carnell, 2006), which suggests that feeding behavior is an important determinant of childhood obesity. Therefore, in the present study we focus on factors that influence feeding behavior in infants and toddlers. The purpose of this study is to explore the relationship between maternal negative affectivity and feeding behavior and we also examine whether a controlling feeding style mediates or moderates this relation. Method. Forty-five mothers with their children (age 5-37 months; 24 boys) participated in this study. To assess the mothers’ NA the subscale Negative Affectivity of the DS14 (Denollet, 2005) was used. Maternal feeding behavior was assessed by means of the Mother-Infant/Toddler Feeding Scale (Chatooor et al., 1997), which is based on 20-minute video observations of interaction during mealtime. To determine whether the mothers had a controlling feeding style we used a Dutch version of the subscale Control Over Eating from the Parental Feeding Style Questionnaire (Wardle et al., 2002). Results. Hierarchical regression analyses -with child (birth) weight, age and maternal education as confounders- showed that maternal NA was positively associated with negative feeding behavior (β=.463; p=.008). Hence, mothers with higher levels of NA displayed more negative feeding behavior and had more conflict during mealtimes. Mothers with higher levels of NA also displayed less positive feeding behavior, but this association did not reach significance (β=.312; p=.100). Employing a controlling feeding style moderated the effect of NA on negative feeding behavior (β=.521; p=.002). More specifically, the relation between NA and negative feeding behavior is positive and significant only for high controlling mothers (β
regarding the mother's perception of her child's character, his diet, sleep, physical development. The interview is recorded and
infant development and its influence on the family. Specifically, we looked for possible difficult moments, and we asked questions
up an interview for the mother, integrated by a small observational experience. This short interview aims to collect information about
of the child's life, we want to focus on infant development and his significative relations during his 8th month. For this reason we set
weaning. In this interesting area of study, inside our longitudinal research on parenthood, that goes from pregnancy to the second year
explorations. At this stage, we can observe the emergence of attachment relations and baby's reactions to important changes, such as
In infant development, the 8th month of the baby's life is a crucial moment: his physical development gives him the opportunity to
P. (University "G. d'Annunzio", Italy)

P248 Creative twosome: Vocal interactions at three months are much more than imitation
Devouche E. (Université Paris Descartes, France), Gratier M. (Université Paris Ouest Nanterre La Défense, France), Delavenne A.
(Université Paris Ouest Nanterre La Défense, France), Valente M. (EPS Erasme, France)
We will present the investigation of vocal imitation and repetition in ongoing spontaneous mother-infant interaction with 3-month-olds. Most studies of vocal imitation to date, both experimental and naturalistic, have focused on the reproduction of vocal sounds such as particular vowels or consonants. But these speech-like units may not be the only ones worth imitating by mothers and young infants in a communicative context. In this study, prosodic contour types were taken as units that afford both imitation and repetition. Audio recordings from spontaneous naturalistic interactions between 20 mothers and their 3-month-old infants were analyzed using a prosodic coding system. Imitation and repetition of prosodic contours were defined in terms of criteria of similarity, contiguity and of statistical dependency relationships. Our investigation provide evidence that prosodic contour affords imitation and repetition in spontaneous vocal interaction between mothers and 3-month-olds. It further suggests that imitation and repetition have specific functions in interaction for mothers and infants. In particular, our findings put forward that infants make a special effort to imitate the broad array of prosodic contours produced by the mother and focus on mastery of the bell-shaped contour through repetition, and that mothers both support infants' prosodic competence and scaffold its development through imitation and repetition. This study suggests that the linguo-centric approaches that have dominated much of the research on vocal imitation in the first months may have concealed the important links between prosody, imitation and communication. These results therefore offer a novel description of the way mothers and infants communicate, thus helping us develop a better understanding of the intrinsic basic units of mother-infant relationship. When interactions go array for whatever reason, referral to usual means of development will serve as a compass for psychotherapeutic approaches.

P249 Tonal synchrony based on harmonic and pentatonic series: The tonal moment in mother-infant interaction
Van Puyvelde M. (Vrije Universiteit Brussel, Belgium), Loots, G. (Vrije Universiteit Brussel, Belgium)
Infant Directed Speech (ID Speech) is considered as an important factor in the temporal synchronisation between mothers and infants. Although ID Speech is described for many years as communicative musicality, a profound musical analysis has not been done yet. Moreover, ID Speech has mostly been observed separated from the vocalisations of the infant. In this workshop we introduce an enlarged perspective on the early synchronization processes between mothers and infants, based on tonal analyses of vocal interactions between 15 mothers and their 3-month-old infants during five minutes of free play in a laboratory setting. “Tonal synchrony” was studied as part of a longitudinal research project on mother-infant interaction during the first two years of life. Five hundred fifty-eight vocal exchanges between mothers and infants were identified and tonally analysed in terms of harmonic and pentatonic series and pitch imitations. The analysis relied on a method of two professional musicians that trained themselves with the help of two frequency-analyze programs to an inter-rater reliability of 91.01 (Cohen's ?) with an extra controlling 12-member jury of professional musicians. Four hundred seventy interaction moments or almost 84% contained clear tonal aspects that will be demonstrated during the workshop. Within these Tonal Interaction Moments (TIMs) 2 categories were distinguished: (a) TIMs based on harmonic series (71.06%), (b) TIMs based on pentatonic series (28.94%). These TIMs often contained absolute and/or relative pitch/interval matches. The distribution of the total duration of tonal synchronised interaction moments for a dyad (M=89.37s, SD = 33.93s on a total length of 4min50seconds free play session) showed a normally distributed pattern (n = 15, z = 0.468, p = 0.981). The average duration of a tonal interaction was 3.714s (M=3.71, SD=2.44) ranging from 0.713s to 13.257s. The percentage of the interactions situated in a range of 1-10s was 96,67. This corresponds with the temporal architecture of Stern's (2004) concept of "the Present Moment". During the workshop tonal synchrony will be demonstrated by audio-fragments and the possibilities of this new concept will be discussed referring to current (cross-cultural) research.

P250 The mother and her baby eight months after the childbirth
Cupello Castagna B. (University "G. d'Annunzio" - Chieti, Italy), Pantalone N. (University "G. d'Annunzio" - Chieti, Italy), Ricciardi P. (University "G. d'Annunzio", Italy)
In infant development, the 8th month of the baby's life is a crucial moment: his physical development gives him the opportunity to
explore the outside world, while his psychological maturity allows him to be away from his mother long enough to perform these
explorations. At this stage, we can observe the emergence of attachment relations and baby's reactions to important changes, such as
weaning. In this interesting area of study, inside our longitudinal research on parenthood, that goes from pregnancy to the second year
of the child's life, we want to focus on infant development and his significative relations during his 8th month. For this reason we set
up an interview for the mother, integrated by a small observational experience. This short interview aims to collect information about
infant development and its influence on the family. Specifically, we looked for possible difficult moments, and we asked questions
regarding the mother's perception of her child's character, his diet, sleep, physical development. The interview is recorded and
transcribed verbatim. Beside the interview, the same interviewer performed a short observation of the child, to explore the following
healthy infant sleep patterns. With current capacity to examine stress responses in infants and mothers, it is possible to examine
Research has shown mother-infant interactional responsiveness is associated with secure infant attachment. Despite identified
Middlemiss W. (University of North Texas, United States), Nathans L. (University of North Texas, United States), Granger D. (The
Pennsylvania State University, United States)

P253 Maternal responsiveness and mothers' and infants' experiences of infant transition to sleep
Middlemiss W. (University of North Texas, United States), Nathans L. (University of North Texas, United States), Granger D. (The
Pennsylvania State University, United States)
Research has shown mother-infant interactional responsiveness is associated with secure infant attachment. Despite identified
importance of responsiveness during daytime interactions, nonresponsivity is often recommended for nighttime care to achieve
healthy infant sleep patterns. With current capacity to examine stress responses in infants and mothers, it is possible to examine
whether different levels of maternal responsiveness during infants' transition to sleep are associated with infants' sleep capacities or experiences of distress/stress. This research addresses association between maternal responsiveness, attachment quality, and salivary stress responses during regular sleep routines for mother infant dyads. Methods Mother-infant dyads (n = 45; mean infant age = 8.7 months) participated in a study of stress responses across sleep routines characterized by different levels of maternal responsibility and infant distress. Mothers completed the Sleep Practices Questionnaire (Germo et al., 2007) used to derive an additive index of problems related to infant sleep; the Attachment Q-Sort (Waters & Deane, 1987); and the Maternal Separation Anxiety questionnaire (Hock, McBride, & Gnezda, 1989). Mothers sampled their own and their infants' saliva across their night sleep routine on day 1 and at the same time of day prior to initiation of the routine on day 2. Results A positive correlation was found between change in maternal sAA from pre to post infant sleep on day 1 across the sleep routine and mean ratings of attachment security (r = .44, p < .001), with a greater increase in levels of sAA for mothers (n = 41) whose pre-sleep sAA levels were higher (r = .38, p < .02) and a tendency for higher post-sleep salivary stress levels for mothers who rated their infants as showing fewer secure attachment behaviors (r = -.32; p < .06). Attachment emerged as the sole significant predictor of change in maternal sAA levels both when controlling for maternal separation anxiety, perception of infant distress, and nonmaternal care (B = 1.733, p < .01) and when controlling for sleep problems (B = 1.628, p < .05). These findings support responsiveness as playing a role in mother and infant transitions to sleep, as mothers whose daytime interactions may be more predictive of insecure attachment status experienced greater stress at this time. Data based on mother-infant dyads engaged in a hospital-based, out-of-home sleep training program has been collected and will be analyzed. Findings regarding mothers' and infants' experiences of these more stressful transitions to sleep and association between experiences of these sleep routines and infants' attachment behaviors will be presented.

P254 Development of attachment & communicative musicality in critical conditions: Proto conversation between a VLBW infant in fatal process and the mother
Tanaka Y. (Keio University, Japan), Ikeda K. (Keio University, Japan), Hokuto I. (Keio University, Japan), Matuzaki Y. (Keio University, Japan), Miwa M. (Keio University, Japan), Watanabe H. (Keio University, Japan), Sakai M. (Keio University, Japan), Tanaka T. (Keio University, Japan), Tokita N. (Keio University, Japan), Huiyama M. (Keio University, Japan), Esaki T. (Keio University, Japan), Nanri K. (Keio University, Japan), Sawatari K. (Onosokki, Japan), Tukioka S. (Keio University, Japan), Takahashi T. (Keio University, Japan), Inokuti M. (Keio University, Japan), Tokumura M. (Keio University, Japan)

Introduction?A newborn infant communicates by proto-conversation and its mother responds intuitively. A fatal condition of the infant deprives the dyad of affectionate communication. This heightens the risk of interactional failures, leading to attachment disorders. But we sometimes encounter dyads which firmly communicate with each other in a seemingly impossible situation. We analyzed one such case and studied the process of the development of attachment relationships. ?Subject? Baby A was a VLBW (563g) born in the 23rd weeks of gestation. A was suffering from broncho-pulmonary dysplasia and multiple perforations. A was treated with artificial respiration. A died on day 297 from DIC. A’s mother was 36 years old. A’s sister was one-and-a-half years old.

Method?Data were collected from the followings: daily NICU records, records of psychotherapy for the mother by an infant psychiatrist, records of 3 infant observations a month before A’s death and videotaped recordings conducted a week before A’s death. We microanalysed acoustic data of the vocal interaction using a spectrograph software developed in Japan.

?Discussion? The mother described A as a small and lovely baby on day 2 in spite of A’s fatal condition. The staff had conferences regularly to promote attachment relationships as a team. They newly arranged family visits to the NICU for the sister. The mother maintained lively interactions with A. She was convinced that A was developing emotionally, anticipating mother's response. Her story matched with our observations of A She expressed clear emotions by gaze, crying and sucking. A’s vocalization was very short and almost eliminated by the noise of the machines. However, in video recordings, we detected 2 episodes of Communicative Musicality narratives. The mother (M) and Baby A (A) interacted vocally in such a sequence as M-M-A-M-M-A-M-A .

= 1.628, p < .05). These findings support responsiveness as playing a role in mother and infant transitions to sleep, as mothers whose daytime interactions may be more predictive of insecure attachment status experienced greater stress at this time. Data based on mother-infant dyads engaged in a hospital-based, out-of-home sleep training program has been collected and will be analyzed. Findings regarding mothers' and infants' experiences of these more stressful transitions to sleep and association between experiences of these sleep routines and infants' attachment behaviors will be presented.

P255 The deficit of the ability to recognize infant emotions in a woman with postpartum depression
Iwata H. (National College Of Nursing, Japan, Japan), Morioka Y. (Taisho University, Japan), Oiji A. (Kitasato University, Japan), Miwa M. (Keio University, Japan), Watanabe H. (Keio University, Japan), Sakai M. (Keio University, Japan), Tanaka Y. (Keio University, Japan), Inokuti M. (Keio University, Japan), Tokumura M. (Keio University, Japan), Matuzaki Y. (Keio University, Japan), Esaki T. (Keio University, Japan), Nanri K. (Keio University, Japan), Sawatari K. (Onosokki, Japan), Tukioka S. (Keio University, Japan), Takahashi T. (Keio University, Japan), Huiyama M. (Keio University, Japan), Esaki T. (Keio University, Japan), Nanri K. (Keio University, Japan), Sawatari K. (Onosokki, Japan), Tukioka S. (Keio University, Japan), Tokumura M. (Keio University, Japan), Matuzaki Y. (Keio University, Japan)

The present study aimed to figure out the deficit of the ability to read infant emotions a woman with postpartum depression. The subject was a woman with postpartum depression who gave informed consent to our research project on postpartum depression and emotional availability during her pregnancy. She had felt strong conflicts with her dominating parents. She had been suffering from mild depressive symptoms from one week to three months after the delivery. We administered the Japanese version of IFEEL Pictures (Emde, R. Ososfsky, R et al.) (JIFP) to her at the late phase of her pregnancy and three months after the delivery. JIFP was developed by Okonogi, K et al. We recorded with video camera the interaction between her and her baby at three months after the delivery. She showed difficulty in handling her baby after a researcher instructed her to entertain her baby. She had talked to one of our researcher that her baby kicked her belly to annoy me or my husband was mocked by my baby before the video recording session. She seemed to have low ability of mentalization (Fonagy, P.). The results of JIFP at the late phase of her pregnancy showed that she made 4 deviated responses and 6 responses categorized as dissatisfaction. The results of JIFP at three months after the delivery showed that she made 6 deviated responses and 2 responses categorized as dissatisfaction. "Deviated response" is one of the category showing rare and strange
comments on the relational attitude of the infants in the pictures of JIFP. Assessment of the mother-infant interaction was made by average ratings of 12 trained researchers. The results of assessment of her interaction with her baby revealed her low ability of reading her baby's emotions and her low emotional availability. We had reported two studies on JIFP and emotional availability among postpartum women previously. These studies suggested postpartum women with mild depressive symptoms showed slight deviation in the results of JIFP and low emotional availability in their interaction with their babies in the video sessions. Through this case study, we gained the impression that JIFP might be a complementary tool for clinical assessment of postpartum depression. Further researches on multiple cases with postpartum depression will be needed to confirm our impression.

P256 Maternal mental state talk and its impact on the early development of social cognition
Osorio A. (School of Psychology - University of Minho, Portugal), Martins C. (University of Minho, Portugal), Meins E. (Durham University, United Kingdom), Castiajo P. (School of Psychology - University of Minho, Portugal), Mateus V. (School of Psychology - University of Minho, Portugal), Martins E. (Instituto Superior da Maia, Portugal), Soares I. (University of Minho, Portugal)

Background and aims: Several studies have underlined the importance of the quality of maternal speech in terms of children's socio-cognitive development — namely the impact of early mental state talk on later theory of mind (Dunn et al., 1991; Meins et al., 2002). Nevertheless, associations to earlier milestones such as joint attention remain relatively unexplored. Joint attention is considered to reflect the emerging ability to view others as representational agents with a mental world of their own. Similarly, the speech occurring in mother-infant interactions frequently contains mental state references that highlight the interlocutors' different perspectives — their desires, thoughts, and emotions. A recent study by Pawlby et al. (in press) has found some differences between mothers with severe mental illness and no psychiatric history in terms of the appropriateness of their mind-related comments as well as their attention seeking behaviours and responses to change in their infant's direction of gaze. These evidences, along with a paucity of studies with normative samples, warrant further study on the possible relation between joint attention and mind-mindedness. The aims of the present work are twofold: a) to characterize the joint attention strategies occurring in a sample of typically developing children and their mothers and b) to analyse the relation between maternal comments about the infant's mental states and infant joint attention. It is expected that appropriate maternal state comments are associated with higher levels of joint attention. Method: 52 mothers were videotaped interacting with their 10-month-old infants in a 10-minute free play session. Quality of maternal speech was assessed with an adaptation of Meins & Fernyhough (2006) criteria for mind-mindedness. Joint attention is currently being assessed using an adaptation of Martins' (2003) criteria. Expected results and conclusions: Although this project is still underway, we expect that higher levels of appropriate maternal mental state references will be associated with infant joint attention. One possible interpretation might be that mothers who comment more appropriately on their infants' putative internal states might be more attuned to their mental activity, following the infants' interests and making suggestions that they can easily respond to, therefore favouring the occurrence of joint attention episodes.

P257 Dyadic affect regulation and infant's affect self-regulation in mother-infant face to face and free-play interactive situations.

We present results of an ongoing longitudinal research on Mother-Infant (M-I) Affective Regulation (AR) and Infant Affective Self Regulation (ASR), observed and microanalysed in two interactive situations, and its relationship with Maternal Reflective Function (MRF), and Maternal Self Esteem (MSE). 48 mothers (19 to 39 ys) and their healthy babies, (23 to 31 wks), 50% boys, were videotaped in two interactive situations: 3-minute Face to Face (FF) interaction and 5-minute Free Play (FP) interaction with toys. Afterwards, MSE was assessed. Follow up interviews were conducted with the mothers in order to assess MRF. INSTRUMENTS: Affective regulation in FF was micro-analyzed second by second using the Infant and Caregiver Engagement Phases Scoring System (ICEP) (Tronick & Wenneberg, 2000). Affective regulation in M-I FP was analyzed every 5 seconds, with the "Free Play Scale" (Tronick et al 2000), an adaptation of the ICEP Scale. Maternal Self Esteem was assessed through Maternal Self-Report Inventory (MSI) (Shea and Tronick, 1988). Maternal Reflective Function (MRF) was assessed through the analysis of the transcriptions of the Parental Development Interview PDI-RII (Slade et al., 2003) in a semi-structured clinical interview exploring mother's view of herself and her child. Results showed a similar proportion in matches and mismatches in both interactive situations. 6 months old infants appeared more interested in exploring the outside world than their own or their mother's bodies. Toys or object exploration, may also be considered an infant's self regulatory resource. In FF situation, infants are engaged in oral self comforting and object attention displaying neutral affect while mothers display positive affective engagement, suggesting that maternal libidinal input works in cooperation with infant ASR to scaffold infant affective states. In FP, when a caring mother offers objects, expansion of the interaction and communication takes place, adding complexity. In the FP situation dyads whose mothers scored ordinary or high MRF showed more matches than dyads whose mothers scored low MRF. Yet, mothers with ordinary or high MRF are less positive and more neutral than mothers with low MRF. We infer that reflective mothers modulate more their own affect with their infant's neutral or positive affect, and are more attuned towards the infants' initiative and active and distal exploration. Results showed that MSE (as an aspect of narcissism) was linked to the frequency of positive affect the mother displays throughout interaction but not to the amount of positive affect the baby displays in FF but no relationship was found in the FP. We will present more results and provisionally conclusions of the findings.
P258 "From the outside looking in": A phenomenological study of postnatal depression, mother-infant interaction and video interaction guidance
Viik K. (Sorlandet Hospital, Norway), Hafting M. (Centre for Child and Adolescent Mental Health, Western Region, Norway)

The main objective of this study was to examine the nature of video interaction guidance offered mothers experiencing bouts of depression after childbirth. Fifteen mothers were recruited from a health centre and participated in the study. They took part in Marte Meo (video interaction) guidance and in-depth interviews before and after the video sessions. Subsequent findings were promising: they all experienced the video interaction guidance in a positive manner, the main point being that they viewed their babies and/or themselves in the videos "from the outside looking in". This seemed to be the key to facilitating reflection, a renewed sense of vitality and increased capacity for mentalisation. This viewing thus had an overall positive influence on increasing sensitive mother-child interaction and decreasing maternal depressive symptoms as well as facilitating a mentalisation process in the participating mothers, increasing their ability to reflect on their own and others state of mind and in turn recognise their babies as subjects. Three separate themes occurred (though transcending each other): 1) Seeing the baby: The mothers became more sensitive and capable of perceiving their babies' vitality affects and different states, and in turn enabled them to envision the infant as a mental entity, another human being with intentions, feelings, and desires. 2) Seeing the dyad and the mutual interaction: The mothers could see on the screen that they were smiling and enjoying reciprocal contact with their babies. They interpreted that they were important for their babies. Recognition of self-worth and self-esteem could take place. This is the opposite of self-devaluation which characterises depression. The mothers became able to deal with all the emotions their babies expressed and recognise their different states. 3) Seeing themselves: The mothers' sadness and lack of energy turned to an experience of vitality which enabled them to cope with their situation. They discovered that despite their sad state of mind, they were able to respond to their infants. They also developed an increased ability for self-reflection and capacity for mentalisation. Fundamental in the present approach and an important co-contributor to the results is the quality of the therapeutic relationship, which is based upon recognition of the mothers feeling and experience of depression as well as their concerns about their infants and whether they were able to fulfil their needs. The stigma associated with depression after delivery can prevent the new mother from seeking help and support. Marte Meo can be administrated on a community-based level where the threshold for seeking help is a low one.

P259 "This is What I Need You to Know": An infant's drive to be thought about
Guy D. (Incredible Families Charitable Trust, New Zealand), Stuchbery M. (Karitane, Australia)

The significance of allowing the infant the lead in bringing material into the therapy is highlighted in this account of an infant displaying angry, protesting, resistant and disorganised behaviours. As the infant persists, working through the relational distress that evoked these symptoms the behaviours are abandoned and in their place are observable changes in the infant's speech quality and tone, quality of play and physical and emotional communication with her mother. The processes which promoted this change will be worked through; chief among these is the increasing ability of the mother to mentalise about her infant. Using video excerpts of clinical material a focus will be on how knowledge around reflective capacity can improve clinical skills for the therapist. Using the Watch, Wait and Wonder Intervention (WWW), an infant-led dyadic therapy, we examine the factors presumed to contribute to the infant's transition to a more organised secure attachment pattern. Specific features of this intervention include the provision of a relational space for mother and infant to work out their struggles and supporting the mother's mentalisation around her infant. Emphasis will be on the practice of facilitating the increase in maternal mentalising capacities.

P260 Pre and post natal link: a way for preventive intervention in early mother infant interactions.
Viaux-Savelon S. (Pitié Salpêtrière University Hospital, France), Bordet J. (Lausanne University, Switzerland), Benony C. (Université de Bourgogne, France), Rosenblum O. (Bourgogne University and Pitié Salpêtrière University Hospital, France)

Dr Bordet and Dr Viodé-Bénony, will approach what is resulting from mother's characteristics and experience around food on her will to transmit values and habits to her toddler. Today, a world wide fight against obesity and unhealthy feeding habits has been launched. Our study investigate how 60 mothers and their toddlers (from 12 to 24 months old), in this global context, interact around food, eating and feeding. More specifically, we investigate how maternal representations of food, own experiences around food, but also general anxiety and sensitivity can influence the quality of feeding interactions between mothers and their toddler, in the second year of life. Moreover, the second year of life induces two major changes in toddler's feeding: the development of autonomy (self feeding), and the introduction of different pieces sizes in food. Our study proposes to highlight how mothers and toddlers will react and adapt to those changes in function to maternal characteristics. Preliminary results: (1)Maternal anxiety trait level influences the way mothers interact with their toddlers during feeding. (2) Even if they want to transmit the same to their toddlers, in terms of good eating habits, mother's who experienced and/or are experiencing problematic relationships to food do not use the same methods to teach good habits to their toddlers as compared to mothers with good and happy eating experiences. Dr Viaux-Savelon and Dr Rosenblum will approach how a suspicion in screening ultrasound during prenatal diagnosis arise mother representation of child's integrity, may alter mother's representation's models and her interactions with her child and thus, can impact child's development. Objectives, population and methods: In order to study these potential disruptions, we had follow two groups of women: a group in which screening ultrasound detected a minor defect expected to result to normal paediatric exam at birth, and a non exposed group without any ultrasound anomaly. Detecting a minor foetal abnormality might alter the mother representations models as well as mother-infant interactions. Results: During pregnancy, mother described a suspension of infant investment, with perturbation of foetus representation. 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, ...
confirming results of Watson (2000).

**P261 Relations between early regulatory disorders and maternal play strategies**

Gudi H. (University of Osnabueck, Germany), Keller H. (University of Osnabueck, Germany), Abels M. (University of Osnabueck, Germany)

Self-regulation, a complex construct, has been defined as the infants’ growing capacities to self-console, tolerate frustrations, adapt to transitions, initiate and cease activities according to situational demands, modulate the state of arousal, and regulate emotion and behavior of the self. Disturbances or delays in the development of these regulatory capacities are described as regulatory disorders. Regulatory disorders are expressed in behavioral problems such as excessive crying, sleeping and eating difficulties, and temper tantrums. Usually, the infant’s regulatory disturbances are seen to be part of the triadic interplay of: a) difficulties in the child’s sensory or processing capacities, b) severe emotional overload in parents and c) maladaptive interaction between both. In particular, the dysfunctional patterns of interaction between parent and child seem to play an important role in this attributing context. The aim of the present study was to analyze mother-child-interactions in a neutral context (everyday play situation) to indicate functional and dysfunctional interaction patterns in mother-child-dyads. Secondly, we investigated if early regulatory disorders and interaction patterns are associated. The ten minutes mother-infant-play interactions were analyzed according to a coding system. The following factor analysis suggested a two-factor solution underlying the coded categories. The two factors can be characterized as maternal “expectant play strategy” and maternal “competing play strategy”. Further analyses showed that only the “competing” not the “expectant” play strategy predicted early regulatory disorders in infants. These results confirm empirically that imbalances in mother-child-interactions have a negative impact on the infant’s self regulatory competencies.

**P262 Maternal psychopathology during pregnancy as a risk factor on babies’ mental development**

Almeida C. (WeDoCare- private practice, Portugal), Cunha F. (WeDoCare-private practice, Portugal), Sá E. (FPCE-UC, Portugal)

Evidence shows that the pregnancy and early postpartum periods are crucial to the dynamics of mother-infant relationship and to the development of the baby. Psychological factors have been associated to alterations on cognitive development of the offspring. The aim of our study is to assess the impact of maternal psychopathology on the cognitive development of the baby at an early age. A prospective study was conducted on 203 pregnant women in their third trimester of pregnancy and on their infants at four months, in the Obstetrics & Pediatrics Departments at Hospital Pedro Hispano, between March 2008 and December 2009. Variables were analyzed using descriptive statistics, the independent-sample t test, and one-way ANOVA (p<0.05) to identify differences. Data collection was performed using the Brief Symptom Inventory (Derogatis & Melisaratos,1983) and the Inventory of Clinical Depression (Vaz-Serra,1994) in the third trimester of pregnancy and using the Griffiths Mental Scale (Griffiths,1976) in babies at four months of age. Results showed that babies whose mothers had pathology had significant lower average on total score on Griffiths Scale (p<0,05). Results revealed differences (p<0.05) between groups of mothers that were identified with Obsession-Compulsion, Anxiety or Paranoid Ideation. Babies whose mothers had Obsession-Compulsion pathology reveled lower average score on Eye-Hand Coordination Ability and on Global Score. Babies whose mothers had Anxiety pathology revealed lower Personal-Social, Eye-Hand Coordination, Performance abilities and Global Mental Growth. Babies whose mothers had Paranoid Ideation pathology reveled lower average on Eye-Hand Coordination and Global Mental Growth. All women were identified has depressed, using the IACLD, so comparative studies between groups couldn’t be performed. Analyzing differences between depression severity grades, no statistical significant differences (p>0,005) between groups were found. This study suggests that, maternal psychopathology levels during late pregnancy were associated with lower mental developmental scores and that specific ability’s related processes might be affected at the age of 4 months. If these findings are confirmed by future research, identification of women psychopathology patterns during gestation may provide an important opportunity to start a support program to optimize the mother-infant relationship and consequently the mental development of their children.

**P263 Traumatic experience during pregnancy and birth by mother and child**

Thoms E. (Park-Krankenhaus, Germany), Hiersche S. (Park-Krankenhaus, Germany)

Introduction The Clinic for Child and Adolescent Psychiatry, Psychosomatic Medicine and Psychotherapy at Park-Krankenhaus Leipzig GmbH offer a consultation-hour for "Early Interaction Disorders" since 2002. Since 2005 the child and the main person the child is closely attached to are able to choose in addition a day hospital care. Our colleagues are trained in Trauma Therapy as well.

Evidence shows that the pregnancy and early postpartum periods are crucial to the dynamics of mother-infant relationship and to the development of the baby. Psychological factors have been associated to alterations on cognitive development of the offspring. The aim of our study is to assess the impact of maternal psychopathology on the cognitive development of the baby at an early age. A prospective study was conducted on 203 pregnant women in their third trimester of pregnancy and on their infants at four months, in the Obstetrics & Pediatrics Departments at Hospital Pedro Hispano, between March 2008 and December 2009. Variables were analyzed using descriptive statistics, the independent-sample t test, and one-way ANOVA (p<0.05) to identify differences. Data collection was performed using the Brief Symptom Inventory (Derogatis & Melisaratos,1983) and the Inventory of Clinical Depression (Vaz-Serra,1994) in the third trimester of pregnancy and using the Griffiths Mental Scale (Griffiths,1976) in babies at four months of age. Results showed that babies whose mothers had pathology had significant lower average on total score on Griffiths Scale (p<0,05). Results revealed differences (p<0.05) between groups of mothers that were identified with Obsession-Compulsion, Anxiety or Paranoid Ideation. Babies whose mothers had Obsession-Compulsion pathology reveled lower average score on Eye-Hand Coordination Ability and on Global Score. Babies whose mothers had Anxiety pathology revealed lower Personal-Social, Eye-Hand Coordination, Performance abilities and Global Mental Growth. Babies whose mothers had Paranoid Ideation pathology reveled lower average on Eye-Hand Coordination and Global Mental Growth. All women were identified has depressed, using the IACLD, so comparative studies between groups couldn’t be performed. Analyzing differences between depression severity grades, no statistical significant differences (p>0,005) between groups were found. This study suggests that, maternal psychopathology levels during late pregnancy were associated with lower mental developmental scores and that specific ability’s related processes might be affected at the age of 4 months. If these findings are confirmed by future research, identification of women psychopathology patterns during gestation may provide an important opportunity to start a support program to optimize the mother-infant relationship and consequently the mental development of their children.

Introduction The Clinic for Child and Adolescent Psychiatry, Psychosomatic Medicine and Psychotherapy at Park-Krankenhaus Leipzig GmbH offer a consultation-hour for "Early Interaction Disorders" since 2002. Since 2005 the child and the main person the child is closely attached to are able to choose in addition a day hospital care. Our colleagues are trained in Trauma Therapy as well.

Many of them have long experiences in treatment of Interaction Disorders. Approach Untreated traumatic experiences during pregnancy and birth are beside postpartum depression and psychoses an extensive risk for the mother-child-attachment and interaction. Early interventions are offers to stabilize and support the development of children. The focus of our treatment with trauma therapeutic techniques are improvement of affective availability, stabilization of attachment. With the aid of specific elements of trauma therapy and interaction guidance we try to enhance parent-child interaction considering the traumatic events. In common with parents and child we develop individual coping strategies. Therapeutic techniques are EMDR, work at “inner scene”, imagination exercises such as “secure inner place”, elements of trauma therapy by “KReST-Model”, video supported diagnostics, attendance and mentoring parent-child communication with common analysis by parents and therapists. We present the claiming population of our consultation-hour as well as our day clinic (it’s possible to show video sequences of individual therapeutic interventions at the lecture).

Discussion Within the clinical surveillance interaction among child and the main person the child is closely attached to is improving in above 75% with the aid of multimodal therapy and enlistment of trauma therapeutic techniques depending on indication, period and
intensity of intervention. Results are evaluate with standardized methods. Interviews by telephone at intervals of 6 and 12 months review time dependent effects.

**Friday: Poster session: Parenting and Family Process**

**P265 An early intervention for expectant parents to promote attachment security in infants, and to interrupt the transgenerational transmission of trauma**

Brisch K.H. (Children’s Hospital, Ludwig-Maximilians University, Germany), Kern C. (Children’s Hospital, Ludwig-Maximilians University, Germany), Erhardt I.(Dr von Hauner Children’s Hospital LMU München/Germany, Germany)

Introduction: Research has shown that there is a transmission of attachment as well as of trauma from one generation to another. The parenting program SAFE® — Secure Attachment Family Education is an attachment-based parenting program designed to enhance attachment security in infants, and to interrupt the intergenerational transmission of trauma. This program was developed for all parents and starts during pregnancy and lasts through the infant's first year of life. In this program, expectant parents are educated about early attachment development and video-based sensitivity training. In addition, parental attachment representations and the existence of traumatic experiences in their life history are assessed pre- and post-intervention. If a parent has a history of trauma, individual trauma therapy will be initiated. Objectives To decrease the prevalence of insecure and disorganized attachment. Sample In a randomized controlled trial 44 parents -- couples as well as single mothers -- and 41 controls (mothers M= 33.94, SD= 6.61, range 17-45 years; fathers M= 37.6, SD= 7.56, range 17 -50 years) from urban neighborhoods and from different socioeconomic backgrounds participated in the parenting program. There was also a variance in risk factors for unresolved trauma states. Method Ten group sessions were conducted by health professionals who were trained in attachment theory and its implications for early development. The Adult Attachment Interview (AAI; George, Kaplan & Main, 1984) and the Adult Attachment Projective (AAP; George, West, & Pettem, 1999) were applied at baseline and at the end of the intervention to identify the parents' attachment styles and unresolved traumatic experiences. Additionally, questionnaires were utilized to assess trauma history, depression, and anxiety in the parents. The infants' attachment quality was assessed at the age of one year using the Strange Situation Test (Ainsworth et al., 1969). In addition several caregiving interactions (e.g., diapering, feeding) between mothers and fathers with their child individually were videotaped to measure the level of parental sensitivity with the Ainsworth Maternal Sensitivity Scales (AMSS; Ainsworth et al., 1978). Results Preliminary results of the longitudinal study will be presented.

**P266 Video-feedback training for expectant parents to promote parental sensitivity**

Brisch K. (Children's Hospital, Ludwig-Maximilians University, Germany), Erhardt I. (Dr von Hauner Children's Hospital LMU München/Germany, Germany)

Introduction: Research has shown that there is a transmission of attachment as well as of trauma from one generation to another. The parenting program SAFE® — Secure Attachment Family Education is an attachment-based parenting program designed to enhance attachment security in infants, and to interrupt the intergenerational transmission of trauma. This program was developed for all parents and starts during pregnancy and lasts through the infant's first year of life. In this program, expectant parents are educated about early attachment development and video-based sensitivity training. In addition, parental attachment representations and the existence of traumatic experiences in their life history are assessed pre- and post-intervention. If a parent has a history of trauma, individual trauma therapy will be initiated. Objectives To decrease the prevalence of insecure and disorganized attachment. Sample In a randomized controlled trial 44 parents -- couples as well as single mothers -- and 41 controls (mothers M= 33.94, SD= 6.61, range 17-45 years; fathers M= 37.6, SD= 7.56, range 17 -50 years) from urban neighborhoods and from different socioeconomic backgrounds participated in the parenting program. There was also a variance in risk factors for unresolved trauma states. Method Ten group sessions were conducted by health professionals who were trained in attachment theory and its implications for early development. The Adult Attachment Interview (AAI; George, Kaplan & Main, 1984) and the Adult Attachment Projective (AAP; George, West, & Pettem, 1999) were applied at baseline and at the end of the intervention to identify the parents' attachment styles and unresolved traumatic experiences. Additionally, questionnaires were utilized to assess trauma history, depression, and anxiety in the parents. The infants' attachment quality was assessed at the age of one year using the Strange Situation Test (Ainsworth et al., 1969). In addition several caregiving interactions (e.g., diapering, feeding) between mothers and fathers with their child individually were videotaped to measure the level of parental sensitivity with the Ainsworth Maternal Sensitivity Scales (AMSS; Ainsworth et al., 1978). Results Preliminary results of the longitudinal study will be presented.

