



WORLD ASSOCIATION FOR
INFANT MENTAL HEALTH



Irish Association for
Infant Mental Health



WAIMH
15-19 July 2023
Dublin . Ireland

18th World Congress for the World Association for Infant Mental Health

Book of Abstracts

**(part 1)
Sunday 16th July 2023**

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Premature infants and their parents in the NICU during the COVID-19 pandemic: What have we learned?

Dr Grażyna Kmita

S0 - MCL1: Premature infants and their parents in the NICU during the COVID-19 pandemic: What have we learned?,

Wicklow Hall 1, 16 July 2023, 08:00 - 08:50

Human development is embedded in parent-child relations. This goes beyond the fundamental, protective role of attachment and includes different forms of participation in the process of co-creating and sharing meaning in the context of family, society and culture. Pre-term birth can be regarded as a severe risk factor for child development and mental health directly, via biological vulnerabilities and medical complications, but also indirectly, via the specificities of parent-infant relationship formation. Traumatic perinatal experiences, separation from the baby, as well as specific physiological and behavioral features of premature infants, can all contribute to parental difficulties in initiating and maintaining early quality interactions with their hospitalized child, diminish maternal and paternal self-efficacy, increase a feeling of helplessness and loss of control.

This problem seems even more pronounced in the times of COVID-19 due to additional restrictions and sanitary regulations in obstetric and neonatal intensive care units (Genova et al., 2022; Murray & Swanson, 2020; Ahmed et al., 2020; Cena et al., 2021; Kostenzer et al., 2021, 2022). In the effect, contact of parents with their prematurely born infants is even more limited, which leads to specific hazards for parental mental health, but also infant development and mental health in light of our current knowledge of the crucial role of early human interactions in modulating neonatal pain and stress and promoting positive neurodevelopmental outcomes (Campbell-Yeo et al., 2015; Provenzi et al., 2018).

In this master class we will first discuss recent results of studies on the impact of the COVID -19 pandemic on premature infants and their families in different countries (including the results of Zero Separation project). Next, I will share the results of a series of unpublished mixed method and qualitative studies conducted in Norway, Sweden, Poland, Italy and Serbia with mothers, but also fathers and staff members of neonatal intensive care units, just before and during the pandemic. In addition, clinical experiences related to supporting NICU parents and their infants during the pandemic with the use of ECIMH framework will be an integral part of the class. We will also discuss potential traps in ways of sharing our knowledge with a wider audience, hidden assumptions that may distort interpretation of research results, with potentially iatrogenic effects on NICU parents. Furthermore, we will try to identify ways of promoting resilience in families of premature infants.

Healing the Past by Nurturing the Future: Learning from Aboriginal and Torres Strait Islander communities to foster early connectedness and healing as we emerge from the 'colonial dark ages'

Prof Catherine Chamberlain, Prof Caroline Atkinson, Ms Alison Elliott

S0 - MCL2: Healing the Past by Nurturing the Future: Learning from Aboriginal and Torres Strait Islander communities to foster early connectedness and healing, Wicklow Hall 2A, 16 July 2023, 08:00 - 08:50

Family and extended kinship systems have always been central to the functioning of Aboriginal and Torres Strait Islander societies as the social fabric and cultural attachment systems for nurturing healthy, happy children. These systems have been underpinned by cultural knowledge, governance structures and lore, supporting Aboriginal and Torres Strait Islander peoples to adapt and thrive for at least 2000 generations. Since colonization a mere 200 years ago, Aboriginal and Torres Strait Islander communities have been impacted by colonial violence, genocidal policies and discrimination, including the forced removal of children from their families - resulting in intergenerational trauma and concurrent oppression, suppression and destruction of Aboriginal and Torres Strait Islander knowledges that would enable recovery.

In this masterclass, we will briefly contextualise the important life course opportunity for healing the past by nurturing the future as we emerge from these 'colonial dark ages' and share some insights into cultural practices that foster connectedness, from four years of Aboriginal and Torres Strait Islander-led community-based participatory action research and co-design. We will also discuss effective Aboriginal and Torres Strait Islander strategies to safely hold discussions about trauma with parents, including dadirri, storytelling and yarning; to help transform cycles of intergenerational trauma and harm to intergenerational cycles of nurturing and recovery. So that Aboriginal and Torres Strait Islander families can, once again, live health happy lives in our abundant land we now share.

S-MCL3

Strengthening Children's Well-being Through Anti-Racism and Cultural Wealth Approaches

Dr Iheoma Iruka

S0 - MCL3: Strengthening Children's Well-being Through Anti-Racism and Cultural Wealth Approaches,
Wicklow Hall 2B, 16 July 2023, 08:00 - 08:50

Place, race, or poverty should not predetermine a child's well-being and ability to thrive. Unfortunately, due to systemic racism and other inequities, Black children and other children from marginalized communities are disproportionately likely to experience more adversities than those from more advantaged backgrounds.

This masterclass will describe the various forms of racism and their impact on children's well-being and optimal development in the early years. An antiracist and asset-centered integrative theoretical framework called R3ISE – Racism + Resilience + Resistance Integrative Study of Childhood Ecosystem will be introduced.

The R3ISE integrative model examines how different forms of racism, such as cultural and systemic racism, impact children's healthy development and the moderating role of family and community cultural assets. Through this framework, participants will examine how protection from harm and trauma, promotion of health, wealth, and education, and preservation of family units, language, and culture can ensure children thrive. Preliminary data will be shared regarding the link between racism, cultural wealth, and children's wellbeing, focusing on differential impact across racial and ethnic groups in the U.S.

S-MCL4

An exploration of the Third Space: the interface between infant mental health and adult mental health in responding to infant-parent relationship problems in frontline services

Ms Catherine Maguire, Ms Mairead Carolan

S0 - MCL4: An exploration of the Third Space: the interface between infant mental health and adult mental health in responding to infant-parent relationship problems in frontline services, Wicklow 1, 16 July 2023, 08:00 - 08:50

Winnicott said “There is no such thing as an infant” but we extend this to “...or just an infant mental health clinician”.

The infant-parent relationship is the frequent port of entry when there are clinical concerns requiring early intervention and repair. This becomes a critical window when concerns lie within the parental mind, are felt within the infant’s mind, are observed in the quality of dyadic relational interactions, and also experienced in the minds of treating clinicians within infant mental health (IMH) and adult mental health (AMH) services.

Essential to this is the challenge to know, appreciate and verbally represent, for ourselves and the client family, the distinctive characteristics of the interactions within the parent’s subjective experience, the infant’s subjective experience, and the intersubjectivity generated in the dyad - the analytic third that

“...provides a framework of ideas about the interdependence of subject and object, of transference and countertransference that assists the clinician in his efforts to attend closely to and think clearly about the myriad of intersubjective clinical facts he encounters” (Ogden, 1994)

We consider Ogden’s concept of the analytic third as a beneficial framework within which to consider not just the intersubjectivity of the parent-infant dyad but also the treating clinicians and systems.

Two frontline clinicians working with distressed parent-infant dyads, one in IMH and the other in AMH, will reflect on the effectiveness of this theoretical framework in understanding and intervening with some of the most complex dyadic struggles in infant-parent relationships. Case examples will demonstrate the application of these concepts.

Reference

Ogden, T.H. (1994). The Analytic Third: Working with Intersubjective Clinical Facts. *The International Journal of Psychoanalysis*, 75:3-19.

Winnicott, D. W. (1965). *The Maturation Processes and the Facilitating Environment*, International Universities Press Inc, pp. 37-55.

Time to Move Beyond the Western Mother: Parental Distress in Different Cultures After the Birth a Premature Baby

Prof. Naama Atzaba-Poria

S0 - MCL5: Premature Infant, Premature Parent: Parental Mental Distress, Child Development and Culture, Wicklow 3, 16 July 2023, 08:00 - 08:50

The birth of a preterm infant is often an emotionally traumatizing crisis for both parents, raising feelings of anxiety and depression that are related to parents' feelings of loss of control and inhibited trust in their child, in their own future, and in their role as competent parents. This risk may be further increased for an ethnic minority population. However, most research on both parental experience and preterm infants' development has focused on mothers from Westernized cultures. This is worrying because research suggests that a substantial number of men experience signs of anxiety and depressive symptoms (particularly during the child-rearing years) and that parents from ethnic minority groups are at high risk for postpartum emotional distress.

This talk will address this gap by uncovering the experiences that both fathers and mothers from distinct cultures may experience following a preterm birth and presenting data about the long-term effect of parenting a preterm infant while considering the parental mental state following their infant's birth and throughout the first years of their infant's life. Using data from multiple studies on an ethnic majority population (Jewish Israelis) and an ethnic minority population (Arab Bedouin), a deeper examination of ethnic minority fathers' and mothers' experiences on parenting a preterm infant and their infant's cognitive and socioemotional development will be presented. Risk and resilience processes will be discussed while considering universal factors (e.g., stress experienced at the NICU) as well as more culturally specific factors (e.g., acculturation status). Clinical implications of early intervention during the NICU stay and in the first years of the infant's life will be discussed.

S-MCL6

Spotlight on the practitioner working with infants and their parents: strengths, challenges and self curiosity

Mrs Tessa Baradon

S0 - MCL6: Spotlight on the practitioner working with infants and their parents: strengths, challenges and self curiosity,

Wicklow 4, 16 July 2023, 08:00 - 08:50

Many practitioners report that their work with infants and parents is the most challenging aspect of their practice, yet this work is also highly rewarding.

In this talk I will address aspects of the work that present particular challenges to the practitioner – such as the immersion in raw emotions and early states of mind, the evocative and often taxing quality of parent-infant disturbance, the pull to align with either parent or infant. I will argue that the rewards lie in the nature of the relationship that we co-construct with the participants, and I will describe the elements that make for a therapeutic essence.

Finally, I suggest that meeting the challenges and reaping the rewards depends on our ability to sustain self-curiosity and personal psychological work through reflective practice.

Early communication within the family system: understanding interactional synchrony

Dr Julia Scarano de Mendonca

S0 - MCL7: Early communication within the family system: understanding interactional synchrony, Wicklow 5, 16 July 2023, 08:00 - 08:50

Based on the Family System approach (Minuchin, 1985), our objective is to understand early family communication through the lenses of the social partners' interactional synchrony (IS).

IS is a universal phenomenon and a key element of all social interaction. It reflects the reciprocity of attention, interest and resonance between the social partners. Two ethological behavioral based micro-coding schemes to assess family communication at the child's second and third year of life will be presented. They are multidimension observational tools that indicate the level of dyadic and triadic behavior synchrony between the social partners in relation to the interpersonal physical distance, visual and body orientation, play involvement and shared affect.

Research on the factors that may be associated with IS within the family system will be presented; they are: context, attachment relationship, parental depression (own and partner), child's gender, parental culture values (socialization goals and familism) and the child's and mother's hormones.

Results show, for example, that when interacting in dyads, both mothers and fathers were in close contact with their child suggesting a synchronous style of interaction whereas, in the triadic context, mother-child dyads formed the main unit of the ongoing interaction while fathers were more distant from them.

Results also show that low-income Brazilian children may be exposed mostly to fathers' values and practices characterized by the encouragement of the child's dependency and adherence to more traditional values, when the family plays together in triads. These and other results will be discussed in the light of a developmental systems perspective (Fitzgerald et al., 2020)

S-MCL8

The mother's relationship with the unborn baby – what is known and its implications for practice

Dr Jane Barlow

S0 - MCL8: The mother's relationship with the unborn baby – what is known and its implications for practice, EcoCem Room, 16 July 2023, 08:00 - 08:50

Over the past two decades there has been a significant increase in understanding about the mothers' relationship (both emotional and cognitive) with the unborn baby in terms of i) the ways in which this relationship can be assessed; ii) the stability of this relationship over time (i.e. continuity post birth), and iii) the implications in terms of parenting in the postnatal period. This paper will summarise the most recent research on this topic, and describe the findings of a recent overview of what works to support the relationship between the mother and the unborn baby.

S1-BOP1.1

Nikolai's experience of attending a therapeutic parent-toddler group from the perspective of the leading therapists

Mag.phil. Judith Thaller¹, Ms Alexa Weber¹

¹Child Guidance Clinic Vienna, Vienna, Austria

S1 - BOP1: The Impact of a Parent-Toddler-Group on the Development of Children at Risk: The Case Nikolai, Wicklow 2A, 16 July 2023, 10:45 - 12:15

In this talk, the focus is on an individual case, which is discussed from various perspectives in different presentations. The perspective of the therapists leading the group is taken in this presentation in order to illustrate the individual case of "Nikolai".

Motivated by a study trip of the Austrian Association for Individual Psychology (ÖVIP), the parent-toddler group, based on the concept of the "Parent-Toddler Groups" of the former Anna Freud Center in London, was established 2021 in Vienna at the location of the Child Guidance Clinic. The aim of the group is to influence the relationship experiences of the children and their parents to provide developmental impulses within and outside the group setting. In this way, early developmental conditions are to be strengthened in order to promote the psychological development of toddlers.

Nikolai, a 3-year-old boy, participated together with his parents in this therapeutic parent-toddler group and scientific accompaniment. The underlying issue mentioned by the mother for attending the group was Niki's refusal to eat and to speak. Due to Niki's weight loss and the result of the developmental test, which showed that his speech development was a risk factor, the therapists in charge of the group felt that Niki's participation in the group was necessary. In addition, a significant separation problem and a struggle for control over specific situations, associated with this, acts of control and compulsion, led additionally to the participation of Niki and his parents in the group.

Additionally, examples are given of how situations in the group were used to understand the meaning of Nikolai's refusal to eat and speak both for his own development and for the mother-child relationship; and what interventions have been provided in the group to support Nikolai's development as well as the development of the mother-child relationship.

S1-BOP1.2

Struggling for a helpful working alliance in the context of a parent-toddler group

Mag., Ba Ma Christin Reisenhofer¹

¹University of Vienna, Vienna, Österreich

S1 - BOP1: The Impact of a Parent-Toddler-Group on the Development of Children at Risk: The Case Nikolai, Wicklow 2A, 16 July 2023, 10:45 - 12:15

In this presentation, the results of the analysis of interviews conducted with the mother of Nikolai, who both participated in a parent-toddler group, are highlighted.

A depth-hermeneutic analysis of this interview was carried out, an approach which examines the narrative content of texts and images through their effect on the researcher's experience. (König 2015) With this approach not only the social contexts in which social phenomena take place can be taken into consideration. Also, the pre- and unconscious fantasies, desires and fears can be accessed, and the experiential world of the subject can be explored.

It is shown which ambivalent feelings the mother felt towards her child and the parent-toddler group. Some of these emotions led to an earlier end of the participation in the group than had been planned. Nevertheless, the relationship between Nikolai and his parents started to change. It will be discussed which group experiences helped the mother to improve the quality of the relationship with her son who refused to eat and talk.

The parent-toddler group, based on the concept of the "Parent-Toddler Groups" of the former Anna Freud Center in London, was established 2021 in Vienna at the location of the Child Guidance Clinic. The established group is accompanied by a scientific accompaniment lead by Prof. Dr. Wilfried Datler, Head of the Department of Psychoanalytic Pedagogy at the University of Vienna. The aim of the group is to influence the relationship experiences of the children and their parents to provide developmental impulses within and outside the group setting. In this way, early developmental conditions are to be strengthened in order to promote the psychological development of toddlers.

Woods, M. Z., & Pretorius, I.-M. (2016). Observing, playing and supporting development. *Journal of Child Psychotherapy*, 42(2), 135–151.

S1-BOP1.3

The concept of the therapeutic "Parent-Toddler-Group" in Vienna

Mag.phil. Sabine Freilinger¹, Dr Peter Zumer¹

¹Child Guidance Clinic Vienna, Vienna, Österreich

S1 - BOP1: The Impact of a Parent-Toddler-Group on the Development of Children at Risk: The Case Nikolai, Wicklow 2A, 16 July 2023, 10:45 - 12:15

In this presentation, which is a part of the session "The Impact of a Parent-Toddler-Group on the Development of Children at Risk: The Case Nikolai", the concept and development of a parent-toddler group at the Child Guidance Clinic in Vienna is in the focus.

The former Anna Freud Center in London offered so-called "Parent-Toddler Groups", which are intended to enable parents to shape interactions and relationships according to the developmental needs of young children during informal conversations and play sessions under the guidance of psychotherapists (Zaphiriou Woods, Pretorius 2011). The over-arching aim of the group is to promote toddler's development, regarding the attachment between parents and toddlers, to strengthen their relationship, to enhance separation and individuation, so that toddlers can gain independence (ibid.).

Motivated by a study trip of the Austrian Association for Individual Psychology (ÖVIP), a group based on the concept of the "Parent-Toddler Groups" of the former Anna Freud Center in London was established in Vienna at the location of the Child Guidance Clinic. The established group is accompanied by a scientific evaluation (2020-2023) lead by Prof. Dr. Wilfried Datler, Head of the Department of Psychoanalytic Pedagogy at the University of Vienna.

In addition to presenting the concept of the PTG, the planned article will describe the circumstances and challenges (such as COVID, the start of the group, discontinuations and continuity) that were experienced on the one hand with the start and progress of the parent-toddler group from the perspective of the participating parents and psychotherapists and on the other hand with the scientific monitoring of a psychotherapeutic offer for families. These reflections on the establishment and conception of the parent-infant group and the scientific support are illustrated by the presentation of a case study.

Zaphiriou Woods, M., & Pretorius, I.-M. (2011). Parents and Toddlers in Groups: A Psychoanalytic Developmental Approach. Routledge.

S1-BOP1.4

The Impact of a Parent-Toddler-Group on the Development of Children at Risk: The Case Nikolai

Mag., Ba Ma Christin Reisenhofer¹

¹University of Vienna, Vienna, Austria

S1 - BOP1: The Impact of a Parent-Toddler-Group on the Development of Children at Risk: The Case Nikolai, Wicklow 2A, 16 July 2023, 10:45 - 12:15

Subsequent to the establishment of the first groups with parents and young children by Mr. and Mrs. Robertson in the 1960s, a particular psychoanalytic concept of Parent-Toddler-Groups was developed at the Anna Freud Centre in London. Parents attend these groups weekly with their children who are in their second or third year of life. Two psychotherapists are guiding the group processes in order to enable parents to shape interactions and relationships according to the developmental needs of young children during informal conversations and play sessions. Nowadays, Parent-Toddler Groups exist in different countries and are offered particularly when early developmental problems are identified, which are linked with particular dynamics in the relationships between parents and children.

When in 2020 the first Parent-Toddler-Groups have been established in Vienna, a research project started in order to investigate the following research questions:

- What do children and parents experience during Parent-Toddler-Group sessions?
- What is the impact of these experiences (i) on the interactions and relations in the families as well as (ii) on the development of the children with special respect to the identified developmental problems of the children?

"The Impact of Parent-Toddler-Groups on the Development of Children in the Context of Family Relations" is the title of the research project. The project is being carried out - with the support of Inge Pretorius (London) - in a cooperative network of three institutions: the research unit "Psychoanalysis and Education" (University of Vienna), the Child Guidance Clinic in Vienna and the Austrian Association of Individual Psychology (ÖVIP).

During the congress session, two papers will be devoted to the concept of parent-toddler groups and research design. Four additional paper presentations will present first research results concerning the development of a child named Nikolai.

List of suggested speakers:

- Dr. Peter Zumer/Mag. Sabine Freilinger
- Univ.-Prof. Dr. Wilfried Datler/Mag. Christin Reisenhofer, BA MA
- Mag. Judith Thaller/Mag. Alexa Weber
- Prof. Dr. Margit Datler

The research design of "The Viennese Parent-Toddler-Group Study"

Univ.-Prof. Dr. Wilfried Datler¹, Mag., Ba Ma Christin Reisenhofer¹

¹University of Vienna, Vienna, Austria

S1 - BOP1: The Impact of a Parent-Toddler-Group on the Development of Children at Risk: The Case
Nikolai, Wicklow 2A, 16 July 2023, 10:45 - 12:15

With reference to many years of experience with the observation of children in families and day care centres, a report is given on a current research project being carried out in Vienna in cooperation with the Institutes for Educational Assistance (Child Guidance Clinic) and the Austrian Association for Individual Psychology (ÖVIP). The focus is on the offer of a "Parent-Toddler Group" according to the concept of the "Parent-Toddler Groups" of the Anna Freud Center in London as well as its scientific accompaniment.