**P267 Dialogue through respectful touch: Infant Massage classes as a family intervention**

Laves U. (International Association of Infant Massage, Germany)

The International Association of Infant Massage (www.iaim.net) is a 30-year-old worldwide parenting program, which has been found to be a valuable tool to nurture parent-infant relationships for many health, education and social professions by teaching classes. In this presentation we address the impact of Infant Massage on care-giving and family mental health. Massage by parents is done with the baby who is a very active partner. The baby benefits by receiving full parent attention to its cues and the massage is guided through his/her non-verbal communication. He/she increases his/her body consciousness, learns relaxation, gets comforted in case of non-medical conditions like so-called colic, and secretes, through skin stimulation, a full array of hormones and neuromediators.
involved in balancing HPA axis and attachment. Infant Massage classes can support the sensitive relationship building between parent and child during the early and fragile transition time from birth to the first year and even after that. Parental caregiving is influenced by many factors: socio-economic, environment, family composition and support, parent attachment history, mental representation of oneself as caregiver, parents' representation of their child, as well as the baby itself. An Infant Massage Instructor encourages the parent to observe signs of baby and allowing parents to attune to their baby more consciously, as has been identified in a study with depressive mothers. Touch, smell, eye contact, vocalizing and one-to-one time are important elements present in Infant Massage classes, which have a powerful effect on the developing relationship between the infant and parent. Parents' competencies are enriched as they learn to recognize their infants' developmental strengths through group discussions while spending relaxed time together and meeting other parents facilitating social support network. The role of the instructor is multiple: besides teaching massage skills she/he has to care for the parent in a secure holding environment setting a framework to bring them towards autonomy. This enhances their self esteem as a "good enough parent". The IAIM parent program can reach potential clinical populations who may be isolated in the community and who would not easily go to therapy (unscreened depressed mothers). It is adapted to special-needs populations, is widely accessible and furthermore inclusive a potential to bring about social change.

**P268  The impact of infant massage classes as a family intervention**
Bond C. (International Association of Infant Massage, United Kingdom)

Prenatal Depression and Infant Massage. Cherry Bond, RGN, RSCN, CIMI It is known that mothers with postnatal depression (PND) have, on average, worse interaction with their infants, and this appears to be linked, in some cases, with impaired emotional and cognitive development of the child. Our research showed that attending a baby massage class can help with the mood of mothers with PND and may also help their interaction with their infants. Prince Charles honoured the research team as the finalists in The Award for Good Practice in Integrated Healthcare. The first pilot research [Onozaw] showed that mothers with postnatal depression did have an improved relationship with their young babies, after attending a course of baby massage classes. In our second study [O'Higgins] a larger sample of mothers was included and the mother-infant pairs were followed up to one year. The results confirm a significant proportion of mothers who attended baby massage classes showed a clinical reduction in their depression, which was similar to the non-depressed group. Finally, 44.4% of the mothers who attended baby massage classes still reported massaging their babies at one year.

**P269  Early interactions and preterm birth: Specific patterns of mother-infant interactions at 3 months**
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Introduction Many studies have identified meaningful differences in specific mother-infant patterns of interaction in preterm as compared with full-term mother-infant dyads. Nevertheless, there is a lack in literature concerning the mother-infant interaction in the first months of the preterm infant’s life. Objective To analyze early interactions at 3 months of correct age (c.a.), comparing preterm and full-term mother-infant dyads, regarding: mother and infant behaviour, overall quality of interaction. Attended results Data presented in this research are being analysed at present and the main results will be presented at the congress. According to literature, we expect to find differences between full-term and preterm mother-infant dyads in the interaction dimensions, also according to the possible influence of perinatal medical variables. Method The sample included 40 children of 3 months of c.a. and their mothers: 20 born premature (<37 weeks of gestational age and birth weight <1500 gr) (GS) and 20 born at full-term (GC). Exclusion criteria for both groups were: congenital malformations, cerebral palsy, chromosomal abnormality, evident parental psychiatric illness, foreign nationality. Procedure The GS was recruited at the moment of discharge from the NICU of the Cesena Bufalini Hospital. At 3 months of c.a., mothers and their premature infants were video-recorded for 5 minutes of face-to-face interaction in the Laboratory of Faculty of Psychology. Differently, GC dyads were videotaped at home for 5 minutes. In both cases, mothers were invited to play with their infants as they usually do, without toys. The videos were later coded according to the Global Ratings Scale (GRS) by 3 blind trained coders. Intruments GRS (Murray et al., 1996) assess 5 minutes of mother-infant face-to-face interaction according to 3 dimensions: Mother scales, Infant scales, Interaction. Perinatal medical variables were collected from case history.

**P270  Does mother's well-being promote child's subsequent social competence?**
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Objective: The aim of the study was to investigate whether different qualities of maternal well-being (satisfaction with life, economic situation and living conditions, marital relationship) and affect (the absence or low level of depressive symptoms) predict child social competence in a longitudinal setting from pregnancy to adolescence. Material and Methods: The original sample consisted of 349 normal population mothers expecting their first child. The sample was collected from all maternity care centers in the city of Tampere, Finland, during a six-month period in 1989-90. The mothers completed questionnaires including questions concerning their satisfaction and well-being as well as EPDS questionnaires for screening maternal depressive symptoms during the third trimester of pregnancy, at 8-9 years and at 16-17 years. The CBCL questionnaires were completed at 8-9 years by 188 mothers of 189 children (one pair of twins), and at 16-17 years by 191 mothers. 96 mothers and children with complete data at all these time points were
selected for further analysis. Results: Of the maternal well-being measures, life satisfaction antenatally and simultaneously as well as concurrent good quality of marital relationship were statistically significantly (p < 0.05) associated with 8-9-year-old children's higher social competence scores according to mothers' reports. Maternal reports of life satisfaction at 8-9 years predicted both mothers' and adolescents' reports of adolescents' social competence at 16-17 years. Low level of maternal depressive symptoms at 8-9 years was associated with adolescents' reports of their social competence whereas good quality of mother's marital relationship at 8-9 years and simultaneously were associated with mothers' reports of adolescents' social competence. Mothers' concurrent reports of high level of life satisfaction and low level of depressive symptoms were associated with adolescents' social competence according to both informants. Conclusions: Mothers' self-reported life satisfaction was associated with their children's social competence longitudinally from pregnancy to middle childhood and from middle childhood to adolescence. The good quality of mother's marital relationship and low level of maternal depressive symptoms were important predictors of adolescents' social competence.

P271 Does the prenatal coparenting alliance predict the postnatal family alliance in In Vitro Fertilization couples?
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Transition from couple to family is one of the key challenges couples have to cope with during their lifetime. Infertile couples have in addition to face the transition from infertility to parenthood. Does it make a difference in the quality of their family interactions before and after birth? Previous results showed a stability of the family alliance before and after birth in non-clinical families (Favez et al., 2006). In this research, we explored if the same results would be obtained in a sample of In Vitro Fertilization (IVF) couples. We also expected that the family alliance would be associated with marital satisfaction and maternal competence. Couples are seen for a videotaped interview at three time points: T1) N = 86 couples before the beginning of their first IVF; T2) N = 34 couples at the 5th month of pregnancy; T3) N = 30 families with their 9-months-old baby. At T2 and T3 couples also participate in the Lausanne Trilogue Play (Fivaz-Depeursinge & Corboz-Warnery, 1999), a role play which allows to assess the prenatal coparenting alliance (T2) and the postnatal family alliance (T3). Marital satisfaction and maternal competence are measured with validated questionnaires. At the prenatal stage, 23 families have a functional coparenting alliance whereas 7 are considered as dysfunctional. At the postnatal stage, 12 families have a functional alliance versus 18 dysfunctional. Regarding the pre-post results (N=30 families), four patterns are distinguished: 1) low stable (N=3); 2) average stable (N=8); 3) average to low (N=15); 4) low to average (N= 4). During pregnancy, men with a functional coparenting alliance show a higher marital satisfaction (t(28) = 1.91, p<.05) than men with a dysfunctional alliance. After birth, mothers with a functional family alliance show a higher marital satisfaction (t(27) = 1.57, p=.06) and a higher maternal competence (t(27) = -2.01, p<.05) than mothers with a dysfunctional alliance. During the pregnancy, the majority of IVF couples obtained a functional prenatal coparenting alliance. Half of these families showed a decrease in the quality of their family alliance between the pre- and the postnatal periods. One reason might be the difficulty for these couples to switch to their new role of parents and make room for the baby, after several years of being in a "couple-centred" relationship. As expected, family alliance is associated with marital satisfaction and maternal competence.

P272 Impact of a maternal postpartum depression on the parental alliance
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Aims: Postpartum depression is common in primiparous mothers, with negative consequences on the child’s social and emotional development. This influence is mediated through a disrupted maternal functioning - depressed mothers are less sensitive to their children signals - and through alteration of the co-parental relationship – the support both parents bring to each others in their role as parents. It has been discussed whether the father’s involvement is automatically beneficial for the mother and the baby, or if it can worsen the situation (e. g. in case of marital conflict), but data are still scarce on this topic. Researches have shown that relationship between parents has an impact on the relationship each one has with the child, and also directly on the child, but they rarely took into account the father’s point of view. The aim of this poster is to present the first results of a study on the influence of maternal postpartum depression on the marital relationship and the parental alliance, perceived by both partners. Method: Families (N=40) accepted to participate when their child was three months. Mothers were asked to fill the Edinburgh Postnatal Depression Scale (EPDS), a 10 items auto-evaluation of their depression state. Both parents answered the Parenting Alliance Inventory (PAI) about their relationship with the other in the co-parenting, and the Short Marital-Adjustment and Prediction Test (MAT) about marital satisfaction. We predict first that couples whose wives are depressed will be less satisfied in their relationship and have a lower coparental alliance. Secondly the marital satisfaction will mediate or moderate the link between depressed mothers and co-parental alliance. Results: Correlations show a negative link between depression and the parental alliance; on the other hand marital satisfaction is linked with neither of the other variables. Regression analyses show that depression and the interaction between depression and marital satisfaction are both predictors of parental alliance. Conclusion: There is indeed an impact of depression on the way both parents work together in their relation with the child, but this impact is moderated by the quality of the marital relationship. This confirms the necessity to take into account the quality of the spouses’ relationship in clinical interventions traditionally directed to the mother-child relationship.
P274 Impact of transition to parenthood on emotional competences
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Background People who become parents and are involved in the raising of children are transformed and follow a different developmental trajectory from people who do not engage in parenting roles. It is therefore not surprising that transition to parenthood is considered as a transformative experience. This kind of experience consists of a life event and its outcomes, such that the event is given a central role, in causing lasting psychological change. Yet, this change doesn’t affect personality. Indeed, personality tends to be stable across the transition to parenthood at the broad dispositional level of the “Big Five” personality factors. Much flexibility would be observed at the “doing” level of personality, such as emotional competences. Emotional competences consist in the extent to which people attend to, process, and utilize affect-laden information of an intrapersonal or interpersonal nature. People with high emotional intelligence are more self-confident, satisfied with their live and capable of controlling their emotions, communicating their feelings to others and taking someone else’s perspective. The present study intends to examine the impact of transition to parenthood on emotional competences. We postulate a positive change of emotional intelligence with child’s birth. Three groups are compared. First, because of the primacy of the event, primiparous parents would have the most important evolution of emotional competences between pregnancy and 6 months postpartum. Second, non-primiparous parents would present a weaker change. Finally, no change would be observed in non-parents. Furthermore, we postulate that the subjective impression of emotional change would moderate the relation between parenthood and development of emotional competences. Method This study is based on a 2-waves longitudinal program research (pregnancy and 6 months postpartum). A questionnaire assessing emotional competences (TEIQue), subjective impression of change and major events inventory has been completed by 100 parents (primiparous and non-primiparous) and 100 non-parents. Results and Discussion The results globally support our hypotheses. The discussion focuses on the relevance of considering parents’ emotional competences both for research and clinical purposes.

P275 Links between family-level mentalization and family functioning in the Lausanne Trilogue Play: Preliminary results on two contrasting cases
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We present a new instrument for assessing family-level mentalization in parents and links with family functioning. Family mentalization is the capacity of a parent to understand the interactions among oneself, the other parent and the child in terms of mental states. For example, a mentalizing mother can be able to understand a miscordination in the father-child interaction by taking into account father’s and child’s mental states. This may facilitate the mother’s regulation of her own affects and prevent her to interfere in the interaction. On the contrary, a non-mentaling mother could blame the father; this may undermine the father-child relationship. In order to assess family-level mentalization in parents, we have developed the Family Constellation Interview (FaCI), based on the Parent Development Interview-R2 designed for dyadic relationships (Slade et al., 2005) and on the systemic theory. The one hour and an half interview is structured according to four family topics: 1) oneself-child relationship, 2) other-parent-child relationship, 3) reciprocal support between parents for child rearing, 4) disagreements between parents about child issues. Each parent is asked to talk about memories about family relationships and explain family members’ behaviors. Parents’ interviews are transcribed verbatim and analyzed with an adapted version of the “Reflective functioning coding system” (RF, Fonagy et al. 1998, Slade et al. 2005). Several criteria for RF are rated and partial and overall scores of family mentalization are attributed to each interview between -1 (negative RF) to 9 (full RF). Our hypothesis is that family mentalization in parents is associated with family observable interactions. We will present two out of 40 french speaking families composed by mother, father and a toddler (average age 21 months, 20 girls). SES is middle to upper-middle class. Family functioning is assessed the Lausanne Trilogue Play and its coding system (Fivaz-Depeursinge & Corboz-Warnar, 1999), a semi-standardized and validated procedure for observation of family interactions. Descriptive results show that (i) FaCI differentiates parents on family mentalization and (ii) confirm the link between family mentalization and observed family interaction as assessed in LTPs. Examples of family mentalization and clinical implication will be presented.

P276 Dyadic and triadic interactions during the infant’s first year
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Background: The transition to parenthood is a phase of the family development, in which the individual's organization, couple's and intergenerational's relationships need to be renegotiated on representational and interactive level. On this way, it is necessary to adopt a contextual perspective to investigate the family development: partner's satisfactions of the couple, the construction of relationship in the adult age and the acquisition of parent role. The study has two main aims: a) the degree of marital satisfaction perceived by the couple and the quality of triadic family interactions; b) the associations between triadic family interactions, the degree of marital satisfaction and the quality of attachment's representation. Method: 49 non-referred primiparous families were recruited at child-birth courses took part to the research at 7 month of pregnancy at 4 and 9 month after child's birth. The measures used are the Losanna Trilogue Play (Fivaz-Depeursinge, Corboz-Warnar, 1999) in pre and post-natal version, Dyadic Adjustment Scale (Spanier, 1976), Attachment Style Questionnaire (Feeney, Noller, Hanrahan, 1994) and Adult Attachment Interview (George, Kaplan & Main, 1985). Results: Aim 1: The preliminary analysis from pregnancy to 9th month of infant show that: a) couples perceive themselves satisfied on the relation's quality. During the observational phases there is an effect of time in the degree of marital satisfaction perceived by the couple (F(4,54, 3), p < .005); b) there is an increase of 15,5 point in each observational phases of the quality of triadic interaction from pregnancy to 9 months of the infant. Aim 2. The quality of triadic interaction, in pregnancy, are
associated with high levels of marital satisfaction. Significant correlation between Coherence of mind mean scores and Cooperation score during LTP prenatal (r = .384; p = .006). Conclusions: the marital relationship perceived as satisfactory is linked with a good quality of co-parenting interactions, from pregnancy to 9 months of infant. Forthcoming analyses will provide a comprehensive model to understand the developmental trajectories of family life in the first year of the infant.

P277 Preconditions of the parental constellation: Restructuration of identity from adolescence to paternal and maternal
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The focus of this contribution will be the psychogenic preconditions of parenthood and the relationship between developments in adolescence and the later development of psychological competencies of fatherhood and motherhood. The work examines how difficulties with assuming parental roles may be connected to preexisting developmental problems in adolescence. Taking as its critical point of departure the work of Daniel Stern, the study addresses the largely disregarded question of the role played by psychological preconditions and the abilities to restructure and to integrate professional and parental aspects of identity. A productive structuration of parenthood, it will be argued, is closely related to such specific psychological capabilities. At the same time, this perspective points to the necessity of considering social transformations in gender and generational relationships in the examination of maternal and paternal competencies, as well as the concomitant demands raised by them for the formation of a "parental constellation".

P278 Prenatal stress and its impact on infant development
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Introduction. There are several studies in rodents, primates and in humans showing that prenatal stress has a potential impact on cognitive and emotional development of the offspring even until adolescence (e.g. van den Bergh et al., 2006, 2008; Huzink et al., 2007). Longitudinal Studies are still rare in Germany. There is only one other German study looking at Prenatal Stress and its influence on child development. In order to close this gap the present study investigated potential definitions of prenatal stress and its impact on childrens' cognitive and behavioral development at an infant age of five months. Methods: N= 108 pregnant mothers were examined at each trimester of pregnancy. Women were asked to fill out questionnaires concerning critical life events, social support, depression, pregnancy-related anxiety, subjective stress, stress at work, nicotine and alcohol consumption, etc. Salivary cortisol was collected on three following days in a certain time interval under controlled conditions. At 5 months postnatal age of the babies, the Bayley Scales of Infant Development (Bayley, 1993) were administered. Results: Preliminary results show that mothers who are more depressed (cut-off = 9) measured by EPDS (Cox et al., 1987) have higher cortisol levels (t (303) = 2.16, p<.05). In the age of hi-tech, telephone and internet risk to increase distances, but can also offer new opportunities to accept psychological help, becoming an original bridge to access the consultation room. To facilitate contact with families, the under-five service of the "Centro Benedetta d'Intino Onlus" (CBDI) of Milan, specializing in infant psychoanalytic psychotherapy, has been operating for 10 yrs; valorizing the use of a telephone and internet call service and advertising these possibilities through pediatricians and schools. The first contact, whether a message or a call, is a moment of vital importance. It is the occasion to explore and define the problem, hunting for hidden connections in the child's distress, his/her history and that of the family. This initial phase provides the groundwork for containing anxieties, for learning to speak on the child's behalf, and for motivating those that call for a more comprehensive request for help. It is the operator's job to make families aware of their needs and try to intervene before the distress has become structured and the possibility to transform and cure is greater. Not many families are able to request psychological counseling at the onset of distress signs in their children. Attentive parents, trying to do what's best, are also afraid of considering psychological support, based as it is on proximity, direct observation and the understanding of emotions: a dimension that can make them feel uneasy, inadequate and fragile. In this context, the telephone and internet can offer new opportunities for parents to accept psychological help for themselves and their sons. We can think of the concept of Winnicott's transitional area, of the importance of an interspace, where differences, exchanges and relationships can be experimented. This same dimension, which reassures and allows for keeping emotions at a distance, is the most favorable ground for these people. It is then our job, through our capabilities, to enter into contact with their hearts and minds. At the 12th World Congress in Lipsia, we will present the ongoing results of our CBDI experimentation, analyzing our positive and negative prognostic indexes, illustrating cases of telephonic counseling, and clinical cases of under-5 psychodynamic counseling born from the use of new forms of communication (cfr. Maria Pozzi, Psychic Hooks and Bolts. Psychoanalytic work with children under five and their families, London, Karnac Books, 2003).

P279 Assessment of the parenting environment: The family map tools from prenatal to age 5.
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A key focus of the US federally funded program, Head Start and Early Head Start (HS/EHS), is strengthening families by connecting them to needed services, helping them draw on strengths, linking the multiple environments experienced by the child, and educating parents on issues related to the child's healthy development. A critical step for HS/EHS staff is connecting with families to identify goals that will reduce risks and increase family strengths in the child’s environment. The goal of the Family Map is to systematically identify areas of concern and strength in families to enable appropriate interventions to reduce risk factors (e.g. family conflict, harsh parenting practices, parental depression) or enhance protective factors (e.g. increase availability of learning materials in the home,
supervision, or home safety). The areas assessed by the Family Map are those most critical for healthy child development and are targeted by Head Start performance standards. The Family Map provides a integrated, comprehensive assessment by structuring the HS/EHS home visit and supports the HS/EHS staff in the assessment. The Family Map was development with input from HS/EHS administrators, educators, and parents. Developed first, the Early Childhood (EC-FM) Family Map targets children 3 to 5 years of age. The EC-FM has been successfully implemented in multiple early childcare settings including Head Start, non-Head Start early childcare programs, school based early childcare programs and for-profit programs. The newest Family Map tools target pregnant women and parents of children birth to 3 years. All Family Map tools utilizes a simple scoring system that allows the home interviewer to (a) identify areas of risk that can focus the discussion to identify family goals and (b) recognize strengths that can be capitalized on to enhance family function. Training includes printable and web-based instructional material. This poster will include evidence of the feasibility of use, specifics on the constructs and items, and evidence of reliability and validity of the constructs. In sum, The Family Map is 1) easy to use by educators and positively received by parents, 2) score-able by the interviewer during the interview, and 3) linked to programmatic approaches that can build strengths and address concerns identified for individual families.

**P280 Searching for the right distance: Web and telephone contact in the under-five psychodynamic counseling service**

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In the age of hi-tech, telephone and internet risk to increase distances, but can also offer new opportunities to accept psychological help, becoming an original bridge to access the consultation room. To facilitate contact with families, the under-five service of the “Centro Benedetta d’Intino Onlus” (CBDI) of Milan, specializing in infant psychoanalytic psychotherapy, has been operating for 10 yrs; valorizing the use of a telephone and internet call service and advertising these possibilities through pediatricians and schools. The first contact, whether a message or a call, is a moment of vital importance. It is the occasion to explore and define the problem, hunting for hidden connections in the child’s distress, his/her history and that of the family. This initial phase provides the groundwork for containing anxieties, for learning to speak on the child’s behalf, and for motivating those that call for a more comprehensive request for help. It is the operator’s job to make families aware of their needs and try to intervene before the distress has become structured and the possibility to transform and cure is greater. Not many families are able to request psychological counseling at the onset of distress signs in their children. Attentive parents, trying to do what’s best, are also afraid of considering psychological support, based as it is on proximity, direct observation and the understanding of emotions: a dimension that can make them feel uneasy, inadequate and fragile. In this context, the telephone and internet can offer new opportunities for parents to accept psychological help for themselves and their sons. We can think of the concept of Winnicott’s transitional area, of the importance of an interspace, where differences, exchanges and relationships can be experimented. This same dimension, which reassures and allows for keeping emotions at a distance, is the most favorable ground for these people. It is then our job, through our capabilities, to enter into contact with their hearts and minds. At the 12th World Congress in Lipsia, we will present the ongoing results of our CBDI experimentation, analyzing our positive and negative prognostic indexes, illustrating cases of telephonic counseling, and clinical cases of under-5 psychodynamic counseling born from the use of new forms of communication (cfr. Maria Pozzi, Psychic Hooks and Bolts. Psychoanalytic work with children under five and their families, London, Karnac Books, 2003).

**P281 Anxiety of mothers and fathers during pregnancy as a predictor for postnatal depression and later social phobia**

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Aims. The first aim was to test validity and the factor structure of the The Pregnancy Related Anxiety Scale, PRAQ-R (Huizink 2000) with Finnish mothers and fathers. PRAQ-R is a short questionnaire which has been shown to be valid and reliable in Dutch mothers. Secondly we aimed to analyze whether postnatal depression and later social phobia can be predicted with the PRAQ—R. Subjects. The study involves a follow-up of 1065 mothers and 1026 fathers. The families were recruited to the study at the maternity clinic in the city of Turku, Finland and in the surroundings between Sebtember 2007 and August 2009. Methods. The mothers and fathers fulfilled at the 20th pregnancy week The Pregnancy Related Anxiety Scale, PRAQ-R (Huizink 2000). This questionnaire consists of 10 items which were expected to fit the 3-factor model: fear of giving birth; fear of bearing a physically or mentally handicapped child; and concern about one's own appearance (Huizink 2000). Because the original PRAQ-R is not completely suitable for measuring fathers’ anxiety during pregnancy we developed a shortened version (6 items) for fathers based on the PRAQ-R. At the age of 4 months of the infant parents fulfilled The Edingburgh Postnatal Depression Scale. EPDS (Cox et al., 1996) in order to assess postnatal depression. At the age of 8 months of the infant parents fulfilled The Social Phobia Inventory, SPIN (Conner et al., 2000) in order to measure fear, avoidance behaviour, and physiological discomfort in performance or social situations. Results. Based on the results by confirmatory factor analysis the 3 - factor structure of the PRAQ-R fit well the data of the Finnish mothers. For fathers a 1 - factor model was found. Additionally the PRAQ-R was found to predict postnatal depression (at the 4 months of infant's age) and social phobia (at the 8 months of infant's age) of both parents. Conclusion. As an tool for assessing anxiety of both mothers and fathers during pregnancy the PRAQ-R showed to be reliable and valid measurement. It is short and economical and therefore recommendable for the research and clinical use.
P282 Quality of life during the phases of assisted reproductive treatments (ART)
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Introduction: Quality of life (QoL) is a relevant outcome in multidimensional health conditions like infertility, which has a comprehensive psychosocial impact associated with a decrease in QoL, especially in infertile women who show more extensive impairment in QoL, compared to men (Drosdzel et al., 2008). Objective: Analysis of QoL in Italian infertile couples, during key phases of ART, according to gender, cause of infertility, ART outcome and past ART history. Sample: 83 couples (mean age: F=36.46; M=39.73), recruited at the Centre for Sterility of S. Maria Hospital in Reggio Emilia, Italy. Procedure: The questionnaires were sent in three moments of ART: at the beginning of ovarian stimulation, on the day of oocyte pick-up and one month after embryo transfer, when outcomes were known. Instruments: A socio-demographic questionnaire (21 items), created by the authors of the study to assess demographic variables and past ART history; Short Form 36 (SF-36) (Ware et al., 1992; Italian vers.: Apolone et al., 2000) (36 items) which is divided in 8 scales: Physical Functioning, Role-Physical, Bodily Pain, General Health, Vitality, Social Functioning, Role-Emotional, Mental Health. It yields 8 scores, one for each scale (0-100 range: high scores equal high satisfaction), and two summary scores: Physical Component, Mental Component. Results (all p values<0.05): Gender influenced scores in all assessments, with women reporting significantly lower and decreasing scores in all domains of QoL. ART outcome also differentiated the two genders in the later phases of treatment: while women with positive outcomes, compared to their partners, showed lower and decreasing physical QoL, men with positive outcomes reported lower and decreasing emotional QoL, compared to their partners. Physical QoL was also affected by cause of infertility: who carried the burden of sterility reported lower and decreasing scores; mental QoL was lower, at the end of treatment, for those who had faced past ART. Discussion: Results evidence the vast influence of ART on couples' QoL and how differently this influence manifests itself, according to gender, ART outcome, cause of infertility and past ART history. Therefore, psychological support during these treatments seems of utmost importance, taking in special consideration QoL as a goal of interventions.

P283 Mother's sense of competence, mother-child emotional availability, and child's behavior in response to parent training program
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The aim of this study was to assess changes in parenting sense of competence, mother-child emotional availability, and child behavior after mother's participation in the parent training program "Encouraging Child's Emotional Development", to define the stability of these changes, and to clarify whether these changes are affected by different demographic characteristics and mother's attendance. 104 mothers of preschool-age children participated in the study, of whom 60 participated in the 10-week parent training program and 44 mothers who were included in the control group. All mothers completed measures of parenting sense of competence and their child's behavior. In addition 60 preschool teachers evaluated child's behavior. Data were collected pre- and post-training and at 6 month follow-up. 20 mothers were videotaped playing with their children pre- and post-training. After participation in the parent training program mothers reported increased parenting sense of competence, and less child behavioral problems. Observation showed increased mother-child emotional availability. Teachers reported decrease of child externalizing behavioral problems. The impact of various factors, such as child's age and number of children in the family, were analyzed.

P284 Relations between child-care attitudes/behavior and family functions of mothers raising neonates
Ogawa K. (Japan)
[Purpose] To grasp the relations between child-care attitudes/behavior and family functions of mothers raising neonates in order to support their child care and contribute toward the prevention of child abuse [Method] 1. Subjects: Sixty mothers who brought their neonates to a hospital for a one-month medical examination 2. Questions: Twelve questions about child-care attitude/behavior composed of mothers' attributes and the three factors of "stress of child care," "affirmative attitude toward child care," and "negative child-care behavior" of Kato et al. Twenty-five questions about family functions "Feetham Family Functioning Survey" by Norihashi et al. 3. Analysis: The relations between the three factors of child-care attitude/behavior and the 25 family functions were examined by means of Spearman's rank correlation coefficients. SPSS16.0 for Windows was used for statistics and the level of significance used was 5%. 4. Ethical Consideration: Approval on the survey was obtained from the screening committee of the hospital. [Result] Attributes of Subjects: Their average age was 29.2 ± 4.53. Their husbands' average age was 30.2 ± 4.79. Twenty subjects (48.8%) had only one child: the remaining 21 (51.2%), more than one child. Thirty-four subjects (82.9%) had a nuclear family, the remaining 7 (17.1%), an extended family. Relations between the three factors of child-care attitude/behavior and the 25 family functions: The factor of "stress of child care" showed positive correlation with the five family functions of "talking my husband over my matters of concern and worries (r=0.309, p=0.049)," "leisure and pastimes (r=0.398, p=0.010)," "worries about my child (r=0.375, p=0.016)," "emotional support from my relatives other than my husband (r=0.400, p=0.012)," and "my daily work disturbed (r=0.345, p=0.031)." The factor of "affirmative attitude toward child care" showed negative correlation with the two family functions of "time to be spent with my child (r=0.364, p=0.019)" and "when I am in poor health (r=0.385, p=0.016)." The factor of "negative child-care behavior" showed correlation with no family functions. [Discussion] The stress of adaptation from pre-childbirth life to child-care life was the main factor of child-care attitude/behavior. Mothers experience many things for the first time soon after their childbirth, feel lost, and
worry. Therefore, it is important for them to have a husband and other close people who give them advice and support. They need time to engage in enjoyable activities and do other housework than child care. The important factors of their “affirmative attitudes toward child care” were good physical condition and ample time to be spent with children. These were the points of child-care support suggested by the present study.

P285 Developmentally sensitive parenting self-efficacy measures
Moran T. (Erikson Institute, United States), Franklin C. (U of Minnesota, United States), Troutman B. (U of Iowa, United States)
According to Albert Bandura's definition of self-efficacy, the construct of parenting self-efficacy (PSE) should encompass both levels of knowledge about child-rearing behaviors and degree of confidence in one's ability to perform these tasks. PSE is an important construct within infant mental health as it is negatively associated with parental depression and perceived stress and positively associated with social support, attachment, and adjustment. Currently available measures of PSE attempt to cover vast ranges of childhood which encompass different parenting challenges and cut across markers of child development. Even those measures of PSE specific to infancy or early childhood cannot avoid including items that cut across developmental ranges, as development in early childhood occurs at such a rapid pace. The current approach to measuring PSE is problematic, particularly when examining PSE specific to a period of development, as task-level (i.e., diapering, feeding, playing, etc.) items vary widely according to child age. The inclusion of developmentally appropriate task-level items is important as parent-ratings on items are indicative of perceived areas of strength or areas in need of assistance. If salient tasks are not assessed, researchers and clinicians miss the windows of entry into working with parents, often the very reason PSE measures are administered. Further, current knowledge regarding PSE's characteristics is based on the presently available measures. Prior findings suggest that PSE remains relatively stable across the first two years of life, however, PSE's seeming stability may stem from how the construct is measured rather than the characteristics of PSE in early childhood. A developmentally sensitive series of PSE measures that includes task-level items specific to each stage in early childhood development as well as multiple domain-level items is currently in the early phases of construct validation. By presenting the measures early in their validation, we hope to generate discussion about item inclusion/exclusion as well as innovative means of using the developmentally sensitive PSE measures. Potential ramifications for the new series of PSE measures will be highlighted.

P286 Maternal separation anxiety and child psychosocial development
In the Portuguese Society more than 90% of women are working. Mothers have a 4 months maternal leave, so most Portuguese children have a caregiver other than the mother. Day care is the most used solution, especially in the large cities were grandparents are no longer available. Recent research suggests that maternal separation anxiety may be an important mediator linking maternal employment and child social development (Hock, Demes, 1990; Stifer, Coulehan and Fish, 1993). In spite of the growing list of risk factors associated with dysfunctional developmental trajectories, there remains a pressing need for elaborating complementary techniques for earlier detection of psychosocial risk and specially analyses of processes underlying the emergence of social problems. The present study compared teacher assessments of individual differences in early risk and competence during the preschool years with maternal reports of separation anxiety. Participants were 250 preschoolers from Portugal. All children came from comparable public preschools serving a middle class population. In each preschool, teachers filled out the 17 item "Psychosocial Adaptation inventory for Preschoolers," (PSAP, Strayer & Noel, 1996). Past research with this instrument has provided assessments of individual developmental trajectories for social, motor and language competence, as well as a general indication of school readiness. Six descriptive dimensions retained as classifying criteria of individual adjustment profiles, included: Social Involvement, School Readiness, Self Assertion, Aggression, Anxiety and Social Withdrawal. Mothers filled out the maternal separation index (Hock, Mcbride, Gnezda, 1989). The dimensions were: Maternal Separation index (a=0.90), Maternal perception of the separation effects on the child (a=0.72 ) and Employment separation concerns (a=0.72 ). First, results revealed that teachers refer older children as more anxious (f(249.1)=17.15, p<0.001), social isolated (f(249.1)=36.052, p<0.001), and higher in academic skills (f(249.1)=5.78, p<0.02). Teachers also referred boys as more aggressive than girls (f(249.1)=8.832, p<0.01). Correlations show that mothers with high maternal separation anxiety have children that are less socially competent. Also mothers with high maternal perception of separation effects on the child have children that are less self-assertive, less socially competent and lower on academic skills. Our results indicate that high maternal separation anxiety is associated the quality of Preschoolers Psychosocial Adaptation. These results suggest that mothers with high separation anxiety may present a more disruptive style of interaction that can have negative consequences on the child social development.

P287 Developing mind-mindedness in the course of an attachment-based group intervention (COS): A process study.
Gehrke J. (University Medical Center Hamburg-Eppendorf, Germany), Lotzin A. (University Medical Center Hamburg-Eppendorf, Germany), Romer G. (Universitätshklinikum Eppendorf, Germany), Ramsauer B. (University Medical Center Hamburg-Eppendorf, Germany)
Background In answering the question of how parents assert their influence on the parent-infant attachment, the parental capacity to mentalize has been suggested as a major linking mechanism. Here the term mind-mindedness (MM) was coined to refer explicitly to the parental capacity to treat the infant as individual with a mind of its own. Contemporary intervention programs such as COS"
which aim at enhancing attachment security in infancy thus consider this parental ability as a central dynamic of change. Objectives
The study evaluates the effect of the COS intervention on the development of maternal MM in the course of therapy applying multiple assessments. Method This study is part of a German evaluation project of the Circle of Security (COS) intervention (Hoffman, Marvin, Cooper & Powell, 2006). All mothers consulting the outpatient unit for mentally ill parents and their infants (UKE) who meet eligibility criteria and give informed consent will be included in the study. Eligibility criteria are child's age between 4 and 9 months at the beginning of study and mother diagnosed with mental illness. Exclusion criteria on part of the mother are acute psychiatric crisis, schizophrenia, primary substance abuse or intellectual impairment (IQ < 80), and on part of the child mental retardation or autism. Mother-infant dyads will be recruited to the treatment group by random allocation. They receive an attachment-based, small group (n=6) intervention (COS). The main outcome measure is maternal MM. Procedure Fife measurement points in the process of therapy have been selected based on therapeutic content. The maternal MM will be assessed using Meins et al. (1998) coding scheme. For this purpose verbatim transcripts of therapy sessions will be coded for the use of mental terms in the description of the child. Coding will be performed by researchers blind to all other measures and the hypotheses of the study. Hypotheses will be tested applying mixed model procedures. Preliminary results will be presented. Discussion Effects of potential group factors will be explored.

P288 Enhancing affect regulation between mother and infant: The effects of an attachment-based group intervention program (COS)
Lotzin A. (University Medical Center Hamburg-Eppendorf, Germany), Gehrke J. (University Medical Center Hamburg-Eppendorf, Germany), Romer G. (Universitätsklinikum Eppendorf, Germany), Ramsauer B. (University Medical Center Hamburg-Eppendorf, Germany)
Introduction During the first year of infancy specific patterns of affect regulation develop between mother and child. Maternal psychiatric illness impairs affective behavior and compromises infant's social, emotional, and cognitive functioning. Therefore interventions should directly address mother-infant affect regulation to prevent developmental difficulties. Enhancing affective behavior between mother and child is one major focus of the Circle of Security (COS) intervention to provide the child's attachment security. Objective The objective of this study is to evaluate the effects of the COS intervention on the mother's and the child's affect regulation compared with the standard treatment practice (TAU) of the mother-infant unit at the Department of Child and Adolescent Psychiatry at the University Medical Center of Hamburg. Methods This randomized, controlled trial is part of a German evaluation project (Ramsauer et al., 2009) of the COS intervention (Hoffman, Marvin, Cooper & Powell, 2006). Participants will be mothers and their infants recruited from the outpatient unit for mentally ill parents of the Department of Child and Adolescent Psychiatry and Psychotherapy of the University Medical Center Hamburg-Eppendorf. All mothers who meet eligibility criteria and give informed consent will be included in the study. Inclusion criteria are child's age between 4 and 9 months at the beginning of study and mother diagnosed with mental illness. Maternal exclusion criteria are acute psychiatric crisis (i.e. suicidal tendency), schizophrenia, primary substance-abuse or intellectual impairment (IQ < 80). Child's exclusion criteria are mental retardation or autism. Mothers will be randomized either to receive the video-based 20-week group COS intervention or TAU. Main Outcome measures are the affective behavior of mother and infant. Before and after 6 months of mother-infant treatment both mothers and their infants will be videotaped by Tronick's Face-to-Face Still-Face paradigm (Tronick et al., 1978). The infant's affective behavior will be coded by the Infant Regulatory Scoring System (IRSS, Tronick, 1996). Mother's affect regulation will be assessed by the Maternal Regulatory Scoring System (MRSS, Tronick, 1990). Coders blind to group assignment will code behaviors and facial expressions of infant and mother micro-analytically on a second-by-second basis. Results Preliminary results will be presented.

P289 Single-parenting as a risk elevating factor for under fives exposed to parental cancer: Prevention of early forms of parentification. A case study
Introduction: Parental cancer disease affects all members of the family, especially the infants. Children of somatically ill parents have been identified as a high-risk population to develop mental health problems (Barkmann et al., 2007). Furthermore, parental cancer is the most important group of severe parental illnesses that strongly influences the child’s development (Romer & Haagen, 2007). There are several challenges that single-parent-families with diagnosed cancer diseases have to deal with. Namely, lower social-economic status, lower social support and the need to coordinate job and their children's education (Kraul, Ratzke, Reich & Cierpka, 2008). In single-parent-families the diagnosis of cancer may stress the infant in a unique way because there is no healthy parent who can support the infant and the ill parent. Second, infants of single parents have had to make the experience of losing a primary caregiver before. Research approach: Up to date, there is little research based on preventive treatment of infants of single parents which are exposed to cancer. Based on the Hamburg-COSIP-Concept (Children of somatically ill parents), authored by Romer and Haagen (2007), which was established and evaluated in different European countries (2002 — 2004), a new counselling approach called "family-consultations for children of parents exposed to cancer" has been established in Leipzig (Child and Adolescent Psychiatry, University of Leipzig) since January 2009. The intention of this research is to detect important issues (especially fear of loss, child
parentification) of single-parent-families with preschool-aged children in this critical situation. We plan to determine criteria for child-orientated preventive intervention in single-parent-families. A case study will present the COSIP intervention and illustrate our research approach in an exploratory way.

P290 Relationship of public assistance, perception of resources, and coping strategies to cognitively stimulating parenting in low-income families
Schiffman R. (University of Wisconsin-Milwaukee, United States), Maupin A. (Michigan State University, United States), Brophy-Herb H. (Michigan State University, United States), London Bocknek E. (Louisiana State University Health Sciences Center, United States)

One in six children in the US lives in a family whose income falls below the Federal poverty guidelines. Low-income parents often suffer from a lack of adequate material resources that can indirectly influence children's outcomes through the quality of parenting. Specifically, economic disadvantage has been linked to children's poor school achievement through early parent-child interactions. However, outcomes within low-income groups greatly differ suggesting within-group variation. Resilience models of stress and parenting emphasize the role of psychological and economic resources as buffers of stress and indirectly of parenting. This study used a person-centered approach to: (1) identify profiles of low-income parents on receipt of public assistance, perceptions of adequacy of resources and use of coping strategies, and (2) examine the relationship between parental profiles and provision of cognitively stimulating parenting. This is a secondary analysis of data from a site-specific family health study. For this study, 151 mother-child dyads with data from a 15-month post-enrollment interview and a 24-month child birthday-related assessment were included. The average age of the mothers was 23 years +4.9; toddlers were 25-months +1.6. Respondents were single (64%) and Caucasian (77%) with a mean annual household income of 13,890 USD. A two-step cluster analysis identified four clusters: (1) Adapted, (2) Connected, (3) Disconnected, and (4) Disempowered. Clusters 1 and 2 were similar in coping strategies and perceptions of adequacy of resources but differed in public assistance - Cluster 1 had low use and Cluster 2 had high use. Cluster 3 used the fewest constructive coping strategies and Cluster 4 was lowest on perceived resources but high in use of public assistance. Using ANOVA, a significant cluster effect was identified with Adapted parents providing greater quantity and quality of cognitive stimulation in the home than Disempowered parents. These within-group differences may be critical in identifying resilient attributes in at-risk parents. The relative greater degree of coping and more optimal perceptions of resource adequacy may be significantly related to higher quality parenting practices among low-income parents, regardless of actual material support. Person-centered approaches to research can link to the development of interventions aimed to strengthen parent's coping strategies, the ways in which they frame stressors and their responses to stress.

P291 Strains and gains of combining work and family: Working fathers' and working mothers' parenting experiences
Martins C. (University of Minho, Portugal), Caires S. (University of Minho, Portugal), Egipto M. (University of Minho, Portugal), Martins E. (ISMAI, Portugal), Osorio A. (School of Psychology, University of Minho, Portugal), Mateus V. (School of Psychology, University of Minho, Portugal)

Parenting can be an extremely rewarding experience. However, in dual-earner couples, combining work and family can be quite conflicting and stressful. Previous research points out the partners' work—family conflict (crossover effects) as accounting for a significant amount of variance in both males' and females' work—family conflict over and above the within-individual effects (Hammer, Allen & Grigsby, 1997). Focused on the quality of the parenting experiences and the work—family conflict, and using the couple as the unit of analysis, this poster tries to answer the following research questions: a) Are there gender differences in parenting experiences? b) Do working mothers and fathers differ in terms of the strains and gains of combining work and family? c) Does perceiving parenting as a rewarding experience buffer the strains of combining work and family? Data will be collected from a randomly drawn community sample of 150 dual-earner couples (150 men; 150 women), parents of preschool aged children. Parents' experiences will be assessed by the Parent Role Quality Scale (NICHD, 1991) and the Combining Work and Family (NICHD, 1991).
Empathy and interparental relationships at the transition to parenthood

Jia R. (Ohio State University, United States), Schoppe-Sullivan S. (Ohio State University, United States), Kamp Dush C. (The Ohio State University, United States)

Interpersonal relationships are important influences on children's psychosocial development (Feinberg, 2003). One factor that may affect the functioning of interpersonal relationships is parents' empathy, defined as the capacity to recognize, accept, and be emotionally attuned to another's experience (Wohington & Wade, 1999). The current study investigates relations between empathy and the marital and coparental aspects of the interpersonal relationship at the transition to parenthood. We hypothesize that parents with better empathic skills engage in more positive and less conflictual marital and coparenting interactions. Data were drawn from an ongoing longitudinal study of couples experiencing the transition to parenthood (at present, n = 79 couples). At Phase 1 of the study (3rd trimester), both parents reported their empathy skills (perspective-taking, emotional concern and personal distress; Interpersonal Reactivity Index: Davis, 1980). In addition, parent-reported negative interaction and marital confidence were also measured prebirth (Stanley & Markman, 1992; Stanley et al., 2002). At 3 months postpartum, parents reported on supportive and undermining coparenting (Feinberg et al., 2008). Structural equation modeling was conducted, yielding support for the hypothesized model, X2 = 197.87, df = 132, p = .00018, RMSEA = .069, CFI = .95, IFI = .95. Greater maternal emotional concern at Phase 1 predicted greater supportive coparenting and lower undermining coparenting at Phase 2, but did not predict marital relationship quality at Phase 1. In addition, no significant paths were found from mothers' perspective taking and personal distress to marital or coparenting relationship quality. In contrast, for fathers, all three dimensions of empathy were significant predictors of the interpersonal relationship. As expected, greater emotional concern in fathers predicted greater marital confidence, which in turn was associated with more supportive and less undermining coparenting. In addition, more perspective-taking in fathers predicted less negative marital interaction, which further predicted lower undermining coparenting. Opposite to our expectations, a positive association was found between fathers' emotional concern and negative marital interaction. In fathers, the only direct link with coparenting comes from personal distress, which positively predicted undermining coparenting. These preliminary results reveal interesting differences in relations between mothers' and fathers' empathy and the quality of marital and coparenting relationships. Whereas mothers' empathy appears to directly affect the coparenting relationship, the effects of fathers' empathy on coparenting seem at least partially indirect - operating through marital relationship quality.

Assessing parental concerns about child development: Psychometric properties of a scale

Algarvio S. (Instituto Superior de Psicologia Aplicada, Portugal), Leal I. (Instituto Superior de Psicologia Aplicada, Portugal), Marôco J. (Instituto Superior de Psicologia Aplicada, Portugal)

The purpose of this study was to analyze the psychometric properties of a scale developed to measure parental concerns about normal development in children. Theoretical models and clinical practice demonstrate the need to listen to parental concerns before a child intervention in educational and health settings. Several studies concluded that parents are accurate evaluators of their children problems. Furthermore there is evidence that excessive parental concern or absence of concern may reinforce normal symptoms expressed by children in each developmental stage and may be a risk factor for psychopathological disorders. In previous studies (Algarvio & Leal, 2002, 2004, Algarvio, Leal & Marôco, 2008) we developed a scale to measure parental concerns based on the work of Mesibov, Schroeder and Wesson (1993) where they tried to identify parental concerns in a large number of parents in a paediatric setting. In order to have a representative sample of the Portuguese population of parents with children attending public pre-school and primary school we've chosen a 2-stage stratified design sample from a data base of all public schools existent in Portugal. The sampling scheme selected 10% of the schools in each of the 18 districts of Portugal. The questionnaires were filled in by 10% of the parents in each school selected. From a total of 820 schools we obtained an average return of 82% of the parents, totaling 3854 parents of children aged from 3 to 10 years old. The sampling fraction was 67.3%. The Parental Concerns Scale is constituted by 24 items, divided into 5 dimensions of concern and assumes a Likert scale form with 5 possibilities of response: not concerned, slightly, reasonably, very concerned and extremely concerned. To determine the factorial structure of the questionnaire, the results obtained were submitted to an exploratory factorial analysis, with a varimax rotation, that suggested 7 factors. Nevertheless we've chosen 5 factors, which we thought would be more defensible theoretically. Items that saturated in more than one sub-scale were removed. The 5 dimensions obtained showed construct validity in the confirmatory factorial analysis done. To assess reliability of the total scale and each one of the dimensions we've chosen to measure internal consistency by Cronbach's alpha. For the total scale we obtained 0.94, sub-scale I. Family and School Problems 0.77, II. Eating, Sleep and Physical Complaints 0.82, III. Preparation 0.72, IV. Fears 0.77 and V. Negative Behaviours 0.87, high levels of internal consistency.

P293  Empathy and interparental relationships at the transition to parenthood

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P295  Maternal age and psychological maturity: Preliminary findings regarding pregnancy adjustment and early parenting
Camperis A. (Macquarie University, Australia), McMahon C. (Macquarie University, Australia), Gibson F. (Macquarie University, Australia), Boivin J. (Cardiff University, United Kingdom)
Maternal Age and Psychological Maturity: Preliminary Findings Regarding Pregnancy Adjustment and Early Parenting Aim: In the context of the growing trend towards delayed childbearing, this poster reports preliminary findings from a prospective longitudinal study which aims to examine relations among maternal age, psychological maturity, adjustment in pregnancy, and early parenting. There is speculation in the existing literature that older mothers may be more psychologically mature and that this may be associated with a positive adjustment to parenthood, but this has not yet been confirmed empirically. Method: A sample of 266 Australian women expecting a first baby and aged between 22 and 43 were recruited through hospitals and clinics during the third trimester of pregnancy. Interview and questionnaire based measures assessed indices of maturity including ego development, ego resiliency, hardiness, and defense style, mood (Edinburgh Postnatal Depression Scale), anxiety (State Trait Anxiety Inventory), childbearing attitudes, and fetal attachment. Infant development, parenting stress, and maternal sensitivity were assessed at a home visit when infants were between 6 and 8 months of age. Results: Significant differences in psychological maturity between older and younger women were found, with older women reporting significantly higher levels of ego development (p = .006), ego resiliency (p = .007), hardiness (p = .003), and mature defense style (p = .04) than younger women, however effect sizes were modest. Indices of maturity were significant predictors of less anxiety and depression in pregnancy [ego development (p = .042), ego resiliency (p = .000), hardiness (p = .000), mature defense style (p = .001)], and greater fetal attachment [ego resiliency (p = .01), hardiness (p = .001), mature defense style (p = .019)]. Older women reported less identification with motherhood in pregnancy than younger women (p = .01). As this is a continuing study, data relating to maternal stress and sensitivity in terms of early parenting is still being coded but will be available by the date of the poster presentation. Conclusion: These findings provide modest evidence that older mothers may be more psychologically mature and that this maturity is associated with positive adjustment in pregnancy. The relationships between age, psychosocial maturity, and parenting adjustment and quality will also be discussed. Key words: Transition to parenthood, mother-infant interaction

P296  MommiesClub - the parenting organization: How to organize the medium to reach out to young families
Salaka S. (MommiesClub, Latvia)
In this presentation I want to share the events that have taken place in the Baltic countries in the last 10 (?) years in regards to reaching out to young parents and providing for them relevant information about anything to do with parenthood. MommiesClub is an organization for young parents and a media platform in the Baltic countries. It is a well developed and effective way to communicate child care and health issues to the young parents audience. MommiesClub connects parents, doctors and experts through its own regular television and radio programs, its website, DVDs, events and a variety of educational activities. It has become a premium source of information for parents. It successfully promotes important child health regulations coming from local government and organizations. Sandija Salaka, MommiesClub’s chief executive will share her experience on developing parents oriented media and will explain its importance and the impact it has on society. She will comment on the experience of implementing current media trends - social networks, interactive TV and radio in media platform, targeting the young parents audience. She will discuss how to manage such activities so as to build well informed and involved audiences and thus to develop a successful background for healthy childcare in society. MommiesClub was first developed in Latvia, then successfully launched in Lithuania and now is being prepared to be launched in Estonia in 2010. A Baltic-Russian version for all Baltic countries is being prepared this year. Sandija will share with the audience the opportunities for using this well developed and successful model in other countries.

P297  Eat your veggies! How caregivers’ control of child feeding relates to child behavior and health outcome
Whitty H. (Michigan State University, United States), Gerde H. (Michigan State University, United States), Brophy-Herb H. (Michigan State University, United States), Schiffman R. (University of Wisconsin-Milwaukee, United States)
Chronic health conditions related to obesity, formerly thought to be reserved for adults, are now increasingly documented in the pediatric population including type II diabetes and nonalcoholic steatohepatits (Rosenbloom, 2002; Schwimmer et al., 2006). Obesity is a global health issue for children, as 10% of school aged children in the world meet international criteria for overweight or obese (Lobstein, Baur & Uauy, 2004). Caregiver control over child feeding seems to be one important variable to consider in relation to children’s health risk. Early childhood is a crucial period of growth for physical, cognitive, and psychosocial development, during which food preferences are formed (Koivistio Hursii, 1999). These preferences may be supported or dissuaded by caregiver control of food (e.g., pressure to eat, withholding food) since dietary patterns developed in early childhood continue into adulthood and have implications for long-term health (Kleges, Stein, Eck, Ishell & Kleges, 1991). Thus, the developed preference of eating unhealthy, energy-dense foods during childhood often yields similar long-term preferences into adulthood (Wardle, 1995). The impact of obesity on psychological well-being is less well known than the impacts of obesity on physical health, especially for young children (Wardle & Cooke, 2005). Previous work has focused on problem feeding behaviors as risk factors for eating and weight disorders (Lewinsohn et al., 2005), with little attention to how these behaviors may relate to the mental health of children. For example, some research has found obese children to be at greater risk of peer victimization and body dissatisfaction than their normal weight peers (Griffiths, Wolke, Page, Horwood, & the ALSPAC Study Team, 2006; Wardle & Cooke, 2005). Further, caregiver mental health issues may impact their feeding control behavior. The present study used data (160 mother-child dyads) from a low-income sample in the USA to study the joint and unique predictive significance of caregiver mental and physical health on children’s problem behaviors (Child
Behavior Checklist; Achenbach, 1992) and physical health outcomes (Body Mass Index; BMI). Survey data were gathered when children were 14, 24 and 36 months of age, and interviews were conducted at enrollment and 6, 15 and 26 months after enrollment. Structural Equation Modeling will be used to examine simultaneously the relation between caregiver control of child feeding, caregiver depression, caregiver BMI, child control of feeding, child behavior and child BMI. Secondly, we will test a mediation model in which the relation between caregiver control and child outcomes (including child behavior problems and BMI) are mediated by maternal depression. Implications for intervention and practice will be discussed.

P298  Bicultural couples expecting a baby: Preliminary results
Suari F. (University of Geneva, Switzerland), Goguikian B. (University of Geneva, Switzerland), Dumas J. (Geneva University, Switzerland)

Despite the number of studies investigating the transition to parenthood, actual knowledge regarding this transition is mainly based on studies that take into account samples chiefly composed of monocultural couples. Empirical research in the field of family is lacking in knowledge on how bicultural couples experience this life transition. Current marriage statistics show that cultural diversity is a challenge for the family. For instance, it is known that bicultural couples have to negotiate cultural differences when confronted with certain aspects of parenting, co-parenting and childrearing. A growing number of bicultural unions that are starting a family have afforded the opportunity to study such families. The aim of this study is to improve the understanding on how bicultural couples expecting their first child experience the transition to parenthood. The following variables will be considered: -partner's expectations and agreement level about future parenting and co-parenting roles (measured by self-evaluation means); -early co-parenting dynamics (measured during the prenatal-Lausanne Triadic Play procedure); -the quality of marital and co-parental communication (measured during couples's discussions) The results of bicultural couples compared to monocultural couples will be presented. The specificity of bicultural couples who are expecting their first baby will be discussed.

P299  Developing a sense of security within the family: Coparenting quality and mother- and father-infant attachment
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Background and aim: Byng Hall (1999) postulates that family characteristics play a crucial role in the development of children's sense of security within the family. The family system may serve as a source of support or as a source of threat as young children strive to develop and maintain this sense of security, which is essential to their healthy development. Specifically, the emotional security hypothesis (Davies and Cummings, 1994) postulates that exposure to negative forms of interparental relationship compromises children's sense of security in the family system. Drawing on this conceptualization, the study assumes that the family environment established by the supportive collaboration between parents (coparenting) creates an emotional security within the family which promotes the development of secure parent-child attachment. In other word, coparenting quality was examined in relation to mother- and father-infant attachment. Method: 35 families (all containing mother, father, and infants aged from 18 to 24 months) participated. Family interactions during structured family play in a laboratory setting were coded with the Coparenting and Family Rating System (CFRS; McHale, Kuersten-Hogan, & Lauretti, 2000). The infant-parent attachment behaviors were assessed using the Attachment Q-Sort (AQ-S; Waters, 1995) during a four-hour home visit. Results: correlation analysis between the coparenting quality and the mother- and father-infant attachment security will be presented. Conclusion: Discussion will consider how attachment theory and family systems theory can mutually contribute to reinforce the child's sense of security.

P300  Parenting stress in the context of a maternal postpartal psychiatric disorder
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Parenting stress and especially the way that the mother experiences stress, as well as a maternal psychiatric disorder, have a serious impact on early child development. Thus it is important to describe the relation between these risk factors and to identify further influencing variables which may have an effect on parenting stress. Parenting Stress was measured using the Parenting Stress Index (PSI) in 46 women who were seeking treatment because of a postpartal psychiatric disorder. Their depressive symptoms were measured according to the Beck Depression Inventory (BDI). 34 of their children's fathers also completed the PSI. For control reasons, parenting stress and depressive symptoms were measured in a sample of 30 mothers who had not previously been diagnosed with a psychiatric disorder as well as 27 of their children's fathers. Based on regression analyses, several variables (e.g. depression, maternal psychopathology in general, the child’s age and sex, socioeconomic status etc.) are going to be tested for whether they predict maternal parenting stress. Additionally, group comparisons are supposed to detect differences and commonalities characterising maternal and paternal parenting stress. If the study reveals factors correlating with increased maternal parenting stress, such findings might give an indication of what early mother child interventions should be focussing on. Furthermore, it might provide some evidence of which families need to be paid specific attention to as so-called "high risk families" and who need to be assisted directly.

P301  Getting the most out of your partner and your baby: A project to support family relationships
Hawthorne-Amick J. (The Brazelton Centre , United Kingdom), Mitcheson J. (One Plus One, United Kingdom)

Extensive evidence exists to show that the quality of relationships, between parents and between parents and their baby, affects the emotional and cognitive development of the baby in the critical early months, with implications for their future life chances. During the transition to parenthood, often relationship satisfaction between partners declines and positive interactions decrease. Levels of
conflict rise and the division of labour becomes more traditional. There is pressure of combining work and childcare, and postnatal depression can be the cause and consequence of relationship difficulties. Relationship-based interventions are shown to be effective and are based on facilitating the relationship so that parents, or parents and baby, can adapt to each other's individuality. It has been shown that infants benefit from sensitive mothering, and through an understanding of infant behaviour, mothers become more confident, and fathers become more involved in their baby's care. Since poor parental relationships have been shown to produce poor outcomes for children, a new prototype intervention for community health visitors (home visitors) is being developed with funding from the CYPF grant programme in the UK. Two training courses for community health visitors run by two charities in the UK were combined to support parents during the transition to parenthood: the Brief Encounter's training supporting the couple relationship developed by One Plus One, and the Neonatal Behavioural Assessment Scale (NBAS) run by the Brazelton Centre. Both trainings are recommended in the Healthy Child Programme 2008 by the UK Department of Health. The content of both trainings include recognising the needs of parents and babies, providing a non-prescriptive, collaborative model, emphasising strengths and "best performance", and facilitating relationships while helping parents to discover their own solutions. A group of 22 NBAS trained practitioners took the BE course, and through follow-up interviews an evaluation was produced. From this information, a new prototype intervention in the postnatal period is being developed and piloted. The main goal is to improve family relationships and increase father involvement with the family. The results will be presented.

P302 Impact of infant massage classes as an alternative family intervention
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Infant massage (IM) is an art in traditional cultures but not in industrialized countries. A 30-year-old parent program created by Vimala Mac Clure, the founder of International Association of Infant Massage (IAIM) initially transmitted by parents to other parents has proven to be a valuable tool to many health, education and social professions to nurture the parent-infant relationship. What is the impact of IAIM classes on the caregiving and other motivational systems? In IAIM classes baby is actively guiding the massage through his non-verbal communication. He increases his body consciousness, learns relaxation, gets comforted in case of non-medical condition: like so called colic. Skin stimulation during massage triggers secretion of a full array of hormones and neuromediators involved in balancing HPA axis and attachment. The caregiving system is influenced by biological factors, socio-economic environment, family composition, parent attachment history, mental representation of oneself as caregiver, parental reflective functioning, parents' representation of their child, as well as the baby himself. What part of this system can an IAIM class affect? The IAIM program triggers parents' exploration and caregiving systems by influencing their reflective function, parental sensitivity and social capital. Besides teaching the IAIM program the role of instructor is to care for the parent while a competition between parent's attachment/exploration and caregiving systems arises during the first class. The instructor sets a framework balancing security and exploration; empowering parents to guide them towards autonomy. The IAIM instructor could be considered as a temporary secure base for parent exploration. Various therapeutic interventions aimed to increase maternal sensitivity had a modest impact on attachment (van Ijzendoorn, 1995) and did not necessarily modify maternal representation of attachment (Guedeney, 2006) whilst having an influence on parental behavior but no infant massage intervention was included in this study. The IAIM parent program can reach potential clinical populations who would not easily go to therapy (unscreened depressed mothers), is adapted to special needs populations, involves the whole family, is efficient in maltreatment prevention and is widely accessible in more than 45 countries. After 30 years IAIM now witnesses transmission of nurturing touch in industrialized countries: former massaged infants now massage their own babies.

P303 Validity of the Parental Reflective Functioning Questionnaire (PRFQ-1): Associations with maternal mind-mindedness
Nijssens L. (Leuven University, Belgium)
Parental reflective functioning or mentalization refers to an individual's ability to perceive child behaviours in terms of mental state constructs, thereby making them meaningful, explicable and predictable. Particularly in the early stages of development, the ability to be sensitive and responsive to the infant's emotional cues is considered to be an important determinant of the subsequent socio-emotional development of the child. The Parental Reflective Functioning Questionnaire-1 (PRFQ-1; Luyten et al. 2009) is a recently developed 39-item self-report questionnaire that aims to provide a quick screening tool to assess levels of parental mentalization. Currently, research is underway examining its psychometric properties, and particularly its validity compared to other measures of parental mentalization. As part of a broader study, this study aims to compare quantitatively as well as qualitatively mothers with low (n=15) versus high (n=15) scores on the PRFQ-1, respectively, in terms of levels of mind-mindedness as observed in a free play session. Mind-mindedness is a well established construct that refers to the caregiver's proclivity to treat the young child as an individual with a mind, rather than merely an entity with needs that must be satisfied. It focuses on the internal states that govern the child's behaviors rather than the behaviors themselves. It is hypothesized that mothers with low scores on the PRFQ-1 will show significantly lower mind-mindedness than mothers with high scores. Mothers were invited for a 20-minute free play session together with their child. During these sessions infant—caregiver interactions were videotaped, and maternal mind-mindedness coded using the Mind-mindedness coding manual of Meins and Fernyhough (2006). In order to better understand the differences between high and low mentalizing mothers, we will also report results of a qualitative comparison of typical interactions and responses of high and low scorers on the PRFQ-1. The implications of the results for further research, and for clinical interventions aimed at enhancing parental mentalization will be discussed.
P304 Father's involvement in childrearing for children with severe physical disabilities
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OBJECTIVE: The purpose of this study is to describe the father's involvement in childrearing for children with severe physical disabilities and examine the factors to promote the fathers' involvement.

METHOD: 7 fathers of infants/toddlers with severe physical disabilities recruited from an outpatient clinic at a rehabilitation center in a suburban area in Japan. Most of fathers spent more than 10 hours a day at work. Disorders of children were cerebral palsy and developmental delays which were sequelae of neonatal asphyxia, and congenital malformation. 6 out of 7 children required special health care including tube feeding, suctioning and oxygen supply. Semi-structured interview was conducted regarding the conditions of childrearing, the perceptions of being involved in childrearing, and factors which support their involvement.

ANALYSIS: The conditions of fathers' involvement were classified three categories according to Lamb's conceptualization. Fathers' perception and factors to support their involvement were analyzed using content analysis.

FINDINGS: 1) Fathers monitored their children's physical conditions (e.g. seizure, breathing) elaborately even during the normal childcare like bathing, changing diaper, helping to sleep, etc. Also, they judged the status of the child and chose proper way of care including medical care. 2) Fathers felt difficulties to communicate with child due to the faintness of signs from them and less of the time to be with them. At the same time, fathers were interested in what if they could promote their children's developmental status. Talking with mothers about contents of physical/occupational therapy and watching the interaction between mother and child helped fathers to broaden their involvement. 3) Fathers recognized it was important to cope with the change of their child's health conditions proactively to prevent deteriorating, whereas some fathers were not confident in coping with that situation. 4) Fathers realized that it was their responsibility to support mothers. They tried to do anything that could reduce mothers' burden and make them feel refreshed within their time availability and capability. Meanwhile, most of fathers struggled to manage both of their roles as a father and as a breadwinner, or their career. CONCLUSION: This study suggested some crucial points when we consider these fathers' involvement in child rearing. The conditions of involvement of these fathers were very different from the fathers of healthy children. More nurturant aspects seem to be needed for these fathers, whereas fathers' role conflict should be concerned. Developing the program taking into consideration these characteristics is necessary to support fathers' involvement and family well-being.

P305 A new perspective on the intergenerational transmission of attachment: The role of reciprocal care-giving and care-seeking in the parental couple
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A new perspective on the intergenerational transmission of attachment: The role of reciprocal care-giving and care-seeking in the parental couple. Inspired by findings about the intergenerational transmission of attachment, we first aimed at replicating the relationship between maternal attachment representations, paternal sensitivity and quality of infant attachment in the Strange Situation. Our second objective was to investigate the role of the parental couple relationship — in terms of an attachment relationship — in this complex transmission process. Fathers' and mothers' attachment and reciprocal support with each other was assessed on the representational and behavioural levels. 76 women expecting their first child were administered the Adult Attachment Interview (AAI, Main & Goldwyn, 1985/2002) and the Current Relationship Interview (Crowell & Owens, 1998). 45 fathers participated in the AAI. At the babies' age of 6 months, the couples were observed in a problem discussion, which was analysed according to Crowell's Secure Base Scoring System for Adults (SBSS, 2002), and sensitivity according to Ainsworth was coded in a free-play mother-infant interaction. At 14 months, 53 mother-infant dyads participated in the Strange Situation Procedure (Ainsworth et al., 1978). The first set of statistical analyses involving maternal AAIs and CRIs, the couples' reciprocal care-seeking and care-giving, and maternal sensitivity revealed a modest association between maternal attachment representation in the AAI and maternal sensitivity, which was mediated by couples' reciprocal care-giving and care-seeking. Maternal AAI and paternal care-giving towards mother emerged as primary predictors of maternal sensitivity. Currently paternal AAIs and the strange situation videos are being analysed. This will reveal how much of the variance in paternal care-giving towards mother can be explained by maternal and paternal attachment representations, and in how far the influence of reciprocal care-giving and care-seeking in the parental couple extends beyond maternal sensitivity to infant attachment with mother. This provides new evidence of the importance of the parental couple's attachment relationship for development of parent-child relationships. Our results suggest that if both partners are able to provide a secure base for their partner by allowing him to explore the new relationship with the baby, they enable each other to concentrate on the baby's emotional needs — free from jealousy or fear of exclusion.

P306 Services for sleep disturbed infants and their parents in Iceland
Skuladottir A. (Landspitali University Hospital, Iceland)
A service for sleep-disturbed infants was started in 1997 in the Landspitali University Hospital in Reykjavik, Iceland. At that time there was lack of services dealing with infants' difficulties such as crying and sleeping problems. The development of the services began as a pilot study of sleep-disturbed infants. It evolved into a research program focusing on interventions for sleep-disturbed infants and on the study of outcomes for infants and parents. Subsequently, several types of services evolved. First was the service for inpatients, followed by a service for outpatients and telephone counseling. Later was available public education service in the form of courses and lectures for parents or specialized groups, and finally an website. The theoretical framework is based on the knowledge of
the child's temperament or character of the child, empowerment of parents, and tailored care within a family context. The relationship of the nurse with individual members of the family is viewed as partnership in which each person contributes to the treatment protocol. The services are multifaceted. The advanced practice nurse listens actively and empathetically to the parents. Their concerns and problems are recognized as real. The parents learn about temperament of their child and developmental needs. They are informed, how to support it's self-soothing capacity; and to regulate rhythmic daily activities, such as feeding and sleeping. Sensitive topics that emerge during interviews are discussed, such as intention to harm the child, depression of parent and problems with relationships. Of key importance in the treatment protocol is the infant's temperament, which can make a huge difference in the development and execution of the treatment plan. Treatment can be different for individual children in the same family, for example, with temperamentally different twins. The demand for the services has increased every year. Parents of 43 children asked for the services in 1997 and in 2008 they were approximately 800. Ninety-five per cent of the children attended to are aged 6 weeks to 3 years. The services are accessible to the public and are run by a advanced pediatric nurse (APN) who is licensed in the management of pediatric sleep problems. The role of the APN entails practice, teaching, research, and counseling. The mass media has expressed continued interest in the service through the years. The interest of parents and the wider public in this particular kind of health service has been a support to the development of the services and is considered an immaterial resource to maintain it.

P307 Children with learning disabilities: The importance of family support
Sulzbach S. (UFRGS, Brazil)
In Brazil, learning disability is the common reason for children school failure causing strong psychological, social and cultural difficulties. Parents need to educate themselves on the issues associated with learning disabilities receiving adequate support in order that they understand the behavior child and its implications. This study aims to describe and analyze the parents perception, beliefs and feelings regarding learning disability and propose the most appropriate means of providing information through support groups. Interview was conducted with 12 parents before and after the sessions, presenting them with a questionnaire where they could exemplify the parent-child interaction and express their opinion on their situation. As a result, the following feelings were observed: fear, anxiety, sadness and rejection, frequently associated with overprotection or negligence. Consequently, it was clear that, for the betterment of the quality of life and relationship within these families, the provision of adequate information was essential.