The objective of a parent and toddler group, including this one in Vienna, is to strengthen and promote the development of children and their relationships with their parents. This is based on the assumption that parents and other important caregivers have an important influence on the psychological development of their children through the interaction and relationship experiences that the children have with them. However, during the early years of a child's life, their guardians are often confronted with challenges that make it difficult for them to give their child impulses for their development.

The aim of the scientific accompaniment is to investigate the experiences of parents and children in the group, the changes that are encouraged in the family and the implications for the development of the children. Within the framework of a multi-perspective research approach, Young Child Observation according to the Tavistock concept is used in the groups as well as in the families. In this talk we will discuss from the perspective of the university research team, what speaks in favour of the chosen research approach, what significance is attached to the families' previous experiences and what methodological considerations already come into play in the initiation processes.

Ereky-Stevens, K., Funder, A., Katschnig, T., Malmberg, L. E., & Datler, W. (2018). Relationship building between toddlers and new caregivers in out-of-home childcare: Attachment security and caregiver sensitivity. *Early Childhood Research Quarterly*, 42, 270-279.

S1-BOP1.6

Young Child Observation of Nikolai during his participation in a therapeutic parent toddler group

Dr. Phil. Margit Datler¹

¹University College of Teacher Education Vienna/Krems (KPH), Vienna, Österreich

S1 - BOP1: The Impact of a Parent-Toddler-Group on the Development of Children at Risk: The Case Nikolai, Wicklow 2A, 16 July 2023, 10:45 - 12:15

In this paper, the use of Young Child Observation according to the Tavistock Model is presented as a unique perspective of focusing on Nikolai. It will be illustrated how Nikolai experienced significant situations in the therapeutic parent-toddler group and in what way these considerations helped to understand why Nikolai refused to eat and speak. Furthermore, it will be discussed which experiences might have stimulated and supported which developments. In this context, it will be highlighted in which way the method of Young Child Observation supports and complements (enhances) the therapists' reflections.

According to the concept of the "Parent-Toddler Groups" of the Anna Freud Center in London, a therapeutic parent-toddler group was established at the Child Guidance Centre Vienna. Using the method of Young Child Observation according to the Tavistock concept, Niki, a two-year-old boy, was observed over a period of five months while he visited the group weekly for 90 minutes with his parents. Due to the pandemic and the Corona disease in Niki's family, further observations could only take place irregularly. After each observation, an observation protocol was written, which was interpreted in weekly Young Child seminars in a group of four participants. It was examined what Niki might have experienced during the individual sequences of an observation unit, what relationship experiences he had and what influence this relationship experiences might have had on his development in the parent-toddler group. In the period from January 2021 to June 2021, nine observation protocols with a length of 71 pages were written.

Datler, W, Hover-Reisner, N & Datler, M 2015, 'Toddlers' relationships to peers in the processes of separation: from the discussion of observational accounts to the development of theory', *Infant Observation: the international journal of infant observation and its applications*, vol. 18, pp. 195-214.

S1-BOP1.7

Young Child Observation of Nikolai's experience in his family during visiting a therapeutic parent-toddler group

Univ.-Prof. Dr. Wilfried Datler¹

¹University of Vienna, Vienna, Austria

S1 - BOP1: The Impact of a Parent-Toddler-Group on the Development of Children at Risk: The Case Nikolai, Wicklow 2A, 16 July 2023, 10:45 - 12:15

In this talk, the focus is on the relationship experiences of 3-year-old Nikolai and his parents who attended a therapeutic parent-toddler group, the so-called Toddler Group, at the Child Guidance Clinic in Vienna. Using the observation method of Young Child Observation (Tavistock observation method), Nikolai was observed weekly in his everyday family life while he attended the group with his parents. These observations lasted one hour each and were written down in descriptive observation protocols. The observation material includes 14 observation protocols in the family and 11 observation protocols in the group. The observation period covers 6 months, starting in January and ending in June 2021.

This presentation will focus on initial findings that arose in the course of analysing the observation protocols and discussing them in a seminar. The focus is on the experiences Niki had at home during the group visit, his relationship experiences and how these changed over time.

Throughout the analysis of the material, Niki repeatedly showed a desire for individuation and control. The relationship experiences that Niki had with his mother during the morning meal situation and the (non-)verbal interactions are particularly significant regarding his desire for individuation. We discuss how Niki perceives the morning meal situations as conflictual (described by the observer as "breakfast battleground") and how he struggles to gain control over how and how much food he is eating. Niki experiences his mother in these eating situations as controlling, intrusive and literally forceful (by directly feeding him for example buttered toast). Niki reacts to these experiences with refusal and resistance, whereupon a struggle for power develops between mother and child. By not granting Niki any control in eating situations, eating at the breakfast table becomes a battlefield.

Against this background, in this presentation we will draw connections between Niki's relationship experiences with his mother and the conflictual eating situations.

Funder, A, Datler, M & Datler, W 2010, 'Struggling Against a Feeling of Becoming Lost: A Young Boy's Painful Transition to Day Care', *Infant Observation: the international journal of infant observation and its applications*, Jg. 13, Nr. 1, S. 65-87.

S1-BOP2.1

Intervention of a severely depressed infant and implementation of IMH practices within a paediatric hospital

Ms Andrea Barrett¹

¹Perth Children's Hospital, Perth, Australia

S1 - BOP2: Pre-term early intervention, Wicklow 2B, July 16, 2023, 10:45 - 12:15

Introduction

Unexpected medical complications following the birth of a child causes high levels of distress in parents, often resulting in shock, grief, and trauma. Unexpected and invasive medical procedure are frightening to parents, particularly when their infant's survival is at risk, leading to mental health and subsequent relationship complications in the dyad, requiring identification and early intervention.

Aim

This presentation will aim to demonstrate two important levels of IMH work within a hospital. Firstly, how early identification and intervention of IMH problems in a patient can result in changing the developmental trajectory of an unwell infant, both in terms of the infant's mental health and the quality of attachment in the caregiving system. Secondly, to show the need for increased Infant Mental Health awareness and training for health care workers in a paediatric hospital

Purpose

Through a case presentation, this talk will outline the process of how psychological therapy and liaison work assisted an infant and their mother to reconnect, following the diagnosis of a rare life threatening congenital medical condition resulting in maternal trauma, depression, abandonment and subsequent infant depression. The presentation will outline the process of initial consultation and liaison, the difficulties with referring to a mental health consultation liaison service when parents are absent and subsequent assessment and intervention. The case discussion will highlight the complex work with the infants and their multiple carers including parents, nursing, allied health and treating medical teams, and highlight the unique challenges of applying IMH practices and psychological intervention within a busy acute paediatric setting.

Conclusion

This presentation will emphasise the importance of clinical intervention with infants in a tertiary setting in addition to the importance promoting ongoing IMH training for health care workers across a paediatric hospital.

S1-BOP2.2

COCOON: a patient-centered, family-integrated, baby-led model of care. Engaging families in NICU care.

Dr Leah Hickey¹, Ms Jenna Rhodes¹, Mr Arnie Krishnan¹, Ms Polly St John¹

¹The Royal Children's Hospital, Parkville, Australia

S1 - BOP2: Pre-term early intervention, Wicklow 2B, 16 July 2023, 10:45 - 12:15

Introduction

Family-centred care (FCC) is considered the gold standard of care in perinatal NICUs around the world. However, evidence is lacking on the potential benefits of FCC in the surgical NICU population. COCOON is a specially-designed FCC model for this at risk population.

Aim / Purpose

COCOON aims to improve health outcomes and the NICU experience for infants and their families by supporting families to engage with, and participate in, their baby's care throughout their NICU stay.

Description

COCOON was developed through consultation with consumers, staff and other key stakeholders, in combination with international guidelines on the implementation of FCC and a review of the scientific literature in this area. A 3-pronged model was designed to incorporate family education, staff education and a suite of resources to support parents through their NICU journey entitled "The COCOON Care Bundle". Activity and quality data were assessed, including mixed method surveys of staff and parents, pre- and post-implementation to measure the impacts of COCOON.

Conclusions

Marked improvements were seen in staff knowledge of FCC from 40% to 95%, with greater familiarity of the key aspects needed to provide high-quality FCC. Parental engagement increased and feedback improved from "I don't come in, I feel like I'm in the way" to "I was invited and encouraged to be involved with the care of my son, encouraged to be involved in care from the very outset. This created lots of confidence." The development and implementation of the COCOON program has improved staff perceptions and delivery of FCC and parent involvement and experiences in the surgical NICU. The COCOON program continues to evolve with plans for a hospital wide roll out in 2023.

PSYCHOLOGICAL EARLY INTERVENTION FOR COMPLEX PREMATURE INFANTS AND THEIR PARENTS

Mrs Sivan Kotler¹, Mrs Alla Kozminsky¹, Mrs. Odette Boukai¹

¹Schneider Children's Medical Center, Petach Tikva, Israel

S1 - BOP2: Pre-term early intervention, Wicklow 2B, July 16, 2023, 10:45 - 12:15

Introduction

Preterm birth places a considerable emotional, psychological, and financial burden on parents, families and infants. Literature suggests that the birth of a preterm child can lead to short-term consequences like clinical levels of posttraumatic stress symptoms or even Posttraumatic Stress Disorder. From infant point of view, the newborn intensive care unit (NICU) and medical procedure can be a traumatic or a 'toxic stress' environment which can lead to developmental problems and mental health difficulties. Studies shows that Women who experience a premature birth, have a prior history of depression, poor infant attachment and poor emotional social support have a higher level of depressive symptoms. An early intervention address maternal emotional well-being and enhance the developing mother-preterm infant relationship is highly recommend

Aim

The early intervention for complex premature infants and parents' clinic has the aim to monitor and to reach out families who have experienced premature birth, preventing and reducing in that way possible developmental and emotional outcomes.

Description

The Psychological unit in the Neonatal Follow up program, provides emotional support to the Infant Parent relationship which was challenged by the fact of preterm birth and neonatal hospitalization. Our model of intervention relays on principles of :

- 1.Early intervention and reaching out
- 2.The importance of parent infant relationship to infants mental health.
- 3.Trauma centered Dyadic intervention to reduce parent and infant Psychological stress.

Conclusions

Recent studies show that supportive early interventions alleviate parents and infants psychological stress caused by premature birth and hospitalization. Since stress has both proximate immediate and long lasting psychological and neurological effects, It is highly important to evaluate and to provide early interventions for premature new born and families

S1-BOP2.4

Early Intervention: Bridging the gap between neonatal discharge & community care

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S1 - BOP2: Pre-term early intervention, Wicklow 2B, July 16, 2023, 10:45 - 12:15

Introduction

Given the multifactorial issues that may impact on the developing high-risk infant and their family, early intervention extending beyond discharge from the NNU are critical to ameliorate the negative effects of prematurity on parenting, parent-infant interaction and developmental outcomes. The latest evidence indicates the potential for temporal reorganisation particularly in the first 3 months, leading to improved general movements and postural organisation supporting psycho-motor development and positive engagement with the caregiver. (M. Sokołów, et al, 2020). A quality improvement project was carried out to establish an evidence-based intervention clinic to support family's transition from the neonatal unit to the community.

Aims

The clinic aimed to measure the impact of early intervention provided up to 3 months post term age, upon infant development; parent-infant relationships and parent-infant co-occupations.

Description

Families of infants at Starlight NNU at high risk of neurodevelopmental difficulties were invited to attend the EI clinic. Four families were seen for 6, one hour individual sessions over a 12 week period. Outcomes were gathered as part of standard practice in the neurodevelopmental follow up clinic at 3, 6 and 12 months post term age and completed by another professional. Outcome measures included the Neonatal Behavioural Observations; Precthl General Movements Assessments; Bayley Scales of Infant & Toddler Development; and Hammersmith Infant Neurological Examination. Pre & Post Parent Questionnaires and a focus group with three families was completed to expand on parent's experience and impact upon their perspective, parenting, confidence, occupations and outlook for the future.

Conclusion

The findings following the 12-month follow up appointments are currently being analysed. Initial findings indicate positive influences upon infant movement patterns; state regulation and parent-infant relationships. The triad of therapist-parent-infant relationship may be an individual element of intervention. Parents reported improved confidence, parenting role, connection to their infants, and understanding their infants unique skills.

The development of a postdischarge responsive parenting intervention for moderate preterm infants in The Netherlands

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S1 - BOP2: Pre-term early intervention, Wicklow 2B, 16 July 2023, 10:45 - 12:15

Introduction

In The Netherlands, all very preterm infants (<32 weeks of gestational age and/or birth weight <1500 grams) and their parents are eligible for an evidence-based, postdischarge, responsive parenting intervention (TOP program). This program aims to improve parent-child interaction and infant development. A TOP pediatric physiotherapist visits the family 12 times in the first year after hospital discharge. Although moderate preterm infants also have an increased risk of developmental problems, the TOP program is not available for these infants.

Aims

Study aims are (1) to develop an intervention based on the TOP program for parents with a moderate preterm infant; (2) to test the feasibility of this intervention in 40 families; and (3) to assess the potential effectiveness of the intervention.

Material and methods

Parents and TOP-therapists participated in co-creations sessions to develop the intervention. Feasibility of the intervention is assessed through questionnaires and semi-structured interviews with parents and therapists. To assess the potential effectiveness of the intervention (1) parents complete questionnaires on infant socio-emotional development, parental self-efficacy, parental reflective functioning, and parental distress at baseline and 6 months after intervention; (2) TOP-therapists score infants' motor development; and (3) parent-child interaction is recorded on video and coded afterwards.

Results

A 6-month intervention program for parents of moderate preterm infants was developed. The program consists of 6 home-based intervention sessions by a TOP-therapist, 5 parent reports with photos and strength-based recommendations, and a mobile information app. A toolbox for therapists was also developed. The feasibility study starts in November 2022. The first preliminary results will be presented at the conference.

Conclusions

If the intervention proves to be feasible, we will examine the (cost)effectiveness of the intervention in an RCT. The intervention is designed in such a way that it can be implemented nationally if it proves to be effective and efficient.

S1-BOP2.6

Family intervention for reducing anxiety among siblings accompanying a premature baby hospitalized at the NICU

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S1 - BOP2: Pre-term early intervention, Wicklow 2B, July 16, 2023, 10:45 - 12:15

My Little Brother/Sister at the NICU

Introduction

The NICU is an arena of prolonged trauma. Whilst the mother is still recovering from birth and bound to bed, the newborn baby is in the incubator and the couple tries to adapt to the new situation, the other children are left at home. Without information or understanding, they are left to imagine all sorts of things about their mother and the baby.

Objectives

My little brother/sister is a controlled intervention exposing the older brothers or sisters to the environment where their parents and the newborn baby are for long days. It was designed to create continuity between before and after birth, thus reducing the uncertainty and anxiety accompanying the baby's hospitalization.

Description

As the children arrive at the hospital, they meet the psychologist outside the NICU and enter through a "secret door" into the NICU. Passing through the long hospital corridors, they encounter doctors coming out of their office greeting them, arriving at a room prepared for the occasion.

They then watch a short introductory movie followed by an explanation by a doctor or a nurse about caring for the newborn using a real incubator and a baby doll. Once familiar with the new environment they are encouraged to talk about their feelings. Finally, they make greeting cards which will be posted on the incubator.

The highlight of the visit is meeting their brother or sister. This happens after a 'ceremony' of hand disinfection, wearing robes and masks.

The whole activity is tailored made according to the baby's medical condition, children's age and emotional condition.

Conclusions

The responses to the intervention among families, especially during the pandemic, were enthusiastic. It allowed the parents and their children to unite for a while, to be a whole family and bring back hope and normality.

S1-BOP2.7

Child and parent factors associated with parent-child relationships after web-based early intervention following preterm birth.

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S1 - BOP2: Pre-term early intervention, Wicklow 2B, 16 July 2023, 10:45 - 12:15

Introduction and Aim

Preterm birth increases the risk for suboptimal child and parent outcomes. Preventive early intervention for families may improve these outcomes. We previously reported positive effects for parent-child relationships following a web-based early intervention after preterm birth. Whether these positive effects are moderated by child, parent and group factors is unknown and important for targeted intervention dissemination. The aim was to examine whether child, parent, and group factors assessed pre- and post- intervention were associated with parent-child relationships at 24 months' corrected age.

Material and Methods

Participants were 103 infants born <34 weeks' gestation and their mothers recruited from the Royal Women's Hospital, Melbourne, Australia. Families were randomly allocated to standard care or early intervention, which involved online modules completed over the first year of life and regular clinician support. Content focused on supporting child development, parental mental health, and the parent-child relationship. Parent-child relationship was assessed at 24 months' corrected age using the Emotional Availability Scale (EAS), scored by assessors blind to treatment group. Child characteristics (e.g., gender, birthweight, gestational age) and social risk were collected at recruitment, and maternal characteristics (e.g., mental health) were assessed pre- and post-intervention (recruitment, 12 and 24 months').

Results

At 24 months' corrected age, EAS data was available for 70 dyads. In addition to association between intervention group and certain outcomes, higher birthweight was associated with more child involvement, and greater maternal sensitivity and non-intrusiveness (all $p < .05$). Multiple birth was associated with maternal non-intrusiveness and non-hostility. Models suggested little evidence for associations with maternal mental health at any time.

Conclusions

Child characteristics and intervention participation, but not maternal mental health, were associated with more optimal child and maternal relationship behaviours at 24 months after preterm birth. Tailoring early interventions to acknowledge child and parent characteristics should be investigated.

S1-BOP3.1

How Do Early Childhood Educators Experience Reflective Consultation?

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S1 - BOP3: IMH in early childhood education and care, Liffey Meeting Room 1, 16 July 2023, 10:45 - 12:15

Introduction

There is limited research that centers the voices and experiences of early childhood (EC) educators participating in reflective consultation. Given the promise of reflective consultation in ECE settings and its impact on educator well-being and competence, it is imperative to understand the perspectives of EC educators participating in reflective consultation.

Aim

The purpose of this study was to describe the experiences of EC educators participating in reflective consultation by elevating the voices of EC educators experiencing reflective consultation and describe, in their words, the primary benefits of engaging in reflective consultation.

Methods

A total of 15 EC educators (preschool teachers and directors; 40% Latina, 60% White) received monthly reflective consultation (1-1.5 hours per session) in their teaching teams, facilitated by a mental health clinician (trained through the Napa County Infant-Mental Health Fellowship). Reflective consultation was offered in English and in English-Spanish. Following participation in reflective consultation, we conducted semi-structured interviews in the preferred language of participants. Using inductive inquiry (Saldaña and Omasta, 2022), we investigated participants' responses. Each author examined the transcripts in their entirety, identified salient quotes and through multiple discussions identified codes and patterns in the data (Braun and Clarke 2012).

Results

Four primary themes emerged from the data: 1) Space to express feelings (a sense of safety to talk about their experiences as EC educators); 2) Taking a pause (space and time to take a pause to engage in intentional breathing and reflect on their work); 3) Awareness of self and others (enhanced understanding of self and capacity for perspective taking), and 4) Working as a team (deepened sense of trust in themselves and co-workers).

Conclusions

This project illuminates and builds upon our understanding of how EC educators and directors experience reflective consultation.

Characteristics of Young Children Served Through a Statewide Child Psychiatry Access Program

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S1 - BOP3: IMH in early childhood education and care, Liffey Meeting Room 1, 16 July 2023, 10:45 - 12:15

Introduction

A gap exists between the need for and availability of pediatric mental health services, particularly within the early childhood system of care. Child Psychiatry Access Programs, like Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP), play a critical role in addressing this gap. BHIPP supports pediatric primary care providers (PCPs) in meeting their young patients' needs through provider education and three patient-specific services: physician-to-physician telephone consultation with a child psychiatrist, resource/referral networking via telephone, and direct-to-patient mental health care through embedding social workers in primary care practices.