P308 Theraplay as collaboration between adult psychiatry and child psychiatry
Lampi H. (Helsinki University Hospital, Finland), Friberg L. (Helsinki University Hospital, Finland)
The aim of this presentation is to demonstrate use of Theraplay with a family where both adult psychiatry and children psychiatry are involved. Presentation includes material of the evaluation process and therapy itself. Case: The mother was admitted as an inpatient for a short period during her pregnancy with Ronja and after that continued as an outpatient. She suffered from anxiety, impulsive behavior and the couple was arguing a lot. The labor was difficult and traumatic. As Ronja grew it became apparent that the relationship with her mother was lacking in attachment and nurture. Ronja became very independent early on but at the same time her interaction decreased. She had a lot of temper tantrums that the parents had difficulty to deal with. Parents were also worried for her lack of concentration and co-operation. It was thought that it would beneficial to the therapy to continue with the psychologist who had worked with the family from the time of mothers pregnancy. An occupational therapist from the child psychiatry outpatient clinic would be the Childs therapist. We met with the parents three times to plan the therapy. The goals of Theraplay were agreed to be supporting Ronja on interaction with others, help her stay focused and give her a strong experience of nurture. Soon after the first meetings with the parents the parents told that they were expecting another child and soon after they found out that they were expecting twins. Theraplay was held once a week and both parents attended with Ronja. In the beginning Ronja was very challenging in her interaction. Getting her to be interested in mutual play was hard work. She was more interested in her surroundings than in another person. Gradually her contact deepened and she started to take more interest on another person. She started to share intention and make initiatives to a mutual play. At home she started to initiate more mutual play, temper tantrums decreased considerably. Theraplay ended after 19 sessions and there was a summer holiday after that. In the fall we had three theraplay intervals. Conclusions Theraplay with Ronja and her parents was successful. In Theraplay the parents were able to share these experiences and they got a lot of support from their therapist with whom they had a long liaison and trust.

P309 A 10 month old girl with severe insomnia and her transgenerational undiagnosticated familial affective pathology
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During the last 20 years, parallel with the political and economical changes from Romania, improvements appeared in the field of infant mental health. However, the national screening programs for mental health risks for pregnant women, for mother, for infants or children are absent. The intervention system is unstructured, with the lack of specialisated structures and working teams. All categories of professionals from primary and secondary services still are in a lack of theoretical and practical information due to the limited to absent hours in their training curricula. The primary information channels for parents are the trigenerational family (mothers, grandmothers, aunts, older sisters),the friends, the books and the internet. The home visits of the family doctor and nurse are limited. In this context, to our clinic was referred a ten months old girl with several months severe sleeping problems (nocturnal sleep composed of a few 1-2 hour sleep intervals). At the presentation moment, the actual caregiving persons were only the parents. The father worked for 24 hours intervals. The mother was caregiving the girl (and breastfeeding her) and did all the house chores. The girl
becomes the witness of verbal and sometimes physical aggressivity between parents. The family had no other helping persons (for practical work or emotional support). The mother never meets her father and she was verbal and physical abused by mother as child and adolescent. She was neglected and abandoned by her, supporting herself since adolescence. This grandmother was retrospectively diagnosticated with affective bipolar disorder. The mother evaluation of herself past mental health state found irritability, anxiety, constant aggressivity, low image of self, periods of high capability, lothoreea, agitation. The parents support each other in the process of developing from adolescence to adulthood, but they were not equally prepared to move from young couple without children to family with small children life cycle. The development of the intervention plan forced us to also create an intervention team specially for this case. The intervention covered mother-child intervention, counseling for parents and family, home visits. The sleep pattern of girl normalized soon after the intervention started. The relationship between parents ameliorate. The number of meeting decrease gradually to a monthly meeting and crisis intervention in plan.

P310 Poverty-related family characteristics predict different aspects of parenting stress six months after delivery
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Background: Parenting stress is associated with adverse outcomes related to parenting and child development, especially in low socioeconomic status (SES) families. Objective: To determine the relationship between family characteristics and parenting stress 6 mos after delivery in low SES families. Design/Methods: Mothers were enrolled following delivery as part of a larger study. Inclusion criteria: English/Spanish speaking, no birth complications. Outcome variable: parenting stress at 6 mos [Parenting Stress Index: PSI]. Predictor variables: human capital (low maternal education, low literacy [WJ-III, Bateria III], material hardship (difficulty paying bills, food insecurity; limited home resources), psychosocial (maternal depressive symptoms [PHQ-9], paternal supporting), socio-demographics. Results: 392 mothers assessed; 93% Latina, 88% immigrants. All 7 human capital, material hardship, and psychosocial predictors and 1 sociodemographic predictor (lower maternal age) were associated with total PSI in unadjusted analyses; 6 had independent associations with total PSI in simultaneous multiple regression. 3 factors related to perceived stress were identified in factor analysis of PSI items. Differing patterns of association were found between predictors and these 3 factors: Factor 1) perceived child inadequacies (e.g. "My child doesn't learn as quickly as most children") was associated with low human capital and material hardship; Factor 2) perceived maternal inadequacies (e.g. "I am not good at being a parent") with psychosocial factors and material hardship; Factor 3) perceived dyadic difficulties (e.g. "My child smiles at me much less than I expected") with all but 2 predictors (limited patemal support, low maternal age). Conclusions: Poverty-related family characteristics were associated with distinct patterns of parenting stress. Since low human capital was associated with perceived child inadequacies, screening and intervention strategies for mothers with low literacy and education need to address negative maternal attributions to ensure optimal child development. Support: NICHD R01 HD047740, Marks Family Foundation, Tiger Foundation, Rhodebeck Charitable Trust.

P311 Differential effects of general and parenting-related stress on parent-child interaction in Early Head Start and a comparison Group
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Introduction. A developmental pathways approach examines dynamic and increasingly integrated systems as a way to understand the variation in pathways of at-risk children and parent-child interaction in context. For the purposes of this study, we examined the following questions: (1) What are the impacts of demographic risks on general stress, parenting stress, maternal sensitivity and cognitive stimulation? (2) What are the impacts of general and parenting-related stresses on cognitive stimulation and maternal sensitivity? (3) Does the Early Head Start (EHS) intervention protect parent-child interaction from the negative effects of demographic risks and parents’ stress? Method. This study is a secondary data analysis of the National EHS Evaluation data, a prospective study of low-income children and families when children were 14, 24, and 36 months of age. The sample included 3,001 families randomly assigned to either the EHS intervention or a control group. Measures included: demographic risks (poverty, low education, teen parenting), parenting stress, and parent-child interaction. Using new composite subscales from the Parenting Stress Index-Short Form, we assessed parents’ general and parenting-related stresses as separate factors. Mothers’ sensitivity and cognitive stimulation (intentional teaching) were measured during parent-child interactions at each wave. Using multi-level growth models, we tested whether demographic risks affected parent-child interaction through their effects on parents’ stresses; analyses were performed separately for the control and intervention groups to elucidate how these contexts affected differential pathways. Results. Both demographic risks and parent stresses independently affected parent-child interaction. Demographic risks affect general stress (p <.05) more strongly than parent-related stress. Both general and parenting-related stresses impact maternal sensitivity (p <.05) more consistently than parent-related stress. Further, the effects of the demographic risks on both parents’ stresses and parent-child interaction are consistently smaller for the EHS than the control group. While demographic risks and stresses affect parents’ cognitive stimulation in the control group, these detrimental relationships are weak or nonexistent for the EHS group. Discussion. The EHS intervention positively affected parents’ cognitive stimulation of children. One way that the EHS program protects children’s development is by bolstering parents’ intentional teaching of their children during everyday interactions in the face of family risks and stress.
P312 Maternal and paternal prenatal attachment: The role of parental personality characteristics and expectations of infant temperament
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Introduction. During pregnancy, expectant mothers and fathers feel -more or less- attached to their unborn child. Factors such as mood state, stress and anxiety, and social and partner support have been frequently found to be related to the quality of parent-fetus attachment (e.g., Alhusen, 2008; Van den Bergh & Siemons, 2008). Surprisingly, far less is known about how general and trait-like parental personality characteristics and expectations of infant temperament are related to the quality of the antenatal parent-fetus relationship. Studies in the postnatal period have already shown that the postnatal parent-infant attachment is influenced by characteristics of both the parent and the child, with maternal personality and infant temperament as the main contributors (Belsky, 1984; Van Bakel & Riksen-Walraven, 2002). In the present study, we examined whether Big Five personality characteristics of expectant mothers and fathers and parents’ expectations of their unborn child’s temperament are related to antenatal attachment.
Method Participants were 269 mothers and 195 fathers who were enrolled in the study at 15 weeks gestational age. At 26 weeks they filled in a personality questionnaire (Quick Big Five; Vermulst, 2005), the Maternal and Paternal Antenatal Attachment Scales (MAAS/PAAS; Condon, 1983) and a questionnaire concerning expected infant temperament (Prenatal Infant Characteristics Questionnaire; Bates et al., 1979). Antenatal attachment was measured using two underlying dimensions; Quality of Attachment (QA) and Intensity of Preoccupation (IP). Results. Hierarchical Regression Analyses showed mothers and fathers who scored high on the personality dimension ‘Conscientiousness’ to have a higher QA (β=.15, p<.05; β=.16, p<.05 respectively). Mothers who were more ‘Agreeable’ were also more attached to their fetus (β=.20, p<.05). With regard to the parents’ intensity of preoccupation (IP), a significant relation was found with ‘emotional instability/neuroticism’ (β=.19, p<.05 mothers; β=.16, p<.05 fathers). Parents who were less emotionally stable were more preoccupied. Besides parental personality characteristics, mothers and fathers expecting a more difficult temperament of their child generally had a lower QA and a lower IP. Conclusions. Analyses showed that antenatal attachment to the unborn child is significantly related to general parental personality characteristics and to parents’ expectations of infant temperament. Since a higher quality of antenatal attachment is positively related to postnatal parent-infant interaction (Siddiqui & Hägglöf, 2000), acknowledgement and assessment of trait-like parental personality characteristics may be recommended in infant health care services.

P313 Needs of mothers who has children with short stature medical referred
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To identify the needs of family with short stature children, we conducted survey at outpatient. Now we don't have any effective support system in community or hospital to help children with short stature grow up psychosocially well and to maintain their family relationship. In Japan, short stature children are 1~3% of population Few of those can get Growth hormone therapy. Others are under medical observation without any medication. Treatment outcome is focused on measured height although height gain is not always successful. Being short stature might be interferere children's body image and affect their psychosocial aspects. Whether they can get Growth hormone therapy or not, mothers and children are very stressful mentally and physically for a long time until their children become adult Even children become adult, children might still feel handicap of their height. Therefore, in clinical setting psychosocial support is vital for family with short stature children. Because children usually come to hospital with mothers, mother role is very important. Therefore, this study's aim is to identify the needs of mothers who have children with short stature by investigating how mothers feel about their children and treatment. Mothers answered questions of what they were worried about or what problem they had with children or treatment. Mothers were worried about if children were suffered from being bullied, teased or feeling complex. Also mothers were anxious about the future of their children. Some mothers complaint unclear medical regimen or explanation from medical staff. Many mothers felt guilty and blame themselves that their children were short. These results showed mothers experienced distress. Medical staff should relieve mother feeling and provide an opportunity to express their feeling.

P314 Perinatal traumatism: Afterwards of unelaborated mourning process on the pregnancy
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The child guidance clinic at the Institut de Puericulture et de Perinatalité of Paris applied long term children psychoanalysis and direct intervention in Perinatologie. The follow-up of pregnant women within a hospital which includes, among others, a service of maternity for high-risk pregnancies for foetal reasons, a Neonatal centre with reanimation and a Child psychiatry unit, permitted a new multidisciplinary medicine which worries about the primary links between the sick or premature newborn, his mother, father, sisters and brothers and the clinical staff. This pooling of our crossing knowledge's and the multiple fears, the attitudes of understanding and availability, therapeutic decisions and the performance appraisal modified gradually and deeply our practice centred on the appropriation of the parenthood of the mother and the father and the elaboration of some aspects of the relation as the hatred and the
wishes of death to the baby. This painful experiences provoked by the progress of the medical imaging (softmarquers) and medically assisted conceptions during the pregnancy can be a stumbling block in the implementation of the first links between parents and children. These experiences can represent a traumatic potentiality, an obstacle to the maternal “reverie” of the child who can give him capacities of sublimation or creative expressions like esthetical drawings that surprise the clinician. We can so consider as says Michel Soulé, that it is an aftermath of the fights lived during the foetal life and their possible sensory imprinths on the foetus.

Following René Diatkine about “the dizziness's of the origins”, we consider that the child is has part of the fantasy investment of the parents from before his conception. Narcissistic complement in the multiple implications have the phallic claiming, the unlimited projection of the ego ideal, without excluding the fantasies of persecution, the fantasies organized on the oedipian mode. Once born the child will transform them. Afterwards, things are going to take sense and links could be difficult to establish. Through our double experience (throw the direct trauma and in the long-term psychoanalytical care of children, we shall show how these symptoms presented by the child recall of death wishes to this child during the pregnancy, and how it will be revived by the announcement by the diagnosis of foetal abnormality. It is in a reflection around the treatment of very young children whom we receive, children who present sometimes already deep psychic disorders that the value of the prevention during the interrupted pregnancies or not, that we will introduce innovative modes of treatment to families and professionals. The difficult and long-term treatment justifies the efforts of training and raising awareness of the teams to the knowledge of clinical signs of ascendancy from the parents to children.

P315 A German evaluation of an attachment-based group intervention program (“Circle of Security”) for women with mental illness and their infants (RCT)

Ramsauer B. (University Medical Center Hamburg-Eppendorf, Germany), Lotzin A. (University Medical Center Hamburg-Eppendorf, Germany), Gehrke J. (University Medical Center Hamburg-Eppendorf, Germany), Romer G. (Universitätsklinikum Eppendorf, Germany), Powell B. (Marycliff Institute, United States)

Background The importance of early intervention when women with mental disorders become parents or when women develop a mental illness in the transition to parenthood, as well as potential benefits for the involved children and the parents is well acknowledged in the literature. There is still a lack of evidence-based early intervention strategies for mother-infant treatment. The Circle of Security (COS) Intervention (Hoffman, Marvin, Cooper & Powell, 2006) was designed to alter developmental pathways of at-risk parents and their children. Conceptualized as a group-based, 20-week intervention program, the focus is on the care-giver and his relationship capacities, to enhance the quality of child-parent attachment. This study project examines how the COS intervention program works and might be effective in the context of a maternal mental illness and with respect to key attachment processes (i.e. maternal behavior, emotional regulation, internal working models of care-giving and attachment). Within a randomized control design the COS intervention is evaluated in comparison with the mother-infant unit’s standard treatment practice (TAU) at the Department of Child and Adolescent Psychiatry at the University Medical Center of Hamburg. The primary aim is to prevent disorganized attachment in infants of mentally ill mothers. Methods All mothers consulting the outpatient unit for mentally ill parents and their infants, having given their informed consent to participate in this study, are randomly assigned into the COS intervention and the control group (TAU). The inclusion criterion is infant’s age of 4 to 9 months at beginning of study. Exclusion criteria are an acute maternal state of mental illness (i.e. suicidal tendency), schizophrenia, primary substance-abuse, intellectual impairments (IQ < 80) and, on part of the child, autism and mental retardation. After treatment (> 6 months) and delayed (> 12 months) the child’s attachment quality is surveyed by the Strange Situation Procedure (Ainsworth et al., 1978) and the Rating for Disorganization (Main & Solomon, 1990). The major hypothesis is that the COS intervention is more effective in preventing disorganized attachment in favor of organized attachment than the TAU intervention. Findings Preliminary Results will be presented. Discussion The findings may be of great importance for the consideration of differential indications and treatments of postpartum mentally ill mothers to promote their infant’s mental health.

P316 Maternal sensitive and insightful care-giving as predictors of organized attachment in infancy in the context of maternal mental illness

Ramsauer B. (University Medical Center Hamburg-Eppendorf, Germany), Quitmann J. (Institute for Medical Psychology, University Medical Center of Hamburg, Germany), Lotzin A. (University Medical Center Hamburg-Eppendorf, Germany), Romer G. (Universitätsklinikum Eppendorf, Germany)

Background Attachment theory and research emphasize the contribution of parental care-giving to the development of parent-infant attachment organization. It was assumed that sensitivity and insightfulness predict later infant attachment organization and that maternal mental illness may influence this conjunction negative. Methods and Findings Therefore, 24 mentally ill mothers and their infants with age ranged from 3 to 11 months consulting the outpatient unit for mentally ill parents and their infants were compared to 30 control dyads of mentally healthy mothers and infants, matched according to infants’ sex and age. Maternal sensitive behaviour was assessed with the sensitivity scales (Ainsworth, 1974). Maternal insightfulness was rated by the insightfulness assessment (IA, Koren-Karie & Oppenheim, 2002). The mother’s mental health status was examined (BDL, SCL-90, SKID I, II). Infant’s attachment organization was measured by the Strange Situation procedure (SST, Ainsworth et al., 1978) and the Rating for Disorganization (Main & Solomon, 1990). A logistic regression analysis was conducted to predict infant’s attachment organization (organized vs. disorganized). Including maternal insightfulness, sensitivity, mental health status, psychopathology and any interaction between these variables into the model, the strongest significant association was revealed between maternal insightfulness and the infants’ attachment organization followed by maternal sensitivity. The mother’s mental illness status, non-insightfulness and low sensitivity were highly
predictive for later infant disorganization. Conclusions Beside sensitivity, internal working models of care-giving like insightfulness seem to be a significant intervention target to prevent disorganization of attachment in early childhood in the context of maternal mental illness.

**P317 Sibship as a mental health factor in families: Transition after birth**
Brock I. (Germany)
This contribution deals with the very special bonding between siblings. The paper argues that daily encounters with siblings influence every child emotionally. The lack of sociological research about early childhood sibship leads to insistence on old beliefs like the trauma of dethronement. This paper helps in setting aside this old prejudice. Communication and sympathy between siblings have a very special character and exist alongside parental intervention. Changing coalitions strengthen the siblings regardless of age and lead to a further understanding of equivalence and empathy. Successful exchange and negotiation generates emotional referencing amongst siblings even in the early childhood. New findings will be presented on sibship from a qualitative case-study based on the thesis of the author, stating that siblings develop a specific dynamic relationship, which positively impacts their emotional development. Dynamics of the existentially relevant affiliation system, the family of origin, will be described. The results will be demonstrated with an explanation of siblings' inner notions of the family dynamics with the help of nonverbal projective diagnostic methods and semi-structured interviews with the parents. The qualitative approach towards the data follows the Grounded Theory. The following results can be summarized: The 22 siblings in the study (7 families) develop a unique intimacy and affection. Changing coalitions strengthen the siblings regardless of age. In fact, encouragement enriches them mutually. One of the main results of the study is the conceptualization of symmetrical reciprocity and dyadic coping in the horizontal level of the family. It could be described that assisting and enhancing each other from the beginning of life onwards generates emotional capital between siblings. This sociological phenomenon is a positive factor in promoting resiliency. The ability to encounter the challenging situation of instability during the transition stage around the birth of a sibling generates capacities and resources to cope with similar situations later on such as the transition into kindergarten. Therefore, we can assume that sibling relationships first and foremost enrich the individual siblings in the area of mental health.

**P318 "Fit für den Start... und das Baby kann kommen": A class for expectant first-time parents**
Abels M. (University of Osnabrueck, Germany)
"Fit für den Start" is a project in Osnabrück, Germany, that aims at preparing first-time expectant parents for different aspects of parenthood. The project was initiated by a gynecologist and a midwife and was developed in cooperation with a pedagogue and a psychologist. It is a preventive project in the context of health care and family education. It is integrated in the existing medicinal care surrounding pregnancy and birth. While it the class, that was developed by the project team, also addresses financial and legal issues of pregnancy and parenthood, the main focus is on the interaction of the parents with the baby and the psycho-social changes in the parents' lives. The approach in the class is process-oriented and not normative. By a combination of different methods (many of which are not bound to literary skills), by offering classes in different locations throughout the city, by offering classes only for mothers and for couples, and by dispatching information and having classes in different languages, a diversity of parents is reached. Currently (one year after the first class) 10% of the first time parents in the city of Osnabrück participate in the class. The proportion of migrants and parents from lower economic strata reflects the population in the city. The first evaluation results suggest that parents who participated in the class feel well-informed and enriched through "Fit für den Start". Further evaluations, including mother-infant interactions are currently assessed.

**P319 An RCT of the Video Interaction Project: Promoting responsive parenting through a pediatric primary health care preventive intervention**
Mendelsohn A. (New York University School of Medicine, United States), Dreyer B. (NYU School of Medicine, United States), Brockmeyer C. (NYU School of Medicine, United States), Berkule-Silberman S. (NYU School of Medicine, United States), Morrow L. (Rutgers Graduate School of Education, United States), Burtchen N. (NYU School of Medicine, United States), Tamis-Lemonda C. (New York University, United States)
Background: Pediatric primary health care represents an innovative, low cost opportunity for prevention of developmental delay in children at risk due to poverty, through interventions targeting responsive parenting. Because of the frequency and universality of well child visits prior to school entry, there is potential for population-level benefits. The Video Interaction Project (VIP 0-3) is an intervention that takes place during pediatric primary care visits from birth to 3 years. Its core strategy involves an interventionist coaching the parent during videotaped interactions utilizing provided toys and books; review of the tape is used to facilitate and reinforce interactions during play and shared reading. Methods: Consecutive eligible dyads were enrolled in the postpartum unit of an urban public hospital serving low income families (Bellevue Project for Early Language, Literacy and Education Success). Inclusion criteria: language English/Spanish, no medical complications. Dyads randomized to VIP 0-3 or Control groups were included in this analysis. At 6 and 14 months, we assessed: 1) cognitive stimulation in the home (StimQ-Infant; 4 subscales: Availability of Learning Materials (ALM; toys), Shared Reading (READ), Parental Involvement in Developmental Advance (PIDA; teaching), and Parental Verbal Responsivity (PVR; verbal interactions); 2) parenting stress related to interactions with child (PSI-SF); and 3) maternal depressive symptoms (PHQ-9). Results: VIP was associated with increased cognitive stimulation at both 6 and 14 months, with significant differences found for StimQ and each of the 4 subscales; effect sizes (ES; Cohen's d) ranged from .35 (p<.05) to .65.
The infant actively initiates triangular interaction by turning from one parent to the other, using facial expressions, noise or movement. Two infants show triangular capacity by use of triangular bids in interaction with its mother and father at three months, adjusted age. It seems to be difficult for several parents to get their infants' attention and response as a basis for interaction. However, according to the Child and Parent Interacting Coding System (Hedenbro & Liden, 2002). Preliminary results at both 3 and 9 months, principles of the Lausanne Trilogue Play (Fivaz-Deuversinge & Corboz-Warnery, 1999). Observations are coded and analyzed structured playsituations between the infant and the parents are videotaped at 3 and 9 months, adjusted age. The interactions follow the infants are participating. The infants are born between week 27+5 and 30+4, and the birthweight ranges from 792 to 1509 gram. Semi-mainly based on an ethnographic approach to gathering and analyzing of data is used in this study. Nine couples and their preterm infant show triangular capacity in interaction with its parents at 3 and 9 months, adjusted age. 2. What conditions parents in a triangular setting through observation and microanalyzing of behavior. Two research questions are raised: 1. Does the preterm infant actively initiates triangular interaction by turning from one parent to the other, using facial expressions, noise or movement?

P416 PICCOLO: A practical parenting observation tool
Roggan, L. (Utah State University, United States), Cook, G. (Utah State University, United States)
PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes) is an observational parenting measure that is easy to use, valid, and reliable. It was developed from over 4,500 observations of parent-child interaction from multiple ethnicultural backgrounds, using the video and data archive from the multi-site longitudinal Early Head Start Research and Evaluation Project in the United States. A large set of behavioral descriptions was tested for reliability and validity, and 29 items were selected to create a psychometrically strong practical measure of positive parenting. The PICCOLO measure was designed for programs that aim to improve parenting support for children's development. These programs have specific measurement needs. They need to track positive parenting outcomes with a valid measure of parenting that can be linked to child outcomes and is easy and reliable to use. By measuring positive parenting behaviors, programs are better able to individualize their services to specific parent needs, design intervention activities that are truly strengths based, and track parenting changes and program outcomes overall to guide program improvement.
PICCOLO describes behaviors in four domains of positive parenting correlated with desirable child outcomes. Affection includes warmth, signs of affection, positive emotional expression, positive regard, and positive statements to the child. Responsiveness includes responding to the child's cues of emotions and interests, following the child's lead in play, referring to objects the child looks at, and mutual engagement in play and other interactions. Encouragement includes active support of children's skills, exploration, play, initiative, creativity, curiosity, and independence. Teaching includes shared play with objects, cognitive stimulation, explanations, questions, and conversation.
PICCOLO was tested on observations of parent-child interactions in European-American, African-Americans, and Latino-American families. The final items included in the measure were selected based on inter-observer agreement, internal consistency, concurrent validity with previous observational ratings of parent behavior, predictive validity in relation to measured child outcomes, and variability among families. The 29 items selected were reliable and valid within each major ethnicultural group tested. The final version of PICCOLO will be presented along with the psychometric data. Psychometric data on reliability and validity will be reported. Guidelines and tips for practitioners using PICCOLO will be presented along with specific evidence-based strategies for supporting positive parenting more generally.

SATURDAY

Saturday: Poster session: Prematurity and High Risk Infants

P320 The preterm infant's triangular capacity in interaction with its mother and father at three and nine months, adjusted age.
Hansen E. (Vestre Viken HF, Buskerud Hospital, Norway), Drejer S. (Vestre Viken HF, Buskerud Hospital, Norway), Hedenbro M. (Hedenbro Institutet, Sweden)

Background This study is based on existing clinical and research-based knowledge about the vulnerability of preterm infants and their parents, and how parents through interaction can positively support the development of their infant. The infant's development usually takes place in a multi-person system, and family interactions can be an influential factor in the child's psychosocial development. A few studies are published regarding full term infants and their parents in triangular interaction. So far, no published studies are found concerning preterm infants in triangular interaction with their parents. In the present study, efforts are made to fill in this gap. Aim The aim of this preliminary study is to develop knowledge about what happens in the interaction between the preterm infant and its parents in a triangular setting through observation and microanalyzing of behavior. Two research questions are raised: 1. Does the preterm infant show triangular capacity in interaction with its mother and father at 3 and 9 months, adjusted age? 2. What conditions seem to promote the preterm infants use of triangular bids in interaction with its parents? Methods and material A research design mainly based on an ethnographic approach to gathering and analyzing of data is used in this study. Nine couples and their preterm infants are participating. The infants are born between week 27+5 and 30+4, and the birthweight ranges from 792 to 1509 gram. Semi-structured playsituations between the infant and the parents are videotaped at 3 and 9 months, adjusted age. The interactions follow the principles of the Lausanne Trilogue Play (Fivaz-Deuversinge & Corboz-Warnery, 1999). Observations are coded and analyzed according to the Child and Parent Interacting Coding System (Hedenbro & Liden, 2002). Preliminary results At both 3 and 9 months, adjusted age it seems to be difficult for several parents to get their infants' attention and respond as a basis for interaction. However, two infants show triangular capacity by use of triangular bids in interaction with its mother and father at three months, adjusted age. The infant actively initiates triangular interaction by turning from one parent to the other, using facial expressions, noise or movement.

(p<.001). VIP was also associated with reduced parenting stress at 6 mos (ES=.15, p<.05) and reduced maternal depressive symptoms at 6 mos (ES=.26, p<.05) and 14 mos (ES=.27, p<.05). Conclusion: Use of videotaped interactions with coaching in pediatric primary care is an effective strategy for enhancing responsive parenting critical to early child development. Ongoing assessments in progress will determine impacts of VIP 0-3 on cognition, language development, social-emotional development and self-regulation. Support: NICHD R01 HD047740, Marks Family Foundation, Tiger Foundation, Rhodebeck Charitable Trust.

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P320 The preterm infant's triangular capacity in interaction with its mother and father at three and nine months, adjusted age.
Hansen E. (Vestre Viken HF, Buskerud Hospital, Norway), Drejer S. (Vestre Viken HF, Buskerud Hospital, Norway), Hedenbro M. (Hedenbro Institutet, Sweden)

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and then returns his focus back to the first parent. Five infants are found to have this capacity at nine months, adjusted age.

**P321 Interaction between mothers and premature infants during the first two years of life: Parental stress and infant emotional-adaptive functioning**

Speranza A. (University of Rome La Sapienza, Italy), Rogora C. (S. Pertini Hospital, Italy), Trentini C. (Sapienza University of Rome, Italy), Bacigalupi M. (Sapienza University of Rome, Italy), Baquè B. (Sapienza University of Rome, Italy), Lena F. (Sapienza University of Rome, Italy)

Theoretical background. Interactive abilities in premature infants are strictly related to the degree of neurological immaturity and to the severity of conditions at birth: as a result of early impaired conditions, such infants present significant inefficiency in regulatory processes, which limits the quality of sensorial elaboration, as well as motor, behavioral and physiological organization. These factors deeply restrict infants' reactions towards external stimulation, going to jeopardize their attentive competencies during exchanges with the mothers (Als, 1982; Brisch et al., 2005). In order to manage their sons' sensorial hyporeactivity, mothers often utilize intrusive interactive styles, which bring the infants in experimenting sudden transitions from 'hypo' to 'hyper-reactivity' states. These conditions generate frequent ruptures during interaction, which can't be faced through adequate attempts of reparation. In response of such interactive failures, infants can indicate their-own distress, by means of both avoiding behaviors and diffuse negative affects, such as inconsolability and irritability. Such reactions empower mothers' anxiety during dyadic transactions, going to significantly restrict their sense of competence and adequacy about parental role (DeMier et al., 2000). Method. Research involved 30 mothers with infants aged between 18 and 24 months. Subjects were divided in two groups according to the presence or not of premature birth: 15 mother-premature infant dyads and 15 mother-full-term infant dyads. Mothers completed the following instruments: CES-d (Radloff, 1977), PSI-SF (Guarino et al., 2008), and CBCL 1½-5 (Achenbach, 1992). Moreover, all the dyads were video-recorded during one session of semi-structured play. Dyadic interactions were rated using the Scales of Mother-Infant Interactive System (Speranza et al., 2009). Results. Data show interesting differences between groups in specific dimensions of interactive patterns. Furthermore, significant differences were observed with regard to mothers' perceptions of infants' emotional-adaptive functioning, as well as to the distress experienced at parental level. Conclusions. This study puts in evidence the importance to investigate the quality of interaction between mothers and premature infants, in order to intercept the specific dimensions of "weakness", which compromise dyadic relationship during the first years of life.

**P322 Influence of repeated painful procedures on frontal cortical pain response and pain expression in newborns**

Ozawa M. (Japan), Hirata M. (St.Luke's International Hospital, Japan), Kusakawa I. (St. Luke's International Hospital, Japan), Suzuki C. (St. Luke's International Hospital, Japan), Kanda K. (University of Tokyo, Japan)

Preliminary studies suggested that newborns exposed to repeated painful needle procedures learned to anticipate pain and so altered their pain behaviors. It is unknown whether cumulative painful experiences change prefrontal brain activation for pain in neonates compared with responses in un-experienced newborns. We examined whether repeated skin punctures altered the correlation of cortical pain responses and the Premature Infant Pain Profile (PIPP) score in the same infant compared with responses in un-punctured newborns. Eighteen preterm infants of 37-42 weeks postconceptional ages at time of study, and 22 full-term newborns at 5-6 days of life without skin puncture procedures after birth were studied. All were measured for prefrontal cortical hemodynamic activities by near-infrared spectroscopy (NIRS), and were videotaped during clinically required venipuncture blood collection. In the full-term newborns, there were good correlations between the level of cortical activities (oxy-Hb) and total PIPP scores (r=0.63 right brain, P<0.05; r=0.66 left brain, P<0.01). Facial expression scores also correlated well with cortical hemodynamics (r=0.67 right brain, P<0.01; r=0.71 left brain, P<0.01); whereas physiological scores did not correlate with those responses. In the preterm infants, there was a correlation between the level of left brain activity and total PIPP score (r=0.22, P=0.414 right brain; r=0.68, P<0.05 left brain). While facial expression scores did not correlate with PIPP, physiological scores did correlate with left brain activity (r=0.66, P<0.05). Painful stimulation generally evoked parallel (both sides) frontal cortical and behavioral responses in newborns without experience of skin puncture. Among preterm infants who had experiences repeated pain, pain stimuli activated asymmetry frontal cortical responses; however, only those in the left brain correlated well with total PIPP score as well as did those of full-term newborns. This suggested that activation of the right frontal brain among preterm infants was different from that in full-term newborns. In neuroimaging studies on emotion regulation, activation in the right ventrolateral prefrontal cortex (VLPFC) is consistently observed when participants are instructed to use a reappraisal strategy to emotionally disengage from a threatening stimulus. Our finding suggested that preterm infants learned to anticipate pain and induced an emotional reaction, which might change the right frontal cortical pain response and pain behavior.

**P323 Parents’ experiences of preterm birth**

Fransson E. (Karolinska Institutet, Sweden), Hjelmstedt A. (Karolinska Institutet, Sweden), Lind A. (Stockholm University, Sweden), Böhm B. (Karolinska Institutet, Sweden), Risholm Mothander P. (Nordic (Sweden) Association for Infant Mental Health, Sweden)

Background. The development and wellbeing of infants born preterm have been extensively studied but the experiences of parents of preterm infants have been quite overlooked. Previous studies have shown that mothers of preterm infants are at greater risk of depressed mood and anxiety. Research on the relationship between mothers and infants born preterm have shown that maternal factors such as educational level could have a stronger impact than infant variables on the relationship. However, previous studies on mothers of preterm infants have almost exclusively focused on mothers with infants born early preterm. The health and experiences of mothers
and fathers with infants born near term (at 34-36 weeks) are less studied. **Aim.** To describe how mothers and fathers experience preterm birth and transition to parenthood. **Material and methods.** 20 mothers and 20 fathers of preterm infants were interviewed separately during the first week after delivery and at infant age four months (corrected age) at the Karolinska Hospital, Sweden. Narratives from parents who experienced early PTB (before 31 weeks of completed gestation) and late PTB (in 34-35 weeks of completed gestation) will be analyzed and contrasted and factors contributing to a positive or negative experience will be illustrated using a qualitative content analysis. **Preliminary results.** Being emotionally prepared for childbirth seemed to be an important positive factor in the narratives and for the transition to parenthood. This was not exclusively related to gestational length, but also due to how sudden or predictable the delivery process was perceived. Another theme in the narratives was the ability or not to attribute importance to one’s own parent capacity and to attribute emotional response from the infant. Aggravating circumstances in transition to parenthood included avoidance and fear to see or touch the baby and perceptions of the baby as indifferent to contact. The process of analysing the narratives is still ongoing.

**P324  'Learning to sing a song without words': Infant observation as a means to explore the container-contained relationship following premature birth**

Twohig A. (Lucena CAMHS, Ireland)

Infant observation is a method of naturalistic observation of infants and their families incorporated into psychoanalytic psychotherapy training. The use of this method of observation to illuminate and understand early developmental processes following the birth of a premature infant is described. In this paper, based on a dissertation for Master of Science degree in Child and Adolescent Psychoanalytic Psychotherapy, the development of the container-contained relationship (Bion, 1962) is explored in the context of premature birth. Graham (1999) has described how “the process of learning to observe, to make sense’ of the observation is akin to the infant's dependence upon its mother to help organize and lend meaning to its perceptions”. This is the central function of the containing mind of the mother. Premature birth is a relatively common occurrence, with about twelve percent of all births being premature (March of Dimes, 2009). Unexpected labour can be a frightening and potentially overwhelming experience for the mother and the father. Other preterm births, due to illness in the mother or concern about the fetus's development or growth, are induced. Both these scenarios change the natural course of the pregnancy, the going along’, (Winnicott, 1949), of the fetus and the natural adaptation of the parents as they await the birth of their baby. This paper will describe the observation of the developing container-contained relationship following premature birth and argue that this process is of particular significance to the mother-infant relationship and infant development in the context of premature birth. The paper will outline literature from developmental psychology, neuroscience and psychoanalysis. The implications for the use of this method of observation to inform therapy with premature infants and their parents and also for practice in special care facilities will be discussed. Bion, W.R., (1962) Learning from Experience’, London: Heinemann Graham R. (1999) O’ is for Observation’. International Journal of Infant Observation; 2, 3: 54 — 65. Winnicott, D.W., (1949a) Birth Memories, Birth Trauma and Anxiety’. In: Through Paediatrics To Psychoanalysis — Collected Papers. Karnac. pp 174-193.

**P325 The first minutes with mom: Early physical contact between the mother and her NICU-infant in delivery room**

Niela H. (Finland), Axelin A. (University of Turku, Finland), Lehtonen L. (Turku University Hospital, Finland), Tammela O. (Tampere University Hospital, Finland), Salanterä S. (University of Turku, Finland), Latva R. (Tampere University and University Hospital, Finland)

Neonatal intensive care separates the mother and her newborn baby. Separation and the stress caused by infant's admission to neonatal intensive care unit (NICU) can disturb the development of maternal attachment. Skin-to-skin contact among healthy full-term infants and their mothers after birth is a common practice. With sick infants the practice is unknown as the research concerning early physical contact in infants who need intensive care immediately after birth is scarce. However, even short-term physical contact with mother just after birth can have a remarkable influence on both mother's and infant's well-being. The aim of this study was to describe the early physical contact in the delivery room between the mother and her infant admitted in a NICU in two university hospitals. In addition, the factors facilitating or preventing this contact were evaluated. A prospective structured survey was used for data collection. The questionnaires were created for this study. The data was collected in two level III hospitals in Finland (hospital A: 4 months, hospital B: 5 months). The sample consisted of infants who were transferred to NICU directly from delivery room. Questionnaires were filled in by midwives (A, n = 171, B, n = 161) who took care of the delivery as well as auxiliary nurses (A, n = 163, B, n = 38) and pediatricians (A, n = 63, B, n = 150) who cared for the newborn. The implementation of early physical contact differed between two delivery hospitals. In hospital A 67.4 % and in hospital B 43.2 % of the infants were allowed a physical contact with their mothers before the admission to the NICU (p < 0.001). Factors that facilitated or prevented early physical contact were similar in both wards. Nursing staff’s working methods and the good condition of the infant were the most common facilitators. Infant's unstable condition and caesarean delivery were the most important barriers preventing the early physical contact. Nursing practice concerning early physical contact between a mother and her preterm or sick newborn were different in study hospitals. There are no guidelines of early physical contact in delivery wards. In the future, creating guidelines might enhance early physical contact between preterm or sick newborns and their mothers.
P326  Cognitive, language and motor abilities in low and normal birth weight children
Gut J. (University of Basel, Switzerland), Reimann G. (University of Basel, Switzerland), Frischknecht M. (University of Basel, Switzerland)

Low birth weight is a risk factor for later development. Most studies in this field focused on children with very low birth weight (e.g. less than 1500g). Nevertheless, even a slightly lower birth weight (e.g., between 1500 and 2050) might have an impact on later developmental outcomes beyond infancy. The goal of the present study was to examine differences between school-aged children with low birth weight and children with normal birth weight. Specifically, we tested the hypothesis that low birth weight children (less than 2500g) would show poorer cognitive, language and motor abilities compared to normal birth weight children. The newly designed Intelligence and Development Scales (IDS, Grob, Meyer & von Arx, 2009) were administered to 55 children with low birth weight (M = 2060g, SD = 403g) as well as 55 children with normal birth weight (M = 3463g, SD = 467g) aged 5 to 10 years (M = 7.5, SD = 1.5). Gender was almost equally distributed in both groups (56% girls). Children were tested in the German speaking part of Switzerland (N = 23), Germany (N = 15), and Austria (N = 17) in the context of the IDS normalization study. Samples were matched for age, sex and maternal education. Analyses revealed no significant differences between low birth weight children and normal birth weight children in language abilities such as expressive and receptive speech. However, differences between the two groups were found in general cognitive abilities, specifically in selective attention, visual-spatial memory and long-term memory disfavoring children with low birth weight compared to normal birth weight children. No differences were found in visual perception. Concerning motor abilities, children with low birth weight scored equally well in gross and fine motor skills but significantly lower in visuo motor skills than children with normal birth weight. The results support the notion that children with low birth weight are at enhanced risk for unfavourable cognitive and motor development at school years. Further, results of the present study revealed that even a slightly lower birth weight could have an impact on further development and should therefore be considered in preschool education. Practical relevance as well as implications for understanding the mechanisms by which lower birth weight could lead to deficits in children's developmental outcomes are discussed.

P327  Pre- and perinatal aspects of mental diseases in children and adolescents
Zimmermann I. (Germany)

Background: Pre- and perinatal risk factors of cognitive and motor development disorders are described in many scientific publications but it is ambiguous which factors promote affective disorders in childhood and adolescence. Current research is highly heterogeneous and less empirical verified. Methods: A population of 260 children and young adolescents born from 1995 to 2005 who are treated in a mental health hospital in Germany are investigated in a retrospective survey which differ between psychosocial perinatal factors and complications associated with birth. These items were correlated with different clusters of psychiatric disorders. Results: The survey shows high correlation between psychosocial factors in the prenatal period and emotional diseases in childhood. Even positive connotated life events as marriage of parents during pregnancy seems to be a risk factor. There was no correlation found between the mode of birth an mental diseases in childhood except premature birth. Conclusion: Results suggest the importance of early interventions in families with many stresses and strains during pregnancy. The treatment of pregnant women includes their attitudes to mothership and birth as well as coping strategies for stressful life events. Actually there is no regular concept for counselling of pregnant women generated. Helpful Suggestions for a psychosocial based treatment of pregnant women are given.

P328  Infant characteristics outweigh maternal characteristics in predicting very preterm infants' attachment status at 18 months of age
Wolke D. (University of Warwick, United Kingdom)

Objective: Infant-caretaker attachment refers to the emotional bond the infant forms to a caretaker. Concern has been expressed whether very preterm children are at risk for insecure and disorganised attachment. Are there differences in attachment formation very preterm and fullterm children over the first 18 months? Methods: 90 very preterm (VP: <32 weeks GA or <1500g) and 116 fullterm children (FT) were studied from births until 18 months of age. VP and fullterm sample were matched according to SES, maternal education, age and twin status. Maternal sensitivity was assessed by nurses/midwives at term and in direct observation of mother-child interaction at 3 months. Infant difficulty was assessed at term and 3 months and infant developmental status at 18 months of age. Security and organisation of attachment were assessed with the Strange Situation experimental procedure (Ainsworth) and rated blind by external researchers. Results: No differences in secondary classification of secure (B) vs insecure attachment were found (VP: 68%; FT: 78%). However, VP were more often disorganised (D classification) in their attachment (contradictory behaviour; direct apprehension or fear of the parent; VP: 32%; FT: 17%; p<.05). Disorganised and insecure attachment was predicted in VP children by neurodevelopmental problems while security of attachment in FT children was predicted by maternal sensitivity. Conclusions: Mechanisms in attachment development differ between VP and FT children. Sensitive parenting is a major factor of secure and organised attachment development in FT children but neurodevelopmental are the major predictor in VP children despite sensitive parenting.

P329  An intervention study using state modulation and reading baby's cues for preterm/low-birth-weight infants and their mothers in Japan
Miho K. (Japan)

Purposes 1. Promoting mother-infant interaction, and thereby, parenting skills and infant development in cases of preterm/low-birth-
weight infants by early nursing intervention. 2. Comparing the outcomes in and identifying the superior of 2 interventions by studying 2 groups: intensive intervention group (IIG) and mild intervention group (MIG). Subjects We studied 51 dyads of Japanese preterm/low-birth-weight infants and their mothers in Hokkaido, the major northern island of Japan. They were assigned to the 2 groups (21 dyads to IIG and 30 dyads to MIG) based on the mothers' preferences on interventional strategy. No significant intergroup differences were seen for the mean age of mothers (IIG vs. MIG; 31.0 ± 3.7 vs. 31.2 ± 5.4 years), mean years of education received (13.8 ± 1.5 vs. 14.0 ± 1.5), gestational age at infant's birth (32.8 ± 2.2 vs. 32.0 ± 3.5 weeks), and mean weight at birth (1632.7 ± 360.0 vs. 1524.3 ± 533.5 g). Methods IIG: The IIG mothers were visited by a research nurse during the infants' stay in the neonatal intensive care unit (NICU). She instructed the mothers on state modulation and cue reading and addressed the mothers' parenting concerns. She visited their homes after the infants' discharge from the NICU every week till the corrected infant age of 40 wks and at 46 wks and 60 wks. MIG: The nurse visited the subjects of this group only twice at the corrected infant age of 46 wks and at 60 wks. Measurement tools Nursing Child Assessment Teaching Scale (NCATS): Mother-infant interaction Sleep Activity Record (SAR): Circadian rhythm 

The Tsumori and Inage Developmental Questionnaire: Child's development Japanese version of Parenting Stress Index (PSI): Parenting stress Results and Discussion "Clarity of infant's cue" scores at 60 wks were significantly higher in the IIG than in the IMG. "Responsiveness to caregiver" scores at 60 wks were significantly lower in the IMG than in the IIG. Intragroup comparison of IIG infants revealed that daytime sleep and night-time feeding durations were significantly lesser at 60 wks than at 46 wks. No significant intergroup differences were seen in the abovementioned variables, the developmental ages of the infants at 60 wks (the developmental ages were the same as their corrected chronological ages), and in the levels of parenting stress in the mothers. However, IMG mothers tended to have higher "stresses related to infants" scores. The results showed that early intervention in the IIG led to improvement of infant's circadian rhythms and clearer infant cues and that the effects of intervention on infant development or maternal parenting stress were not significantly different for the 2 types of intervention.

P330 Prevention of preterm delivery by psychotherapeutic intervention in women with preterm labor
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Prematurity is the leading cause of neonatal mortality and morbidity, including neurodevelopmental and psychological. Despite advances in obstetrical care, the rate of preterm delivery (6-11%) has not decreased over the past 40 years. Preterm delivery is the final outcome of several adverse conditions, including obstetrical, socioeconomic and psychological factors. A “before and after” controlled study showed that women treated with a psychological intervention had a reduced risk of preterm delivery (12.3%), compared to 25.7% with the usual treatment.

P331 Maternal distress and social withdrawal in infants with severe congenital heart disease at two months assessment.
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A cohort of 24 mother-infant pairs where infants had cardiac surgery in the first weeks of life, were followed over time. Aims: This aspect of a broader study, aimed to explore the relationship between the risk factors of infant congenital heart disease (CHD) and maternal distress with infant social withdrawal. First, different qualities of maternal distress were evaluated using self-report measures on 3 dimensions: maternal depression using the Edinburgh Postnatal Depression Scale (EPDS) (Cox, Holden, & Sagovsky, 1987), anxiety via the Spielberger (1983) State-Trait Anxiety Scale (STAI) and stress with the short form of the Parenting Stress Index (PSI-SF) (Abidin, 1995). Previous studies of parents of infants with CHD have identified high levels of maternal distress, while postnatal depression is a well-known risk factor for the mother-infant relationship and infant development. Secondly, the association between maternal distress and infant social withdrawal was examined when infants were 2 months of age, using the Baby Alarm Distress Scale (ADBB) (Guenedey & Fermanian, 2001). Only a few studies have examined maternal distress in relation to infant social withdrawal and these have been for postpartum depression (Matthey, Guenedey, Starakis & Barnett, 2006; Mantymaa, Puura, Luoma, Kaukonen, Salmelin & Tamminen, 2008). Very few studies have reported on infants with CHD and infant social withdrawal. Results: Fifty percent of mothers experienced depressive symptoms (> 9 EPDS), and two thirds of these (> 12) were likely major depression. Mothers also rated higher on state relative to trait anxiety, with 12.5% in the clinical range for state anxiety. 29% of mothers scored above the 85th percentile, and 20% scored within the clinical range (>90th percentile) for Parenting Stress. Infants were scored for social withdrawal while using the standardized administration of the Bayley III Screening Test. Preliminary results suggest that there was a high incidence of infant social withdrawal amongst these infants. Conclusion: Mothers of infants with serious CHD are at increased risk for high levels of distress, with 46% scoring within the clinical range for at least one of the indicators, and more than half of these (6 mothers) scored even more than one measure. A high proportion of infants with a clinical ADBB score (>5) had mothers who scored in the clinical range of at least one of these measures. Thus, these medically fragile infants are potentially exposed to multiple stressors including their mothers' mental states of distress which may increase their risk of social withdrawal. Infant social
withdrawal has been shown to have an impact on later development and behaviour (Milne, Greenway, Guedeney & Larroque, 2009). Further research might examine the relationship between maternal risks and infant social withdrawal and how they subsequently impact on infant development.

**P332 Family centered care based on infant observations in the NICU: Development and evaluation of a training program**

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A central feature of family-centered care in the NICU involves ways to support the development of the relationship between parents and infants by enabling parents to become an active part of the team. This training program was developed to increase the ability of NICU staff (nurses, doctors) to join with parents in observing and interpreting the meaning of their infant's behavior. Participation in these joint observations makes it more likely that parents are able to assume care of their infant in ways that are most uniquely responsive to their infant's needs. In this NICU, several infants are cared for in each room and parents visit freely. In the future, the NICU will be housed in a new unit with individual family rooms. The training program (2009-2011) is built on clinical training in observation and assessment (Boukydis, 2008) and involves four training periods: A. Behavioral Observation of Infants, B. Articulating and Communicating Behavioral Observations with Parents and NICU Colleagues, C. Communicating with Parents and Colleagues about Individual Consultation Results and D. Designing Repeated Consults. For each training period there is a one day lecture /demonstration and a week of small group practice in the NICU. After this week staff meet regularly for several months in small groups for practice and integration of the central training focus into their work. The goals of the training are to: increase ability to articulate observations of infant neurobehavior; engage parents in joint observations; learn more about "representations" and explore how parent's emotional issues effect their response; learn ways to support parental caretaking based on the ongoing observation of infant behavior and response to handling; and learn how to make decisions about when to bring mental health professionals onto the team. The efficacy of this training program will be evaluated for staff, parents and infants. A cohort comparison method will be used so that measures collected before the training program began will be compared with measures collected after the training program is done (2011). Measures include: for staff - work satisfaction & changes in working routines; for parents, the CLIPP (Clinical Interview for Parents of Prematures (Meyer et al.1993), NICU Stressor Scale (Miles, Funk & Carlson 1993) and for infants -length of hospitalisation, number of emergency visits after discharge, and Bayley Scales of Infant Development (at 2 years of age).

**P333 Alice, discussion from a psychodynamic and an emotional availability framework**

Vliegen N. (KULeuven, Belgium)

We will situate the severe medical birth condition as a risk factor that impinges upon the internal representations that parents have about their baby before birth, as well as upon the observable early interactions. In these situations of high risk and prematurity, there is a huge gap between the wished for', imaginary baby and the real baby' (Lebovici). In normal conditions this gap is minded after birth. In the Alice case, each confrontation with the reality of handicap is able to broaden the gap between the baby and the caregiver. From an emotional availability perspective, we look at interactions between Alice and her mother. More specifically, we see how sensitivity, non-intrusiveness, non-aggression, as well as the child's participation and activity in the interaction are jeopardized by the very severe medical condition of the child. From a psychodynamic point of view, we see how the desire of the mother to get in touch with Alice, is simultaneously defended against, because this "desire for living company" (Alvarez) is constantly interrupted by a deep fear of loosing the child and death anxieties.

**P334 The impact of psychosocial interventions in the NICU for parents of premature and high risk infants**

Nearing G. (Miami Children's Hospital, United States)

The objective of this program model is to promote infant-mother bonding while the infant patient is undergoing medical treatment in a NICU. Infants born prematurely or placed in the NICU for various medical reasons are separated from the attachment figure and are at risk for mild to significant developmental disruptions. In addition, when newborns are hospitalized, the mothers' and fathers' emotional turmoil often prevents the support of an attachment formation while their baby is undergoing medical intervention. The attachment bond is meant to foster positive and optimal developmental synaptic pathways in the infants brain in response to maternal attachment behaviors, by encouraging favorable responses in the infant. By including parents in the patients care and encouraging formation of a secure attachment, we reduce the risk for later developmental problems, increase the likelihood of better health outcomes for the patient, and shorten hospital stay. Interventions of this comprehensive program target mothers' mental health issues while offering comprehensive psychosocial support to families staff coaching, assessment of infants neurobehavioral responses, and preparation for families to cope with a medically fragile baby after discharge.

**P335 Preterm birth and mental health: The impact of preterm in mental development and childhood psychopathology**

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Advances in medical technologies have resulted in the increased survival of infants of progressively lower birth weight and shorter gestation. The improved survival of very preterm and very low birth weight infants in recent decades has been associated with an
increase in the prevalence of physical and neurodevelopmental problems. Attention is increasingly being focused on the quality of life of survivors, who are at greater risk of brain damage and consequent neurological disorders, neuropsychological, learning and behavioural impairments. The risk of these adverse outcomes increases as gestation age and birthweight decrease. Low birth weight is a risk factor for childhood psychopathology (cit. in Van Os et al., 2002). Although most preterm infants survive without major disabilities, alterations in brain structures such as the grey and white matter that may be present in preterm children, possibly underlying differences in cognitive and behavioural functioning. Impairments in neurocognitive functions, such as executive function, perceptual motor skills, verbal list learning, and memory are frequently reported in preterm children and may be associated with poor academic achievement and behavioural problems (Aylward, 2005). A meta-analysis on cognitive function in preterm children demonstrated that preterm birth might result in a loss of 10 IQ-points compared to controls (Bhutta et al., 2002). These lower cognitive scores are likely to have educational and social consequences. Psychopathology after preterm birth is frequently expressed in an increased risk for Attention Deficit Hyperactivity Disorder (ADHD) and internalizing behavioural problems, such as withdrawn behaviour or anxiety (Aylward, 2005). Academic underachievement compared to their peers is common among preterm children. For example, by middle school age, preterm children are three to five times more likely than full-term peers to have a learning problem in reading, spelling, mathematics, or writing, with mathematics being most disrupted (Aarnoudse-Moens et al., 2009). The authors pretend to study the impact of preterm birth in global development and in psychopathology. We select a group of three years old children with history of preterm birth and compare them with a group of children with term birth. The clinical sample had medical and psychological evaluations.

**P336  The influence of prenatal adversity on parent-reported infant temperament**

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Developmental factors, even during the prenatal period, are associated with emotional and behavioural difficulties in later life. For example, impaired foetal growth, reflected in low birth weight, predicts an increased risk for multiple disorders associated with affective disorders (Costello et al., 2007). It is not clear how early some of these developmental changes are manifested. Measures of temperament are potential early markers in the developmental pathway to psychopathology. Identifying early differences in children at high risk from prenatal adversity could provide strategies for early intervention and prevention. Our sample consisted of 590 children recruited from community populations in Montreal and Hamilton (Ontario) in the prenatal period. Each site consisted of healthy control babies (normal weight) and a high risk sample (intrauterine growth retardation, or prenatal maternal depression). Eligibility criteria included age 18 or over, singleton gestation, and fluency in French or English and excluded women with severe chronic illness (other than hypertension, asthma, or diabetes) and other serious medical conditions (e.g. placenta previa). Only babies born at 37 weeks or longer gestational age were included and children exhibiting significant developmental delays according to the Bayley were removed from the study. Measures included birth weight, prenatal depression score (EPDS; Edinburgh Ante/Postnatal Depression Scale; Cox et al., 1987), maternal depression score, number of life stressors and the IBQ-R (Infant Behaviour Questionnaire-Revised; Garstein & Rothbart, 2003) (3 and 6 months). Thus far, birth weight and infant gender have been related to mother-ratings of their infants’ temperament. These preliminary analyses revealed that male babies were rated higher for Distress to Limitations, High Pleasure, and Sadness at both 3 and 6 months of age. Moreover, at 3 months, Approach and Perceptual Sensitivity scores increased with birth weight. Data pertaining to maternal prenatal depression and its impact on infant temperament will also be presented.

**P338  Parental psychological stress and mother-infant-interaction in very preterm and term infants**

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Premature infants with very low birth weight are at increased risk of sub clinical and clinical disturbances of behaviour 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. The study evaluates parental psychological stress and child developmental outcome in families with preterm infants (VLBW < 1500g) in comparison with term infants. The purpose of this study is to identify correlations of somatic risk of preterm birth, parental psychological stress, and somatic, cognitive and emotional outcome of preterm children. The study design is longitudinal, prospective with six assessments up to seven years (the four last assessments have not yet been completed). Parents were interviewed for current and past psychopathology using a standard psychiatric interview, Structured Clinical Interview for DSM-IV (SCID-I) and each parent completed a battery of self-reported measures (BDI, IES-R, STAI, CBCL, PSI, etc.). The infants’ cognitive and motor development is assessed by the Bayley Scales of Infant Development (2nd Edition), children's somatic risk is measured by CRIB-Score and paediatric examinations. The mother-child-interaction is assessed using the CARE-Index. Concerning parental psychological distress, there are significant differences between preterm parents and term parents. Dimensionally, parents with preterm infants reported higher levels of depressive and anxious mood disturbances and posttraumatic stress symptoms. Mothers of preterm infants have an increased risk for Major Depression and/ or Adjustment Disorders. During the first year postpartum, parents of preterm infants are more vulnerable than parents of term infants. It is expected that more
vulnerable mothers are less sensitive and more controlling to their child. First qualitative measures of mother-infant-interaction in preterm and term infants will be presented.

**P339 Early NICU discharge: Supporting parents through clinic service**
Jonsdottir R. (Landspitali University Hospital, Iceland)

Premature infants with very low birth weight are at increased risk of sub clinical 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. The study evaluates parental psychological stress and child developmental outcome in families with preterm infants (VLBW < 1500g) in comparison with term infants. The purpose of this study is to identify correlations of somatic risk of preterm birth, parental psychological stress, and somatic, cognitive and emotional outcome of preterm children. The study design is longitudinal, prospective with six assessments up to seven years (the four last assessments have not yet been completed). Parents were interviewed for current and past psychopathology using a standard psychiatric interview, Structured Clinical Interview for DSM-IV (SCID-I) and each parent completed a battery of self-reported measures (BDI, IES-R, STAI, CBCL, PSI, etc.). The infants’ cognitive and motor development is assessed by the Bayley Scales of Infant Development (2nd Edition), children’s somatic risk is measured by CRIB-Score and paediatric examinations. The mother-child-interaction is assessed using the CARE-Index. Concerning parental psychological distress, there are significant differences between preterm parents and term parents. Dimensionally, parents with preterm infants reported higher levels of depressive and anxious mood disturbances and posttraumatic stress symptoms. Mothers of preterm infants have an increased risk for Major Depression and/or Adjustment Disorders. During the first year postpartum, parents of preterm infants are more vulnerable than parents of term infants. It is expected that more vulnerable mothers are less sensitive and more controlling to their child. First qualitative measures of mother-infant-interaction in preterm and term infants will be presented.

**P340 Medical health status of newborn infants and parental bonding after childbirth: A comparison between families with preterm and full term infants**
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Introduction Premature infants are at serious risk with regard to the parental bonding process (Feldman, 1999). It is suggested that due to neonatal disease the development of an affectionate bond between parents and their infant may be impeded (Egeland, 1981). Prematurity can be described as a serious medical condition, since immaturity of varying organic systems increases the risk for multiple complications in premature infants. Due to the weak medical condition of diseased infants, some parents intend to withdraw emotionally from them, which results in disrupted or delayed parental bonding (Miles, 1997). Furthermore, it is known that premature infants are less responsive, less active, and less clear in their interactions than healthy infants (Singer, 2003). For that reason, parents of premature infants often find it difficult to interact in an appropriate manner with their infant, which—in its turn—also impedes the natural process of parental bonding (Minde, 1983). As the prematurity of the infant itself can be seen as a risk factor for impeded parental bonding (Feldman, 1999), it is hypothesized that the more serious the medical condition of a newborn infant is, the more difficulties arise in the process of parental bonding. In this study a comparison will be made between parental bonding in families with premature and full term infants, with regard to the health status of the infant. Method From 8 hospitals in the Netherlands, 30 full term infants (≥ 37 weeks GA) and 30 preterm infants (< 37 weeks GA), with both parents (N=120) will be recruited after delivery to participate in this prospective short-term longitudinal study. During the entire hospital stay of the infants, medical data will be registered by means of a form, based on the PErinatal Risk Inventory (PERI) (Scheiner, 1991) in addition to hospital discharge forms. The clinical risk index for babies (CRIBII) will be used to estimate the chance of survival in newborn infants (Parry, 2003). The medical condition of the infant and health status will be related to the degree of parental bonding. To examine parental bonding, at 1 week after delivery all parents will fill in the My Baby and I questionnaire (Furman, 2006) and an adapted version of the Pictorial Representation of Illness and Self Measure (PRISM) (Büchi, 1998). Results Data collection is still in progress. By means of t-tests and multivariate variance and regression analyses the relations between medical and health status of the infant and parental bonding at week 1 after delivery will be examined. Results are available in spring 2010 and will be presented at the WAIMH congress in Leipzig. Conclusions This study may provide suggestions for improvement of clinical care for parents with premature infants.

**P341 Using the principles of the Touchpoints Approach with parents of preterm infant in the NICU**
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A preterm infant (< 37 weeks and < 2500g) needs special care supported by complex medical technology, and frequently has to undergo medical interventions which can be risky, invasive and painful, thus reinforcing the perception of the infant as very fragile. The infant’s condition in the Neonatal Intensive Care Unit (NICU) is partly characterized by the separation from their parents at birth, with absence or limitation of physical/intimate contact with them during his/her hospitalization, which represents a challenge for the development of the parents-infant relationship. Preterm birth and subsequent infant’s hospitalization in a NICU represents a stressful event for the parents and often leads to a personal and family crisis, and many of them have difficulties in recognizing and accepting themselves in their new role as parents. This process can be facilitated through psychological support. We use several principles of the ‘Touchpoints’ Model, when they are psychological appropriate for parents. We use the infant’s behavior as our language to reach the
parents, thus helping them in the process of "discovering" their baby. We promote their sense of competence and look for opportunities to support their mastery as parents. We value their passion towards the baby. The focus of the intervention is always the parent-baby relationship. In what concerns the relationship between parents and professionals it is important to recognize what we, professionals, bring to the interaction, value it, and be willing and available to go beyond our traditional role. In this poster, we present several clinical vignettes that illustrated the affinities between the psychological intervention in hospitalization settings and the principles of Touchpoints practice, showing how could be improved parental self-esteem as well as parent-infant relationships.

**P342 Neurodevelopmental and psychiatric assessments at corrected 1-3 years of age in very preterm infants**

Görker I. (Trakya University Medical Faculty Child and Adolescent Psychiatry Department, Turkey), Vatansever Ü. (Trakya University Medical Faculty Pediatrics Department, Turkey), Acunas B. (Trakya University Medical Faculty Pediatrics Department, Turkey)

Objective: The aim of the study is to assess neurodevelopmental and psychiatric outcomes at 1-3 years of age in preterm and very preterm infants. Materials and Methods: Group 1 (26 cases, aged 21 ± 8 months) named very preterm, born before 32 weeks’ gestation (birth weight <1500 gr) compared with Group 2 (41 cases, aged 19 ± 6 months) named preterm, born after 32 weeks’ gestation (birth weight >1500 gr) by using the Denver Developmental Screening Test, The Brief Infant Toddler Social Emotional Assessment-Childcare Provider Version, 0-3 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. Also the mothers of the two groups completed The Brief Symptom Inventory to assess their psychiatric symptoms. Results: There were no differences between prenatal findings (mother-father median ages, diabetes, preeclampsia, infections of urine systems in mothers, early membrane ruptures, corioamniotitis and smoking cigarettes in mothers) between the two groups. When natal and postnatal findings were compared between the two groups, their 1 and 5 Apgar scores of Group 1 was lower than Group 2 (p<0.001). Group 1 diagnosed RDS Type 1 (p<0.001), chronic lung disease (p=0.001), necrotisan enterokolitis (p<0.001), intraventricular haemorrhage (p=0.014), retinopathy of prematurity (p<0.001) more than Group 2. Denver Developmental Screening Test outcomes were statistically different between the two groups (p=0.014). Abnormality outcomes in Denver Developmental Screening Test were more in Group 1. All cases were normal by using The Brief Infant Toddler Social Emotional Assessment-Childcare Provider Version. All cases diagnosed Axis III by using 0-3 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. There were no differences in The Brief Symptom Inventory scores between the two groups. Conclusion: Our findings of the study showed that children born very preterm have more risks for their neurodevelopmental process.

**P343 Neurodevelopmental and psychiatric assessments at 1-3 years of age conceived through assisted reproductive therapy**

Görker I. (Trakya University Medical Faculty Child and Adolescent Psychiatry Department, Turkey), Vatansever Ü. (Trakya University Medical Faculty Pediatrics Department, Turkey), Acunas B. (Trakya University Medical Faculty Pediatrics Department, Turkey)

Objective: The aim of the study is to assess neurodevelopmental and psychiatric outcomes at 1-3 years of age where conceived and born through assisted reproductive therapy. Materials and Methods: Assisted Reproductive Therapy conceived children (28 cases, 20 ± 7 months), named Group 1 compared with naturally conceived controls (41 cases, 19 ± 7 months), named Group 2 to assess their developmental state, social-emotional problems and psychiatric problems by using the Denver Developmental Screening Test, The Brief Infant Toddler Social Emotional Assessment-Childcare Provider Version, 0-3 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. The mothers of the two groups completed The Brief Symptom Inventory to assess their psychiatric symptoms. Results: When prenatal findings were compared between the two groups, mother median ages of Group1 were statistically more than Group 2 (p=0.005) and father median ages of Group 1 were statistically more than Group 2 (p<0.001). There were no differences between the findings of diabetes, preeclampsia, infections of urine systems in mothers, early membrane ruptures, corioamniotitis and smoking cigarettes in mothers between the two groups. When natal and postnatal findings were compared between the two groups, their 1 and 5 Apgar scores were the same. There were no statistical differences for the presence of prematurity and their Developmental Screening Test outcomes between the two groups. All cases were normal by using The Brief Infant Toddler Social Emotional Assessment-Childcare Provider Version. All cases of Group 1 diagnosed Axis III. There were statistical differences in Global Severity Index scores of The Brief Symptom Inventory between the two groups (p=0.048). The Global Severity Index scores were higher in Group 1. Conclusion: The study showed Assisted Reproductive Therapy conceived children had no differences for neurodevelopmental and social emotional state, when they compared with naturally conceived controls. These findings were confirmed by some other studies recently done. The mothers of assisted reproductive therapy conceived children also had higher global severity index than controls in The Brief Symptom Inventory.

**P344 Patterns of visiting by mothers and fathers on a Neonatal Intensive Care Unit**

Watson M. (KJPD Aargau Switzerland, Switzerland), Pfeffer M. (KJPD Aargau Switzerland, Switzerland), Scheid K. (KJPD Aargau Switzerland, Switzerland)

The study covers a period of three years looking at the frequency and duration of parental visits to newborn infants needing an intensive care setting. Data reveals differences between mothers and fathers and if psychological interventions were given. It also looks at outcomes in terms of rates of breastfeeding at point of infant discarge.
P345  Analysis of toddler development in a national sample of low (LBW) and very low birth weight (VLBW) infants using Belsky’s model
Banerjee P. (Columbia University, United States), Shannon J. (Brooklyn College, United States), Cabrera N. (University of Maryland, United States)
Using Belsky’s (1984) model of parenting as a framework, we examine the effect of infants’ birthweight (e.g. normal, low or very low) upon parenting, and ultimately toddlers’ (24 months) cognitive and social development. Belsky’s model assumes parenting is directly influenced by multiple interacting systems that include parent characteristics (e.g., education), contextual factors (e.g., household income), and children’s characteristics (e.g., birthweight). While much research has examined these factors as separate predictors of development, few studies have had a large enough sample to examine the interplay between either parent, contextual or children’s factors or of parenting components such as maternal sensitivity, knowledge of child development and depression. Using data from the Early Childhood Longitudinal Study-Birth cohort (ECLS-B), a nationally representative sample, we examine both associations between parent, contextual and children’s characteristics, and interaction of parenting components as predictors of cognitive and social development in 24-month olds. We hypothesize that African-American are more likely to have LBW or VLBW infants in comparison to White mothers, and that sensitivity, knowledge and depression would be more predictive of development of LBW and VLBW children than children born at normal birthweight (NBW). Analyses of infants’ 9-month data revealed mothers with NBW infants were more likely to be married, employed, and have higher SES than mothers of LBW or VLBW infants, $\chi^2 = 7.5; 36.5, p < .05$, and that African-American mothers have higher rates of VLBW infants than Caucasian mothers, $\chi^2 = 62.0, p < .001$. Unadjusted analyses exploring associations between birthweight, sensitivity, and depression showed mothers with more depressed mothers were less depressed and more sensitive than mothers with LBW or VLBW infants, $F = 5.8$ and $5.3, p < .01$ and mothers with VLBW infants had more knowledge of development than those with LBW and NBW infants, $F = 3.3, p < .01$. After accounting for contextual characteristics and birthweight, sensitivity was associated with infant cognition, $B = .08, p < .05$ in regression analyses. Analyses of association between birthweight and cognition demonstrated VLBW infants had lower scores on the Bayley Mental Scale than LBW and NBW infants, and LBW infants had lower scores than NBW infants, $F = 31.9, p < .01$. In this study, analyses will be repeated for 24-month data, while accounting for 9-month variables. Findings highlight the need to understand the multiple interacting systems that affect parenting as well as the interplay of parenting behaviors upon cognitive and social development as the infant develops. Results will suggest interventions for families with at-risk infants at birth, rather than when the child is already showing signs of delay.

P346  Fetal heart rate responses over pregnancy predict infant mental and motor development during the first year of life
Buss C. (University of California Irvine, United States), Davis E. (University of California Irvine, United States), Class Q. (University of California Irvine, United States), Crippen C. (University of California Irvine, United States), Canino C. (University of California Irvine, United States), Gierczak M. (University of California Irvine, United States), Holliday C. (University of California Irvine, United States), Sandman C. (UC Irvine, United States)
Aims: A significant proportion of variation in infant and adult health outcomes and disease risk is attributable to developmental processes during fetal life. We recently found that fetal heart rate (FHR) response to a vibroacoustic stimulus (VAS) follows a distinct maturity pattern over gestation that is affected by placental corticotrophic-releasing hormone concentrations. The aim of the current study was to investigate the predictive quality of these FHR responses over gestation for infant development. Study Design: The FHR response to a startling VAS was assessed longitudinally at 26, 31 and 36 weeks of gestation. Sensors from a fetal monitor were placed on the mothers’ abdomen and FHR was obtained during a resting period and after a startling VAS. The infants’ mental and motor developmental status was assessed with the Bayley Scales of Infant Development at 6 and 12 months postpartum. Subjects: 124 fetuses/infants born at term. Outcome measures: Mental and motor development at 6 and 12 months postpartum was predicted by FHR measures at each gestational age. Results: Controlling for gestational age at birth, FHR measures over gestation accounted for 8-15% of variance in infants’ mental and 12-18% of variance in infants’ motor development over the first postnatal year. Conclusions: FHR measures reflect fetal maturity during gestation and predict mental and motor development postnatally. Extending the developmental perspective to fetal life and understanding the normal trajectory of fetal nervous system development will allow detection of deviations at a time when interventions may be most effective.