Aim

This study describes characteristics of patients, 0-3 years old, for whom PCPs and/or families sought BHIPP services to address young children's developmental, behavioral, and social-emotional concerns.

Material and Methods

Data includes 606 unique patient-specific contacts from 10/2012 to 9/2022. Data was collected on patient demographics, presenting problems, BHIPP service received, and BHIPP diagnostic impressions and treatment recommendations. Descriptive statistics were performed in SPSS to address study aims.

Among patient-specific contacts, 10.5% were for physician-to-physician consultation, 20.0% were for resource/referral networking, and 69.1% were for direct-to-patient mental health care.

Demographically, patients were primarily male (57.0%) and publicly insured (58.7%). The most common presenting problems reported at the time of BHIPP service included: behavior problems at home (32.8%), aggression (17.3%), and behavior problems at school (11.0%). The most common diagnostic impressions made by BHIPP included a Trauma and Stressor-related disorder (8.9%), Disruptive Behavior Disorder (7.4%), and ADHD (6.7%); approximately 10% of cases had multiple comorbid diagnoses. The most common recommendations made by BHIPP included referral to a community mental health provider (46.7%), in-office behavioral intervention (27.1%), and providing psychoeducational handouts to the family (20.9%).

Conclusions

This study highlights the role that child psychiatry access programs can play in reducing disparities in access to early childhood mental health care.

Socioemotional Development, Attachment and Early Brain Development in Infant/ Toddler Early Childcare Centres in Ireland.

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S1 - BOP3: IMH in early childhood education and care, Liffey Meeting Room 1, July 16, 2023, 10:45 - 12:15

Abstract

The aim of this paper is to enable a discussion about social and emotional development and quality early learning and care for infants and toddlers. The paper will first set out the neuroscience of social and emotional development in early childhood. From this perspective we argue that the early developing brain is a social organ, emotionally-driven to attune to adults social interactions. We feel this child-centered perspective is fundamental for a fuller understanding of the neuroscience of early brain development for early years educators.

We then turn our attention to empirical research carried out with infant/toddlers teachers, discussing their experiences of attachment relationships from the teacher's perspective. We hear the views of these practitioners on supporting social and emotional development in busy early education settings, and we learn the potential threats which put their own mental well-being and the mental health of children at risk. Following this, both theory and empirical research are brought together to compare, contrast, and create a co-existence of these currently disparate areas.

Methodological Design:

Interpretative Phenomenological Analysis (IPA), is chosen as best suited to gain an understanding of practitioners attachment in busy group care settings. In light of what the neuroscientific literature is telling us, our research questions ask; "What works in the social and emotional developmental of toddlers in early learning and care?"

We see the interpretive phenomenological approach as a sensitive and reverential method to understanding current care practices. This extends our understanding to help us position research into the neurobiology of attachment, early brain development and socioemotional development into Early Education as well as Early Intervention (EI), Adverse Childhood Experiences (ACE's), and research.

This is therefore fundamentally a collaboration which extends research in the field of Infant Mental Health to early education.

S1-BOP3.4

The “8 S’s”: A Consultation Tool for Challenging Early Childhood Behavior

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S1 - BOP3: IMH in early childhood education and care, Liffey Meeting Room 1, July 16, 2023, 10:45 - 12:15

Introduction

Presently, 23% of U.S. children between 3 and 18 years and about 20% of the world’s children report problems of mental health, emotion, development, or behavior (MEDB). Access to subspecialists such as child and adolescent psychiatrists, developmental/behavioral pediatricians is limited by a worldwide workforce shortage in these specialties. Among the strategies to address this growing crisis, consultation models such as child psychiatry access programs (CPAPs) and Extension for Community Healthcare Outcomes (ECHO) programs are endorsed.

Early childhood behavioral presentations such as dysregulation may be based in mental health disorders (anxiety) or emotional disorders (trauma, PTSD) or by developmental disorders (ADHD, autism, communication disorders or developmental delay) age. Consultations using the above models are de-identified, and often consultants are provided limited information. The 8Ss tool was developed by a multidisciplinary team of early childhood MEDB consultants to gather critical information in order to structure and facilitate the consultation process.

Aim

This workshop will briefly present lessons learned from 3 different early childhood consultation settings and introduce use of the 8S's tool with case examples.

Description

Dr. Leppert, a neurodevelopmental pediatrician and Dr. Harrison, an infant and preschool psychiatrist will briefly present case data and lessons learned from more than a decade of experience as early childhood consultants. They will then lead an active discussion with participants of 2-3 cases of very young children presenting with disruptive behavior in various settings(primary care, child care/education) which will provide hands-on practice with the 8S's tool.

Conclusion

The “8S’s” is a useful tool for a variety of consultation settings that allows for careful consideration of the differential diagnoses of MEDB disorders in young children, and the generation of useful recommendations. Participants will leave with a tool that provides a framework to gather relevant data from a child who presents with significant behavioral concerns.

S1-BOP3.5

Enhancing ECE Practice Related to Trauma, Stress & Mental Health – learnings from Canada

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S1 - BOP3: IMH in early childhood education and care, Liffey Meeting Room 1, July 16, 2023, 10:45 - 12:15

COVID-19 has heightened awareness about the impact traumatic events can have on children. Social isolation, anxiety about the virus, parental stress due to unemployment, housing, food and job insecurity create a nexus of factors that can seriously affect children's mental health and well-being or even lead to neglect, maltreatment and abuse. We know from research that the adverse effects of early childhood trauma can be mitigated. Children who have caring, consistent responses from the adults around them are buffered from the psychological and neurological effects of trauma. ECEs are uniquely positioned to moderate the impact of adverse childhood experiences through their regular interactions with children.

This project leveraged the extensive experience and expertise Mothercraft has as a post-secondary institution, child care operator and provider of clinical services to children dealing with trauma, as well as its partnerships with subject-matter experts and leaders in the field, to develop new, certificate-level training for practicing ECEs across Canada on trauma-informed practice within early learning settings. The curriculum utilizes, and builds upon, the important work being done by other experts in infant and early childhood mental health. ECEs learned hands-on strategies to embed in their daily practice that support children who have experienced stress or trauma, as a result of the pandemic or other circumstances. The training was piloted in 2021 and 2022. Learnings from that process, as well as the results of the evaluation of the pilot, will be shared with workshop participants.

S1-BOP3.6

Integrating Behavioral and Mental Health Approaches to Promote Secondary Attachment Relationships in Infant/Toddler Care Programs

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S1 - BOP3: IMH in early childhood education and care, Liffey Meeting Room 1, July 16, 2023, 10:45 - 12:15

Introduction

This workshop will share lessons learned from integrating infant and early childhood mental health consultation (IECMHC) with evidence-informed classroom coaching for adults who work in infant/toddler care programs and early care and education settings in Maryland, New Jersey, and Wisconsin, USA.

Purpose

Infant/toddler and early education caregivers have often been formed by content and coaching rooted in behavioral approaches to human development that identify consequence as the driver of behavioral change. Infant and early childhood mental health consultation proceeds from a developmental and relational tradition that centers relationships as the catalyst for change. Despite the benefits demonstrated in the literature for both the implementation of coaching and the inclusion of IECMHC in early care and education settings, systems and programs that attempt to integrate the two can experience confusion, frustration, and ineffective implementation due to the differing agents of change between the models.

Description

Presenters will propose six factors that are critical to successful integration of behavioral approaches with infant mental health informed approaches: centralizing relationships, being actively anti-racist, establishing clear roles, integrating professional development, focusing on sustainability, and employing continuous reflection. Presenters will describe the use of six critical success factors to support systems development and program implementation for entities responsible for integrating programs, models, or practices that have roots in both behavioral and developmental/relational paradigms of human development. Participants will be engaged in reflection and discussion about successful implementation of behavioral and mental health approaches so as to support the adult caregivers and promote attachment relationships and relational wellness for our youngest children.

Conclusion

During a time when it has been globally acknowledged that young children and adults that care for them are under significant stress, the integration of IECMHC and classroom coaching supports the workforce to feel effective, stay engaged, and better serve children and families.

S1-BOP3.7

Digital Stories in Early Education: a pilot study for supporting emotional development of young children

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S1 - BOP3: IMH in early childhood education and care, Liffey Meeting Room 1, 16 July 2023, 10:45 - 12:15

Introduction

The ability to recognize and verbalize emotions are important for skills in emotion regulation, typically developed in everyday interactions between young children and caregivers. The ability of Early Education and Care personnel to support children's emotional development is beneficial for all children, and particularly for children with special needs.

Material and Methods

Digital Stories in Early Education was a pilot study of how early educators could support socioemotional development of five-year-old children with digital content. Six stories were made using photos and videoclips, without any spoken language. In each story the puppy dog Hymy had an adventure with an emotional content. Three daycare centers and 61 children in the city of Tampere participated in the study. Participating children in one day care centre watched Digital Stories (DS-group), in one day care centre a children's tv-program (Neponen-group), and in one day care centre nature programs (comparison group) twice a week for six weeks. After watching the program early educators engaged children in discussion of what had happened in the programs, and what kind of emotions it elicited.

Results

In the DS -group children talked more during watching the stories, and significantly more about emotions than in the comparison group. In parental reports, children's social skills also improved in the DS group compared to the comparison group. In a thematic interview early educators reported that children liked watching the digital content, and it was easy for children to recognize and verbalize emotional content of the Digital Stories. Watching the Stories together in a group also gave children a stronger sense of belonging to the group. For early educators Digital Stories gave a new way of interacting with the children.

Conclusions

DS were beneficial for children. Early educators' interest and abilities to use digital methods as a part of their work increased.

Creating Attachment-Informed Preschools Using Circle of Security

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S1 - BOP3: IMH in early childhood education and care, Liffey Meeting Room 1, 16 July 2023, 10:45 - 12:15

Over the past 50 years, the amount of time that infants/young children spend in childcare has increased dramatically. As a result, such experiences play a significant role in school readiness and the development of social-emotional skills. Without such skills, young children enter Kindergarten not ready to learn, especially when social environments have not fostered the secure attachment needed by these infants/young children.

Aim

Although secure attachment is key to infants/young children's social-emotional skills, childcare providers tend to have little training in attachment and not enough support through reflective practices to learn and apply key attachment principles in their childcare settings. As a result, this study examined Circle of Security as an intervention that can build attachment in the childcare provider-young child relationship, with the goal of ensuring young children's school readiness.

Material and Methods

In all, 60 providers participated by completing pre-group assessment, the Circle of Security group, post-group assessment, consultation, and post-consultation assessment.

Conclusions

Overall, findings suggested that providers exhibited positive changes over the course of the study. On the Teacher Opinion Survey, job efficacy and satisfaction scores improved from pre- to post-group assessment and then appeared to stabilize. On the Perceived Stress Scale, scores increased from pre- to post-group and to post-consultation. On the Parent Attribution Test, endorsements suggested that providers felt that both themselves and their infants/young children held some responsibility for difficult interactions. On the Coping with Toddler's Negative Emotions Scale, providers already were reporting appropriate management of children's difficult feelings, even before Circle. Qualitative interviews suggested that all providers used Circle language in their discussions of the emotions and behaviors displayed by their infants/young children and that each provider had embraced their favorite Circle concepts. In summary, the impact of Circle was evident in providers' interactions with their infants/young children in their centers and classrooms.

S1-BOP4.1

Exploring Equity in Reflective Supervision: A Deeper Dive

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S1 - BOP4: Equity and social justice in IMH, Liffey Meeting Room 2A, July 16, 2023, 10:45 - 12:15

Introduction

The Alliance for the Advancement of Infant Mental Health (Alliance) and Indigo Cultural Center (Indigo) partnered to methodically seek input about Reflective Supervision (RS) experiences from the IECMH field with the end goal to rewrite RS standards so that they are effective for all members of the workforce, and especially those from historically targeted backgrounds such as Black, Indigenous, and Persons of Color (BIPOC) participants.

Aim

The Alliance has been a part of the broader IECMH field who have historically failed to respond to the voices of BIPOC leaders and practitioners about existing RS frameworks. We committed to learn specifically about how the RS standards promoted by the Alliance can evolve to more effectively address privilege & implicit bias, promote equity, and reflect the Diversity-Informed Tenets for Work with Infants, Children, and Families.

Description

The “Deeper Dive” study is innovative in its aims and methods. Notably, this study centered BIPOC voices and experiences. The evaluation was led by a BIPOC majority roundtable, and included (via focus groups and survey) input from families, center directors, teachers, practitioners, trainers, researchers and educators. We asked uncomfortable questions that have gone unasked. We learned much about what people think would enhance a RS framework that centers racial equity.

Conclusions

As the data continues to be analyzed, key implications for policy, practice, research and education related to RS are emerging. We know more about who is participating in RS, how they identify, and what some of their experiences have been. Specific needs were identified for both White and BIPOC RS providers, such as: increased training and support in RS and equity, more creativity in RS structure and practice, and more diversity in leadership. We are better positioned to co-construct a framework for RS that advances racial equity.

S1-BOP4.2

Cultura, conexión y financiación equitativa: how reflection & culturally-affirming funding generate equitable IMH change-making

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S1 - BOP4: Equity and social justice in IMH, Liffey Meeting Room 2A, July 16, 2023, 10:45 - 12:15

Introduction

Funding disparities leading to inequitable resources allocation are at the heart of poor mental health outcomes for birthing parents, infants and young children (Womersley, Ripullone & Hirst, 2021), particularly in under-resourced BIPOC (Black, Indigenous and People of Color) communities (2021). Persons of Latin American provenance living in the United States make up the second largest racial group in the U.S. (Vega, 2022). Despite significant data demonstrating the need for increased Latine-centered resources in general, funding for U.S. Hispanic communities remains at less than 1% of all philanthropic investments (2022).

Purpose

To introduce Infant Mental Health (IMH) practitioners, leaders, policy-makers, and early relational health (ERH) funders to Liberation-Based Reflective Consultation (LiBRC) as the basis of equitable funding relationships that lead to community-led IMH advocacy, policy and systems change.

Description of the Work or Project

A partnership between the W.K. Kellogg Foundation, an international foundation, and La Cocina, a small BIPOC IMH clinic, suggests a culturally-affirming LiBRC approach supports building shared meaning and power through intentional critical reflection, and contributes to funding partnerships where "dyads" feels valued enough to center knowledge that makes change-making possible.

Conclusions

The IMH field lacks a liberatory lens through which BIPOC and other divested communities may lead systems and policy change. IMH funding systems lead with transactional approaches that privilege qualifications-based investments. To challenge the current state, the authors propose liberation-based reflective practice as the basis for a relational approach to equitable change-making in IMH funding systems.

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S1-BOP4.3

Addressing Systemic Impacts of Racism in Early Childhood through an Interactive Training Model

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¹Parenting Culture, Richmond, United States

S1 - BOP4: Equity and social justice in IMH, Liffey Meeting Room 2A, July 16, 2023, 10:45 - 12:15

United States statistics estimate children under the age of five experience greatest rates of child maltreatment (UDHHS, 2020). Racially minoritized children disproportionately represent child welfare populations with Black and Indigenous children overrepresented. Minoritized children often experience greater rates of complex trauma (Horowitz, Weine, & Jekel, 1995) and this exposure significantly impacts their mental health (Flannery, Wester, & Singer, 2004). Often overlooked when considering toxic stressors for young children are impacts of racial trauma and social determinants of health. Experiences with racism have been associated with mental health disparities from birth (Pachter & Coll, 2009). Yet, Black children are more likely to be misdiagnosed compared to their White peers (Mandell, Ittenbach, Levy, & Pinto-Martin, 2007; Szymanski, Sapanski, & Conway, 2011). Inequalities remain for minoritized families with regard to access to health care, education, childcare, and employment, all of which have direct and indirect impacts on development (Manuel, 2018). Bias in providers and systemic barriers perpetuate inequitable structures. To effectively address systemic needs, practitioners must adopt a preventative approach early in developmental and target universal settings by providing psychoeducation. Interactive trauma-informed training serves as an avenue to educate healthcare providers, child development specialists, child care facilities, paraprofessionals, and policymakers about disparities in care (Beach et al., 2005). Research suggests the usefulness of pre-service training to include impacts on knowledge, attitudes, and skills of health professionals (Shepherd, 2019). Furthermore, pre-service training targeting cultural responsiveness and humility improves patient-provider communication, increases patient satisfaction, and compliance over time (Shepherd, 2019). To address this concern, a 3-part training series was designed. Results demonstrate participants' racial attributional impacts and a renewed commitment to incorporating culturally responsive efforts in their communities and workplaces. This culturally responsive training model for early childhood practitioners' increased understanding of diversity, equity, and inclusion, and aided in developing a system that supports diversity.

S1-BOP4.4

Disrupting a Standard: Reflections on Equity Change

Ashley McCormick¹, Andrea Penick¹, Ms. Faith Eidson¹

¹Alliance For The Advancement Of Infant Mental Health, Southgate, United States of America

S1 - BOP4: Equity and social justice in IMH, Liffey Meeting Room 2A, July 16, 2023, 10:45 - 12:15

The Alliance is a global organization and Endorsement credential holder. The Alliance received feedback that the requirement around reflective supervision (RS) for one category of Endorsement excluded many qualified providers, creating a barrier to accessing and providing RS. When viewed from a DEI lens, the requirement perpetuated a system of power and privilege. In response, the Alliance assembled a Task Force (TF) to re-examine the requirements.

The TF examined the inequities regarding RS for the workforce. The TF found the requirements had excluded professionals with knowledge, skills and/or lived experiences to provide RS. The TF balanced equity with functionality creating a new pathway within an established credentialing system. By making a change within that system they set the expectation that the entire system would need to be re-examined and deconstructed overtime. They chose to move forward anyway.

The TF gathered data from written literature and the various sectors of the workforce impacted. The data gathered was used to create a new Endorsement category for providers of RS and an evaluation and implementation plans.

The work of the TF addressed the requirement inequity and created a framework to support systems level equity change. The TF grappled with themes of removing versus redefining “the bar” and the impact that this had on those who had benefited from an inequitable standard. Decisions were made to either choose equity or to maintain system functionality, values structures, people’s comfort/tolerance, lack of disruption/conflict/chaos... The implementation plan included strategies to set expectations for the community and to hear and address concerns while maintaining the integrity of the plan; implementing it as intended. We also learned important lessons around efforts, intentionality and impact of including diverse and previously unheard voices in systems work change.

First Nations Concepts for Childhood Wellbeing and Healing

Dr Mishel McMahon¹

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S1 - BOP4: Equity and social justice in IMH, Liffey Meeting Room 2A, July 16, 2023, 10:45 - 12:15

Introduction

A presentation of Australian First Nations voices from our relational worldviews, relating to the lifehood stages of spirit self, social self and Ancestral self. With a focus on a child's journey to social self, as the child transitions through pregnancy and infancy; becoming members of their communities. With both collective and individual identities, and continuing connections to land, waterways, plants, skies, animals and their Ancestors.

Purpose

This study raised the status of First Nations principles of childrearing, as different but equal to Western childhood theories. The potential of this study is to improve understanding of First Nations childrearing, so it is recognised as an expert field of knowledge, with possible benefits for all children. Considering Australian First Nations children's over representation within the Child Protection system, improved mutual understandings within policy and practice could deliver beneficial outcomes for First Nations communities.

Description

A Relational Discourse Analysis (RDA) informed by relational ontological values was formulated for this study. Four key concepts of childhood are presented: lifespan relatedness, relational parenting, strong kids and relational attachments. These findings are now being translated to tertiary curriculum and clinical practice. Through this knowledge translation it has become evident; when programs are informed by First Nations ways of knowing there are higher levels of engagement and improved outcomes for First Nations communities.

Conclusions

This study proudly positions itself as sovereign First Nations Australian research. Australian First Nations people continue to participate through relationship with our Ancestors and our environments, in knowledge systems thousands of years old. Research exploring childhood wellbeing, informed by relational worldviews and is First Nations-led, revealed discourses and concepts which have been otherwise subjugated by western thought, however, hold potential healing for all children.

S1-BOP4.6

Restoring Dignity: An Approach to Culturally Responsive Infant and Early Childhood Mental Health Intervention

Dr Rebecca Parilla¹, Shannon Quieroga¹, Dr. Darcy Lowell¹, Dr. Salam Soliman, Professor Joanne Williams

¹NSO For Nurse Family Partnership And Child First, Denver, USA

S1 - BOP4: Equity and social justice in IMH, Liffey Meeting Room 2A, July 16, 2023, 10:45 - 12:15

Restoring personal dignity has been offered as an essential component of true belonging that transcends programs and initiatives (Davis, 2021). This notion of restoring dignity can extend to the work of home visiting as we consider working with families from a place of non-judgement, acceptance, and respect. By acknowledging and valuing the humanity of each family, we can co-create intervention that aligns with culture and honors the family experience. What does this mean for evidence-based practice? How can our strategies and interventions be considered through the lens of the family while also adhering to model expectations? In this conversation, we will share stories of family-centered home-visiting practice that supports the family's experience, acknowledges race and culture, and explores the dilemma of maintaining model fidelity within complex and ever-changing landscapes. We will share lessons learned from implementation of home visiting across multiple states, what we wish we knew sooner, and how disparities highlighted during the pandemic have helped to deepen an appreciation for family voice. We will further consider our work in the context of the global community, highlighting home visiting efforts in South America and the United Kingdom as we apply lessons learned within the larger context of international infant mental health efforts.

Through a visually engaging, multimodal experience relying on video, didactic presentation, and small group discussion, we will engage participants in an exploration of infant mental health practice that offers a specific culturally and racially responsive framework with which to hold the family experience.

S1-BOP4.7

Mitigating the Effects of Discrimination and Promoting Healthy Relationships Through Comprehensive Planning and Action

Ms Glory Ressler

¹Canadian Mothercraft Society, Toronto, Canada

S1 - BOP4: Equity and social justice in IMH, Liffey Meeting Room 2A, July 16, 2023, 10:45 - 12:15

Introduction

Since 1931, the Canadian Mothercraft Society has been a leader in supporting healthy child development and have valued diversity and the provision of quality, accessible programming and services.

However, increasing instances of discrimination in conjunction with COVID have exacerbated pre-existing inequities and have led to increased stress and trauma among equity deserving populations. Additionally, Canada's Truth & Reconciliation Commission put forward Calls to Action regarding the historical and ongoing treatment of Indigenous people.

In response to this, Mothercraft began to think more critically about equity and reconciliation in our work and committed to taking further action. However, if the families/caregivers and professionals providing services are experiencing such trauma, these effects translate into poorer quality relationships and programming.

Purpose

Recognizing the importance of these relationships and experiences, it was decided that more comprehensive action would be beneficial.

Through an intentional, reflective and comprehensive approach, Mothercraft aims to expand its organizational capacity to ethically address and remediate discrimination, promote reconciliation and inclusion, and formalize a sustainable and embedded approach into practices, processes, policies and procedures.

Description

The first step was to include Diversity, Equity and Inclusion and Truth and Reconciliation Plans into our overall Strategic Plan which identifies belonging, well-being and relationships as key outcome indicators.

Collaborative planning and development, that placed the well-being of the infant at the centre and also supported all the equity deserving adults interacting with the child, was then undertaken. The resulting Plans and activities are grouped into categories of action such as: knowledge and learning; communication; employee experience; service delivery and practice; leadership; equitable data collection and evaluation, and; governance and policy.

Conclusions

Mothercraft is still early in this ongoing journey yet has already learned some valuable development, data collection and implementation lessons that will be shared with others interested in taking a similar approach.

S1-BOP4.8

Residual effects of colorism and the impacts of implicit bias on our decision making

Miss Pamela Williams¹

¹Start Early WA/ParentChild+, Silverdale, United States

S1 - BOP4: Equity and social justice in IMH, Liffey Meeting Room 2A, July 16, 2023, 10:45 - 12:15

This session is a cross section of Cross-Cultural Studies & ethical responses to cultural diversity, equity, and racism but the primary focus will be on the latter.

IECMH practitioners support the health and well-being of caregivers and their young children. We now know in order to support the whole family/child we must include and value the family's language and culture.

An anti-biased book checklist was created as part of the ParentChild+ racial equity work to ensure that their network of organizations was selecting materials that represented and celebrated the families served and did not promote racial stereotypes. The checklist is a living document and is constantly being updated to be responsive to the field.

So why were some of our BIPOC staff resistant to change? Our organization was encouraging them to purchase books that reflected the families they serve.

A question often asked in race equity sessions is, "What age were you when you saw someone who looked like you on TV?" American born descendants of enslaved Africans, Latinx, Indigenous Americans, Asian Americans all ponder to answer. However, I found that many of my team who were born outside of the US will say, "All my life".

A Latinx staff once said in a meeting, "I'm not brown, that is a negative word in my country."

I began to realize that our race equity work needed to move from an American centered approach to address a very diverse staff with different life experiences if we wanted to actualize real change. The staff I work with comes from approximately 30 different countries and 71% speak two or more languages.

This session will address the residual effects of colorism, the impact of implicit bias and internalized racism in our decision making.

S1-BOP5.1

Advocating positive relationships through trauma-informed workforce: Challenges and opportunities from delivery of trauma-informed training.

Mrs Clare Law¹, Dr Lauren Wolfenden¹, Ms Fliss O'Connell¹, Dr Claire Mills¹

¹Centre For Early Child Development, Blackpool, England

S1 - BOP5: Community approaches to infant mental health - Application of a holistic systems thinking approach to practice, Liffey Meeting Room 2B, 16 July 2023, 10:45 - 12:15

Introduction

The perinatal period offers opportunities for identification of needs, communication of messages and engagement in interventions. Increased contact with families can lead to positive outcomes that empower pregnant women and their partners. The Centre for Early Child Development (CECD) was commissioned by the NHS Maternity and Newborn Alliance to develop a trauma-informed maternity and perinatal mental health services training (TIMPS) offer for perinatal and maternity staff.

Aim

TIMPS built on learning from the NHS England Good Practice Guide to support the implementation of trauma-informed care (TIC) in the perinatal period which was co-created with Health Care Practitioners (HCPs) and caregivers through a range of national workshops and a nation-wide survey for HCPs. The guide focused on four principles: compassion and recognition; communication and collaboration; consistency and continuity and recognising diversity and facilitating recovery upon which the training was framed. The purpose of this work was to review the capacity and capability, including the training and support mechanisms in place for staff.

Method

Core for the TIMPS offer were pre and post organisational readiness workshops and surveys. It is essential that staff understand the impact of trauma both for themselves and their clients and how they can deliver TIC within practice, ensuring they respond to care decisions, resist re-traumatisation, and consider future engagement of parents.

Conclusion

The learning highlighted tensions in the workforce, with an apparent awareness of the importance of TIC for families contrasting with staff experiences of trauma and its impact. It is pertinent to note that this work began at the start of a return to 'normality' post pandemic, nevertheless the impact for staff appears to continue. Staff cited feeling overburdened and reported physical signs of stress which impacted mental health. This work reinforces the need for ongoing training and support so that they may support families.

S1-BOP5.2

Client and practitioner relationships: A pilot of Behavioural Activation for women experiencing postnatal low mood.

Mrs Melanie Farman¹, Dr Claire Mills¹, Mrs Clare Law¹

¹Centre For Early Child Development, Blackpool, England

S1 - BOP5: Community approaches to infant mental health - Application of a holistic systems thinking approach to practice, Liffey Meeting Room 2B, 16 July 2023, 10:45 - 12:15

Introduction

There are a range of potential barriers dissuading women from accessing depression treatments in the postnatal period. These include practical barriers such as the accessibility of services, disruption to existing parent and child routine or home and work structures, length of waiting time for the service, concerns of stigmatisation or social service intrusion on their family.

Aim

The pilot study to explore the acceptability and feasibility of an intervention to support women experiencing postnatal low mood, Behavioural Activation (BA), was delivered by trained Health Visitors.

The approach to delivery of BA draws upon the positive pre-existing relationship between client and professional, and to continue delivery within the home environment so as to minimise disruption to the parent and infant routines. It was envisaged this approach would support programme attrition and should increase the likelihood of successful outcomes for both mother and infant upon full programme implementation.

Method

This presentation reflects on the early findings from the first phase of the pilot study, a series of single case studies, which aim to examine the appropriateness of the programme and suitability of the approach within the Health Visitor pathway and delivery of the approach in practice through qualitative data collected from practitioners and participants.

Conclusions

The learning reinforced the positive contribution of a trusting relationship between the Health Visitor and mother for delivering mental health strategies. It was suggested the relationship helped to identify and tailor delivery to individual needs, for the client this included reducing anxiety associated with discussing mental health, promoting a sense of togetherness and acceptability of the mother's experiences. Additionally, as BA facilitates the mothers to engage in positive behaviours and works on problem solving strategies it may increase positive parent-infant interactions which in turn may support bonding.

S1-BOP5.3

Community approaches to infant mental health - Application of a holistic systems thinking approach.

Mrs Clare Law¹, Dr Claire Mills¹, Mrs Melanie Farman¹, Dr Karen Kinloch¹

¹Centre For Early Child Development, Blackpool, England

S1 - BOP5: Community approaches to infant mental health - Application of a holistic systems thinking approach to practice, Liffey Meeting Room 2B, 16 July 2023, 10:45 - 12:15

Our relationships shape who we are, framing our identities and impacting our life from conception, a baby's ability to connect and to be connected to others directly influences their outcomes. However, whilst relationships with individuals are hugely important, the systems around babies, families and other social support networks play a critical role in securing those foundations, providing a mirror for good practice and maximizing the infant's potential. The Centre for Early Child Development (CECD), the research and development hub of Blackpool Better Start, are presenting these Brief Overview Presentations (BOPs) which reflect on seven examples of interwoven programmes within the Better Start initiative.

This is a 10-year national lottery community fund (TNLCF) initiative designed to improve the life chances of those aged 0 – 4 years in areas of high socio-economic deprivation. The Better Start initiative is an investment in systems transformation, using the latest science and evidence, combined with lived experience, to interrupt intergenerational cycles of poor outcomes. In taking a whole systems approach, the examples highlight the challenges and opportunities of supporting parent-infant relationships. These BOPs provide a narrative of the journey from exploring caregiver priorities and how infant needs are framed by our communities, to the strategies used to forge peer to peer connections to foster relationships to services. The presentations offer an opportunity to hear how the Blackpool Better Start partnership is supporting infant mental health across a continuum that includes community priorities, workforce development, universal provision, early identification of need, integrated referral pathways, along with targeted and specialist perinatal mental health and parent-infant relationship services.

S1 - BOP 5.4

Developing the workforce around the family: The enhanced health visitor service and Infant Mental Health.

Mrs Melanie Farman¹, Mrs Clare Law¹

¹Centre For Early Child Development, Blackpool, England

S1 - BOP5: Community approaches to infant mental health - Application of a holistic systems thinking approach to practice, Liffey Meeting Room 2B, 16 July 2023, 10:45 - 12:15

Background

Health Visitors are registered nurses or midwives who have additional training in community public health nursing. Given their remit and contact with every family from pregnancy and the early years, health visitors are uniquely well placed to support perinatal mental health, to promote positive parent-infant interaction and to offer additional support or refer families to targeted or specialist services. In Blackpool, health visitors are at the heart of the Better Start approach, providing an enhanced model including eight universal contacts and the training and support to provide a diverse range of evidence-based tools, assessments and interventions.

Method

The transformation of the health visiting service began in 2019 including a yearlong commission which engaged parents and professionals to identify how the service should be designed and implemented. The co-design work resulted in multiple changes including training in Newborn Behavioural Observations and Assessments enabling health visitors to identify needs as early as possible; the Baby Steps antenatal education programme, with health visitors delivering this programme about the transition to parenthood alongside family engagement workers and midwives; health visitors routinely asking about trauma at the antenatal contact and the delivery of behavioural activation, supporting women experiencing low mood and supporting recovery. Increased supervision and support is also provided to health visitors to ensure that they are well supported to deliver the new model.

Learning

The new health visitor model in Blackpool ensures that comprehensive early help and support is provided to all families. This paves the way to additional support, where required, often delivered by the health visitor themselves. Upskilling the workforce in this way, ensures that babies and families are not falling through the cracks of separate services and are able to engage in timely interventions with a trusted practitioner with whom they already have a relationship.

S1-BOP5.5

How are the constructs of infant mental health prioritised by families? A longitudinal community consultation.

Dr Claire Mills¹, Dr Karen Kinloch¹, Ms Fliss O'Connell¹, Mr Colin Smy¹

¹Centre For Early Child Development, Blackpool, England

S1 - BOP5: Community approaches to infant mental health - Application of a holistic systems thinking approach to practice, Liffey Meeting Room 2B, 16 July 2023, 10:45 - 12:15

Background

The most successful interventions are those which are seen as acceptable to the local community. To develop and implement interventions to address early child development in Blackpool, it was important to understand the communities' needs, priorities, and readiness for change. The Centre for Early Child Development (CECD), the research and development hub of the Blackpool Better Start partnership, used a Community-Engaged Research approach to develop a research and engagement tool – the Community Consultation Photo Grid to identify the early years priorities of families in Blackpool.

Method

The Community Consultation has taken place every three years: 2016, 2019 and latterly in March 2022. The consultation involves research staff attending early years settings or community venues that include early years activities in locations across the Blackpool Better Start wards (e.g. libraries, faith buildings, play groups etc.,) for a two-week period in February/March to explore individual's responses to the question of 'What is important to you for your child's development?' Respondents are asked to answer this question by rank sorting 35 cards, each depicting an image, with text on the reverse, of the factors which influence early child development and place them in order of priority on a Photo Grid.

Learning

The 2022 Consultation was undertaken after the end of a two-year period of intermittent restrictions on social interactions due to the Covid-19 pandemic (March 2020 – January 2022). This BOP considers the attitudinal changes of caregivers to early years development, specifically drawing upon pandemic experiences and how this has shaped relationships within and around the family.

S1-BOP5.6

Right Help, Right Time, Right Place, Right People: Scaling-up Evidenced-based Approaches supporting infant mental health.

Mrs Clare Law¹, Mrs Melanie Farman¹, Ms Elaine Fulton¹

¹Centre For Early Child Development, Blackpool, England

S1 - BOP5: Community approaches to infant mental health - Application of a holistic systems thinking approach to practice, Liffey Meeting Room 2B, 16 July 2023, 10:45 - 12:15

Introduction

The emotional wellbeing of babies is dependent upon the quality of the relationship between the infant and their carers. Blackpool Better Start are supporting the Early Help and Support Service to strengthen their Early Years offer and provide training and development in relation to evidence based interventions and practice through a sustainable model with focus on access, connection and relationships – right help, right time, right place, right people.

Aim

The purpose is to embed a proven suite of interventions (SafeCare, Survivor Mums Companion and Video Interaction Guidance [VIG]) within the Early Help and Support Service that promote positive parental mental health and good quality parent-infant relationships. These evidence-based interventions have been shown to be suitable for Early Help levels of need to provide support for families with babies and young children, enabling greater reach as well as upskilling the workforce.

Method

Blackpool Better Start have been training the early years workforce in a suite of programmes so that they provide a metaphorical toolbox by which families can be supported. One such programme VIG is a strengths-based, brief intervention that promotes attunement, sensitivity and mentalisation in relationships for seven years. Practitioners trained to date include specialist health visitor, social workers, children services practitioner and early help practitioners.

Conclusions

The learning suggests that programmes, including VIG, are feasible and acceptable for families. VIG is suggested to be an effective intervention for enhancing positive parent-child relationships. Results show that VIG is successful at increasing parental sensitivity and improving the parent-child relationship. Most parents achieved positive changes to their levels of parenting stress and confidence over the course of the intervention.

The scale-up of evidenced-based interventions that support infant mental health is ongoing, whilst their feasibility and acceptability is positive, testing is ongoing for their delivery within local public services.

S1-BOP5.7

Strategies to supporting positive relationships through a community approach: Applying Reach, Engagement, Change (REC)

Ms Vicki Morgan¹, Dr Claire Mills¹, Mr Colin Smy¹, Ms Jo Smith¹, Mrs Clare Law¹

¹Centre For Early Child Development, Blackpool, England

S1 - BOP5: Community approaches to infant mental health - Application of a holistic systems thinking approach to practice, Liffey Meeting Room 2B, 16 July 2023, 10:45 - 12:15

Background

Community engagement is central to Blackpool Better Start's approach to building awareness of perinatal mental health and wellbeing. The individuals within communities are the drivers for change, through their ability to identify local needs and the assets to address these. It is suggested, per social contagion theory, that demonstration of behaviours may lead to mirroring in the behaviour of others in their social networks.

Method

The Better Start role of Community Connector, adopts a peer-to-peer approach by prioritising recruitment from the local community, appointing those residents and training them in early years development messages, apply a community engagement framework of Reach, Engagement, Change (REC) thus fostering positive relationships within families' communities. The approach seeks to Reach a wide audience, maximizing interactions with target families by identifying and providing opportunities for raising awareness e.g. of universal early years activities (park rangers), resources (engagement packs), messages (infant feeding) and services (health visiting).

A study of the interactions between a connector and parent (caregiver) over a 1-year period (1st April 2018 – 31st March 2019) including interviews with 22 parents suggested that the process of the 'everyday' conversation with the Connectors supported positive mental health.

Learning

The work highlighted that the strategies and perceived impact of the Connectors for our target population may contribute to wider service seeking behaviours. These connections serve to underpin meaningful Engagement as the connector employs strategies that serve to mediate the boundaries between the practitioner and the individual, whilst also brokering outward connections to others within their communities. It is thought that through these strategies including positive reinforcement contributed to self-efficacy. The approaches seek to increase awareness of and access to perinatal mental health support across our communities, normalising this need for many during the parenting journey and breaking down barriers to accessing more acute intervention.

What is measured counts – but for whom? Exploring outcome measures for Parent-Infant Relationship Services.

Dr Karen Kinloch¹, Mrs Melanie Farman¹, Dr Claire Mills¹

¹Centre For Early Child Development, Blackpool, England

S1 - BOP5: Community approaches to infant mental health - Application of a holistic systems thinking approach to practice, Liffey Meeting Room 2B, 16 July 2023, 10:45 - 12:15

Introduction

A secure, nurturing infant-caregiver relationship is essential to support mental health from the very start. Providing specialist expertise to support and strengthen this relationship has been shown to improve mental health for parents and infants. Blackpool Better Start Partnership has commissioned a Specialised Parent Infant Relationship Service, one of only 39 in the UK, to provide direct therapeutic support for families, along with consultancy and training for the workforce.

Aim

Although there is considerable research into the impact of parent-infant relationships on infant mental health, during the development work at CECD, we found that researchers and practitioners described a lack of outcome measures which could be used for service evaluation in practice.

A review of the current use of outcome measures was undertaken to both inform the service development and contribute to wider knowledge.

Method

Consultation with practitioners (n=44), parents (n = 69) parents and the wider infant mental health community were intrinsic to the service development. A study on the use of outcome measures in parent-infant relationship services and infant mental health was carried out through a literature review and data collection with practitioners (41n) has provided learning from the national context to inform the implementation and evaluation of the service.

Conclusions

The work highlighted the challenges in measuring the impact of PIR services, influenced by the array of constructs within the PIR work, differing stakeholder requirements and drivers. This study seeks to address this evidence gap, bringing together guidance on measures by professional bodies, a review of measures used to evaluate interventions which address PIR and the voices of practitioners in the field of parent-infant relationships. In writing this report we aim to amplify the voices of practitioners to help guide good practice in evaluation of parent-infant relationships and to provide practical solutions for future use.