P347  Parental psychological stress responses and parental bonding after childbirth: A comparison between families with preterm and full term infants
Tooten A. (Tilburg University, Netherlands)
Introduction: Premature birth is a very traumatic event for parents, for which they are often inadequately prepared (Gontard, Schwarte, Kribs, Roth, 1999). Especially the treat to the child’s survival, invasive medical procedures, separation from the infant, and loss of the anticipated parental role, can be very distressing (Holditch-Davis, Bartlett, Blickman, Miles, 2003). The psychological stress responses in parents after birth may interfere with the natural process of parental bonding (Kennell & Klaus, 1998). A delayed or disturbed bonding process -on its turn- has been found significantly related to adverse parent-infant interactions, negative child development and sometimes maltreatment and neglect (Lamb & Hwang, 1982). However, few empirical research has been conducted about the relation between parental stress responses and feelings of attachment.
of the parent towards the (premature) child (i.e. ‘bonding’) in the first weeks after birth from a trauma perspective (Muller-Nix & Ansermet, 2009). In the present study this relation will be examined. Method. Both fathers and mothers of 30 full term infants (≥37 weeks GA) and 30 preterm infants (<37 weeks GA) will participate in this prospective short term longitudinal study. At 1 week after delivery, all parents will fill in the Parental Stress Scale Neonatal Intensive Care Unit (PSS:NICU) (Miles, Funk, 2002), and the My Baby and I questionnaire about parent—infant bonding (Araxan, O’riordan, 2006). At 1 month after delivery, all parents will fill in the Perinatal PTSD Questionnaire (PPQ) (Quinnell, Hynan, 1999) to determine parental psychological stress responses and the Postpartum Bonding Questionnaire (Brockington et al., 2001) to assess parental bonding. Results. Data collection is still in progress. Using hierarchical regression analyses, multivariate variance analyses and repeated measurements, the relations between parental (posttraumatic) stress responses and parental bonding at week 1 and week 4 will be examined. Results are available in spring 2010 and will be presented at the WAIMH congress in Leipzig. Conclusions. This is one of the few prospective studies in which the relation between parental posttraumatic stress responses and bonding is examined in a group of premature and full term infants. The results may add to our knowledge how these factors are related in both mothers and fathers and may add to suggestions for improvement of clinical care for parents with premature infants.

P348 Dysphagia in a Cerebral Palsy Child: The role of speech—Language Pathologist
Mohd Zawawi N. (UKM Medical Centre, Malaysia)
Case study: AF is a boy with a diagnosis of spastic quadriplegia, severe global developmental delay and failure to thrive. He had frequent medical treatment and hospitalization for aspiration pneumonia. He was first seen by a Speech-Language Pathologist in the Pediatric Feeding Difficulty Clinic for feeding assessment at the age of 2 years. Presences of poor oral motor functions for feeding were documented. Coughs were present during feeding, especially with liquids. He was able to manage blended foods better than liquid. AF was recommended for thickened liquids and blended foods for nutrition. However, his weight gain had remained poor. He was then referred for Videofluoroscopy for Swallowing assessment, with special focus on pharyngeal swallowing. Remarkable poor bolus propulsion, increased pharyngeal transit time and considerable amount of residues at the base of tongue were noted. Despite the absence of aspiration in the study, it was presumed that AF had experienced aspiration after swallowing. Fatigue in managing meal was also evident. The prognosis for feeding/swallowing therapy was poor. Therefore, suggestion for gastrostomy feeding was made. Experiencing oral feeding has been allowed at a minimum level. Making decision for gastrostomy feeding was a challenging experience for the family. Post-gastrostomy, AF showed remarkable progress in weight gain and less episode of aspiration pneumonia. Speech-Language Pathologist (SLP) plays an important role in the management of pediatric feeding/swallowing disorders. This includes providing comprehensive clinical assessments and instrumental assessments for feeding and swallowing function. Decisions for management are made based on findings from these assessments; which are usually collaborated with other professionals. There are two forms that a SLP can offer i.e. compensatory strategies and facilitative strategies. In the case of non-oral feeding, oral-motor therapy may be provided for an optimal sensory stimulation and maximal development of oral skills over time. In addition, SLP also supports parents in making informed-decision on the recommended management. This poster will provide in-depth illustration on the role of SLP in pediatric feeding/swallowing management, based on the case study above. The effort in supporting family along the management process will also be highlighted.

P349 Parental psychological stress responses and parental bonding after childbirth: A comparison between families with preterm and full term infants
Hoffenkamp H. (Tilburg University, Netherlands), van Bakel H. (Tilburg University, Netherlands), Vingerhoets A. (Tilburg University, Netherlands), Winkel F. (Tilburg University, Netherlands).
Introduction Premature birth is a very traumatic event for parents, for which they are often inadequately prepared (Gontard, Schwarte, Kribs, Roth, 1999). Especially the treat to the child's survival, invasive medical procedures, separation from the infant, and loss of the anticipated parental role, can be very distressing (Holditsch-Davis, Bartlett, Blickman, Miles, 2003). The psychological stress responses in parents after birth may interfere with the natural process of parental bonding (Kennell & Klaus, 1998). A delayed or disturbed bonding process has been reported after a complicated delivery (Robson & Kumar, 1980) and for mothers of very preterm infants (Feldman et al., 1999; Mann, 1992). A delayed or disturbed bonding process -on its turn- has been found significantly related to adverse parent-infant interactions, negative child development and sometimes maltreatment and neglect (Lamb & Hwang, 1982). However, few empirical research has been conducted about the relation between parental stress responses and feelings of attachment of the parent towards the (premature) child (i.e. bonding’) in the first weeks after birth from a trauma perspective (Muller-Nix & Ansermet, 2009). In the present study this relation will be examined. Method Both fathers and mothers of 30 full term infants (≥37 weeks GA) and 30 preterm infants (<37 weeks GA) will participate in this prospective short term longitudinal study. At 1 week after delivery, all parents will fill in the Parental Stress Scale Neonatal Intensive Care Unit (PSS:NICU) (Miles, Funk, 2002), and the My Baby and I questionnaire about parent—infant bonding (Araxan, O’riordan, 2006). At 1 month after delivery, all parents will fill in the Perinatal PTSD Questionnaire (PPQ) (Quinnell, Hynan, 1999) to determine parental psychological stress responses and the Postpartum Bonding Questionnaire (Brockington et al., 2001) to assess parental bonding. Results Data collection is still in progress. Using hierarchical regression analyses, multivariate variance analyses and repeated measurements, the relations between parental (posttraumatic) stress responses and parental bonding at week 1 and week 4 will be examined. Results are available in spring 2010 and will be presented at the WAIMH congress in Leipzig. Conclusions This is one of the few prospective studies in which the relation between parental posttraumatic stress responses and bonding is examined in a group of premature and full term infants. The results
may add to our knowledge how these factors are related in both mothers and fathers and may add to suggestions for improvement of clinical care for parents with premature infants.

P350 Hospital based child development centre
Ismaail J. (Malaysia)
The numbers of children with special need are on the increasing trend. With the increased awareness among the society regarding the importance of providing a good quality care for these trend, more and more parents are now coming forward to seek assessment and treatment for their special children. Being part of UKM Medical Centre, a tertiary teaching hospital in Malaysia, the pediatric clinic received around 400 new neurodevelopmental cases per year. With the advance of medical technology and good quality care, our neonatal unit is also saving more and more extremely low birthweight premature babies. These children require a comprehensive multidisciplinary long term follow up to ensure that they receive the best management. Based on these developments, the Department of Paediatrics has established a Developmental Paediatrics Unit. This unit initially operated in the general paediatric clinics but due to the limited space, a new Child Development Centre was proposed in year 2001. It is the first centre of its kind in Malaysia. The new center was subsequently fully operational in January 2006. It is run by 3 developmental paediatricians, a clinical psychologist, a hospital social worker, a counselor with 2 staff nurses and clinic assistants. It caters for multidisciplinary clinics with other specialists and the rehabilitation team besides assessing, diagnosing and following up the children with special needs. The latest addition to the center is the Suspect Child Abuse and Neglect (SCAN) clinic. The presentation will highlight the centre’s vision, mission and the details of the centre’s activities in being one of the centre of excellence in UKM Medical Centre.

Saturday: Poster session: Preventive-Intervention and Community Context

P351 Does parental warmth and stimulation moderate the impacts of home-based early head start programming on child outcomes?
McKelvey L. (University of Arkansas for Medical Sciences, United States), Bradley R. (Arizona State University, United States), Whiteside-Mansell L. (University of Arkansas for Medical Sciences, United States)
School readiness is an area of high interest to policy makers, scholars and parents. Recent evaluations have included analyses aimed at identifying the mechanisms or processes connected to particular program outcomes. Findings from intervention studies lead to two broad conclusions: 1) the impacts achieved to date tend to be modest; and 2) the educational and family support processes critical for promoting key competencies that low-income children need to do well in school are unclear. Data from the Early Head Start national evaluation, a randomized trial of 3001 children and families in the United States, were used to examine whether experiences at home moderate the impact of participation in home-based programs aimed at supporting low-income children. EHS is a two-generation program designed to serve low-income families with children birth to age three. Participants in the current study were those in home-based programs in 7 sites (N=1385). Hierarchical Linear Regression analyses examined the impact of home based EHS and the moderating role of early maternal emotional warmth and cognitive stimulation on children’s development at ages 3 and 5. For warmth, there were no interaction effects. For stimulation, there were significant moderating effects for cognitive outcomes at ages 3 & 5. The simple slope of the relation between stimulation and the Bayley MDI scores for children in the comparison group was 1.51 (t = 4.56, p < .01; intercept=95.6) and for children in home-based programs was 0.52 (t=1.51, ns; intercept=97.3). At age 5, the simple slope of relations between stimulation and Woodcock-Johnson Letter-Word Identification scores for children in the comparison group was 2.14 (t = 5.52, p < .01; intercept=87.7) and for children in home-based programs was 1.11 (t = 2.85, p < .01; intercept=89.4). Both slopes are significantly different from zero, but the relation is stronger in the comparison group than in the program group. For Woodcock-Johnson Applied Problems scores for children in the comparison group was 3.99 (t = 6.47, p < .01; intercept=87.5) and for home-based programs was 2.03 (t = 3.29, p < .01 intercept=90.1). Taken as a whole, these findings may suggest that for children who lived in homes low in stimulation through age 14 months, participation in home-based EHS programs may afford some protection as regards school readiness.

P352 Group processes in a Tuned In Parenting (TIP) programme in Perth, Western Australia
Priddis L. (Australia), Anderson P. (Ngala, Australia), Dore K. (Ngala, Australia), Wells G. (Ngala, Australia)
This paper is the result of an ongoing collaborative relationship between Ngala and Curtin University School of Psychology. Ngala is an Early Parenting Centre that supports and guides families with young children aged 0 to 6 yrs with a range of services aimed to increase and enhance parents’ knowledge of parenting skills. The Tuned In Parenting Program (TIP) is one outcome of the collaboration. TIP is a research based intervention program that targets parents at risk of relationship difficulties with their infants and toddlers and aims to promote reflective awareness in parents and build sensitive and responsive parenting. The TIP program is a nine week, group intervention with pre and post assessments. Agency staff members facilitate the group with a small group of mothers, who engage in discussion around video recordings of their interactions with their child. The group leaders provide a secure base for the mother to explore the relationship with her child in a sensitive and collaborative manner. TIP focuses attention on both the maternal state of mind as well as maternal understanding of her child’s mind in order to explain behaviour and interpersonal interactions. The program is in accord with successful international intervention projects (Cooper, Hoffman, Powell, & Marvin, 2005;
Farrell-Erickson, Endersbe, & Simon, 1999). The programme works with group dynamics to facilitate change. The poster details principles of the Focal Conflict model of group processes (Whitaker, 2000) that are followed as well as qualitative illustration of these processes. Outcome data for 12 intervention group participants are presented including EPDS, Pleasure in Parenting Scale and ratings of maternal sensitivity as well as ratings of involvement in the group process. Qualitative analysis of the semi structured participant interviews established that mother's participation in the TIP group was associated with: an increase in themes of maternal sensitive responsiveness to child cues; a decrease in relationship strain; and, an increase in in-tune relationship. The poster includes participant's quotes and parent-infant visuals offered with written parent permission.

**P353 Daring to bond: History of creating a structure that can hold and contain an institution**

Benbasa D. (Turkey), Alici D. (Orbita,Turkey), Erten M. (Içgoru Psikolojik Danismanlik Merkezi, Turkey), Gulzari V. (Bogazici University, Turkey), Gulec N. (Istanbul Cocuk Psikolojik Danisma Merkezi, Turkey) Bahcelievler Cocuk Esirgeme Kurumu is the only institution in this region where infants younger than 3 years old are accepted. We have started there "little hearts project" six years ago. We will present the structure of this project; the difficulties we encountered. How psychodynamic perspective build a ground to make healthy transitions in the institution? Is there a beginning where beginnings are endings in the institute? The therapist who is striving her way to make "bonding" possible; her countertransference working with the caregivers.

**P354 Maternal antenatal depression and anxiety: Early detection and risk factors**

Agostini F. (Department of Psychology, University of Bologna, Italy), Monti F. (Department of Psychology, University of Bologna, Italy), Hamon C. (Infant and Adolescent Study Center, Italy)

Introduction - Depressive and anxiety disorders have been recognised as important psychiatric disorders in the postpartum period (Reck et al., 2008) and relevant predictors have been identified in antenatal anxiety and depression (Robertson et al., 2004; Grant et al., 2008; Kim et al., 2008; Milgrom et al., 2008) which, therefore, deserve greater attention, in order to improve preventive strategies (Britton, 2008; Dimidjian, Goodman, 2009). The aims of this study were: a) to evaluate prevalence of antenatal and postnatal depressive and anxiety disorders in a middle classes Italian sample; b) to identify the most significant risk factors; c) to investigate the impact of a psychological intervention comparing, within women with a confirmed diagnosis, those who received the intervention and those who refused it. Method - 250 women (mean age 31.5 years) were recruited at the antenatal classes at Pierantoni Hospital, Forlì (Italy). All women were Italian, most of them married, primiparae and with a high level of education. Recruited women went through a psychological assessment in a two-stage screening procedure (third trimester of pregnancy: 3 months postpartum). Psychological assessment included a sociodemographic and obstetric data collection and self-report questionnaires on psychological and psychosocial variables: Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987), State-Trait Anxiety Inventory (STAI, Spielberger, 1970), Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965), Recent Life Events Questionnaire (RLE; Braga et al., 1985), Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), Maternity Social Support Scale (MSSS; Webster et al., 2000). Recommended scores of EPDS and STAI were used to identify those women who were more likely to have a depressive or anxiety disorder, to whom a clinical interview using SCID-I (First et al., 1994) was then administered. If a diagnosis was confirmed, a psychological intervention (consisting in a brief psychodynamic treatment) was offered to the woman until after birth. At 3 months postpartum, all the 250 women underwent the same psychological assessment. Data presented in this study are being analysed at present, in order to achieve the above mentioned aims and will be presented in the Symposium.

**P355 Engaging men in perinatal mental health service delivery**

Jakob S. (St John of God Health Care, Australia)

The St John of God Raphael Centre, Geelong is a community based Perinatal Mental Health Service. Services are provided to families in the community during the pregnancy and up to 2 years after the birth. Currently women are the major clients of the service but as the service is maturing an increased breadth of service delivery is occurring with increasing success in delivering service to men. There is better awareness of men being affected, either directly or indirectly, with mental illness during their transition to parenthood (Gross & van den Akker, 2004). However, men are often difficult to engage in counselling (Bielsakwa-Batorowicz & Kossakowska-Petrycka, 2006), are less likely to seek services for themselves or their family than women and have identified as having less support than women (Fletcher, Vimpani, Russell, & Sibbritt, 2008). The Raphael Centre (RC) sees Antenatal and Postnatal depression (and anxiety) as family illnesses despite the mother usually being the identified client. All members of the family are affected. This presentation will discuss and describe how men are encouraged to be involved in service delivery, what strategies have been successful in engaging with men and how families benefit. Currently at Geelong RC this involvement of men includes Childbirth Education classes, during PND therapy groups, short term couple counselling and individual counselling for men. In addition the RC is collaborating in research into fatherhood with Deakin University and provides an intake service for a Geelong based Early Parenting Day Stay program where again, men often accompany their partner and baby.

**P356 Biological research in attachment theory and clinical practice: How recent studies can inform our routine clinical practice?**

Guedeney N. (Institut Mutualiste Montsours, France), Mintz A. (Institut Mutualiste Montsours, France), Dugravier R. (Hopital Bichat Université Paris René Diderot, France), Dubois de Bodinat L. (Hopital Bichat Université René Diderot, France), Morales M.
P357 Born into homelessness, overwhelmed by transitions? The outcomes of a multi-disciplinary group baby clinic at a hostel for homeless families

Newbery J. (The Anna Freud Centre, United Kingdom), James J. (The Anna Freud Centre, United Kingdom), Sleed M. (The Anna Freud Centre, United Kingdom)

An innovative baby clinic model in a hostel for homeless families has been established to address the specific attachment and developmental needs that arise during the postnatal period under conditions of homelessness. The intervention was developed through collaboration between community nursing (health visiting in UK) and specialist parent-infant psychotherapy (PIP) services. Outcomes for parent-infant dyads in the hostel where this service model was applied (PIP-Hostel group) were compared with outcomes for parents and infants in hostels which did not have such a service. Fifty-nine mother-baby dyads participated in evaluation, 30 in the PIP-hostel group and 29 living in comparison hostels. The families were assessed at baseline and three months later. Infant development was assessed using the Bayley Scales of Infant Development (Bayley, 1993). Interactions between the parents and infants were video-recorded and coded on the Coding Interactive Behavior Scales (Feldman, 1998). Although there were no significant differences between groups in terms of parent-infant interaction ratings, the indices of mental and motor development of infants were significantly improved over time in relation to infants in the comparison hostels. These findings indicate that the integration of universal health care provision with parent-infant psychotherapy can have far reaching implications for infant development. This is especially significant for the hardest to reach populations, such as infants born into homelessness. A workshop of clinical approach and research process has been submitted to complement this presentation of the evaluation results.

P358 The impact of parental disease (cancer) on emotional and behavioral regulation in the early childhood: First results of a preventive counseling


INTRODUCTION: Children of severely physically ill parents are at risk of mental health problems. Parents with cancer represent the most important subgroup. Though, a systematic involvement of these children in the psycho-social health care concepts for adult cancer patients does not yet exist. Children under the age of 5 represent a special subpopulation due to the dependency on the primary care givers for the cognitive and socio-emotional development. Therefore, the focus is placed on the preverbal parent-child-interaction. Based on the Hamburg concept of counseling for children of somatically ill parents (COSIP), the aim of this multicenter collaborative study is to find empirical criteria that will indicate the need for specific preventative psycho-social intervention in this.
group. First experiences are presented. METHODS: Until now, eight families could be involved in the study; hence preliminary data is presented descriptively in terms of case studies. Children's psychopathology was measured by CBCL/1½-5 and classified by the DC:0-3R. The parent-child-interaction was observed in a standardized situation (still-face-paradigm). Moreover, qualitative analyses were driven with regard to parental concerns and to the impact of the disease. RESULTS: With regard to the CBCL data, children's behavior reveals a tendency towards sleep problems (e.g. not to sleep alone anymore) and withdrawal (e.g. avoids eye contact, no answer) or aggressive behavior (hits others; angry moods; temper). Main questions of the parents are: How can I protect my child from my own sadness and emotional distress? How can I maintain my role as competent parent? Parents describe regression phenomena (e.g. wet one's bed again, wishes breast feeding or pacifier again) or aggressive-oppositional behavior. The idea to protect the child from fears, conflicts and stressors associated with parental cancer often caused emotional withdrawal of the parents. In most cases, parents were interested in the analyses of their videotapes and in a supportive feedback. CONCLUSION: In consideration of risk and protective factors for the development of mental health problems associated with parental illness, the major goals of psycho-social intervention for families with children below the age of 5 are to support the early parent-child-interaction. Therefore, our preliminary data suggest to address emotional availability and parental structure and to relieve parental feelings of insufficiency.

P359 Obstetric ultrasound: A preventive tool?
Missonnier S. (Université Paris Descartes Psychologie, France)

Obstetric ultrasound plays a fundamental role in the process of parenthood, even in the most ordinary of cases. It's psychological impact on all the people involved (parents, baby and health professionals) is a good reason for extending the use of this new clinical technique. The relationships between the fetus and its environment are viewed as essential for the establishment of early links. The potential for tragedy occurs as soon as there is a suspected or confirmed abnormality and the possibility of interrupting the pregnancy arises. It is therefore essential that all the health professionals concerned should be educated and trained to cope. This study shows how this can be done and is thus a basic preventative tool. This observation of the very earliest stages of a baby's development requires multidisciplinary cooperation between those concerned with the physical and psychological aspects of the baby's development. Our method in a community context is based on studies of clinical cases discussed by experts, supplemented by theoretical commentaries. The research covers three main topics: routine echography, problems due to disorders and with breaking the news of abnormalities, informed consent and the medical-legal aspects of the medical interruption of pregnancy. This study shows how the echographer is always faced with the problem of telling the parents, even though he/she finds no abnormality in 95% of cases. The psychological impact of the echographic images on the parents can lead to upsetting memories, especially when childhood conflicts are revived during the prenatal period. Thus many oedipal fantasies and other old fantasies may occur, such as desecration, rage, a feeling of disturbing strangeness, etc. The dynamic relationship between generations and the emotional bases of parenting are disturbed. The echographer therefore acts as a translator in this meeting where there is an atmosphere of vulnerability and creativity. He can help the couple to use the raw images as organizers for their parenting rather than allow destructive effects to develop. This becomes even more difficult when he/she is faced with the problem of telling the future parents about an abnormality. He may feel he needs to be protected under such difficult circumstances and resort to silence, or hide behind his medical knowledge when faced with such a situation, which may frighten him as much as the parents, but in a different way. This time can be a real shock for the parents, which may produce a state of numbness when they are unable to think. The echographer can, by his appearance, behavior and well chosen words, transform this terrifying episode and make it more bearable for the parents, even when there is no good news. The medical-legal questions and informed consent that arise in this extremely delicate and potentially explosive situation are the focus of current thinking.

P360 A risk constellation for infanticide
Hornstein C. (Mutter-Kind-Station, Psychiatrisches Zentrum Nordbaden, Germany)

Background: The effectiveness of preventive approaches in the field of child protection depends, amongst other things, upon identifying typical risk constellations of infanticide. Postpartum bonding disorder, a disorder affecting a mother's emotional relationship with her child, is one of those risk constellations alongside other negative consequences to child development. It frequently accompanies postpartum depression, which is determined by other emotional qualities. The therapeutic response is a determinant factor for the success of preventive measures. Method: 42 mothers with postpartum disorders (25 depressive, 17 schizophrenic) undergoing treatment at a mother-baby-unit were examined for bonding disorders and the therapeutic response, with a particular focus on the mother-child relationship. Perception of bonding, maternal self-efficacy and objectively measured parameters of mother-child interaction were the most important parameters assessed. Results: Nearly 60% of the mothers suffered from a bonding disorder. Overall, the results indicated a clear improvement in psychiatric disorder as well as in the assessed parameters for the mother-child relationship and the experience of motherhood. Conclusions: Maternal bonding disorders are strongly associated with postpartum depression and low maternal self-efficacy, which can lead to a risk constellation for infanticide. The data confirm the therapeutic response, thus demonstrating that early diagnosis and treatment of postpartum depression can represent a timely and effective preventive approach in the field of child protection.

P361 Efficacy of a program for the prevention of peripartal psychosomatic symptoms in pregnant women: Is there an impact on the infants?
Junge-Hoffmeister J. , Bittner A. , Richter J. , Schultz U. , Lehmann C., Joraschky P. , Weidner K. (Klinik und Poliklinik für Obstetric ultrasound: A preventive tool? Obstetric ultrasound plays a fundamental role in the process of parenthood, even in the most ordinary of cases. It's psychological impact on all the people involved (parents, baby and health professionals) is a good reason for extending the use of this new clinical technique. The relationships between the fetus and its environment are viewed as essential for the establishment of early links. The potential for tragedy occurs as soon as there is a suspected or confirmed abnormality and the possibility of interrupting the pregnancy arises. It is therefore essential that all the health professionals concerned should be educated and trained to cope. This study shows how this can be done and is thus a basic preventative tool. This observation of the very earliest stages of a baby's development requires multidisciplinary cooperation between those concerned with the physical and psychological aspects of the baby's development. Our method in a community context is based on studies of clinical cases discussed by experts, supplemented by theoretical commentaries. The research covers three main topics: routine echography, problems due to disorders and with breaking the news of abnormalities, informed consent and the medical-legal aspects of the medical interruption of pregnancy. This study shows how the echographer is always faced with the problem of telling the parents, even though he/she finds no abnormality in 95% of cases. The psychological impact of the echographic images on the parents can lead to upsetting memories, especially when childhood conflicts are revived during the prenatal period. Thus many oedipal fantasies and other old fantasies may occur, such as desecration, rage, a feeling of disturbing strangeness, etc. The dynamic relationship between generations and the emotional bases of parenting are disturbed. The echographer therefore acts as a translator in this meeting where there is an atmosphere of vulnerability and creativity. He can help the couple to use the raw images as organizers for their parenting rather than allow destructive effects to develop. This becomes even more difficult when he/she is faced with the problem of telling the future parents about an abnormality. He may feel he needs to be protected under such difficult circumstances and resort to silence, or hide behind his medical knowledge when faced with such a situation, which may frighten him as much as the parents, but in a different way. This time can be a real shock for the parents, which may produce a state of numbness when they are unable to think. The echographer can, by his appearance, behavior and well chosen words, transform this terrifying episode and make it more bearable for the parents, even when there is no good news. The medical-legal questions and informed consent that arise in this extremely delicate and potentially explosive situation are the focus of current thinking.

P360 A risk constellation for infanticide
Hornstein C. (Mutter-Kind-Station, Psychiatrisches Zentrum Nordbaden, Germany)

Background: The effectiveness of preventive approaches in the field of child protection depends, amongst other things, upon identifying typical risk constellations of infanticide. Postpartum bonding disorder, a disorder affecting a mother's emotional relationship with her child, is one of those risk constellations alongside other negative consequences to child development. It frequently accompanies postpartum depression, which is determined by other emotional qualities. The therapeutic response is a determinant factor for the success of preventive measures. Method: 42 mothers with postpartum disorders (25 depressive, 17 schizophrenic) undergoing treatment at a mother-baby-unit were examined for bonding disorders and the therapeutic response, with a particular focus on the mother-child relationship. Perception of bonding, maternal self-efficacy and objectively measured parameters of mother-child interaction were the most important parameters assessed. Results: Nearly 60% of the mothers suffered from a bonding disorder. Overall, the results indicated a clear improvement in psychiatric disorder as well as in the assessed parameters for the mother-child relationship and the experience of motherhood. Conclusions: Maternal bonding disorders are strongly associated with postpartum depression and low maternal self-efficacy, which can lead to a risk constellation for infanticide. The data confirm the therapeutic response, thus demonstrating that early diagnosis and treatment of postpartum depression can represent a timely and effective preventive approach in the field of child protection.
Psychotherapie und Psychosomatik, Universitätsklinikum Carl Gustav Carus Dresden, Germany

Stress, anxiety and depression during pregnancy may have negative influences on the fetus, the course of the pregnancy, birth and the infant development during the following years. Thus they have a transgenerational importance and should therefore serve as targets for preventive interventions concerning mother and child. Consequently the aim of our intervention study was to investigate the preventive impact of a newly developed cognitive-behavioral group program for pregnant women with subclinically elevated levels of anxiety, depression and/or stress. Outcomes of interest were the reduction/prevention of psychosomatic symptoms of the mother, pregnancy and obstetric complication as well as infant variables (e.g., health, temperament, mother-child bonding). Within a randomized controlled longitudinal trial 757 pregnant women (1st trimester) were screened regarding stress (PDQ), anxiety (STAI), and depression (BDI). Women with moderately increased levels were invited to take part in our intervention study and randomized to a treatment (TG N=35) and a control condition (CG N=76). Follow ups took part in the 3rd trimester and 3 month postpartum. A range of psychopathological variables of the mother, perceived stress, course of pregnancy and birth were assessed as well as several child related variables (neonatal condition, temperament, mother-child-bonding etc.) Current analyses show, that participants significantly benefit compared with controls. During postpartum they show less depressiveness, report less stress and a less anxious, more positive and relaxed experience of the pregnancy. Interesting and subject of ongoing analyses is the question, whether these psychological effects on the mother are associated with the occurrence of pregnancy and obstetric complications as well as indicators of infant health and mother-child-variables. The postpartal assessment will be finished by the end of 2009. If the current trends can be confirmed, preventive interventions like ours my be a promising approach to unburden the mother-child-relationship during the psychologically and physically demanding postpartum period and to help prevent a maladaptive child development at an early stage.

P362 Establishing early prevention in deprived areas: Findings form an integrated programme promoting mental health and resilience in kindergartens (ECI)


The poster will present most recent results from the research project "Avoiding exclusion by reinforcing prevention — Promotion of mental health in early childhood institutions (ECI) situated in deprived areas" (2008 — 2010, financed by the German Ministry of Education and Research) and put them up for discussion. The project takes a holistic approach by including professionals, children, parents and networks. It addresses ECI dealing with a high grade of diversity (e.g. high poverty rates, high percentage of families with migrational background) in order to empower these institutions to develop themselves towards target-group-oriented centres for resilience and mental health promotion, aiming at the improvement of participation and educational opportunities for children and their families who are living in disadvantaged communities. The presented project is strongly linked to the positive effects of the previous project "Empowering Children!" (PRiK, Fröhlich-Gildhoff et al. 2007). Both are systemically evaluated with control group design, using quantitative and qualitative methods. The prevention programme consists of further trainings for the EC teachers, standardized children's resilience courses, manuallized parenting courses and systematic networking. Moreover, the EC teachers are offered continuous reflection by supervised case conferences and the parents are offered regular on-site consultation-hours by a member of an external parenting support centre. The four levels of the programme are systemically linked to each other; always reflecting, how protective factors and resilience can be promoted under adverse and most complex conditions and how families and networks can be integrated in a sustainable way. To reach that goal, the diverse social backgrounds of the participating families and the structures of ECI are to be considered carefully and a community-based setting approach is to be realised. First results show that better access to information and support, by realising an integrated setting approach in ECI, can have a significant impact on parenting skills and infant mental health.

P363 Depression prevention groups at maternity clinics

Kumpuniemi S. (Primary health Care Organization of City of Vantaa, Finland)

Enhancing competence in mental health among those working at maternity and child welfare clinics is a means to promote the population's mental health. Psychiatric nursing staff should pay special attention to the well-being of children and the young. Children of parents suffering from depression face a multifold risk of contracting depression before they reach their adulthood. Parents who neglect the needs of their children are frequently depressed themselves; suffer from substance abuse; are lonely; and feel stressed. The critical development stages of childhood shall be protected by paying special consideration to depressed adults and their children. Mothers' mood-related symptoms are systematically screened with the help of the EPDS (Edinburgh Postnatal Depression Scale) whose 10-question survey is validated for recognizing postnatal depression symptoms. The clinic arranges preventive depression groups led (tutored) by maternity nurses, targeted at high-risk mothers or pregnant women. These groups are based on the theory behind cognitive psychotherapy. In the groups the mothers learn better ways of perceiving themselves and reacting to other people. They also learn to act in ways that support their physical and mental stamina. Each group consists of 4 - 7 mothers and babies meeting for 8 - 10 times at one-week intervals. The interaction between mother and baby as well as parenthood is also supported by leaders. After three months there is one follow-up meeting. Some of the mothers have clinical depression, which requires medical treatment. Only the mothers suffering from severe or complicated depression are referred to psychiatric care. Based on preliminary evaluations of two hundred mothers depression has decreased during the group. They have also got new ways to think as well as lots of support from the other group members. Majority of the mothers found the group sufficient help to their depression.
P364  Development of a prenatal interview to assess parenthood and maternal psychosocial vulnerability

Nanzer N. (HUG, Switzerland), Almeida A. (HUG, Switzerland), Epiney M. (HUG, Switzerland)

Context: health professionals frequently observe a lack of coherence and coordination between the different health services providing pregnancy survey. While somatic follow-up is well developed, women often complain about the lack of attention allowed to the affective dimension of the process of giving birth, despite several national and international recommendations made about this issue (Haute Autorité de Santé of France in 2005 and WHO Improving maternal mental health recommendations in 2008). In 2007, a multidisciplinary perinatal health professional group was created in Geneva, composed of child and adult psychiatrists, psychologists, obstetricians, midwives, nurses, paediatricians and health educators, to develop an universal prenatal interview addressed to all pregnant women. The prenatal interview: it's aim is to offer pregnant women an open and neutral place to express their questions and preoccupations about their experience of "becoming a mother". It also allows identification of biological, social and psychological vulnerabilities, specially concerning perinatal depression. Furthermore, the interview gives the occasion to inform future parents about the existing social and medical local network and to orient them in case of a specific need. The main goal of this prenatal interview is to detect "at risk" situations and to propose adapted interventions in order to prevent mother-infant relational problems and the subsequent child's psychological and developmental morbidity. A pilot study: we describe the content of this interview, it's advantages and difficulties. The results of a pilot study conducted on 70 prenatal interviews conducted by six midwives in three different health care services are analysed. The principal recommendations made by the multidisciplinary group after this first pilot study are presented.

P365  Firefly children's network project early intervention for children with disabilities in the Russian Far East

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Background Disabled children face the highest risk of abandonment. In Russia, it is estimated that one-third of the children in institutions are in care because they have a disability. As Russia works to close its institutions professional education is required so children with disabilities are better served. Early intervention is not incorporated into Russian professional training. A survey of Russian public opinion showed that 92% of the sample considered the problem of orphans urgent, many professionals and administrators defend institutions as effective. They have little understanding of the importance of relationships with family or the effects of separation and institutionalization on child development. Method With funding from the United States Agency for International Development, a three-year intensive training combined research, coursework and supervision to help incorporate modern practices within the Russian professional community. Doctors, teachers, psychologists working in different state services took part in the 1 program in Vladivostok. Professionals from the University of New Mexico and Russian consultants developed the educational program based on international experience and needs of the professionals. The program included theoretical lectures, workshops, seminars and case presentations with families. Interdisciplinary work is very new for Russia, so team building was an important part of the program. As the new services started to work, regular supervisions were organized to promote professional development. Ongoing evaluation was an essential part of the program in the form of site observation, focus groups, interviews, and surveys. Results Participants felt that the training was successful and 78% reported that their ideas about being on a team had changed with better understanding of working with specialist across disciplines, and family actively engaged in the team process. 95% responded that their work was different because of the training and that they now worked directly with families and their children, which was radically different from before. Participants reported an increase in concrete skills (e.g. assessment); increased desire to share with their colleagues; and increased belief in the importance of their work with children with disabilities. 75% reported a change in the way they thought about children with disabilities and the child in context of the family. Changes happened in 3 domains: greater understanding and compassion for the problems, and stress faced by families of children with disabilities; increased belief that children with disabilities benefit from appropriate early intervention and commitment to family-centered practice.

P366  The maternal role for women with mental disorders: Problems related to mental health professionals' interventions and the health care system

Hebert, L. (Centre hospitalier de l'Université de Montréal (CHUM), Canada), Haché, J.-B.. (Université de Montréal, Canada)

Many researches have examined the connection between mental health problems affecting mothers and the impact of these problems on their children as well as the appropriate therapy approaches used to deal with them. Despite significant therapeutic and policy advances and increased interest in the phenomenon shown mental health workers in Québec, the treatment of women with mental disorders does not typically take into account the maternal role of these women. Consequently, the workers have difficulty adapting their interventions to the specific needs of these women and their families; as a result, mothers' health often deteriorates instead of improving while the risk to their families and children increases. Based on three in depth comprehensive case studies of mothers undergoing psychiatric care in a Montréal hospital, a multidimensional model for dealing with this type of mental health problem has been elaborated using a qualitative theory building methodological approach. This research demonstrates that the difficulty to establish and maintain effective interventions can be explained by three sets of factors: the mothers themselves, their families, and the health care system which includes the health care providers and the organizational environment. This presentation will outline the results of the study and will emphasize the biases of professionals, more particularly the development and confirmation of negative perceptions vis-à-vis the mothers under care and their families, as well as the consequent professionals' difficulty to alter even
manifestly ill-suited interventions. The study's results will be further examined from the perspective of influential variables characterizing the provincial (Québec) health care system, particularly its policies' structural components which have been substantially changed in recent years to include increasingly restrictive norms defining the mental health workers' roles. The results of relevant, recent studies will be discussed. The presentation will conclude with the description of an ongoing study directed by the author to test the effectiveness and feasibility of an integrated care approach focusing on the mothering skills of women suffering from depressive and anxiety disorders within the framework of an occupational therapy group. One of the particularities of this study is to take in consideration the perception of the participating mothers in developing interventions that these women will find effective. This orientation falls within the scope of the recovery philosophy advocated in Québec's mental health policy.

P367 Handle with care: Training for promoting the mental health of children in child care
Cohen N. (Hincks-Dellcrest Centre/University of Toronto, Canada), Cohen N. (Hincks-Dellcrest Centre/University of Toronto, Canada), Kiefer H. (Hincks-Dellcrest Centre, Canada), Pape B. (Hincks-Dellcrest Centre, Canada)
The poster presentation will describe the Handle With Care: Strategies for Promoting the Mental Health of Young Children in Child Care project across two phases. Mental health promotion is considered the development of age-appropriate and culturally relevant life skills that benefit all children's social and emotional development within the context of centre settings for children ages 0-6 years. The project's goals are to raise awareness about the issue and foster development of effective promotion approaches. In the first phase, identification of key principles and suggestions for practice were gleaned through relevant research literature and an environmental scan involving ECCE practitioners across Canada. With the second, currently ongoing phase, a training program (train-the-trainer and for practitioner audiences) based on Handle With Care resources is being designed and piloted nationally. The project uniquely deals with a comprehensive, transactional framework that posits mental health promotion in centres is dependent on fostering children's social and emotional development, building family and community connections and supporting the well-being of practitioners. The presentation establishes why mental health promotion is critical for young children, how child care centres provide optimal opportunities for promotion activities, and factors that must be contemplated to ensure positive, suitable strategies within different centres. Existing challenges and barriers practitioners face in implementing promotion through policy and daily practices will be addressed. Implications of this work will be suggested at the centre, community and government level. To unite theoretical and concrete aspects of the topic, research will continually be linked to practitioner accounts of real-life scenarios.

P368 Growth in children's language, cognitive, and social skills across one year of American Indian Head Start
Barnes J. (Michigan State University, United States), Gerde H. (Michigan State University, United States), Fitzgerald H. (Michigan State University, United States), Belleau A. (Inter-Tribal Council of Michigan, United States), Farrell P. (Michigan State University, United States), Calcutera M. (Michigan State University, United States), Parish A. (Michigan State University, United States)
Children of American Indian Head Start (36 - 48 months old) are at risk of arriving at kindergarten without the skills they need to be successful in school. Risk factors include economic disparity of families, low educational requirements for teachers, and depression, abuse and neglect which may lead to behavioral problems and psychiatric symptoms (GAO, 2003; Manson, Bechtold, Novins, & Beals, 1997). According to 2000 U.S. Census data, 31% of Native American/Alaska Native children under age 18 live in poverty, ranking American Indian poverty at more than twice the overall US rate. A body of research suggests that Native children's participation in a high-quality early educational program (e.g., Tribal Head Start) may be effective for preparing children for school and dealing with mental health issues or behavior problems (e.g., Clay, 1998; Paul, 1991). As children transition into kindergarten it is essential that they have the necessary skills to be successful in school. The present study examined growth in children's cognitive, linguistic, and social skills longitudinally across the pre-kindergarten year of Tribal Head Start. Also, the home environment of these children was investigated. Participants include 109 4-year-old children from 20 Tribal Head Start classrooms across 9 tribes. Most children are American Indian (85%). Other race/ethnicities include: 9% Caucasian, 2% Hispanic, 1% Pacific Islander, <1% Black, 2% multi-racial, non-native. Children were assessed individually at the beginning and end of the school year by trained research assistants using standardized measures of cognitive and linguistic school readiness (Lollipop; Chew, 1990), and inhibitory control (Kochanska, Jacques, & Vandengeest, 1996). Also, measures of children's social competence were gathered from both parents and teachers for each child using the Behavior Assessment System for Children (BASC; Reynolds & Kamphaus, 2002). Overall, children increased in their academic and social skills across the preschool year. However, when Tribal Head Start children’s scores on the academic and social skills tasks were compared to children’s scores from a nationally representative sample of Head Start children results indicate that children of the Tribal Head Start scored significantly below the national average for Head Start children in letter knowledge, number identification, counting, and writing both at the beginning and end of the preschool year. Further analyses indicated that many of the children who did not meet the expected norms for academic and social outcomes at the beginning of their pre-kindergarten year did go on to meet the expected norms by the end of the school year. These results suggest that for American Indian children, participation in Tribal Head Start may be one way to develop cognitive, linguistic, and social skills for being successful in kindergarten and elementary school.

P369 IMH practices of multiple healthcare workers in Japan
Hirose T. (Tokyo Medical and Dental University, Japan), Okamitsu M. (Tokyo Medical & Dental University, Japan), Kusanagi M. (Tenshi College, Japan), Koumoto K. (Tokyo Medical & Dental University, Japan)
Introduction. Our research focuses on infant mental health (IMH) practices in Japan. Our team consists of multiple healthcare
professionals: nurses, midwives, public health nurses, psychologists, a social worker, and an educator. We have established parental support clinics at a university medical center and a private pediatric clinic in Tokyo since 2006. We work at the clinics 1–2 days a week and meet mothers and their infants/children under 5 years to offer support, advice, and consultation on their parenting concerns. We met with 301 dyads at the hospital clinic in 2006–2008 and 210 dyads at the private clinic in 2007–2008. So far, we have encountered some difficult cases with high risks in development and parenting. We would like to present three dyads that presented a challenge and whose development and parenting we wished to promote. We aimed to prevent child maltreatment and abusive/neglectful early parenting. Subjects; We studied three mother-infant dyads with high risk in development and parenting. Two were teenaged mothers, one with a healthy infant and the other with a preterm/low-birth-weight infant. One of the mothers faced spousal domestic violence; another was a single mother whose infant had been insulated from her and kept at a child guidance center for a few months owing to abusive parenting. The third dyad included a mother with multiple risk factors: poverty; living on social welfare; abusive husband; and five children, including twins with cerebral palsy and a baby with a cleft lip and palate. Methods. Three presenters interacted with the three dyads for the administration of NCAST (assessment scale of mother-infant interaction), CES-D, Rosenberg Self-esteem Scale, PSI (Parenting Stress Index), and developmental scales. They actively listened to the mothers’ concerns and offered medical and parental advice on infant care at the clinic and at home. Developmental guidance and consultation was also given. Results and Discussion. Mother-infant interactions have improved and children’s development has caught up with their chronological age; yet, several developmental/behavioral problems and risk factors still exist. On the basis of our research, we make the following recommendations: 1. Using NCAST in observing and measuring mother-infant interactions of high-risk mothers is an effective system for preventing child abuse/neglect. 2. Active listening, consultation, and positive feedback on parenting during home visits are effective in solving parenting-related problems. 3. Making social and community resources available to the dyads is crucial. We need to help them discover these resources and act as liaison workers to get them in touch with professionals whose assistance they seek for resolving parenting issues. Finally, we need to ensure desirable political and financial systems to support the dyads in our society.

P370 Integrating breastfeeding support training with the Solihull Approach
Douglas H. (Solihull NHS Care Trust, United Kingdom), Rheeston M. (Solihull NHS Care Trust, United Kingdom), Delaney J. (Solihull NHS Care Trust, United Kingdom), Maunders H. (Solihull NHS Care Trust, United Kingdom)
Breastfeeding or bottle feeding are more than feeding: they are also about the relationship. In the UK, parents are being trained to support other parents to breastfeed. The Solihull Approach team have integrated this peer breastfeeding support training with training about the relationship and the development of the baby. This means that parent breastfeeding supporters can help other parents not only breastfeed but to use the breastfeeding experience as another way to develop their interaction with their baby, with all the advantages that that brings for the baby's mental health.

P372 Infants’ mental development: May home visiting compensate for negative consequences of not breastfeeding?
Ziert Y. (Criminological Research Institute of Lower Saxony, Germany), Kurz V. (Criminological Research Institute of Lower Saxony, Germany), Jungmann T. (University Rostock, Germany)
Objectives: The German pilot project "Pro Kind" is an adaptation of the US evidence-based Nurse-Family-Partnership program. Since 2006 it has been implemented in three German federal states (Lower Saxony, Bremen and Saxony). Financially and socially disadvantaged first-time mothers are supported through prenatal and infancy home visitation. The program aims at improving infants' neuro-developmental, cognitive, and behavioral functioning by enhancing different kinds of parental skills, e.g. child care and sensitivity and responsiveness to the child's signals. This contribution focuses on the program's effectiveness on breastfeeding, which is not only assumed to be an important factor for strengthening mother-child attachment but also for supporting the infant's mental development. Methods: The program's effectiveness is tested with a longitudinal randomized control group design. 674 women are enrolled in the pilot project so far. Data is collected at program intake, by the end of pregnancy, and at 6 and 12 months of child's age. Standardized questionnaires were conducted at every assessment as well as postnatal, the children's mental and psychomotor development (BSID-II). Results: 105 women took part in the first four data assessments so far. There is no significant difference between breastfeeding rates in both groups (TG: 68%; KG: 74%; \( \chi^2 = 0.396, n.s. \)), but in accordance with other empirical studies MANOVAs with repeated measurement show a more promising mental development of breastfed infants (F(1;101) = 11.523, p < .01). This is even more pronounced in the treatment group. Further, not breastfed infants in the control group reach the lowest MDI scores, whereas not breastfed infants in the treatment group achieve comparable results as breastfed control group infants (interaction effect “time x group” (F(1;101) = 5.661, p < .05). Discussion: The positive relationship between breastfeeding and infants mental development can also be verified for this high risk population. Confounders of breastfeeding (e.g. parental sensitivity or parental competence) discussed as well as the question whether the contents of home visitation are able to compensate for effects of not breastfeeding. Because of very small sample sizes these preliminary results should be interpreted very carefully until future analyses based on a larger sample are available.

P373 Parental trauma and anxiety and the effect on children's medical fears in the context of a preventive program
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Background: Children's fears of medical treatment are a widespread phenomenon that can stress both physician and patient and can
result in avoidant behavior in medical settings well into adulthood. Parental personality characteristics and traumatic experiences are often cited as a factor in the development of children's fears. Numerous fear prevention programs, which aim to mitigate children's fearfulness and prepare them for actual encounters with medical personnel, are available to deal with the negative consequences of such fears. This study seeks to investigate the effects of both parental anxiety and traumatic experiences on children's fears in the context of a medical fear prevention program. Methods: 228 preschool children between the ages of 2.7 and 7.0 (average age 4.9) participated in such a program, which was conducted in their preschool and consisted of a variety of play interventions. Before and after the intervention, the children were asked to rate on a visual scale their fear of going to see a doctor. Their primary caregiver filled out the appropriate section of the self-reporting State-Trait Anxiety Inventory (STAI) beforehand in order to quantify their anxiety. The Traumatic Antecedent Questionnaire (TAQ) was used to assess parental exposure to traumatic experiences, the type and point in time of those events and potential protective factors. Results: The children with anxious parents did not exhibit elevated fear scores before the intervention. While there was a very highly significant reduction in fear in the sample as a whole (p=0.000), there was on average hardly any fear reduction in the children with more anxious parents. Rather, the reported fear scores increased significantly in more of these children than in the overall sample. Children whose parents had been exposed to high levels of trauma had significantly higher (p=0.019) fear scores than did the rest of the children. Parental experiences of trauma in the area of "physical abuse" (r=0.146; p=0.038) and during the parents' early childhood (0-6 years) were identified as particularly stress-inducing. High "protective factors" scores were overall associated with lower fear scores in the children. Conclusions: This study showed certain relations of parental conditions on the fear and reaction of children in the context of a medical fear prevention program. Parental traumatic experiences may be associated with higher medical fear in children. While those children seem to benefit from such a prevention program there are certain hints for fear triggering in children with anxious parents. This may possibly indicate a future need to identify and treat certain children separately. Further studies about the form of fear transmission and the possibilities for the identification and care of affected children are needed.

P377 PADMIN - Program of Assistance to the Development of the INFants: A public experience of inter-sectorial intervention in the early infancy, Iguatu
Araújo E. (Municipality of Iguatu, State of Ceará, Brazil)
The early infancy is the most important period of the child development. Contradictorily, there is no public policy in Brazil to assist the development of the 0 to 6 years old children. The children, most of the times only have access to the mental health services, when they start the school, in the age of 6, because the difficulties with learning. The objective of this work is to analyse the first year of functioning of PADMIN - Program of Assistance to the Development of the INFants, in the Municipality of Iguatu, State of Ceará, Brazil. PADMIN means godfather in portuguese, that is the way the children call the godfather (padrinho) when they start to speak. It’s a program formed for a group of services that work in character continuous, integrated and inter-sectorial, with a common objective: to assist the motor-sensory, cognitive, social and emotional development of the 0 to 6 years old children of the municipality of Iguatu. The program management is formed for the municipal departments of Health, Social Assistance, Education, Culture and the Municipal Council of the Child and Adolescent Rights. The Program benefits directly and indirectly the 10.380 children in the age of 0 to 6, that represents 10,61 % of the 97.829 habitants (including the foetuses). The PADMIN contains the following services: Early intervention in the medium risk neonatony service and mother-baby ward of the Regional Hospital of Iguatu (RHI); Follow-Up of the RHI; Treatment and early stimulation of the Physical Rehabilitation Centre; Child development attention in the Program Health of the Family; Training of auxiliaries of nursery in maternal-infant attention; Creation of the category of Godmothers of the Child Development; Specialised attention for the risk pre-natal; Priority attention for pregnant women and caregivers of 0 to 6 years old children in the reference services of mental health and drug addictions; Agents of the Child Development in the application and monitoring of ludicrous methodology in the Kinder Gardens and Preschools; Artistic groups to stimulate the maternal sensibility; Attention and supervision in the House for Children in Risk Situation; Telling of stories in the paediatric sector of the RHI; Monitored infant parks in the communities. These services work as a web, promoting a complex assistance that permits the recognition, prevention, early intervention and treatment during the most determinant period of the child development.

P377 Implementation of the concept of early childhood intervention in multidisciplinary practices in Latvia.
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The concept and the principles of Early Childhood Intervention, as practiced globally, has been defined and accepted as the professional viewpoint to ensure a child’s further optimal development throughout his life. There is a significant gap in Latvia in regards to integration between health care, social welfare and children’s rights protection for children from birth to age 4. This indicates that there is a different perception about the core notion of Early Childhood Intervention in Latvia. With the development of multidisciplinary practices. Early Intervention is absolutely an original notion that encompasses both the child’s safety and health questions and development of personality. Irrespective of the rapid social changes that are taking place globally, in the last 18 years in Latvia there have been issued a myriad of political documents and suggested programs, however what has been lagging is a unified perception or a model of specific action for Early Childhood Intervention issues between professionals. Therefore we are struggling to see if it is possible to establish a unified approach to the concept of “early intervention” and to define the criteria of Early Childhood Intervention for professionals who are in contact with children (from birth to 4 years of age) in the areas of health, welfare, nurture and children’s rights. This is where we hope to share our experience as we have been going through a complex time of social, political and economic changes during the period of transition from one political system to another. We hope to have an opportunity
to compare experiences with other colleagues in their specific settings.

**P379  CAPEDP, a randomised longitudinal prevention study for high risk women and their child: First results**
Dugravier R. (U669, CHU Blicht, AP-HP, France), Guedenev A. (Bichat -Claude Bernard Hospital, France), Saias T. (EPS Maison Blanche, France), Greacen T. (EPS Maison Blanche, France), Tubach F. (CHU Bichat, AP-HP, France)

This poster presents CAPEDP study’s first results. CAPEDP is a large French prevention study for high risk women attempting to reduce children’s psychopathology. The study was launched in November 2006. 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 old, 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 children’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 children’s needs from the mother. Psychologists would use auto videoendoscopy to enhance mother’s reflective functioning. The first results will include a prevalence of the prenatal depression measured by EPDS. We will also describe the benefits of home visits during pregnancy concerning the delivery, the prematurity, and the birth weight.

**P380  Mother-infant therapy to prevent the consolidation of early developmental atypies**
Maestro S. (IRCCS Stella Maris, University of Pisa, Italy)

Some infants present in their development early atypies that may lead to different developmental disorders, included autistic spectrum disorders. The interaction between the mother and the infant may be severly affected by these atypies while starting vicious circles that may worsen infant's difficulties. The author will discuss the idea that supporting the mother both in her representations and in the interaction with her baby may be effective on avoiding the stabilisation of early developmental atypies and on correcting the infant's evolutive trajectory.

**P381  A brief antenatal and postnatal preventive intervention program for families at risk to enhance attachment security**
van Bakel H. (Tilburg University, Netherlands), Eliens M. (De Combinatie Youth Care, Netherlands), Van der Zeeuw C. (GGZE, Netherlands), Kerkhofs B. (GGZE, Netherlands)

Introduction. Preventive intervention programs for vulnerable infants of high-risk parents have recently gained more and more attention (Barlow et al., 2003). Infants in at-risk families (in which parents have severe problems themselves) often stay invisible to care for a long time, and referrals to professional care generally takes place too late. Patterns of negative interactions between parents and infant have already occurred or have even become set, which increases the risk of an adverse socio-emotional development of the child. It is for this reason that the Project “Baby Extra” was initiated in Eindhoven, a city in the southern part of the Netherlands. “Baby Extra” functions as an intermediary between at-risk parents and health care providers and closely cooperates with several mental health care organizations, hospitals and youth (health) care centres. In addition to this role as intermediary, Baby Extra also offers a short-term prevention module (i.e., two-sessions-module with video feedback). During one antenatal and one postpartum two-sessions-module the contact between (expectant) parents and their infant is promoted in an attempt to enhance the quality of parent-infant interaction and to prevent the infant from developing attachment problems. Method. In the pilotproject, a group of 11 mothers with psychological/psychiatric and/or addiction problems is studied from time of referral to Baby Extra until the infant is 15 months of age. Eleven vulnerable families who receive support and assistance via the Baby Extra Programme (= intervention group) will be compared with 15 families from the same geographical area without serious risk factors. At T0 (time of referral) mother and infant were video-taped during a free play episode or nappy change episode to assess the quality of parent-infant interaction. The video-taped parent-child interaction episodes were rated using five rating scales (Biringen et al., 1998) to assess the quality of 1) maternal sensitivity, 2) structuring, 3) intrusiveness and 5) hostility. The child’s behaviour was rated on 1) responsiveness and 2) involvement. The child’s quality of attachment behaviour was rated during a home visit at T1 (between 15-18 months) with the Attachment Q-Sort (Waters, 1997). Results. Pilot data from the Baby Extra group showed that maternal sensitivity and infant responsiveness and involvement significantly increased from time of referral (T0) to 15 months (T1) and that intrusiveness significantly decreased (Sensitivity = -1.97, p < .05, tResponsiveness = -2.33, p < .05, tInvolvement = -2.89, p < .05, tIntrusiveness = 2.28, p < .05). Conclusions. The first preliminary data of the pilot study showed the Baby Extra Programme to be a successful and promising low-cost preventive intervention programme for vulnerable families with young infants.

**P382  Getting the most out of your relationship with your baby: An evaluation of an intervention using the NBAS with mothers and babies in Wales**
Hawthorne-Amick J. (The Brazelton Centre, United Kingdom), Redshaw M. (NPEU, United Kingdom)

Parents benefit from support in the newborn period, especially if their baby cries a lot or does not sleep well. Community health visitors in the UK make home visits and support parents as they work to understand their infant. Research has shown that sensitive responsiveness to a baby’s behaviour can result in secure infant-mother attachment which improves child outcomes. The Neonatal Behavioural Assessment Scale (NBAS) has been shown to increase maternal confidence and sensitivity, and increase father involvement with the baby. The Children’s Commissioner of Wales recommended the use of the NBAS to the Flying Start
programme, a new initiative to provide support to families of children from birth to 4 years old. Groups of health visitors have been trained in the NBAS using it as a supportive intervention with mothers in 5 regions of Wales. The health visitors will carry out an NBAS intervention with 100 mothers, and another 100 mothers will be visited by health visitors who have not been trained in the NBAS. A questionnaire will be given to the parents when their baby is 2 months old to assess the effectiveness of the NBAS intervention on the mother’s sense of wellbeing and her perceptions of her baby. The results of this project will be described.

P383 Midwife-led perinatal psychological care clinic and the cooperation with psychiatry at Tohoku University Hospital in Japan.
Kikuchi S. (Tohoku University Graduate School of Medicine, Department of Psychiatry, Japan), Homma H. (Miyagi Comprehensive Childrens Center, Japan), Yamaguchi S. (Tohoku University Graduate School of Education, Division of Clinical Psychology, Japan), Sato K. (Tohoku University Graduate School of Medicine, Division of Maternal Nursing, Japan), Saito H. (Tohoku University Graduate School of Medicine, Department of Family and Developmental Psychiatric Nursing, Japan), Ueno T. (Tohoku University Graduate School of Education, Division of Clinical Psychology, Japan), Kato M. (Tohoku University Graduate School of Education, Division of Clinical Psychology, Japan), Sai F. (Tohoku University Graduate School of Medicine, Division of Family and Developmental Psychiatric Nursing, Japan), Abe N. (Tohoku University Graduate School of Education, Division of Clinical Psychology, Japan), Miyazaki A. (Tohoku University Graduate School of Education, Division of Clinical Psychology, Japan), Kobayashi N. (Tohoku Kosei Nenkin Hospital, Japan), Matsuoka H. (Tohoku University Graduate School of Medicine, Department of Psychiatry, Japan)

Home visit services for infants 4 months after childbirth (Hello Babies Services) began in Japan, and the importance of early identification and intervention of postnatal depression and prenatal psychological care are emphasized. At Tohoku University Hospital, midwife-led perinatal psychological care clinic was established in 2005. Midwives in charge of the clinic meet the pregnant women who are concerned or who hope for consultation, and they collect each woman’s psychosocial information, and spend about 1 hour on the interview in a kept room of privacy in each ordinary prenatal checkup. The topics vary from psychological problems, such as anxiety about pregnancy, delivery and child care, to social problems, such as marital relationship, lack of child support and economical issue and so on. The number of delivery in our hospital was about 2,700 between four years of 2005-2008. Then number of women who went to the midwife-led clinic was about 160, about 6% of all birth. In addition, the number of the women who went to psychiatric clinic was about 60, about 2% of all birth. Some women went to both midwife-led clinic and psychiatric clinic during pregnancy. Women who went to the midwife-led clinic had some degree of psychosocial problems, but there were extremely few cases to be referred to an expert like a psychiatrist. Midwives were expected to have trouble to face with the variety of pregnant women’s problems. Therefore, from 2008, we have changed and improved the perinatal psychological care system in our hospital. Psychiatrist started to cooperate with the midwife-led clinic actively. By this change, we were able to build support system by many specialist; midwives, obstetricians, psychiatrist, caseworker, public health nurses and clinical psychologist. Especially when we support the high-risk cases, we give reciprocal help to share with the information and the hardship, and we got the multidirectional viewpoint. On the day, we introduce our perinatal psychological care system in detail, and figure out the psychosocial background of the about 160 women who used the midwife-led clinic, and review the significance of the midwife-led clinic.

P384 Baby Moves: Promoting healthy infant motor and relationship development, preventing disorder
Beaton H. (Child & Adolescent Health Service WA, Australia)

The capacity for the infant to learn, develop adaptive flexible motor responses to sensory and motor problems is dependent upon the infant's ability to receive and interpret sensory feedback, physical and emotional efficiently. Changes in parental infant handling, positiononing and holding practices over the past 15 years has resulted in a dramatic increase in infants acquiring developmental disorders, deformational plagiocephaly, positional torticollis, feeding, self regulation and motor delays. Baby Moves is Health promotion initiative given to newborn infants and parents to prevent acquired disorders and optimise infant development. Its initial impact upon the incidence rate of the above developmental disorders and it's cultural sensitivity will be presented.

P385 A mobile unit for early care: Pouncing PPUMMa aimed at prevention
Garez V. (EPS Erasme, France), Genet M. (EPS Erasme University Paris 5 Descartes, France), Valente M. (EPS Erasme, France), Apter G. (EPS Erasme Universite Paris 7 Denis Diderot, France), Le Nestour a. (EPS Erasme, France)

Since November 2007, we have set up an emergency mobile unit in perinatal psychiatry (PPUMMA) working in maternity wards in a suburban county of the Parisian area. PPUMMA is both part of a general perinatal health care network and of a child and infant psychiatry department that has had a specialized ambulatory parent-infant clinic for Under-tows for over 15 years. During its first complete year from 01/01/08 to 12/31/08, PPUMMA was referred 215 situations. If 79% of the mothers met criteria for Axis I DSM 4, not all had ever been diagnosed or treated and some had longlustedly interrupted treatment. 31% of the women presented a major psychotic or mood disorder, (schizophrenia or delusional disorders, bipolar or major mood disorder). Moreover, onset disorders linked to pregnancy or childbirth such as traumatic pathologies and perinatal depressions were often associated with personality disorders unknown or not taken care of before PPUMMA intervened. Patients are referred by maternity ward professionals. PPUMMA, a team with psychiatrists, a psychologist and a pediatric nurse reaches out to mothers during the peripartum. This model of intervention has two main benefits: on one hand, it does not wait for disorganization between mother and infant to settle in for professionals to offer services and therapeutic care and on the other hand it tries to organize as early as possible short and medium-term therapeutic
management during a crucial period at a time when parents are ready and willing. Because of its organic ties to parent-infant clinics, PPUMMa can facilitate access to clinical programs. Because of its particular reaching-out policy, PPUMMa from the start has wished to propose follow-up assessment to referred mothers and infants. All patients are offered longitudinal assessment in a “go-along” “action-research” until infant slowly becomes a toddler. Over half of the referred population has during the first year, wished to continue the follow-up assessments. This offers a unique viewpoint of the impact of early intervention and suggests both clinical and research questions that will be discussed in the workshop with the use of clinical vignette.

P386 Postpartum bonding and depressive symptoms in Japanese mothers at 4 months after parturition: A population-based study
Kaneko H. (Nagoya University, Japan), Honjo S. (Nagoya University, Japan)
Objectives: The aim of this study was to determine the prevalence of postpartum bonding disorder in Japanese mothers and the relationship between this disorder and depressive symptoms. Methods: The participants of this study were 1012 Japanese mothers who had attended their 4-month postnatal examination at the public health center in Hekinan City, Aichi Prefecture, between May 2008 and October 2009. Approximately 95% of the residential mothers in the city who had 4-month-old infants attended the postnatal examination. The mothers’ ages ranged from 16 to 45 years; the mean age was 29.7 years. The infants’ ages ranged from 87 to 176 days; the mean age was 123.5 days. Of these infants, 48.1% were female and 51.8% were male. The gestational age at the time of parturition ranged from 28 to 42 weeks. The birth weight ranged from 898 g to 4458 g, with a mean of 3008 g. The mothers filled in the Edinburgh Postnatal Depression Scale (EPDS; Cox et al, 1987) questionnaire and the Postpartum Bonding Questionnaire (PBQ; Brockington et al, 2001). Results: The PBQ scores ranged from 0 to 53, with a mean score of 10.73. The prevalence of postpartum bonding disorder (defined as a PBQ score of ≤26) was 5.5%. The EPDS scores ranged from 0 to 21, with a mean score of 2.76. The prevalence of depression in these participants (defined as a score of ≥9 in the Japanese version of EPDS) was 6.8%. The PBQ score showed a moderate but significant correlation with the EPDS score (r = .44, p < .001). Conclusion: The proportion of mothers showing a positive PBQ score in this study was lower than that reported in previous studies performed in Western countries. Our findings suggest that the prevalence of postpartum bonding disorder is lower in Japan than in Western countries and that some mothers with depressive symptoms would find it difficult to bond with their infants.

P387 Sharing the infant’s strengths with their parents: The clinical use of NBAS in a hospital setting
Barbosa M. (Faculty of Medicine, University of Lisbon, Portugal), Sobral F. (Centro Hospitalar Lisboa-Norte, Portugal), Goldschmidt T. (Centro Hospitalar Lisboa-Norte, Portugal), Gomes-Pedro J. (Faculty of Medicine, University of Lisbon, Portugal)
The Neonatal Behavioral Assessment Scale (NBAS) allows the identification of the competencies and strengths, as well as vulnerabilities and deviations of the newborn infant through a range of behavioral dimensions, providing a neuro-behavioural profile of the baby (Brazelton & Nugent, 1995). Sharing the administration of the Scale with parents in a positive collaborative relationship represents a great opportunity to discover the infant’s individuality that makes him/her a singular person. This use of the NBAS is a co-creative process by which we enhance parenting skills to read and understand the characteristics and signs of their baby, reinforcing his/hers strengths and positive behaviors, and discussing the challenges posed by the vulnerabilities, working together to overcome them. The effectiveness of NBAS intervention has been demonstrated, having a positive impact on maternal confidence and self-esteem, and promoting a change on parental attitudes towards caregiving, hence contributing for an improvement of parent-infant interaction (Gomes-Pedro et al., 1988; Beechley et al., 1995). Sharing infant’s behavior with parents before discharge from the maternity constitutes a crucial moment for clinical use of NBAS, since it provides significant knowledge about their infant, that can help them understand and cope better with the needs and singularities of their baby. In this poster, we present clinical vignettes that describe the clinical use of NBAS in different kinds of newborn babies before discharge from the hospital.

P388 Disturbance of mother to infant bonding and its relative factors in the Japanese mothers who received postpartum home visit service in the community
Yamashita H. (Department of Child Psychiatry Kyushu University, Japan), Yoshida K. (Kyushu University, Japan)
Background: In recent years broader approach for community-based intervention of child abuse has been urgently needed. In terms of preventive intervention it is prudent to realize mother’s negative affectivity toward their babies in early postnatal periods, because half of victimized children are babies and infants. Therefore firstly to realize disturbance of maternal bonding toward their babies, related baby care circumstance and mental health conditions of their own is important. Subjects: National survey using the same program was carried out supported by the grant from The Ministry of Health, Welfare and Labour in Japanese government. Participants of the present study were the mothers, from 38 community health centers throughout a nation wide, who had received a home visits from a health visitor or midwife within 4 months postnatal. Method: Mothers completed two self report questionnaires during home visit, and demographic details and further details about the child rearing situation were obtained by interview together with simple list of the relevant items of psycho-social adversity made by authors. The self-report questionnaires were as follows: 1) The Edinburgh Postnatal depression scale (EPDS; Cox et al. 1987) The Japanese version translated by Okano et al (1996) was used. 2) Mother-to-Infant Bonding Scale (MIBS; Marks et al, unpublished) The Japanese version developed by Yoshida et al (submitted) was used. 3) High risk questionnaire (Suzumiya et al., 2004) Self-report questionnaire consist of risk factors of postpartum depression (obstetric and psychiatric history, history of miscarriage, stressful life event, lack of social support, dissatisfaction with living environment, financial problem and baby's illness). Result: 3370 mothers completed the questionnaires at the first home visit within four months
postnatally. Of those mothers, 13.9% were identified as having postnatal depression (EPDS score ≥9). Factor analysis shows that MIBS-J can be well organized in 2 subscales: Lack of positive bonding and Rejection/Anger. The psychometric study shows reasonable indexes of internal consistency (Alpha of Cronbach = 0.681). High MIBS scores (maternal negative affectivity toward infant) were significantly predicted by psychosocial factors (parity, psychiatric history, lack of social support, dissatisfaction with living environment, financial problems). The study results support the need for screening and supporting mothers who are depressed and confronting psychosocial adversity in order to prevent bonding difficulties with new born.

P389 A Mother-to-Infant Bonding Scale: Longitudinal changes and links with maternal mood during early postnatal period in Japanese mothers
Yamashita H. (Department of Child Psychiatry Kyushu University, Japan), Yamashita H. (Kyushu University, Japan)
Background: Women in Japan become depressed after childbirth with the same onset rate as European and other countries. Adverse effects of maternal depression are well documented namely on the mother-infant interaction and child cognitive development, but not as much attention has been given to the impact on the mother’s emotional involvement with the offspring. The Mother-to-Infant Bonding Scale Japanese version (MIBS-J) has been designed for a simple self-rating questionnaire that could be used to detect the problems in the mothers’ feelings towards her new baby and possibly for clinical use in Japan.

Subject: Subjects were recruited at an outpatient clinic of a maternity hospital in a community after 30 weeks into gestation. Method: MIBS-J and the Edinburgh Postnatal Depression Scale (EPDS) were administered on the fifth day at maternity ward, and sent one month and four month postnatally by post. Result: Five hundred and fifty four returned all questionnaires. A reliability test and a principal component analysis demonstrated the ten items with two factor structure or the scores of MIBS-J at each timings and A principal components and reliability analysis showed that Chronbach’s a score were 0.625 and 0.714 at one month and four month respectively. About a newly revised MIBS-J with 9-items was discussed in terms of omitted one item from the original questionnaire and for clinical use.

P390 The Baby Mat Project: A parent – infant community intervention based in Alexandra
Frost K. (UBUBELLE, South Africa)
The Baby Mat Project: A parent – infant community intervention based in Alexandra township, South Africa – a description of a project and reflections on a trauma. This paper attempts to address the complexities of working with trauma in the Baby Mat Project (a parent-infant community intervention) within a context characterized by ubiquitous levels of violence. The paper tries to tease out some of the implications of working with trauma both as a contextual given as well as a clinical manifestation within this particular project. The paper emerged in part as an attempt to work through some of the terrible feelings evoked by the violent murder of a parent-infant practitioner who had worked on the Ububele Baby Mat Project in Alexandra Township in South Africa. In this instance trauma could no longer be responded to as mental event to be contained and worked through, instead it became a terrifying concrete reality threatening to disrupt and destroy the work of the UUPIP. In the response to Bianca Warburton’s death the UUPIP (Ububele Umndlezane parent infant Project) team had become projectively identified as the victim of violence – the violated, attacked and bereft mother, momentarily unable to continue in her role as caretaker. This experience of being concretely identified as the traumatized mother brought the UUPIP team to re-examine the impact of trauma upon mothers, babies and practitioners engaged in parent-infant work. Using clinical extracts the paper addresses the traumas associated with domestic violence, AIDS-related illness and social dislocation. All these traumas are commonplace presentations on the Baby Mat.

P391 A Mother-to-Infant Bonding Scale: Longitudinal changes and links with maternal mood during early postnatal period in Japanese mothers
Yoshida K. (Kyushu University, Japan), Yamashita H. (Department of Child Psychiatry, Kyushu University, Japan)
Background: Women in Japan become depressed after childbirth with the same onset rate as European and other countries. Adverse effects of maternal depression are well documented namely on the mother-infant interaction and child cognitive development, but not as much attention has been given to the impact on the mother’s emotional involvement with the offspring. The Mother-to-Infant Bonding Scale Japanese version (MIBS-J) has been designed for a simple self-rating questionnaire that could be used to detect the problems in the mothers’ feelings towards her new baby and possibly for clinical use in Japan.