S1-INVS15

The parent infant psychotherapist in today's world: dilemmas in relation to our patients, ourselves, research, culture and war

Mrs Tessa Baradon, Ms Oleksandra Mirza, Yvonne Osafo, Dr Björn Salomonsson, **Ginny Winter**

S1 - INVS15: The parent infant psychotherapist in today's world: dilemmas in relation to our patients, ourselves, research, culture and war,
Wicklow Hall 2A, 16 July 2023, 10:45 - 12:15

As the world around us changes, contemporary issues – inevitably – are also expressed in the discussions and interactions between parent/s, baby and therapist in the consulting room. The speakers in this symposium are psychoanalytic parent infant psychotherapists working in different cultures and settings. They will talk about dilemmas they have confronted and how these have changed their practice. Topics will include negotiating identity and mental health issues in a perinatal setting; integrating research activity and findings into clinical practice; racial, cultural and spiritual aspects in parent infant psychotherapy; offering containment for mothers and babies during war. Clinical illustrations from the speakers' practices will be included.

S1-SYM1.1

Attachment-based assessment and intervention: A move towards implementation

Prof Carlo Schuengel¹, Dr Sheri Madigan², Dr Mirjam Oosterman¹, Mr Ahmed Riaz Mohamed^{1,3,4}

¹Vrije Universiteit Amsterdam, Amsterdam, Netherlands, ²University of Calgary, Calgary, Canada,

³North-West University, Potchefstroom, South-Africa, ⁴University of Pretoria, Pretoria, South-Africa

S1 - SYM1: Attachment-based assessment and intervention: A move towards implementation, The Auditorium, 16 July 2023, 10:45 - 12:15

Introduction

Led by theory, attachment research has uncovered and defined dimensions of caregiving behavior that contribute to children's wellbeing and social and self-regulatory skills. Sensitive, predictable, and non-threatening caregiving has therefore become an important target for infant mental health practice. However, evidence-based practices would require assessment and intervention tools that are not only reliable and valid but also feasible outside their original research settings.

Material and Methods

This symposium brings together findings from three studies in which research-based assessment and intervention tools were adapted for the purpose of implementation in new settings.

Results

The first paper describes the development of the AMBIANCE-Brief, an abridged version of the Atypical Maternal Behavior Instrument for Assessment and Classification, an observer rating scale which predicts insecure and disorganized attachment. Evidence is presented on the reliability and validity of assessments made with the AMBIANCE-brief. The second paper describes the development and psychometric properties of the OK! package, an e-learning tool and interactive decision tree provided through a mobile application for assessment of parental sensitivity in child welfare practice. The paper discusses how co-creation with stakeholders was important so that outcomes can more easily be discussed with parents. The third paper describes the outcomes of a mixed methods study to adapt the Attachment and Behavioral Catch-up intervention program to the context of families of children with intellectual disability in South-Africa.

Conclusions

Discussion will focus on the implications of these studies for broader implementation of insights and methods delivered through attachment theoretical research as well as the implications of implementation frictions for the scientific research agenda.

S1-SYM1.2

Assessing parental sensitivity: Bridging science and child welfare practice

Dr Mirjam Oosterman¹, Msc Mirte L. Forrer¹, Prof Carlo Schuengel¹

¹Vrije Universiteit Amsterdam, Amsterdam, The Netherlands

S1 - SYM1: Attachment-based assessment and intervention: A move towards implementation, The Auditorium, 16 July 2023, 10:45 - 12:15

Introduction

Providing practitioners with reliable and valid instruments that withstand the constraints of use in daily practice is of great importance to enhance needs assessment, intervention planning and decision making. However, most instruments have been developed for use in a research context or by highly trained professionals. Their design and detail require extensive training, which makes such instruments difficult to implement.

Aim

In bridging the research-to-practice gap, we aimed to develop, in close collaboration with partners within the field of child welfare and child protection, a tool for observational assessment of parental sensitivity, suitable for practitioners working with parents.

Materials and methods

The OK! package includes an interactive, web-based decision tree with accompanying e-learning for assessment of parental sensitivity. Independent raters assessed parental sensitivity using the OK! package as well as the NICHD Parental Sensitivity rating scales on the basis of videotaped mother-child interactions at 10- or 12-months-old (N = 294) and at 24-months-old (N = 204), derived from the Dutch longitudinal cohort study Generation2. We will present data on reliability and validity of the OK! and discuss the goals and principles underlying the project, the collaborative efforts we undertook, and the data and input we gathered from practitioners and families to provide for an instrument that is not only reliable and valid, but also sustainably increases the quality of practice

Conclusions

Results indicated excellent single interrater reliability for raters using the OK! package (mean ICC = .79), and strong evidence for convergent validity at 10- or 12-month-old ($r = .57$) and 24-month-old ($r = .65$). Evaluation of psychometric qualities as well as input from practitioners and families indicate that the OK! package provides a promising alternative for traditional instruments used in research context.

S1-SYM1.3

Adapting Attachment and Biobehavioral Catchup for young children with intellectual disabilities in South Africa

Mr Ahmed Riaz Mohamed^{1,2,3}, Prof dr Paula Sterkenburg^{1,4}, Prof Esme van Rensburg², Prof Carlo Schuengel¹

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S1 - SYM1: Attachment-based assessment and intervention: A move towards implementation, The Auditorium, 16 July 2023, 10:45 - 12:15

Introduction and Aim

Attachment and Biobehavioral Catch-up (ABC) is a potentially useful intervention for addressing the psychosocial needs of children with intellectual disabilities/developmental delays (ID/DD). Given that ABC was not originally developed for this cohort, this study aimed, firstly, to explore the effects of ABC in families with a young child (age \leq 24 months) with ID/DD in South Africa. Second, it aimed to explore possible adaptations to the intervention for greater population- and context-specific alignment.

Materials and Methods

A mixed-methods multiple baseline trial of ABC was conducted with weekly measures of maternal sensitivity (n=52), attachment security (n=52) and cortisol regulation (n=165) across three families for a 5-, 8- and 9-week baseline phase, respectively, as well as a 10-week intervention phase and 2-week follow-up phase. Furthermore, interviews were conducted with the parents and intervenors regarding their experiences of ABC. Interviews were also conducted with clinical experts and a group of caregivers of children with ID/DD exploring their impressions of ABC.

Results and Conclusion

Results indicated positive effects of ABC on maternal sensitivity and attachment security although findings related to cortisol regulation were inconclusive. The experiences of the parents and intervenors largely supported these findings. Participants reflected positively on ABC and emphasised its relevance and usefulness for children with ID/DD in South Africa, but offered recommendations that may further enhance its applicability for this population. Recommendations included: integration of ID/DD-specific content for parents, and training for intervenors; expanding supervision capacity; building cultural sensitivity and competence for intervenors; access to referral networks; sourcing intervenors from local communities; and greater flexibility in how sessions are organised.

Feasibility and Application of the AMBIANCE-Brief Measure in Community Settings

Dr Sheri Madigan¹, Rachel Eirich¹, Julianna Watt¹, Paolo Pador¹, Karlen Lyons-Ruth

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S1 - SYM1: Attachment-based assessment and intervention: A move towards implementation, The Auditorium, 16 July 2023, 10:45 - 12:15

Introduction

Disrupted caregiving behavior has been identified as the most salient indicator of children's disorganized attachment. There has been a growing need for feasible observational tools of disrupted parenting that may be applied in clinical practice. However, disrupted behavior as assessed by the Atypical Maternal Behavior Instrument for Assessment and Classification (AMBIANCE; Bronfman, Madigan, & Lyons-Ruth, 2009) is time-consuming to learn and administer, as is often true of most empirically based observational tools. In an effort to bridge the research-to-practice gap, the AMBIANCE-Brief (Madigan, Bronfman, Haltigan, & Lyons-Ruth, 2018) was developed to provide a clinically useful, feasible, and psychometrically sound assessment of disrupted parenting behavior for practitioners. The AMBIANCE-brief has demonstrated reliability and validity in laboratory settings as well as feasibility for use in community settings.

Aim

AMBIANCE-brief trainings have been underway with clinicians and researchers across the globe; however little is known about how it is being used in practice and perceptions of the measure among those using it. This study investigated the perceived acceptability, feasibility, usefulness, and sustainability of the AMBIANCE-brief among practitioners and researchers.

Measures and Methods

Clinicians and researchers (N = 81) who attended a virtual AMBIANCE-brief training from October 2020 to October 2021 completed an online survey.

Results

Clinicians reported that they primarily used the AMBIANCE-Brief for case conceptualization (65%). Additionally, 94% of the clinicians agreed that the AMBIANCE-brief is relevant to their clinical practice, 97% agreed that it is useful for their clinical work, 75% agreed that the AMBIANCE-brief is feasible to implement into their clinical work, and 59% found it easy to incorporate into their treatment planning with clients.

Conclusions

Findings from this study suggest that the AMBIANCE-brief may be acceptable, feasible, and useful for practitioners and researchers. Barriers remain for the implementation of this assessment tool into practice, which will be discussed.

S1-SYM2.1

'Impediments and enablers: mental health services for infants and families - global perspectives'

Dr. Aoife Twohig¹, Associate Professor Campbell Paul², Associate Professor Elizabeth Barrett³, Professor Fiona McNicholas⁴

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S1 - SYM2: Impediments and enablers: mental health services for infants and families - global perspectives, Liffey Hall 1, July 16, 2023, 10:45 - 12:15

Introduction

Child and Adolescent Psychiatry has always played a central role in the development of Infant Mental Health, as a distinct sub-specialty, clinically and from a service perspective. As many countries face an exponential increase in presentations of acute mental health needs in adolescent and young adult patients, child psychiatry services are often overwhelmed and resources directed to address these needs. The mental health needs of infants and very young children are often overlooked despite evidence which indicates the prevalence and vulnerability of young children to mental ill-health.

Aims

This symposium will focus on a variety of themes with the intent of stimulating discussion about how scarce resources can be implemented in developing services for infants and families and the challenges and enablers of this within available resources.

Description

The themes of the presentations included in the symposium will include roles and responsibilities as Child Psychiatrists within infant mental health, CAMHS and paediatric liaison services; the training needs of child psychiatry trainees in order to bring the infant to the mind and experience of trainees in psychiatry; the prevalence of burnout and need and methods of staff support; service development, research and advocacy.

Conclusions

The symposium proposes to create an atmosphere of discussion and creativity, with sharing of ideas and insights from established and evolving services, in order to support ongoing infant and family service development and capacity building within CAMHS, paediatric liaison psychiatry and other services.

S1-SYM2.2

Staff burnout and support: how this may affect infant mental health service provision

Associate Professor Elizabeth Barrett¹

¹Children's Health Ireland, Dublin, Ireland

S1 - SYM2: Impediments and enablers: mental health services for infants and families - global perspectives, Liffey Hall 1, July 16, 2023, 10:45 - 12:15

Introduction

Given international concerns about burnout and compassion fatigue, recruitment and retention concerns within medical and psychiatry training and workforce, this talk will highlight the prevalence of burnout from an Irish as well as global perspective, and the role of this in relation to infant mental health services.

Aims

The presentation will cover the Introduction of methods of supporting staff within a tertiary paediatric hospital setting over the past number of years, including through the Covid 19 pandemic.

Description

Schwartz Rounds were introduced at the Children's University Hospital, Dublin, the first paediatric hospital in Ireland to do so. The rounds provide a framework where staff from across an organisation can meet to reflect on the emotional impact of their work and helps to improve staff wellbeing, resilience and support which ultimately has an impact on improved patient centred care. Balint reflective practice groups have been introduced for psychiatry trainees in Ireland- providing an opportunity to discuss psychological aspects of their relationships with patients in a relaxed, supportive, structured and confidential setting. The presenters also lead initiatives with regard to Balint groups for specialist Psychiatry trainees nationally. Recently, we have offered these in the paediatric hospital to trainees there, who have welcomed them and 80% rated them as very positive. This is an innovation for medical and paediatric trainees, who have never participated in similar initiatives before.

Conclusions

The role of staff burnout and compassion fatigue as impediments to infant mental health service development will be discussed. How these and other modalities may support infant mental health in paediatric and CAMHS settings will be discussed.

S1-SYM2.3

A model for translating research into intervention programme for families / children beginning in infancy.

Professor Fiona McNicholas^{1,2}

¹Children's Health Ireland, Dublin, Dublin, ²University College Dublin, Dublin , Ireland

S1 - SYM2: Impediments and enablers: mental health services for infants and families - global perspectives, Liffey Hall 1, July 16, 2023, 10:45 - 12:15

Introduction

Integrating and translating findings from research into service development is a cornerstone of optimal medical and psychiatric care. This presentation focuses on research programmes which have led to developments in service delivery and may be models for other service developments. The prevalence of lifetime psychiatric morbidity among children born with 22q deletion syndrome is high.

Aims

To describe the implementation of a parent education programme for families of infants and children born with 22q11 syndrome as a model for early intervention

Description

A comprehensive parent education and support programme was developed to facilitate parents understanding of their child, their developmental needs and to provide peer support. This approach led to a range of outcomes in relation to parenting of children with this complex disorder. The integration of psychiatric knowledge and interdisciplinary approach to early intervention is described. Learning and recommendations for further service developments arising out of this study will be discussed

Roles and responsibilities as Child Psychiatrists within Infant Mental Health

Dr. Aoife Twohig¹

¹Children's Health Ireland, Dublin, Ireland

S1 - SYM2: Impediments and enablers: mental health services for infants and families - global perspectives, Liffey Hall 1, July 16, 2023, 10:45 - 12:15

Introduction

'In dreams begins responsibility', Yeats' 1914 poem Responsibilities reminds the reader. The role and responsibilities of child and adolescent psychiatrists have evolved and changed over time. The desires that drew many to the profession may have changed too and the context to much of our work has also changed. The rapid rise in acute presentations of self harm and suicidal acts, eating disorders, and severe behavioural disturbance has led to scarce psychiatry resources being diverted to address these crises. This has also had the impact of lessening resources directed towards infants and young children, yet there is now unequivocal evidence that the earliest years of development are critical to mental health across the life span, that intervening early can ameliorate suffering and prevent future morbidity, and that infants and young children can and do experience mental health problems.

Aim

This presentation aims to outline the scope of child and adolescent psychiatry within infant mental health and the rationale for and how this can be developed within current resources.

Description of the work or project

The presenter will describe the roles and responsibilities of child psychiatrist in infant mental health and describe various initiatives which have increased awareness and capacity for infant mental health in a clinical setting

Conclusions

Child and adolescent psychiatry is an important component of the infant mental health multidisciplinary approach. Increasing awareness of this role, developing training and increasing capacity within services to provide for infants, young children and their families will be discussed.

S1-SYM2.5

Training - Bringing the infant to the mind and experience of trainees in psychiatry

Associate Professor Elizabeth Barrett^{1,2}, Dr. Aoife Twohig¹, Norbertas Skokauskas

¹Children's Health Ireland, Dublin, Ireland, ²University College Dublin, Dublin, Ireland

S1 - SYM2: Impediments and enablers: mental health services for infants and families - global perspectives, Liffey Hall 1, July 16, 2023, 10:45 - 12:15

Introduction

The training of child and adolescent psychiatrists in the early years of development and its relationship to mental health is crucial, yet many trainees begin child and adolescent psychiatry training with very limited exposure to younger children. Why is this the case? In addition the majority will not have had prior experience of infants, in terms of thinking developmentally about their emotional and relational needs. There is limited education on the area of infant mental health within paediatric or psychiatry training in undergraduate medicine.

Aim or Purpose

To explore the needs of undergraduate and postgraduate trainees in infant mental health and identify key areas of training to enhance awareness and competencies in this area.

Description

The presenters will describe work to enhance training in the area of infant mental health in undergraduate and postgraduate medical and psychiatry training and review practices in other parts of the world. .

Conclusions

Training in infant mental health should be a core part of child and adolescent psychiatry training and also adapted to be included in the undergraduate paediatric and psychiatry curricula.

S1-SYM2.6

Ensuring that child and adolescent mental health services and trainees get to know infants.

Associate Professor Campbell Paul¹

¹Royal Children's Hospital, Melbourne, Australia

S1 - SYM2: Impediments and enablers: mental health services for infants and families - global perspectives, Liffey Hall 1, July 16, 2023, 10:45 - 12:15

Introduction

Worldwide there has been a very large increase in the referral of older children and adolescents with major mental ill-health. Clinical priority setting often means that many child and adolescent psychiatry trainees have very limited access to clinical work with children under the age of five years. This represents a major deficit in training, and a huge disservice to troubled infants and families. Babies have a huge amount to mental health clinicians about the human connectedness and its problems, especially the role of non-verbal communications, play and intersubjective capacities.

Aim or Purpose

the symposium proposes that child and adolescent psychiatry trainees have access to working with infants and parents, with the infant has a significant mental health problem

Description

clinical vignette

methods of engaging infants in context of relationships

Conclusions

the complex process of assessing the mental health, social and emotional needs of very young children is an essential skill for child psychiatrists. A full assessment of the parents' concerns and difficulties is crucial, but even more important is getting to meet the infant as a young person in their own right with their own subtle and complex phenomenology. Clinical work with infants also has huge amount to teach us about human capacity for intersubjectivity and non-verbal domains of connectedness.

S1-SYM6.1

Excessive crying and infant regulatory problems: Epidemiology, long-term outcomes, and treatment

Dr Ayten Bilgin¹, Professor Dieter Wolke²

¹University Of Kent, Canterbury, United Kingdom, ²University of Warwick, Coventry, United Kingdom

S1 - SYM6: Excessive crying and infant regulatory problems: Epidemiology, long-term outcomes, and treatment, Wicklow 2B, 16 July 2023, 10:45 - 12:15

Introduction

Excessive crying and regulatory problems are among the most common reasons for parents to seek help from a health professional during the first year of life. However, our knowledge regarding the epidemiology, long-term outcomes and treatment of these difficulties remains limited.

Aim

This symposium brings together researchers from four countries (UK, Denmark, Germany, and Italy) to present the most recent evidence on the epidemiology, long-term outcomes and treatment of excessive crying and infant regulatory problems.

Material and Methods

This symposium brings together studies using a range of methods such as meta-analysis, longitudinal data analysis, parent-infant psychotherapy intervention, physiological analyses with genetic techniques, and animal models (i.e., mouse pups).

Results

Regarding excessive crying, most studies were conducted in the United States, the United Kingdom, and Canada ($k = 32$). The pooled estimate for cry and fuss duration was 126 mins ($SD = 61$), with high heterogeneity. Regarding the long-term outcomes of early regulatory problems, adults who had early multiple or persistent RPs ($N=151$) reported more internalizing ($p=0.001$), externalizing ($p=0.020$), and total behavioural problems ($p=0.001$) than those who did not have early regulatory problems. Regarding the treatment of excessive crying and infant regulatory problems, it was shown that five minutes of carrying seem sufficient to facilitate sleep in crying infants even during the daytime. Further, the treatment effects of parent-infant brief psychodynamic therapy on regulatory problems remained stable even after 1 year of therapy.

Conclusions

The duration of crying remains substantial in the first year of life after an initial decline. Early regulatory problems are associated with long-lasting outcomes particularly if they are multiple or persistent. However, there are available treatment options. Carrying infants briefly could reduce infant cry and physiological activation (i.e. heart rate). Furthermore, brief parent-infant psychodynamic therapy could be beneficial in the treatment of infant regulatory problems.

S1-SYM6.2

The association of early regulatory problems with behavioural problems and cognitive functioning in adulthood

Dr Ayten Bilgin¹, Professor Dieter Wolke², Dr Nicole Baumann³, Prof Dr Julia Jaekel⁴, Dr Riikka Pyhala⁵, Dr Kati Heinonen^{5,6}, Prof Dr Katri Raikkonen⁵, Prof Dr Christian Sorg⁷

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⁶University of Tampere, , Finland, ⁷Technical University of Munich, , Germany

S1 - SYM6: Excessive crying and infant regulatory problems: Epidemiology, long-term outcomes, and treatment, Wicklow 2B, 16 July 2023, 10:45 - 12:15

Introduction

Regulatory problems (excessive crying, sleeping, or feeding difficulties) that co-occur (i.e., multiple) or are persistent in early childhood have been associated with cognitive and behavioural problems in childhood. However, it remains unknown if these associations are evident in adulthood.