Of those mothers, 13.9% were identified as having postnatal depression (EPDS score ≥9). Factor analysis shows that MIBS-J can be well organized in 2 subscales: Lack of positive bonding and Rejection/Anger. The psychometric study shows reasonable indexes of internal consistency (Alpha of Cronbach = 0.681). High MIBS scores (maternal negative affectivity toward infant) were significantly predicted by psychosocial factors (parity, psychiatric history, lack of social support, dissatisfaction with living environment, financial problems). The study results support the need for screening and supporting mothers who are depressed and confronting psychosocial adversity in order to prevent bonding difficulties with new born.
analysis shows that MIBS-J can be well organized in 2 subscales: Lack of positive bonding and Rejection/Anger. There was a strong correlation between the MIBS-J scores over postnatal time: 5 day and 1 month, 5 day and 4 month, 1 month and 4 month (Pearson’s correlations, r=0.51, 0.40 and 0.52 respectively). The mothers with higher scores (worse) of the MIBS-J at any three periods had higher scores of the EPDS. Mothers with higher EPDS (9 or more) had significantly higher Rejection/Anger at one month and 4 months respectively. Multiple regression analysis showed that those with higher MIBS at 5 days, one month and high EPDS at 4 months had higher MIBS at 4 months. Conclusion: MIBS-J is acceptable for use with postnatal mothers especially for the clinical setting at neonatal and postnatal check up.

**P392 Parental satisfaction in German prevention projects against child maltreatment**

Hofer A., Schoelhorn A., Kuenster A., Roudil d'Joux V., Knorr C., Ziegenhain U. (Ulm University Hospital Department of Child and Adolescent Psychiatry and Psychotherapy, Germany)

Theory/ Background: In the last years, there has been tremendous development and advancement in the area of child protection in Germany, as many new projects targeting at prevention of child maltreatment emerged. Therefore there was a lack of outcome research in this field. Thus we evaluated two of those prevention programs. One is called "Future for children in Duesseldorf" the other is called "The Munich model for support and prevention". Both of them target at families with children between zero and three years of age, who need support. Both programs aim at early prevention right around birth. They aim at identifying psychosocial stressors in families and babies as early as possible and to provide professional support from child welfare and health care. Method We conducted telephone interviews and asked parents supported by the respective programs about their satisfaction. We assessed socio-demographic status of the families, their reasons for participating in the prevention project, for a specification of their problems and needs, the time span of the intervention, possible changes due to the intervention, satisfaction with the intervention, quality of cooperation, and suggestions for improvement. Results In our telephone survey in "Future for children in Duesseldorf", we reached 44 parents (46%, of N= 95 total participants). Altogether, parents rated the intervention as helpful; 91% of the parents that participated in the survey stated that the intervention was helpful, 50% felt more secure, 23% felt unburdened. Asked about their satisfaction on a scale from 1=very good to 6=very bad, mean rating of the parents was 1.9 (SD=0.85; min=1; max=4.5; N=43). Parents rated cooperation between professionals that worked in the families during the intervention on the average at 1.8 (SD=0.86; min=1; max=4; N=32) on that same scale from 1-6. Discussion We conclude that early prevention and interventions are not necessarily seen negatively and stigmatizing by parents as indicated in other publications. The majority of parents rated the program very positively. This could be due to the fact that in these projects child welfare systems and health care systems cooperated very efficiently in contact, prevention and intervention. Data collection of "The Munich model for support and prevention” is still in progress. Results will be included in the presentation.

**P393 Monitoring the infant’s psychosocial development and health in primary health care**

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A lack of reliable national statistical information on the psychosocial development and health of infants and young children impedes the development of optimally resourced new preventive programmes and health care services in Finland. The LATE project, carried out by the National Public Health Institute, investigated the possibility of gathering standardised national health monitoring data from regular check-ups organized in child health clinics. The project was implemented in 10 health care centres representing diverse populations and demographic regions in Finland. The sample consisted of 659 infants attending regular check-ups in child health clinics at the age of ½, 1 and 3 years. The average number of each age group was 220 children. The psychosocial development and health of ½ to 3-year-old children was assessed by the child health nurse in the course of a check-up visit which also included examination of physical health and growth. The methods for assessing the psychosocial development and health were observation of the infant, observation of the parent-infant interaction and interviewing the parent or parents. The child health nurse documented her concerns about the infant's psychosocial development and health, nurturing and rearing, family situation and parent-child interaction. Child health nurses reported severe concern about infant's psychosocial development and health in one percent of half-year old infants, of one-year old boys and of three-year old toddlers. Concerns about family situation were more common, being reported e.g. in 3 % of one-year-olds. Associations between nurse-reported concerns, observational findings and demographic factors are illustrated in the poster presentation. Concerns and problems appearing during infancy indicate a need for preventive and therapeutic interventions and programmes. It is important to develop standardised methods for health and development monitoring during infancy. The opportunity to electronically collect nationwide reliable data from child health clinics will help policymakers and infant mental health specialists to develop resources and programmes according to the need of infants and their families.

**P394 HELP-S for children - A multi-centre study in Saxony, Germany**

Bönisch S. (University of Leipzig, Germany), Holtz K. (University of Leipzig, Germany), Sonnabend N. (University of Leipzig, Germany), Müller A. (Technische Universität Dresden, Germany), Schützwohl M. (Technische Universität Dresden, Germany), Hegerl U. (University of Leipzig, Germany), Kocalevent R. (University of Leipzig, Germany)

Background: 20 to 30% of psychiatric patients have minor children. These children are at a higher risk of developing a psychiatric
disorder themselves because of genetic and psychosocial risk factors. Health promotion and prevention strategies should be applied in the early childhood (< 5 years). As far as we know, up until now, no studies have been published about the prevalence and needs of children with a mentally ill parent or about interventions for this vulnerable group in the federal state of Saxony, Germany. Project: Therefore, the multi-centre study HELP-S for Children was initiated by the University of Leipzig in cooperation with the Technical University of Dresden. The aim of HELP-S for Children is to examine the situation of children with a mentally ill parent in the federal state of Saxony, Germany. The prevalence and specific needs of children with a mentally ill parent will be recorded by the centre in Leipzig. Method: All psychiatric outpatients, who come to one of the 140 psychiatrists' practices in the administrative districts of Leipzig and Dresden at an appointed date will be asked to participate in the study. Patients with minor children will be asked to fill out a detailed questionnaire about the perceived needs of their children and the existing and lacking support possibilities. Because there is no adequate instrument to assess the needs of the children with a mentally ill parent, we will develop a standardized questionnaire by using expert interviews and a pre-test with mentally ill parents. The expert interviews touched upon different topics including: problems, needs, interventions and resources. We analysed the interviews using the qualitative research approach Grounded Theory. Results: 26 experts from various fields participated in our interviews. Data about problems, needs and interventions were categorised in approximately 50 groups. The results of our analysis were in accordance with literature. Main topics were: need of psychoeducation for children, practical help, empowerment of children and parents and de-stigmatisation. Conclusions: The results of the qualitative analysis are the basis of a standardised questionnaire, which will be useable in other studies about needs of children with a mentally ill parent.

P395 HELP-S for children: The role of psychiatrists and support opportunities for children with a mentally ill parent - A multi-centre study in Saxony

Bönisch S. (University of Leipzig, Germany), Müller A. (Technische Universität Dresden, Germany), Schützwohl M. (Technische Universität Dresden, Germany), Kocalevent R. (University of Leipzig, Germany)

Background: The risk of developing a psychiatric disorder is increased in children with a parent with severe mental illness. Little is known about support offerings for children in different age groups. Important topics are information about parent sickness, coping psychiatric hospital treatment, importance of relatives and stigma reduction (Hill et al., 2006; Nomura et al., 2002; Biederman et al. 2001). Mentally ill parents have a high negative attitude against youth welfare service (Koelch et al., 2008), but in fact they are just fragmentary informed about possibilities for support (Sommer et al., 2001). Psychiatrists assume a key role in the treatment of severely mentally ill. Nevertheless, only 17% of the attending psychiatrists have a face-to-face contact to the inpatients' minor children (Bohus, 1998). The contact rate in the ambulatory setting will be quite similar. Nothing is known about how psychiatrists handle with their patients' parenthood. Aims: To fill the existing gap in research the HELP-S for Children — Project was conducted with the aims to 1 identify prevalence of children in different age groups with mentally ill parents 2 look for children specific needs in rural and urban areas and 3 examine psychiatrists handling with parenthood of mentally ill persons. In particular, we want to ascertain if they know special support programs for children of mentally ill patients. Furthermore, 4 a systematic overview of all support opportunities for children in different age groups with a mentally ill parent in Saxony will be established. Method and Results: This multi-centre study is accomplished by the University of Leipzig and the Technical University of Dresden. Psychiatrists' handling will be explored with a questionnaire developed for this study. It examines, if the psychiatrists see patients' children while treatment, if they ask the parents for a need for special support and if they approve and mediate support programs. In a second step a systematic topographic overview for all support opportunities in Saxony will be generated as a guideline for parents, children and professionals.

P396 The mental health of children with psychotic parents

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OBJECTIVES: To bring our contribution to the improvement of child mental health services in our country in a time of transition, to build a strong preventive intervention network of multidisciplinary teams, to minimize the impact of the mental illness of the parent on the child; to approach early detection and proper intervention strategies, aiming to improve the coping abilities of the psychotic parents and of their children. METHODS: In our study of the two groups - the 103 “high risk” children group of parents with schizophrenia and the 50 children group of parents with depression, performed in the period 2000-2008, we applied the CBCL, SCL 90, FAD and PIF. 50 children with schizophrenic parents and 25 with depressive parents received multi-dimensionally therapy. RESULTS Through one way ANOVA correlations between CBCL-SCL / SCL-FAD scores we found statistically significant values, p<0.001. The CBCL showed high internalization=28 / externalization=32 scores – for depression, hyperactivity, aggressiveness in both groups , but higher for the children with schizophrenic parents. The SCL showed high anxiety, depression and obsessional-compulsive scores for the parents in both groups. The FAD showed high scores for communication, affective responsiveness, role distribution. SCL-CBCL correlations: high obsessive values in parents determine high internalization scores in children and high depression and anxiety values determine high total CBCL scores. SCL-FAD correlations: a strong positive relation between the parent’s symptoms (sensitivity, depression) and disturbed family functioning - affective responsiveness. Through the PIF application, utilizing the Spearman's correlation ranks(R) and MANOVA, we found that: the identification behavior of the children with schizophrenic parents is distorted and the highest correlations are r=.788 for the identification ideal self- disordered parent and in the control group, r=.834 for the identification ideal self-healthy parent. CONCLUSIONS: In order to improve the child mental health the most efficient intervention strategies were family based. Through the approached multi-dimensionally therapy, we diminished the
impact of the parent’s mental illness on the child’s development

**P397  HELP-S for children: Analysing the needs of children with a mentally ill parent - A multi-centre study in Saxony, Germany**

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Background: About 26.5% of psychiatric in- and outpatients in Germany have minor children. Children younger than 5 years with a mentally ill parent should be focused on in health promotion and prevention strategies. More than half of these children have specific needs, which are only met in 54% of these children. These specific needs include practical help, education about their parents’ illness and help in times of their parents’ hospitalisation, which should be part of interventions. Most studies in the field of needs of children with mentally ill parents focus on inpatient settings, on mothers and specific disorders like depression and schizophrenia. In our project HELP-S for children we aim for filling these gaps of recent research. Method: In our study we will examine psychiatric outpatients, who come to one of the 140 psychiatrist’s practices in the administrative districts of Leipzig and Dresden at an appointed date in March 2010. These outpatients will be asked to participate in our study. Patients with minor children will be asked to fill out a detailed questionnaire about the perceived needs of their children and the existing and lacking support possibilities. This questionnaire is based on the results of expert interviews, conducted in our study. Furthermore, the parents will be asked to fill out the Strength and Difficulties Questionnaire as a measure of burden. Results: Burden and needs of children will be analysed with regard to the parents’ disorder. Furthermore, we will analyse the differences in burden and needs according to the age of the children, gender of the mentally ill parent and chronicity and severity of the parents’ disorder. Another important aspect of our analysis is the coverage of the needs with regard to urbanicity. Conclusions: HELP-S for children is the first study which examines the needs of children with a mentally ill parent in Saxony. Beyond that we focus the first time on a large sample of psychiatric outpatient and their children and do not exclude fathers and specific disorders. Therefore, our results will be an improvement in research in the field of children with a mentally ill parent.

**P398  Becoming mother, becoming father: Methodological and clinical aspects of a longitudinal project**

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A great number of studies on child development begins during pregnancy (Mayseless, 2006; Mayes, 2007; Von Klitzing, 1999, 2008). Our research explores parents’ mental representations and problems connected to parenthood, to plan specific clinical interventions for parents and babies. This longitudinal study is part of a wider one, based on several different sessions, starting from the seventh month of pregnancy, until the baby is eighteen months. Thus far, more than 160 subjects (80 couples) were involved. Here we refer to a subsample of 80 parents, 40 mothers and 40 fathers, during their first parental experience. The instruments we used during pregnancy are reported as follows: - IRMAG/IRPAG (Interviews of Maternal and Paternal Representations During Pregnancy; Ammaniti, Candelori et al., vers. Ch), to explore mental representations of parents; - AAI (Adult Attachment Interview, George, Kaplan, Main, 1985), in order to assess the parental state of mind concerning attachment; - Socioanamnestic and Life-events Questionnaire, to evaluate cultural and family factors as well as relevant events in the parents' life; - Observation protocol, to describe the subject, the interview’s setting, and the interviewer's personal impression about non-verbal aspects of the communication. On the other hand, these instruments were used after birth: - IEP (Interview about the experience of childbirth, Candelori et al., 2005) with the purpose of exploring the conditions of delivery and the emotional effects of birth; - IRMAN/IRPAN (Interviews of Maternal and Paternal Representations After the Birth; Ammaniti, Candelori et al., vers. Ch), to study possible changes in mental representations after first contacts with the real baby; Other instruments utilized: EPDS, SCL90-R, ISB (Child development interview), Strange Situation. Since the first interview with parents, we offered the opportunity of one or more clinical sessions, in case they were facing psychological problems or critical phases. Our work is still in progress, but most of the collected data has already been analyzed. IRMAG and IRPAG results show a prevalence of "integrated-balanced" representations, while only a small group of subjects were codified as "disengaged" or "ambivalent". These data were compared with the other instruments used. In the presentation of our work we will submit the research methodology, the main results and, in the closing section, we will offer some significant clinical examples.

**P399  Cooperation between institutions of child welfare systems and health care systems with respect to prevention of child maltreatment**

Schoellhorn A. (Ulm University Hospital Department of Child and Adolescent Psychiatry and Psychotherapy, Germany)

Background The special vulnerability of infants accentuates the need of early help and prevention to guarantee for healthy child development even under suboptimal conditions. In early help and prevention of child endangerment we see the necessity of effective cooperation between child welfare systems and health care systems for the set up of systematized and obligatory structures. Due to high demands on cooperation friction losses are rather common. There is still a lack in standardisation of content and general conditions of cooperation. Additionally there are no standardized procedures for coping with typical obstacles of cooperation. This study is concerned with the development of a framework of cooperation between child welfare systems and health care systems. Method To carefully examine conditions of successful cooperation we conducted 26 semi structured interviews on child protection, cooperation and networking with experts of different fields, institutions and hierarchy levels in health care (15 interviews) and in child welfare (11 interviews). The interviews were transcribes. We conducted qualitative analyses (Mayring 2003) using the software
package atlas.ti. Results Preliminary results reveal that successful cooperation seems to depend on the one hand on factors controlled by the partners in the network and on the other hand on environmental factors. With respect to the partners of cooperation several topics were important, such as case-related cooperation and cooperation in networking as well as a general positive attitude towards each other. Important environmental factors were resources (time, money, human factors) as well as political and societal support. Additional analysis showed that there where domain specific obstacles of cooperation for each profession that could be subsumed to certain main topics. Those main topics can build the basis for intervention. Discussion Interdisciplinary cooperation requires a variety of highly motivated and very distinct engagements of people with very different background. The development can be supported by resources for the implementation of suitable forms of cooperation like initiation of round tables, work groups and interdisciplinary trainings. The issue is to be part of the curriculum in training and in university education in order to sustain successful and efficient networking. To enhance and improve service delivery for parents and infants interdisciplinary and general replications as well as obligatory procedural pathways have to be established.

P400  An early home-visiting intervention for depressed mothers and their infants: Theory, research, and practice

Kerenst-Alvarez L. (Radboud University Nijmegen,).

Infants from depressed mothers are at risk to develop serious psychological problems later in life. The relationship between reduced sensitivity in the mother and insecure mother-child attachment plays a crucial role in the transgenerational transfer of psychological problems. A preventive home-based intervention program has been developed that focuses on the reinforcement of positive mother-infant interactions and specifically on the mother's sensitivity by means of video feedback. Depending on the mother's needs other methods are used, among which modelling behaviour, cognitive restructuring of the mother's negative thinking, practical pedagogical support, and baby massage. Results of an RCT on the intervention effects showed significant positive effects on the quality of the mother-child interaction and on the mother-child attachment. In this workshop the content and theoretical background of the intervention program and the short-term effects of the RCT will be discussed. Video material will be shown of the interactions between depressed mothers and their babies to illustrate the intervention methods. Furthermore, the longitudinal results of a recent follow-up study at child age 5 will be presented. This follow-up is one of the first to examine the longer-term effects of an intervention for mothers with postpartum depression and their infants at school-age. Finally, current efforts will be discussed on the nation-wide dissemination and implementation of the intervention in order to reach a larger population of depressed mother and their infants.

P402 Enhancing Self Care Skill through workshop for children with learning difficulties

Mohd Yasin N. (UKM Medical Centre, Kuala Lumpur)

Children with learning difficulties also have problems with their social and self care skills. They need to be guided and trained to enable them to be accepted by their peers. Self care skill workshop was a program conducted by the occupational therapists in UKM Medical Centre, Kuala Lumpur to increase the skills of the children with learning difficulties so that they would be able to manage their daily activities. The program was successfully conducted within 15 months (between 25th May 2007 to 12 August 2008) with 12 sessions. Objectives of the workshop were to improve and to train social skills through daily life activities thus enable the children to be independent in self care. There were 8 participants selected, aged between 8-18 years old (4 with intellectual impairment and 4 with learning difficulties). However, 3 participants were unable to continue the programme. The assessment conducted were: assessment of communication and interaction skills, behaviour observation checklist, visual motor integration checklist, care of living quarters checklist and assessment form for domestic activities. The workshop consist of four domain activities ie. domestic therapy, self management therapy, painting therapy and creative therapy. These activities were conducted by different therapists each. Each therapy had its own goals and activities. The poster will highlight the program in detail and the impact of the workshop on the participants' self care skills.

P403 Assessment of antenatal attachment in both mothers and fathers: A pilot study in a hospital in Northern Italy

Rolle L. (Department of Psychology, Italy), Brustia P. (Department of Psychology, Italy)

Introduction. The research works on the dynamics of fetal growth have shown both the presence of a fetus is active, responsive, able to interact with stimuli from the mother's body and from the surrounding environment (Piontelli, 1992; Della Vedova, Imbasciati, 1998; Imbasciati, Margiotta, 2004; Manfredi, Imbasciati, 2004) both the importance of prenatal attachment in fetal development (Condon, 1993, 1997; Condon, Corkindale, 1997; Siddiqui, Hagglotf, 2000; Righetti, Dell'Avanzo, Grigio, Nicolini 2005). Indeed, as argued by Condon (1997) "Maternal—foetal attachment is of a potential significance from both theoretical and clinical perspectives. It represents the development of the earliest, most basic form of human intimacy involving an object characterized by a curious admixture of fantasy and reality." (p. 361) Objective. The aim of the present pilot research, done between May and October 2009, was to investigate the antenatal attachment in future mothers and fathers measuring the quality and intensity of the prenatal attachment and the level of the ambivalence attitudes pregnancy. (Condon, Corkindale, 1997). Sample. 60 couple of future parents has been recruited in a Piedmont Hospital during the 19—23 weeks of gestation. The questionnaire were anonymous and there were any possibility to know the person. The inclusion's criteria were: major age, no past psychopathology and to be able to read and write Italian language. Instrument. We used a socio-demographic questionnaire, one for the mother and one for the father, the Maternal and Paternal Antenatal Attachment Scale (Condon, Corkindale, 1997) and the open-ended questionnaire of Esses & Maio (2002; Cavazza, 2005), in recognition of the ambivalent attitudes towards an object. Data Analysis At the moment we're still analyzing the data with SPSS 12.0 but we can yet say something about the sample: the age of mothers is min 20 and max 40 year old (mean 32, SD 4.9), the age of
the fathers is min 21 and max 42 year old (mean 34, SD4,3). The 74% is married and the 26% lives together.

**Saturday: Poster session: Psychodynamic Psychotherapy**

**P404 The pathology of babies' envelopes with borderline mothers**
Mellier D. (Université, France), Rochette J. (Université Lyon2, France)
The impact of borderline mothers' interactions upon their infants is now well known. Moreover, numerous studies examine the disrupting effects of post-partum maternal depression. However, it is most important to consider the large variety and heterogeneity of later trouble such as psychosomatic, behaviour or anxiety disorders. In this communication, we would like to highlight the fact that the baby has to cope with the same problem among these differences: the construction of its own psychic envelopes. We support the theory that in these situations the infant has difficulties in gaining access to a psychic space shared with its mother from the birth and that consequently, the infant will have later difficulties in differentiating itself from the mother and building up its own psychic space. There are troubles in the construction of the infant psychic space. These troubles would result from the fragility of its envelopes due to two opposite and often simultaneous processes: the persistence of a more archaic functioning relative to its age and the excessive maturation of a prematurely acquired and insufficiently interiorised functioning. This is why these babies show recurring troubles in their separation from the mother ; they are in too great a symbiosis with the mother, or apparently too much detached from her. A more precise study of these processes shows the importance of the construction of a first mother-infant dyadic space after birth and the three stages of the construction of the infant's psychic envelopes will follow. Around 2-5 months, the first psychic skins are usually enriched wit the emergence of the affect attunement. Around 9-12 months, the access to attachment allows the baby to experiment its motility. Around 18-24 months, the language acquisition, particularly the "no", allows the baby to enter, by its opposition, into the world of language. At each step, the baby's troubles result from the confusion of its limits and its borders with its mother. The troubles of emotional regulation, the troubles of attention and behaviour, and then those of the establishment of the ego, and of a false-self each time testify to these deregulations The demonstration will include a short synthetic review of the literature and clinical analysis of various cases from nurseries, well-baby clinics or children psychiatric services, as well as of a systematic longitudinal study of a community sample of 52 dyads during the first year of the baby's life. A short video case will illustrate this process between a mother and her baby. Beyond diagnosis, the interest of this study is preventive and therapeutic. The fragility of the babies' psychic envelopes of borderline mother pleads for a joint treatment of the mother-baby dyad (or triad), for the important role of the group in these therapeutic treatments and also for some therapeutic effects of the moderate physical separations in day nurseries.

**P405 Development of parental competence in borderline mothers**
Pedrina F. (University Kassel, Switzerland)
Mothers with personality disorders have difficulty regulating their affects and controlling their emotional impulses. They have difficulty differentiating them from those of others and find it hard to empathise with them. They are indeed emotionally impaired in those respects, which are vitally important in mother-infant-relationships for the healthy development of the child. This paper will present therapeutic work with mothers, whose child has been placed in foster care as consequence of acute dangerous affect outburst or of chronically inadequate care. The aim of therapy is on the side of the mother the development of sensitivity for the needs and emotional life of the child as a separated person and the development of better coping with strong emotions. The progress and limitations in individual therapy as well as in the mother-infant-setting are shown; in the second case the positive effects on the child's understanding of pathological interactions can also be shown.

**P406 Postpartum psychiatric disorders: Psychodynamic perspectives on mother-infant psychotherapy in various clinical settings.**
Happach C. (Bethesda Hospital, Department of Psychiatry and Psychotherapy, Germany)
During pregnancy and after childbirth, there is an increased risk for the onset of OCD symptoms. The prevalence of OCD in the third trimester of pregnancy was recently found to be 3.5 %, and rates of postpartum OCD vary between 2.6% and 9%, compared to a lifetime prevalence of approximately 2% in the general population (Uguz et al 2007, Zambaldi et al 2009). In postpartum OCD, aggressive, child-directed obsessions appear to be especially common. Intrusive thoughts of intentionally harming the baby by contamination, stabbing, dropping, drowning or sexual abuse, are extremely disturbing to the mother affected. Compulsions in response to these threatening obsessions, like repetitive washing, cleaning and checking of the baby, may interfere with the child’s sleep, overall well being and emotional development. Maternal shame and intense feelings of guilt may contribute to the fact, that postpartum OCD is reported spontaneously only seldom, but often masked by avoidance of child care or unspecified anxious-depressive mood. This contribution sums up current data on perinatal manifestation of OCD with regard to etiology, clinical characteristics and treatment options. A case report illustrates the clinical intervention within the framework of psychodynamic psychotherapy.

**P407 Postpartum psychiatric disorders: Psychodynamic perspectives on mother-infant psychotherapy in various clinical settings.**
Hartmann H. (Vitos Hospital Heppenheim, Germany)
Not only postpartum depression and postpartum psychosis, but also every other psychiatric illness of mothers, severe personality...
disorders included, have an enormous impact on the psychic development of infants and toddlers. As consequences, crying, sleeping and feeding disorders can be observed, but also disorders of cognitive-emotional development because of emotional neglect and physical and psychic maltreatment. By means of a focus oriented psychodynamic and attachment based approach to treatment, disorders of the mothers and the accompanying interaction disorders of their children are understood and changed. Videofeedback and nonverbal therapies support this process. Fathers and families are also integrated into the treatment. A short videoclip of a postpartum depressed mother illustrates the therapeutic process on the ward.

**P408 Moving flexibly: The expanding possibilities of Child-Parent Psychotherapy: A clinical case presentation of a severely traumatized mother-daughter dyad**

Hatzor T. (Parent Infant Program of Columbia University Center for psychoanalytic training and research, United States), Wick D. (PIP, United States), Milano A. (NYPH, United States)

Child Parent Psychotherapy (CPP) is becoming widely used as an evidence-based therapeutic modality for infants, toddlers and their parents affected by trauma. This workshop aims to describe the expanding therapeutic possibilities of CPP through a clinical case study of a Latina mother and her young daughter, both severely traumatized by domestic violence, abuse, and intergenerational transmitted trauma from the mother's own childhood history. Through a detailed presentation of clinical work we will show how CPP addressed the disrupted attachment system and the effects of the violent trauma on the dyad. Usually CPP relies on the traumatized parent to be the active partner in the process of promoting psychological healing for the child by strengthening the parent-child bond. The therapeutic potential of this model resides in the healing of the child parent relationship as the vehicle for the individual healing for both parent and child. Often the therapeutic work proceeds through the dyadic work: mother and child are seen together in the therapy room, while occasionally the mother is seen alone. This case will illustrate the great flexibility of the model that gives room for different modalities to be applied in accordance to the dyad's mental needs. In the case we are going to present, after attempting to proceed first in the dyadic mode, the supervisor with the team understood that the individual healing needed to precede the healing of the relationship, while still preserving the CPP continuity and the therapeutic process. We will describe the different modalities used based on the team's clinical understanding of the dyad's mental states with the specific purpose of changing the mental representation that the child and the parent had of each other. We will highlight this mechanism while expanding it to include the concept of containment as the path that facilitated the change in the mother's capacity to reflect and understand herself and her child. The fragility and high level of trauma of both mother and daughter required that the team think flexibly and creatively in using therapeutic strategies, which was enhanced by the team's own containment capacity. The use of reflective supervision as the containing process that enabled each therapist to help this dyad will be described. The mother's therapist and the daughter's therapist will each describe their clinical work. The team's supervisor will present the supervisory process.

**P409 Transitions from interactional to intrapsychical focus in psychodynamic short-term psychotherapy with under fives in families with parental cancer**


Introduction: In the face of parental cancer a child's family environment often gets highly destabilized. Adaptive strategies and uncertainties of the primary caregivers might become dysfunctional for a child's development. Children under the age of five especially suffer from frequent separation, uncommon deprivation, affective confusion and a lack of age-appropriate information. According to the Hamburg COSIP-intervention program (“Children of somatically ill parents”) we offer at our clinic in Leipzig specific family counselling to families exposed to this specific stressor in order to promote children's mental health. We expect that some of our patients will additionally need to be supported by short-term psychotherapy, e.g. in case of unresolved emotional stress leading to symptoms or avoidance of open communication leaving children alone with their fears and fantasies. In preschool age, children egocentric and magical thinking may result in ideas of having caused the parents illness by his or her own bad thoughts or behaviours. Laughing, playing or having fun may as well lead to feelings of guilt. The child may experience, that emotional stress should better not be expressed in order to protect the parents from further distress. Research approach: There is little evidence based research about treatment indication in this specific context. Therefore we investigate the situation of under five years old children exposed to parental cancer and its implications. Our research aim is to reveal and define variables that guide the clinician to decide which focus (interpersonal problems, inner mental conflicts, parental functioning) can best help to support the child's mental health. Our study is part of a joint research project funded by Deutsche Krebshilfe e.V., coordinated by G. Romer, University of Hamburg and we work closely with the early childhood research team at Charité, University of Berlin. Method: Our following along study intends to link an exploratory approach (assessment of patterns of communications about the illness, the child's representations, affects and social competences as well as the accordance/disaccordance between the parent's and professional view concerning the needs of the child) to a rich data basis (assessment of: CBCL 1 1/2 - 5; DC:0-3R; videotaped parent-child-interaction; parental depression; family functioning, social support and quality of life within the family; play narratives of the child at the age of 4-5 years (MacArthur Story StemBattery, MSSB). We are going to present first results about treatment indication and process based on a therapeutic focus referring to specific psychodynamic constellations.
P410 The child who ate "plasticine": Food as indicator of a troubled child-mother relationship
Trumello C. (University "G. d'Annunzio" - Chieti, Italy), Candelori C. (Italy)
Childhood eating disorders include a variety of problems with different etiologies, symptoms and outcomes (Chatoor, 1996): they manifest themselves, in the absence of organic causes, as difficulties for the child in establishing regular eating patterns with adequate amount of food. From a psychoanalytic perspective, starting with Bion (1962), many Authors underline the close connection between somatic and mental processes, and they suggest a "parallel" between what happens in mental apparatus (introjection/projection processes) and what happens in the digestive apparatus (food assimilation/evacuation). Just like the body metabolizes food, so the child's mind metabolizes sensory and emotional experiences. In this metabolization process, in which the child's sensory-emotional experience acquires meaning, the mother plays a fundamental role. During infancy, eating disorders are linked to difficulties in the mother-infant relationship. These disorders seem to show how the child protects himself from his deep "anxieties related to death". In fact, the nutritional relationship appears full of dangerous and destructive elements. In this paper we describe the case of a child in psychoanalytic treatment for 2 and a half years with biweekly frequency. When his parents ask for a clinical consultation the child is 3 and a half years old and shows several disorders (language delay, retention of faeces, separation anxiety, excessive crying, sleep problems), among which the most severe is the eating disorder. In fact, the child refuses the food prepared by his mother, who, in the first assessment interview, appears exhausted and depressed. She ascribes her son's problems to the arrival of a sister, with the consequent deprivation of the "maternal object": in this period the child begins to show a phobic avoidance towards unknown food and particularly towards food offered by his mother, together with other problematic behaviours, and his situation seems to remain unchanged as time goes on. During the psychotherapy work the child expresses his inner worries and the difficulties in his relationship with his mother through play and drawings. In many sessions his game consisted in preparing "baby food" with water and plasticine; he put big pieces of plasticine in his mouth, provoking deep anxiety in the therapist. Most significant drawings will be used to illustrate the process of changing during the treatment.

P411 Ending a parent-infant psychotherapy
François M. (Centre Alfred Binet, France), Jacques A. (Centre Alfred Binet, France), Marcela M. (Centre Alfred Binet, France)
The parent-infant psychotherapy unit of the Centre Alfred Binet has been created twenty years ago by a group of psychoanalysts. In the presentation we will discuss our present considerations on the psychodynamic process of the PIP especially regarding the end of the therapies. A lot of cases can occur: we can have a separation, we can have individual psychotherapy for the child and/or for the parent. Which are the criteria for these choices. We can have also some families coming back a more or less long time after the end of the PIP, how cab we understand and treat this type of request? We will bring both statistical and clinical data to the discussion.

P412 The relevant of primitive communications between a parent and a baby for the psychoanalytical psychotherapies of adults
Rochette J. (Université Lyon2, France), Polo P. (Hôpital Le Vinatier, France), Pacaut-Troncin M. (Hôpital Le Vinatier, France), Terra J. (Hôpital Le Vinatier, France), Mellier D. (Université, France)
The therapeutic situation is regulated by its complex exchanges, with the therapist-patient's asymmetrical couple and its dynamic process of disorganization and reorganization According to the encounter of pathologies of borderline or psychosis, there is an important evolution from the neutrality of the psychotherapist in the direction taking into account the counter-transfer. Obviously, the counter-transfer entirely belongs to the analytic process, particularly its mimico-tonico and postural components. The subjective engagement of an analyst is useful for the appreciation of the therapeutic situation and the semiology. So, the therapeutic situation is an epigenesis of interactions, as parent-baby's relationships, and a co-construction of thinking. It could be considered as a psychic chimera that we shall define as a shared playing area or an inter-play. The initial encounter between a patient and an analyst mobilizes much primitive parts of the patient's (and therapist's) personality, by the way of the basic transfer and the conscious and unconscious emotional reactivation. It updates the first primitive conversations or protoconversations (Trevarthen). So it marks the relational style, which has its origin with the relationships of first significant objects, into this inter-subjective encounter. Objective: the current study progressively includes 30 patients (borderline or psychotic) who are consulting in Mental Health Centre (after their ethical consent). Its aims is to underline the relevance of the discoveries of the perinatal period on the organization of the setting and the analytical technique with grown-up patients. Methode: we study the clinical sequences with adults which have been recorded. We use tools which are originally due to the analysis of precocious interactions: the GEDAN (E. Fivaz, 1992) and the microsequential analysis of rhythms in interactions (M. Gratier, 2001). The analysis concerns the patient but also the therapist. We make comparison with typical situations of baby-mother interactions of a previous research in prenatal period (J. Rochette, D. Mellier, 2005, 2006, 2007). We shall underline the importance of the physical transfer, the prosody and the effects of presence which make possible a state of mind with sufficient hallucinatory background and a first envelope that is necessary for the deployment of the therapeutic process.

P413 Postpartum psychiatric disorders: Psychodynamic perspectives on mother-infant psychotherapy in various clinical settings
Bindt C. (University Medical Center Hamburg-Eppendorf, Department of Psychosomatics in Children and Adolescents, Germany)
Pregnancy and the transition to parenthood involve major psychological changes in parents to-be that have been linked to an increase in anxiety rates. In recent studies, 54% of women showed some degree of antenatal anxiety during at least one trimester (Lee et al
Pre- and postnatal maternal anxiety is associated with unfavourable child outcome in various domains of development. Assisted reproduction treatment, medical and obstetric complication, preterm birth and impaired neonatal health have all been found to contribute to persistent maternal anxiety, interfering with mother-infant interaction and the psychosomatic condition of the infant. In close collaboration with obstetrics and paediatrics, mothers with anxiety disorders can be identified early, and diagnosed and treated in a psychosomatic day-care facility in a two step intervention: First, maternal role confidence is (re-)established with an interaction-focused approach. Secondly, underlying causes of mainly unconscious psychic processes in the mother are addressed in a brief psychodynamic intervention. The clinical procedure is illustrated with case vignettes.

P414  A follow-up of children receiving analytic therapy with a focus on children’s attachment narratives
Erwan V. (Hopital Necker, France), Borghini A. (CHUV, Switzerland), Golse B. (Hopital Necker-Enfants Malades, France), Zigante F. (Necker Hospital, France)
This presentation will follow the evolution of 30 children’s narratives during a course of analytic therapy. We have chosen to assess narratives as they bridge the gap between attachment theory and psychoanalysis. We use the Attachment Story Completion Task (ASCT) which enables to assess attachment representations and also characteristics of speech. The primary results among a cohort of thirty children show deconstruction and reconstruction phases of narratives throughout the therapeutic process. The second objective is to demonstrate the necessity to continue therapy beyond disappearance of symptoms to obtain a structural change (changement in attachment category).