Aim

The aim of the current study was to investigate whether multiple RPs at age 5 months or persistent RPs over three time points (at least one problem at age 5, 20 and 56 months) are associated with behavioural problems, and cognitive functioning in adulthood.

Material and Methods

This large prospective longitudinal study (N=759) was conducted in two cohorts in Germany (N=342) and Finland (N=417). RPs were assessed at 5, 20, and 56 months via the same standardized parental interviews and neurological examinations. In young adulthood, questionnaires were used to assess behavioural problems. Cognitive functioning was assessed with IQ tests. We examined the effects of multiple or persistent RPs on the outcomes via analysis of covariance tests and logistic regression controlled for the influence of cohort.

Result

Adults who had early multiple or persistent RPs (N=151) reported more internalizing ($p=0.001$), externalizing ($p=0.020$), and total behavioural problems ($p=0.001$), and, specifically, more depressive ($p=0.012$), somatic ($p=0.005$), avoidant personality ($p<0.001$), and antisocial personality problems ($p=0.006$) than those who never had RPs (N=596). Participants with multiple or persistent RPs were more likely to receive any ADHD diagnoses ($p=0.017$), particularly of hyperactive/impulsive subtype ($p=0.032$). In contrast, there were no associations between multiple or persistent RPs and IQ scores in young adulthood.

Conclusion

The results indicate long-lasting associations between multiple or persistent RPs and behavioural problems. Thus, identifying and addressing early RPs through appropriate intervention programs could help prevent long-term behavioural problems.

S1-SYM6.3

Infant calming behaviors and their physiological mechanisms in response to maternal regulatory stimulations

Dr Atiqah Azhari¹, Dr Alessandro Carollo¹

¹Department of Psychology and Cognitive Science, University of Trento, Rovereto, Italy

S1 - SYM6: Excessive crying and infant regulatory problems: Epidemiology, long-term outcomes, and treatment, Wicklow 2B, 16 July 2023, 10:45 - 12:15

Introduction

Many studies have focused on the maternal physiological mechanisms that promote bonding (e.g., mothers' automatic responses to infant faces and/or cries), and relatively less have examined the infant physiological response. Thus, the physiological mechanisms regulating infant bonding behaviors remain undefined. Here we present different studies that elucidate the neurobiological mechanisms governing social bonding and cooperation in humans by focusing on maternal carrying and sleeping and its beneficial effect on mother–infant interaction in mammalian species (e.g., in humans and rodents).

Aims

In several studies, in collaboration with different groups in Italy, Japan and Singapore, we aimed to identify infant responses to maternal soothing practices alongside the underlying regulatory mechanisms.

Methods

We combined event-locked physiological analyses with dynamic mother-infant interactions, pharmacologic and genetic techniques, and animal models (i.e., mouse pups). Results. In our studies we observed that infant cry and body movements, together with physiological activation (i.e., heart rate), are reduced when mothers briefly carry their infant as compared to when mothers sit or hold their infant. Five-minutes of carrying seem sufficient to facilitate sleep in crying infants even during daytime. Finally, the specific sleeping arrangement modulates the infant physiological responses.

Conclusions

Our studies shed light on the regulatory mechanisms of the calming response across mammalian species and provided some insights into the on-site behavioral interventions to promote sleep and to soothe infants.

S1-SYM6.4

Crying in the first 12 months of life: synthesising and modelling parent-reported data

Dr Christine Parsons¹, Mr Arnault-Quentin Vermillet¹, Ms. Katrine Tølbøll¹, Mr Samouil Litsis Mizan¹,
Dr Joshua Skewes¹

¹Aarhus University, , Denmark

S1 – SYM6: Excessive crying and infant regulatory problems: Epidemiology, long-term outcomes, and treatment, Wicklow 2B, 16 July 2023, 10:45 – 12:15

Introduction and Aims

Crying is a key communicative signal in infancy, conveying information about an infant's emotional and physical state. When infant crying is difficult to console or judged excessive in duration or intensity, it can be a significant source of stress for parents.

The aims of this study were to (i) systematically review and meta-analyse the available data on the duration of infant crying in the first year of life, and (ii) use data from the meta-analysis to test the classic 'cry curve' model of cry duration against alternate models of the change in cry duration over time.

Material and Methods

We obtained data from 17 countries and 57 studies until infant age 12 months (N = 7580, 54% female from k = 44), from studies before the end of September 2020. We tested models of cry duration based on: a double exponent, a linear decay, an exponential decay, and a change point, assuming a period of high constant crying followed by a period of exponential decay.

Conclusion

Most studies were conducted in the United States, the United Kingdom, and Canada (k = 32), and at the traditional cry "peak" (age 5–6 weeks). The pooled estimate for cry and fuss duration was 126 mins (SD = 61), with high heterogeneity. We found that the double exponent model, corresponding to the classic 'cry curve' and change point model provided better fits to the data than the linear or exponential decay models. Both models indicate that the duration of crying remains substantial in the first year of life, after an initial decline. Entire continents are absent from our global perspective on infant crying, and where low-and-middle-income countries are represented, it is often by a single data point.

S1-SYM6.5

The efficacy of focused parent-infant psychotherapy: long-term stability and mothers' subjective therapy experience

Dr Anna Georg¹

¹University Hospital Heidelberg, Heidelberg, Germany

S1 - SYM6: Excessive crying and infant regulatory problems: Epidemiology, long-term outcomes, and treatment, Wicklow 2B, 16 July 2023, 10:45 - 12:15

Introduction

Focused parent-infant psychotherapy (fPIP) is a psychodynamic-based brief intervention for the treatment of early regulatory disorders. In the RCT on the efficacy of fPIP compared to standard pediatric treatment (TAU), N = 154 mothers of children diagnosed with regulation disorders (T1) showed significant improvement in child and maternal symptoms after 12 weeks (T2). Maternal self-efficacy and parental mentalizing improved at trend levels. These results are promising and raise further questions, such as long-term intervention effects as well as processes in place from the perspective of participating mothers.

Aim

This study addresses the question of whether the effects of fPIP remain stable at follow up and how mothers retrospectively evaluate their therapy experiences and processes of change.

Material and Methods

Mothers who participated in fPIP were asked to complete questionnaires on child psychopathology, parental and psychological distress, maternal self-efficacy, and mentalizing 1 year after the end of therapy (T3). Stability of effects (T1, T2, T3) were analysed using hierarchical multilevel models and Reliable Change Indices. The subjective therapy experience was investigated using retrospective semi-structured interviews and was analysed qualitatively (grounded theory).

Conclusion

The treatment effects of fPIP remained stable at T3. Participating mothers showed stable long-term improvements in depression, psychological and parenting stress, self-efficacy, and parental mentalizing. Very few children showed internalizing or externalizing difficulties in the clinically range, and few children showed sleep difficulties. The qualitative analyses yielded 7 categories that provide an in-depth understanding of the therapy experience. The results point to the long-term effects of early dyadic interventions for parent and child. fPIP may help to reduce the risk of developing emotional and behavioral problems and sleeping problems in children who were previously diagnosed with ERD. The results indicate which aspects of fPIP are perceived by mothers as particularly helpful and which as particularly difficult.

S1-SYM7.1

Ethical Dilemmas in Infant and Early Childhood Mental Health: Cases, Conundrums, Perspectives

Dr Jon Korfmacher¹, Dr Paula Zeanah, Dr Izaak Lim, Dr Alison Steier, Dr Kandace Thomas, Professor Miri Keren

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S1 – SYM7: Ethical Dilemmas in Infant and Early Childhood Mental Health: Cases, Conundrums, and Perspectives, Wicklow 1, July 16, 2023, 10:45 – 12:15

Introduction

Ethics is concerned with knowledge or standards of “right” and “wrong” that guide behavior in terms of fairness, justness, equity, trustworthiness, and refraining from harm to others. Practitioners of IECMH often face challenging clinical conundrums, and we argue that these clinical situations often present underlying ethical dilemmas that are not adequately acknowledged or addressed by current resources. Many of the diverse professions that encompass IECMH have their own Codes of Ethics, yet they also stop short of guidance that could be useful for IECMH dilemmas.

Purpose

To demonstrate unique IECMH ethical dilemmas as they arise, are identified and addressed in clinical settings.

Description

We will begin the symposium by providing a brief overview of ethics and approaches to addressing complex clinical dilemmas. We will then present two examples of classic ethical dilemmas that present in IECMH. The first case, which takes place in an inpatient medical setting, and raises the question of at what point does staff concern about a parent’s ability to care for a young infant safely override the parent’s perception of her own abilities? This case represents the dilemma of coercion, and the underlying ethical issues of autonomy, justice, and beneficence vs non-maleficence. The second case highlights the ethical issues of confidentiality, placing the clinician in the dilemma of keeping secret a potentially dangerous situation and one that could result in harm to the infant. Issues regarding fairness, trustworthiness, beneficence vs non-maleficence are highlighted in this case. For each case, two clinicians/consultants will offer their perspectives on ethical decision-making. We anticipate audience discussion and will end with a summation of the ethical challenges and needs for explicitly addressing ethics in IECMH.

Conclusion

Ethical issues occur frequently in IECMH, and a Code of Ethics is necessary to guide practice.

Ethical Guidance in Infant Mental Health: An Introduction

Dr Alison Steier¹

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S1 - SYM7: Ethical Dilemmas in Infant and Early Childhood Mental Health: Cases, Conundrums, and Perspectives, Wicklow 1, July 16, 2023, 10:45 - 12:15

Introduction

IECMH practitioners often encounter clinical conundrums in which appropriate actions are unclear, and in which ethical guidance could be helpful in formulating decisions about how to act. This begs the question of the availability and effectiveness of current ethical guidelines to address the unique challenges encountered in IECMH practice.

Purpose

To discuss the unique ethical challenges presented by IECMH practice and consider what guidance is currently available to practitioners for navigating complex clinical issues.

Description

The relational focus of IECMH demands attention to the needs of the caregiver and the infant, but this is difficult when these needs do not align. Navigating these conflicts and balancing best interests across the 2-generational relational focus of IMH is at the core of what is vexing in clinical work. IECMH includes practitioners from varied professional groups including child and adolescent psychiatry, each with their own professional ethical standards and priorities. Many dilemmas unique to IMH are not addressed in these guidelines, however. IECMH practice occurs in myriad settings beyond “the office,” which many ethical guidelines do not account for. Although the field has developed some practices to help manage the complex clinical issues that arise, explicit attention to the ethical aspects of practice in IMH is lacking.

Conclusion

It is time for the field of IECMH to take an intentional, systematic approach that directly addresses the complex and unique ethical dilemmas faced by infant and early childhood mental health practitioners.

S1-SYM7.3

Let me out: Coercion in a parent-infant inpatient unit

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S1 - SYM7: Ethical Dilemmas in Infant and Early Childhood Mental Health: Cases, Conundrums, and Perspectives, Wicklow 1, July 16, 2023, 10:45 - 12:15

Introduction

The mental health professions have a long and difficult history with the use of coercion. Coercion broadly refers to a relational dynamic where one person's free will is overridden by another. There is a spectrum of coercion from subtle pressure to frank compulsion, and these interpersonal processes can be more or less opaque. In the mental health context, coercion is often justified by the need to reduce the risk of harm to the patient or others. In perinatal and infant mental health settings, these may be harms affecting the parent, the child, or both.

Purpose

To discuss multiple ethical perspectives on a case highlighting the use of coercion in an infant mental health context.

Description

Two presenters will discuss the case of Lakshmi, the 19-year-old single mother of 5-day-old Arjun, transferred from the maternity ward to a parent-infant mental health inpatient unit for assessment of her mental state and parenting skills. Being in a confined space is triggering for Lakshmi, who lives with complex PTSD, and she wants to discharge herself from hospital. The unit staff are concerned that Lakshmi is unable to safely care for Arjun without additional support, as she is socially isolated, and does not have bottles, formula or nappies at home. Child protective services direct that Arjun should not leave the hospital premises until they have conducted further risk and safety assessment. Lakshmi is highly distressed and the unit staff are concerned that being in a restrictive environment will be ultimately detrimental to Lakshmi's mental state, especially when she feels unable to trust their helpful intentions.

Conclusion

Hearing multiple perspectives on how to weigh and balance various ethical concepts and principles can shed new light on complex clinical conundrums in perinatal and infant mental health settings.

S1-SYM7.4

To Tell or Not to Tell, That Is the Dilemma

Dr Paula Zeanah¹, Dr Kandace Thomas²

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S1 - SYM7: Ethical Dilemmas in Infant and Early Childhood Mental Health: Cases, Conundrums, and Perspectives, Wicklow 1, July 16, 2023, 10:45 - 12:15

Introduction

Confidentiality has long been considered a foundational ethical obligation, essential to developing and sustaining the client-clinician relationship and providing mental health care. Generally, confidentiality can be broken with consent by the client or in certain legal situations, such as potential endangerment of the client or others. In IECMH, maintaining confidentiality is complicated by involvement of multiple caregivers and the inability of the infant to “speak up” for their needs.

Purpose

To discuss ethical concerns and decision-making in a case highlighting dilemmas posed by confidentiality.

Description

The example case of Mariam, Sarah, and their 18-month-old daughter, Adara is described. Adara was referred to an infant mental health community treatment team because of excessive tantrums, hyperactivity, and aggression towards other children at daycare. Mariam is Adara’s primary caregiver at home and takes time off work to attend appointments with her. Mariam tells the clinician of significant strain in her relationship with Sarah, and she has been secretly drinking to cope with the stress. Mariam will not give the clinician permission to contact Sarah to discuss her drinking because she fears that this will result in relationship breakdown and separation. Mariam tells the clinician she would probably kill herself if Sarah left her. Mariam breastfeeds Adara at night but assures the clinician that she expresses her milk before she starts drinking, and she reports that she only drinks after Adara is asleep. Two clinicians will offer their perspectives on issues of fairness, trustworthiness, autonomy, beneficence vs non-maleficence, and approaches to ethical decision-making pertinent to this case.

Conclusion

Consideration of the risks of breaking or sustaining confidentiality should take account the underlying and intersecting ethical dilemmas as they impact clinical decision-making and the bests interests of the child and her caregivers.

S1-SYM8.1

The role of parental gender and caregiving involvement in different family contexts

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S1 - SYM8: The role of parental gender and caregiving involvement in different family contexts, Wicklow 3, 16 July 2023, 10:45 - 12:15

Recent evidence documented the influence of parental involvement in childcare on parenting sensitive responsiveness and quality of parent-child relationship. However, parenting research has been traditionally dominated by maternal role and heterosexual couples in which the gendered division of childcare make it difficult to disentangle the difference between the role of sex and involvement.

Thus, this symposium aimed at investigating the role of gender and involvement in childcare on parenting across different family contexts, including same-sex males and females couples and heterosexual couples with different degree of psychological wellbeing. We included five studies that cover different perspectives, from parental neurobiology and cognitive processing to parental behaviors and mental health. Methodologies encompasses fMRI, experimental tasks, standardized observations, and self-reported questionnaires, often with a multi-method approach.

In the first contribution, Gemignani et al., investigates the role of experience of care on attentional bias toward infant faces in families of same-sex mothers.

Next, Carone and Lingiardi use a longitudinal study design involving lesbian and gay parent families to examine the longitudinal associations between parental sensitivity and child attachment security, by parent gender and caregiving roles.

In the third study, Rigo et al., aim at evaluating the influence of quality of caregiving involvement on neurobiological correlates of responsiveness to infant vocalizations in same-sex mothers. The fourth contribution is a longitudinal study by Pinto et al., that emphasizes the contribution of division of labour (in terms of coparenting relationship) on maternal mental health and infant-self regulation. The last presentation, a study by Perzoli et al., explores affective and cognitive aspects of parent-child interactions comparing mothers and fathers of preschoolers with autism.

These findings increase the knowledge on parental involvement in childcare, understood as a factor that, beyond gender role, may promote adaptive human caregiving and in turn child healthy development.

S1-SYM8.2

Association between early and actual care experiences and attention to infant faces in same-sex mothers

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S1 - SYM8: The role of parental gender and caregiving involvement in different family contexts, Wicklow 3, 16 July 2023, 10:45 - 12:15

Introduction

A face of an infant constitutes a highly salient cue that captures the attention of mothers, eliciting nurturing behaviors which in turn promote the attachment development. However, maternal characteristics that modulate the attention to infant faces have not been fully clarified.

Aim

We examined the attentional bias to infant and adult faces in a sample of same-sex mothers, and whether the attention bias varied in relation to both past experiences of care (mental representations of care built during childhood) and actual experiences with their baby.

Material and Methods

We implemented a modified Go/no-Go task to compare the effect of infant and adult faces in retaining attention in a sample of same-sex mothers (N=67). We measured mothers' experiences of maternal and paternal care during childhood, and the actual engagement with childcare. Response times elapsing from stimulus display onset until the response on Go trials were transformed into logarithms and analyzed via linear mixed-effects models. Overall, infant faces recruited more attention compared to adult faces, eliciting slower response times ($\beta = -0.01$, $SE = 0.002$, $t = -8.505$, $p < .01$). The attentional prioritization of infant faces varied in relation to the amount of involvement in childcare, that is, more involved mothers allocated more attention (slower response times) toward infant compared to adult faces ($\beta = -0.0005$, $SE = 0.00008$, $t = -6.021$, $p < .01$). No effects of the early experiences of maternal and paternal care were found.

Conclusion

Extending previous results mostly confined to biological different-sex parents, we found that attention bias to infant faces in same-sex mothers may be associated with the actual experience of caregiving. As a final remark, the inclusion of different family forms is recommended, both methodologically and conceptually, to uncover potential factors contributing to individual variations in parents' attention to infant cues.

S1-SYM8.3

Sensitivity and attachment in sexual minority parent families: Differences by parent gender and caregiving role

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S1 - SYM8: The role of parental gender and caregiving involvement in different family contexts, Wicklow 3, 16 July 2023, 10:45 - 12:15

Introduction

In heterosexual parent families maternal, but not paternal, sensitivity is a significant precursor of child attachment security. In this family type, however, parent gender and caregiving role likely conflate, with mothers usually being the primary caregivers. Sexual minority parent families offer the unique opportunity to disentangle the effect of caregiving role from parent gender on sensitivity. Yet, to date, no research on this issue has involved these families. Furthermore, given the belief that mothers are fundamentally better suited for parenting than fathers and that surrogacy conception is detrimental for child development, concerns have been expressed particularly against parenting by gay fathers and, as a result, the attachment security of their children.

Aim

This study compared parental sensitivity and child attachment security in lesbian and gay parent families through assisted reproduction. Also, it investigated whether the longitudinal associations between parental sensitivity and child attachment security varied by parent gender and/or caregiving role.

Material and Methods

34 Italian lesbian mother families through donor insemination and 31 Italian gay father families through surrogacy were assessed for caregiving roles, parental sensitivity, and child attachment using the Who Does What? Questionnaire, the Maternal Behavior Q-Set and the Attachment Q-Sort, respectively, during two home visits at each time point (t1: Mage = 3 years; t2: Mage = 4 years). In each family, both parents and their first-born preschool child participated (52% females).

Conclusions

Both parental sensitivity and child attachment security were similar to normative scores. However, both the primary caregiver showed greater sensitivity and children displayed greater attachment security to their primary caregiver. Finally, the strength of the association between sensitivity and attachment security by caregiving role was similar across family types. The results emphasize the importance to disentangle the caregiving role from parent gender while examining child-parent attachment across diverse families.

S1-SYM8.4

Effect of caregiving involvement on responsiveness to children cues in same-sex families: an fMRI-EEG study

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S1 - SYM8: The role of parental gender and caregiving involvement in different family contexts, Wicklow 3, 16 July 2023, 10:45 - 12:15

Responding adequately to infant signals is vital for the child's proper development. So far, research has focused chiefly on primary caregiving mothers exposed to their infants' cues, highlighting regional patterns of brain activation related to attention, emotional processing, motivation, and social cognition (maternal parental brain model m-PBM). However, recent evidence showed that a caregiver's brain responsiveness to infant cues and the quality of adult-child interaction appears to be significantly influenced by the amount of involvement in childcare (primary vs. secondary caregiver) more than the gender role. While research mainly showed differences between father and mother, there is a lack of attention on how primary and secondary caregiving roles can shape the neurobiological bases and neurophysiological correlates of parenting and affect adaptive care behaviors.

Our study intends to extend the understanding of involvement in childcare in same-sex families with different amount of involvement in childcare. We expect that the parental role in terms of primary or secondary caregiver can better explain differences between subjects more than gender. Specifically, we hypothesized that primary caregiving mothers, more than secondary caregiver mothers, will show a brain activation consistent with m-PBM.

Twenty mothers (recruitment in progress) undergo an fMRI listening task of positive and negative infant vocalizations and control sounds to evaluate involved neural networks related to the m-PBM. Participants' psychological well-being and childcare involvement are assessed through self-report and parent-child interaction coding.

Our findings will contribute to filling the gap that clarifies caregivers' roles beyond the strict logic of gender differences and promote the identification of new perspectives for advanced screenings of parenting-at-risk and for advanced clinical treatments that can benefit from the specificity and complementarity of caregivers' contribution in the therapeutic process.

S1-SYM8.5

Coparenting quality moderates the impact of mother's prenatal depressive symptoms on infant self-regulation

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S1 - SYM8: The role of parental gender and caregiving involvement in different family contexts, Wicklow 3, 16 July 2023, 10:45 - 12:15

Introduction

Coparenting refers to the mutual support and engagement of both parents in child-rearing. It is a major family process associated with parental involvement and parenting. As a development-enhancing or a risk-promoting environment, coparenting may shape the impact of mother's prenatal depressive symptoms on infant self-regulation.

Aim

This study aimed to analyze the moderator role of positive and negative coparenting in the impact of mother's prenatal depressive symptoms on infant self-regulation at 3 months.

Material and Methods

A sample of 103 primiparous couples (N = 206 parents) were recruited at the 1st trimester of pregnancy. Mothers reported on depressive symptoms at the 1st trimester of pregnancy, and both parents reported on depressive symptoms, coparenting, and infant self-regulation at 2 weeks and 3 months postpartum.

Conclusions

Results indicated that higher levels of mother's prenatal depressive symptoms and higher levels of mother and father's report of negative coparenting at 2 weeks postpartum predicted lower infant self-regulation at 3 months. Negative coparenting at 2 weeks postpartum accentuated the impact of mother's prenatal depressive symptoms on infant self-regulation at 3 months. The results support a view of negative coparenting as a risk-promoting environment that can accentuate the adverse impact of mother's prenatal depressive symptoms on infant self-regulation. Infants in families with mothers with elevated prenatal depressive symptoms and with high levels of negative coparenting may be at high risk of self-regulation problems.

How Do Fathers Interact and Talk with their Preschoolers with Autism?

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S1 - SYM8: The role of parental gender and caregiving involvement in different family contexts,
Wicklow 3, 16 July 2023, 10:45 - 12:15

Introduction

The contemporary view of fathers highlights the importance of their influence on children's development. Given the paucity of studies considering the paternal role, especially in the context of Autism Spectrum Disorder (ASD), this study aimed to shed new light on some characteristics of fathers in interaction with their preschool children with ASD.

Aim of the study

We investigated the affective and cognitive elements of father-child dyads compared to mother-child interactions.

Materials and Methods

Participants are 45 children (41 males and 4 females) with ASD (chronological age: $M = 40.86$ months; $SD = 11.87$) in interaction with their fathers (M age = 41.98 years; $SD = 6.997$) and their mothers (M age = 37.39 years; $SD = 5.38$). The affective quality of interactions is measured through the Emotional Availability Scales (EAS). The parental language was verbatim transcribed using ELAN software (ELAN Version 6.4, 2022) and coded in terms of the primary function of each speech unit. Results revealed no differences between fathers and mothers considering the main scales and subscales. Considering language, mothers used more informative-salient statements compared to fathers ($W = 1324$; $p = 0.012$) and displayed higher levels of calling the child's name ($W = 1264.5$; $p = 0.042$). Regarding referents of speech, we found a statistical difference in the number of referents considering the child's internal state displayed by fathers ($W = 762.0$; $p = 0.044$) compared to mothers.

Conclusions

Similarities in paternal and maternal affect might constitute a positive foundation for building early parent-child interventions with both parents' involvement. Further, exploring the specific features of parents in interaction with their children may help to better tailor the activities during interventions based on the interactive style of fathers and mothers. Our findings highlight the importance of treatment personalization that consider the child's characteristics and dyadic features.

S1-SYM9.1

Maternal Drug Use in Pregnancy: Impacts on Subsequent Parenting and Child Development

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S1 – SYM9: Maternal Drug Use in Pregnancy: Impacts on Subsequent Parenting and Child Development, Wicklow 4, 16 July 2023, 10:45 – 12:15

Introduction

The World Drug Report 2022 reported that there were 284 million adults worldwide using illicit drugs in 2020 (UNODC, 2022). This represents a 26% increase in global drug use since 2010. As a result, increasing numbers of infants are now being exposed to drugs during pregnancy, raising serious concerns for foetal and child development, as well as the longer-term impacts of parental drug use on parenting and family functioning. Yet existing data is limited and largely confined to analyses of registry and short-term follow-up studies of neonatal and infant outcomes.

Aim

This symposium addresses this gap, sharing novel and important findings from three international longitudinal studies examining the family circumstances and longer-term developmental outcomes of children born to women with a substance use disorder during pregnancy. Studies include: 1) the New Zealand (NZ) Canterbury Methadone in Pregnancy study (Lianne Woodward, Samantha Lee); 2) the Norwegian Women in OMT and their Children (GOBLAR) study (Carolien Konijnenberg; and 3) the NZ-US Infant Development, Environment, and Lifestyle (IDEAL) study (Trecia Wouldes, Suzanne Stevens).

Methods

The symposium will consist of five oral presentations followed by a panel discussion and Q&A relating to study findings, methodological considerations and implications for the clinical management and care of these infants and their families beyond the neonatal period.

Results

Collectively these presentations will demonstrate the very high-risk nature of this obstetric and paediatric population. Also highlighted is the importance of considering not just the effects of adverse prenatal exposures but also the complex and often unstable caregiving environments experienced by these children. Adverse child outcomes span cognitive, executive functioning, conduct, ADHD and sensory processing.

Conclusions

Presentation findings will provide valuable information for researchers, practitioners and policy-makers seeking to better understand the complex needs of these infants and their families, and improve clinical efforts to support them.

Early Parenting Experiences of Children Born to Mothers with an Opioid Use Disorder

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S1 - SYM9: Maternal Drug Use in Pregnancy: Impacts on Subsequent Parenting and Child Development, Wicklow 4, 16 July 2023, 10:45 - 12:15

Introduction

Pregnant women with an opioid use disorder (OUD) are a high-risk mental health and obstetric population. Limited data exist on the quality of their parenting and the home environments experienced by their children.

Aim

- 1) To describe the early care placements of children born to women with an OUD from birth to 18-months.
- 2) To examine the parenting and home-life experiences of prenatally exposed children being raised by a) their biological mother and b) alternative caregivers relative to c) comparison control children.

Materials and Methods

A regional cohort of 92 prenatally opioid-exposed children were followed prospectively from birth to 18-months alongside a comparison sample of 106 non-opioid-exposed children. At age 18-months, a home visit assessment was undertaken, including parent interview, structured- and free-play parent-infant interaction, and later completion of the HOME. Video-recorded parent-infant interactions were subsequently coded by blinded raters on measures of maternal/caregiver warmth, emotional support, cognitive support, passivity, criticism, intrusiveness and dyadic interactional synchrony.

Results

By 18-months, 20% of opioid-exposed children were in out-of-home care. Relative to comparison mothers, biological mothers and alternative caregivers of opioid-exposed children were less warm, and less emotionally and cognitively supportive when interacting with their children ($p < .05$). Interactions were also less synchronous and in tune ($p < .01$). Biological mothers of opioid-exposed children engaged in higher rates of negative (intrusive, critical) parenting behaviours than other groups (16% vs. 6% for both alternative caregivers and controls, $p < .05$). Whereas alternative caregivers had the lowest observed levels of warmth, support, and synchrony, and highest rates of passivity. Finally, the home environments of opioid-exposed children living with their biological parents were the least stimulating and enriched ($p < .001$).

Conclusions

Children born to mothers with an OUD experience less positive parenting and a less enriched home-life than their same-age peers'. Assisting parents/caregivers in providing supportive and stimulating environments could improve outcomes for opioid-exposed children.

Mental Health Outcomes of Children Born to Opioid Dependent Mothers

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S1 - SYM9: Maternal Drug Use in Pregnancy: Impacts on Subsequent Parenting and Child Development, Wicklow 4, 16 July 2023, 10:45 - 12:15

Introduction

Increasing evidence suggests that exposure to opioids during pregnancy may alter the developing fetal brain and increase the likelihood of child behavior problems. But little is known about children's longer-term mental health risks or how these develop.

Aims

To 1) compare the mental health outcomes of children born to women with an opioid use disorder in pregnancy relative to a regionally representative sample of non-opioid exposed children at ages 4.5 and 9 years, and 2) assess the extent to which early onset disorder predicted poorer mental health outcomes at age 9.

Methods

A cohort of 100 infants born to opioid dependent mothers was recruited around birth and studied to age 9-years alongside a comparison group of 110 non-opioid exposed children (retention=88%). At age 4.5, parents completed the Development and Wellbeing Assessment (DAWBA) interview. At age 9, parents and teachers completed the Behavioral Assessment System for Children (BASC-2). Mental health outcomes included externalizing (ADHD, conduct) and internalizing (anxiety, depression) disorders.

Results

By 4.5-years, over a third (36% v. 12%) of opioid-exposed children met criteria for a DSM-IV disorder, predominantly oppositional defiant/conduct disorder (OR=24.4), and ADHD (OR=10.4). By age 9, rates of mental health problems had increased with over half of exposed children experiencing problems (52% v. 18%). Similar to age 4.5, these were mostly externalizing (conduct and/or hyperactivity, OR=8.2) and attention problems (OR=7.1). These outcomes were not accounted for by other confounding factors. Early onset mental health disorder was a significant independent predictor of later psychopathology risk and severity, even after controlling for family social risk (p=.004).

Conclusions

Children exposed prenatally to opioids are at very high risk of preschool-onset externalizing mental health problems that persist and worsen with age. Early interventions to support these children and families is critical to reduce long term mental health morbidities and intergenerational risks.

S1-SYM9.4

Long-term neurocognitive and behavioral development of children born to opioid-maintained mothers

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S1 - SYM9: Maternal Drug Use in Pregnancy: Impacts on Subsequent Parenting and Child Development, Wicklow 4, 16 July 2023, 10:45 - 12:15

Introduction.

Opioid maintenance therapy (OMT) is generally recommended for pregnant opioid-dependent women. Despite evidence of the beneficial effects of OMT in the care of pregnant opioid-dependent women, prenatal methadone or buprenorphine exposure may not be without risk. While numerous studies have investigated the neonatal outcomes of infants prenatally exposed to methadone or buprenorphine, little is still known about the long-term development of children born to women in OMT.

Aim.

To investigate the long-term neurocognitive and behavioral development of children born to opioid-maintained mothers focusing on developmental functions known to be particularly vulnerable to the effects of early insults including visual processing, executive functions and memory.

Material and methods.

In this prospective longitudinal study, a cohort of 72 children was followed-up since birth and throughout the first 10 years of life. In addition to measuring general development, children were tested using sensitive measures of neurodevelopment including eye tracking, CANTAB (executive function; EF), and TOMAL-2 (memory).

Results.

Children prenatally exposed to methadone or buprenorphine and cigarette smoking were found to track objects more slowly compared to non-exposed children, $p = .02$, which predicted children's performance on a visuomotor task, $R^2 = 0.37$. The OMT group scored lower on verbal as well as nonverbal memory tasks, even after controlling for general IQ, all p -values $< .05$. The OMT group scored significantly lower on EF at 4 years old, however, no differences in EF were found at 10 years old. Reports of child behavior problems were significantly higher in the OMT group at all points of assessment.

Conclusions.

Findings suggest that children born to women in OMT may have specific difficulties relating to visual processing and memory. Future studies should include sensitive measures of cognitive function in addition to tests of global development when studying the effects of prenatal opioid exposure.

S1-SYM9.5

Behavioural adjustment of children exposed prenatally to methamphetamine: Impact of maternal distress and home environment

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S1 - SYM9: Maternal Drug Use in Pregnancy: Impacts on Subsequent Parenting and Child Development, Wicklow 4, 16 July 2023, 10:45 - 12:15

Introduction

Maternal substance use during pregnancy and postnatally often co-occurs with mental distress, which can adversely impact the home environment and parenting experiences for children. There is limited research on the effects on children's behaviour as they transition to school.

Aim

1) To examine the extent of child behavioural problems at age 4.5 years in a large cohort of children exposed prenatally to methamphetamine and alcohol. 2) characterize their parenting and home environments, 3) assess the extent to which home environmental factors (maternal mental and parenting distress) explained child outcomes.

Methods

Data were collected from mothers enrolled in the prospective, longitudinal New Zealand Infant Development, Environment And Lifestyle Study (n=221), using Maternal Lifestyle Interview at birth. Families were followed-up at 1, 12, 24, 30, 36 and 54 months. Child behaviour was assessed using peer, conduct and total scores from parent-reports on the Strengths and Difficulties Questionnaire. Antecedent family environment measures spanned maternal mental health (Substance Use Inventory and Brief Symptom Inventory), parenting (Child Abuse Potential Inventory, Parenting Stress Index) and the caregiving environment (Home Observation Measurement of the Environment (HOME) scale).

Results

Children prenatally exposed to alcohol and methamphetamine had higher peer, conduct and total behavioural problem scores than non-exposed children ($p=0.02$; $p<.05$; $p=.03$). Heavy alcohol use over time, child abuse potential, HOME environment, mothers' mental health and parenting stress were significant predictors of higher total behavioural problems ($R^2=.39$, $p<.001$). These factors fully mediated associations between prenatal drug exposure and outcome.

Conclusions

Children exposed to alcohol and methamphetamine during pregnancy are at increased risk of behavioural problems. This association is largely explained by post-natal maternal mental distress, parenting behaviour and the poorer quality of these children's home environments. Early interventions to support parenting and mental health for families with substance use issues is critical to improving outcomes for these children.

S1-SYM9.6

Prenatal methamphetamine exposure and executive function in children prior to school entry.

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S1 - SYM9: Maternal Drug Use in Pregnancy: Impacts on Subsequent Parenting and Child Development, Wicklow 4, 16 July 2023, 10:45 - 12:15

Introduction

Higher order cognitive processes collectively referred to as executive function (EF) develop rapidly during the preschool years and are considered a precursor to life-long academic, social and behavioural outcomes. Yet little is known about the effects of prenatal exposure to methamphetamine and alcohol on EF processes prior to school entry.

Aims

- 1) To investigate whether prenatal exposure to methamphetamine and alcohol are associated with poorer executive functions prior to formal school entry (age 4 1/2).
- 2) To determine whether neonatal, caregiver and environmental characteristics since birth explain these associations.

Methods

Infant clinical outcomes at birth and prenatal substance exposure were obtained from 221 mothers enrolled in the New Zealand Infant Development, Environment and Lifestyle Study. Primary caregivers were interviewed at 1, 12, 24, 30, 36 and 54 months to obtain infant, maternal and family characteristics (Maternal Lifestyle Interview). The Brief Symptom Inventory, Substance Use Inventory, and the Home Observation for the Measurement of the Environment measured maternal mental illness, continued substance use and the home environment, respectively. EF outcomes were obtained from the Parent Report of the Behavior Rating Inventory of Executive Function-Preschool Version (BRIEF-P) including 5 clinical scales (Inhibition, Shifting, Emotional Control (EC), Working Memory (WM), and Plan Organize PO), 3 indices (Flexibility, Inhibitory Self-control (ISCI), and Emergent Metacognition EM), and a Global Executive Composite (GEC). Higher T-scores are less optimal.

Results

In adjusted analyses, prenatal exposure to methamphetamine plus alcohol was associated with the clinical scales of Shifting ($r^2=.19$) and EC ($r^2=.17$), indices of ISCI ($r^2=.17$) and Flexibility ($r^2=.22$), and the GEC ($r^2=.24$). Males had significantly higher scores on EC than girls (Mean T-score=58.89 vs 53.90).

Conclusions

Methamphetamine plus alcohol exposure along with the home environment and continued heavy use of tobacco (>10 cigarettes/day) was associated with deficits in higher order cognitive processes prior to school entry.

S1-SYM10.1

Trauma in perinatalty : clinical researchs about parents-child dyads and professionals.

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S1 - SYM10: Trauma in perinatalty: clinical research about parents-child dyads and professionals, Wicklow 5, 16 July 2023, 10:45 - 12:15

Traumatism during perinatal period impact as well as mother, couple, children and early mother-child relationship and professionals that take care of them. Covid Pandemia with lockdown and war in Ukraine are currently acute trauma factors but more usually traumatic delivery is a common post partum post traumatism factor. In this symposium based on scientific interventions and clinical studies, we would like to highlight different level of theses impacts and proposition of intervention for mother-child dyads and professionals

Methods

This Symposium will present clinical prospective studies and interventions in different type of trauma with a Chair, past president of WAIMH, who are clinical researcher experienced with high-risk populations to animate the discussion and bridge the translation of the research presented to clinical implications.

Results

Erika Parlato (Brazil) and Natalia Zahorodniuk (Ukraine) will discuss how they are supervising work of a team of professionals in the Kiev maternity hospital where 21 babies where born by surrogacy during the war.

Berengere Beauquier (France) will describe the state of psychotherapeutic methods for postnatal post traumatic stress in maternity.

Sylvie Viaux Savelon (France) will present a prospective study of mothers who gave birth during the first COVID Pandemic lockdown and the impact on their psychological status, their couple and their bonding.

Trinidad URQUIAGA LUJAN (Chili) and Claire SQUIRES (France) will present their prospective study on mothers tested positives during their pregnancy.

Conclusion

Miri Keren (Israel) will chair the discussion and discuss the implications of these researchs and interventions.

Cries of Silence

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S1 - SYM10: Trauma in perinatalty: clinical research about parents-child dyads and professionals, Wicklow 5, 16 July 2023, 10:45 - 12:15

INTRODUCTION On February 24, Russia started the war in Ukraine and our world has completely changed. 500 surrogate mothers, whose deliveries are approaching, find themselves under the continuous bombardments of the Russian army, 21 children born to surrogate mothers are in the basements of maternity wards accompanied by nannies-nurses, whose number is much lower than the number of children. The further fate of newborns is not assured. Most biological parents cannot come to Ukraine because of the war. This situation is absolutely horrifying and dehumanizing for the departure of their lives. **AIM** The objective is to describe the supervision work of a team of professionals in the Kiev maternity hospital in order to provide conditions to ensure the beginning of the psychic life of babies born by surrogacy during the war. **MATERIAL and METHOD** Weekly online supervisions lasting two hours for a team made up of 16 different professionals who take care of 24 babies. **RESULTS** The group supervisions favored the work with the babies, as well as the evaluation of these babies through observation scales. It was possible to verify that although the babies share the same traumatic situation, each one in their own way can overcome it, mainly through the adults' speech directed to the babies. **CONCLUSIONS** This presentation will have the particularity of describing the importance of a job during a traumatic situation. The results presented allow us to affirm that despite sharing the same traumatic situation, each baby can build their future in their own way, with the support of the team of professionals.

S1-SYM10.3

COVID19 lockdown: impact on maternal psychological status, couple and mother child interaction: a prospective study

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S1 - SYM10: Trauma in perinatality: clinical research about parents-child dyads and professionals, Wicklow 5, 16 July 2023, 10:45 - 12:15

Background

To compare the rate of postpartum depression (PPD) during the first COVID-19 lockdown with the rate observed prior to the pandemic, and to examine factors associated with PPD.

Methods

This was a prospective study. Women who gave birth during the first COVID-19 lockdown (spring 2020) were offered call-interviews at 10 days and 6–8 weeks postpartum to assess PPD using the Edinburgh Postnatal Depression Scale (EPDS). Post-traumatic symptoms (Perinatal Post-traumatic Stress Disorder Questionnaire, PPQ), couple adjustment, and interaction and mother-to-infant bonding were also evaluated. The observed PPD rate was compared to the one reported before the pandemic. Factors associated with an increased risk of PPD were studied. The main outcome measures were comparison of the observed PPD rate (EPDS score > 12) to pre-pandemic rate.

Results

Of the 164 women included, 27 (16.5% [95%CI: 11.14–23.04]) presented an EPDS score > 12 either at 10 days or 6–8 weeks postpartum. This rate was similar to the one of 15% reported prior to the pandemic ($p=0.6$). Combined EPDS > 12 or PPQ > 6 scores were observed in 20.7% of the mothers [95%CI: 14.8–28.2]. Maternal hypertension/preeclampsia ($p=0.007$), emergency cesarean section ($p=0.03$), partner not present at delivery ($p=0.05$), and neonatal complications ($p=0.008$) were significantly associated with an EPDS > 12 both in univariate and multivariate analysis (OR=10 [95%CI: 1.5–68.7], OR=4.09 [95%CI: 1.2–14], OR=4.02 [95%CI: 1.4–11.6], respectively).

Conclusions

The rate of major PPD in our population did not increase during the first lockdown period. However, 20.7% of the women presented with post-traumatic/depressive symptoms and being separated from partner at delivery was a factor of PPD.

S1-SYM10.4

Psychotherapeutic interventions after Post Natal Post traumatic stress syndrome, results of a french survey

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S1 - SYM10: Trauma in perinatality: clinical research about parents-child dyads and professionals, Wicklow 5, 16 July 2023, 10:45 - 12:15

Introduction

Postnatal post traumatic stress concerns 1 to 7% of women with childbirth without major complications and can rise to 30% for populations at risk. Although preventive factors have been identified, the unforeseen events of pregnancy or childbirth can lead to loss or the woman's anguish of losing the baby or dying . The consequences for the woman and for the relationship with her child deserve longer-term studies, but we already know that the repercussions are significant, so initial treatment is required.

Aim

After a review on the treatments, we wanted to describe the usual psychotherapeutic methods use in France.

Material and Methods

We set a focus group with a panel of 12 psychologists and psychiatrists concerned by this subject, in order to determine the usual practices. Then we listed items raised by this focus group and enriched it with data from the literature. This list was submitted to 64 professionals by self-questionnaires so that they could validate whether it corresponded to their practices.

Conclusions

It appears that more than half of the professionals feel insufficiently trained on this subject. During the therapeutic interviews conducted by the professionals, the 5 main themes explored with the patient are : legitimizing the maternal experience, supporting the narration of the experience of childbirth and the associated emotions, elaboration of experiences and negative emotions, progressive elaboration of fear of dying or fear of losing the baby, and taking into account the socio-cultural factors in which the patient evolves. The therapists note that the baby's demands often generate anxiety in the mother and a weakening of her maternal sensitivity.

S1-SYM10.5

THE BABY IN SEARCH OF CONNECTION: PARENTAL MOOD DISORDERS AND THE CARE PATHWAY DURING COVID19

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S1 - SYM10: Trauma in perinatality: clinical research about parents-child dyads and professionals, Wicklow 5, 16 July 2023, 10:45 - 12:15

Introduction

The health crisis we are going through highlights the fragilities and vulnerabilities of the construction of the early bond by exacerbating the challenge of this critical period with the isolation of families.

Aims

Do the constraints imposed by Covid-19 can have an impact on parents, and to what extent their baby would also be likely to be impacted?

Methods

20 mothers were tested positive during pregnancy or during the delivery phase were interviewed. They answered an EPDS questionnaire on post-natal depression, a MIBS on the quality of attachment and a PP-Q questionnaire on post-delivery stress.

At one and three months, the questionnaires were offered again.

Results

The prevalence of depressive symptoms was 35 %. Our results are similar to the study by OSTACOLI (2021).

Definitely, mothers were attentive to their baby in order to detect the slightest sign related to Covid-19. This may be a sign of mother-infant attunement. Even if this mother-child attunement seems reassuring, we observe that most of the mothers note that their babies are rather quiet.

The MIBS test shows that 2 out of 15 mothers, the 12% of the cases contacted, would have difficulties bonding. During the interviews, they showed attached and sensitive to their child, mother-child bonds' seemed constructed. Concerning the PP-Q, only 3 mothers of the sample were positive which may show that they may find a protected environment "like in a bubble" in the hospital.

Conclusions

Children are born in an environment that is seen as "abnormal" for adults, but perhaps quite "normal" for babies. So, the impact of the pandemic may well be hidden behind these multiple eventualities surrounding the child.

S1-SYM11.1

Family and Community-Based Interventions for Autism Spectrum Disorder (ASD) Children

Dr Alexandra Harrison¹, Dr Gauri Divan³, Professor ROGERIO LERNER⁴, Ph D Clara Raznoszczyk Schejtman⁵, Dr Molly Witten⁶

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S1 - SYM11: Family and Community-Based Interventions for Autism Spectrum Disorder (ASD) Children,
Liffey Meeting Room 3, 16 July 2023, 10:45 - 12:15

Introduction

Popular interest in autism as well as expanded diagnostic criteria has led to a proliferation of services for ASD children. Most interventions in high income countries are expensive, requiring high frequency visits with professionals. Innovative, cost-effective approaches are needed, especially for low resource communities. In addition, understanding the mechanisms of capacity-building in these children are important for designing and evaluating interventions. Long-term studies suggest that early intervention and family involvement are critical factors in good outcome for ASD children. Effective use of families and communities in ASD treatment must be investigated.

Aim

To explore the effective use of families and communities in developing cost-effective treatments for ASD.

Materials and Methods

We will present two low-cost interventions for ASD and three approaches to study the therapeutic effect of family-focused treatments. Studies of parent-mediated interventions in South Asia, PASS and PACT, demonstrate the feasibility and effectiveness of task-shifting of interventions used in high income countries to LMICs. A study of a short-term intervention for Brazilian mother-infant dyads at high risk for autism to support the development of the capacity to tolerate anxiety and facilitate the processing and integrating of emotional experience is explained. A U.S. video demonstrating the DIR model illustrates a method to support ASD children in developing the capacity for social engagement with family and peers. A video presentation of mother-child dyads in Argentina relates research linking parental reflective function and interactive style with the child's developing capacity for symbolic function. Finally, the microanalysis of videotapes of adult-child interaction offers techniques derived from infant research that can be introduced into existing interventions to enhance their effectiveness. Following the presentations, discussion from symposium participants will be facilitated.

Conclusion

Studies of innovative cost-effective interventions for ASD are critically important and can be enhanced by explorations of developmentally-facilitating factors in caregiver-child interactions.

S1-SYM11.2

Techniques Derived from Infant Research to Enhance Existing Interactive Interventions for Young ASD Children.

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S1 - SYM11: Family and Community-Based Interventions for Autism Spectrum Disorder (ASD) Children, Liffey Meeting Room 3, 16 July 2023, 10:45 - 12:15

Introduction

The increasing incidence of autism spectrum disorders (ASD) worldwide requires us to seek innovative and cost-effective treatments. Long-term studies emphasize both the advantage of early intervention, and the benefit of relationships, in the life of ASD individuals. Whether interventions focus primarily on behavior or on developmental scaffolding, relationships play a central role in good outcome. It is therefore critical to thoroughly investigate factors in the ASD child's relationships that are salient in scaffolding development. A major feature of ASD is vulnerability in self-regulation and an associated hypersensitivity to novelty, leading to repetitive behaviors and difficulty negotiating social engagement which is highly stimulating and variable. Most nonverbal behaviors in human interactions are out of awareness. However, some techniques derived from infant research that emphasize repetition, rhythm, and timing can be consciously learned. They could be introduced into existing interventions and taught to parents and other supportive people in the ASD child's community. These techniques could serve to enhance the effectiveness of other interventions.

Aim

To explore the effect of introducing techniques derived from infant research into existing interventions for ASD children.

Methods

We use videotaped sequences of parent-child and therapist-child interactions in which repetition, rhythm, and timing are used to create psychological safety and thus facilitate taking risks in 1) experiencing affective and arousal states and 2) working to develop symbolic function in play. We discuss ways of designing future studies to test the effect of teaching these techniques to parents and family members in family and community-based interventions.

Conclusion

Techniques derived from infant research could be introduced into existing interventions for ASD children to enhance their effectiveness.

S1-SYM11.3

Coaching Parents to engage affectively with their toddlers at-risk for ASD

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S1 - SYM11: Family and Community-Based Interventions for Autism Spectrum Disorder (ASD) Children,
Liffey Meeting Room 3, 16 July 2023, 10:45 - 12:15

Introduction RCT studies of DIR-based intervention during the last two decades has demonstrated the efficacy of enlisting parents as primary providers of intervention with their toddlers who have been identified as at risk for ASDs. Intervention outcome effect size and long-term outcome data indicate that parent-facilitated intervention permanently changes the developmental trajectories of children at risk for ASDs to move beyond developmental delays in communication, relating, and socializing with other children.

Description

Using video, this presentation will illustrate two short clinical vignettes demonstrating that--for the child identified as at risk for an ASD--the use of parent coaching is an effective means of supporting their child's developmental process. One case example will show the use of coaching a parent to entice a preschooler to engage in play within a playgroup setting. The other vignette will illustrate the use of parent involvement to modulate and regulate sensory hypersensitivity within a sensorily "quiet", dyadic play exchange, enabling the child to initiate verbal language to express satisfaction in play.

Conclusion

Regardless of whether DIR intervention is dyadic in context, or in a playgroup context, the common thread of effective and permanent developmental intervention is successfully supporting parents' emotional involvement, and communicative responsiveness to their children's expression of affect and actions. Parent-coaching, informed by psychoanalytic theory of development has the potential to positively and permanently influence the developmental trajectories of children at risk for ASDs.

S1-SYM11.4

Parental Reflective Function and Parental Styles in a Mother-Child Play Interactive Situation

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S1 - SYM11: Family and Community-Based Interventions for Autism Spectrum Disorder (ASD) Children,
Liffey Meeting Room 3, 16 July 2023, 10:45 - 12:15

Introduction

Currently, Autistic spectrum disorders (ASD) are considered among the most serious childhood psychopathologies, particularly because of their impact on development that can cause qualitative impairment of social interaction and communication. The heterogeneity of ASD individuals, and the accumulating scientific information about developmental processes, introduces a degree of complexity that requires a multifactorial model. This multifactorial model includes features of the parents' developmental maturity and its effect on their ability to scaffold symbolic play in the child. This is especially true in the case of ASD children, whose capacity for self-regulation and social engagement is typically compromised, interfering with the development of symbolic play and other symbolic activities such as language. Understanding the link between parental reflective function and interactive styles and their capacity to support their infants' social emotional development and symbolic function can allow us to create and refine interventions for young ASD children.

Aim

To demonstrate the relationship between intersubjective aspects of a mother and young child play interaction with reference to maternal variables studied

Methods

Videotapes of a mother and a 4-5-yo child with ASD will be shown and discussed from the point of view of research into the effect of maternal interactive styles and parental reflective functioning on a child's developing complex symbolic play. The effects of clinical work with ASD children will be discussed.

Conclusion

Research offering information about parental reflective function and interactive styles can enhance interventions for young children with ASD.

S1-SYM11.5

Clinical trial of scalable cost-effective psychoanalytically oriented intervention with mothers and siblings of autistic children

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S1 - SYM11: Family and Community-Based Interventions for Autism Spectrum Disorder (ASD) Children,
Liffey Meeting Room 3, 16 July 2023, 10:45 - 12:15

Introduction

Worldwide, there is a concern regarding psychic and developmental conditions of families of autistic people, since their siblings show increased chance to have autism or another developmental disorder and their mothers have higher prevalence of depression, anxiety and stress. Providing such families with cost-effective early intervention is key, notably in low and middle-income countries.

Material and Methods

We will bring results of a two waves clinical trial of a scalable cost-effective short psychoanalytically oriented intervention:

A.

22 high risk (HR) mother-infant dyads in which an older sibling has autism were treated for 12 sessions. Results were compared with HR dyads who weren't treated;

B.

follow up after 4 years of treatment: treated HR dyads (n=14), non-treated HR dyads (n=18).

Conclusion

All assessments were done blindly to group pertinence.

A.

Treated dyads had greater increase in their reciprocity ($p = 0.002$);

Treated mothers had:

(1) a two-fold reduction in their mean of intrusiveness ($es = 0.57$, $p = 0.048$);

(2) a greater reduction in their mean of mother-led interactions ($p = 0.048$);

(3) greater increase in maternal sensitivity ($p = 0.019$).

Treated babies had greater increase in their involvement ($p = 0.001$) and cooperation ($p = 0.003$).

Results show positive effects of the intervention, increasing the maternal capacity for the receptivity to the emotional experience with the baby and for the reduction of their negative affection and anxiety.

B.

In the follow up:

Treated dyads had less anxiety, depression and affective dysregulation (significantly); were less intrusive.

Treated babies performed better in cognitive test and tended to play more with mothers instead of alone, to explore toys more creatively instead of mechanically and to display more symbolic play.

S1-SYM11.6

Addressing the Needs of Families of Young Children with Autism in Resource Settings

Dr Gauri Divan, Dr Alexandra Harrison¹

¹Sangath, Goa, India

S1 - SYM11: Family and Community-Based Interventions for Autism Spectrum Disorder (ASD) Children, Liffey Meeting Room 3, 16 July 2023, 10:45 - 12:15

Introduction

Assuming a prevalence of 1% there are an estimated 78 million individuals living across the world with autism. Outside urban areas in most countries, the majority of families have virtually no access to either assessments or evidence-based interventions. The assessment and intervention gap seen across the world is compounded by a knowledge gap in low-resource settings. 95% of all children under the age of 5 years with developmental disabilities (including autism) live in low and middle-income country settings, resulting in an urgent need to address the needs of this population with scalable solutions.

Aim

To describe the development of a scalable low intensity intervention for families of young children with autism in low resource settings

Material and Methods

This presentation will describe the systematic process of adaptation and evaluation of a mechanistically informed evidence based intervention from a high-income setting into three settings in India. The process followed included an acceptability feasibility study along with an iterative expansion of the intervention based on parent concerns and a definitive effectiveness, cost effectiveness trial.

Conclusion

The Preschool Autism Communication Therapy (PACT) developed in the UK, was subjected to a rigorous and sustained adaption process considering barriers and facilitators in South Asia, where there are limited evidence based services for young children with autism. The adapted and expanded Parent-mediated Autism Social Communication Intervention for non-Specialists Plus (PASS Plus) can be delivered by non-specialist providers under supervision. The package of care includes digital training materials as well as linked competency assessments to ensure the quality of the intervention delivered to families.

S1-SYM12.1

Using a Video-Feedback Intervention (VIPP) for Parents and Children in different contexts

Dr Jane Iles¹

¹PsychD Clinical Programme, University Of Surrey, Guildford, United Kingdom

S1 - SYM12: Adapting a Video-Feedback Intervention (VIPP) for Parents and Children in different contexts: Evidence and Implementation, EcoCem Room, 16 July 2023, 10:45 - 12:15

Introduction

The video-feedback intervention to promote positive parenting (VIPP) is an attachment-based parenting programme, aiming to promote the relationship between a child and their caregiver. The intervention was initially developed at the University of Leiden in the Netherlands, with an initial focus on supporting foster and adoptive families attune to their infants' cues, ultimately improving caregiver sensitivity and the relationship with the child. Due to promising evidence supporting implementation of VIPP, the intervention has continued to be developed for use across different settings and countries.

Purpose

This presentation will be the first talk in a symposium focusing on recent adaptations of VIPP for a number of different clinical populations. The symposium will present recent research evidence for these adaptations, whereas this talk will open the session by providing a description of the VIPP intervention, including the behavioural elements added for children aged over a year old ('coined sensitive discipline'). This presentation will summarise the key clinical components of VIPP, giving an overview of how the intervention is delivered and what VIPP looks like in practice.

Description

The presentation will also describe the current evidence-base for VIPP, providing an overview to indicate why this intervention has continued to grow in popularity over the past decade, both from clinical and research perspectives. The gaps in knowledge will be highlighted, to introduce why further research is required to assess the effectiveness and acceptability of VIPP across different settings and with different caregiver-child dyads and triads.

Conclusions

VIPP is an attachment-based intervention, using video-feedback to highlight key attachment moments in interactions between caregivers and children. The intervention has shown a high degree of effectiveness across different settings worldwide, and continues to grow in implementation. This talk will provide the backdrop for the remaining talks in this symposium.

S1-SYM12.2

Adapting a Video-Feedback Intervention (VIPP) for Parents and Children in different contexts: Evidence and Implementation

Dr Jane Iles¹, Dr Kirsten Barnicot², Miss Eloise Stevens^{3,4}, Dr Beth Barker³, Dr Laura Oxley³

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S1 - SYM12: Adapting a Video-Feedback Intervention (VIPP) for Parents and Children in different contexts: Evidence and Implementation, EcoCem Room, 16 July 2023, 10:45 - 12:15

Introduction and Aim

The video-feedback intervention to promote positive parenting (VIPP) is an attachment-based intervention, aiming to enhance the relationship between a child and their caregiver. The intervention involves recording footage of a caregiver and an infant or young child playing together, then receiving detailed feedback on their interactions. The VIPP method aims to help caregivers notice and respond sensitively to their child's communication, with the objective of increasing parental sensitivity, child attachment security and reducing risk of child behaviour difficulties. This symposium aims to provide a better understanding of the possible benefits and challenges of using VIPP by presenting the findings of three recent randomised controlled trials conducted across different UK contexts.

Material and Methods

The symposium will open with a description of VIPP, and how to implement the intervention. Presentation 1 will present the findings of a large trial with children aged 12-36 months, showing early signs of behavioural problems. Presentations 2 and 3 will present two feasibility trials in infants whose parents show enduring emotional difficulties consistent with a personality disorder, and in young foster children showing attachment difficulties such as reactive attachment disorder.

Results

Across the three trials, parents, foster carers and practitioners gave positive feedback on the helpfulness of the intervention and there were strong indications of intervention effectiveness, feasibility and acceptability. However, the trials also highlighted some challenges for implementation.

Conclusions

The three UK trials indicate that VIPP can be a helpful intervention for at-risk parents and young children across different contexts, whilst also highlighting challenges. Implications for real-world implementation and further research will be discussed. The symposium will conclude with a discussion on the use of VIPP, considering benefits of using this method in different early years settings as well as a critique of the intervention.

S1-SYM12.3

A pragmatic randomised controlled trial of a video-feedback intervention (VIPP-SD): Improving outcomes for young children

Dr Beth Barker^{1,2}, Dr Laura Oxley¹, Dr Christine O'Farrelly^{1,2}, Professor Paul Ramchandani^{1,2}, Dr Jane Iles³, Ms Eloise Stevens^{1,4}, Dr Kirsten Barnicot⁵, The Healthy Start, Happy Start research group²
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S1 - SYM12: Adapting a Video-Feedback Intervention (VIPP) for Parents and Children in different contexts: Evidence and Implementation, EcoCem Room, 16 July 2023, 10:45 - 12:15

Introduction

Behaviour problems are one of the most common mental health issues in childhood. These problems can place children at risk for later psychopathology. However, there are few effective interventions that target these issues at the very earliest signs of difficulties and that can be delivered through pragmatic healthcare services. Furthermore, we know little about the long-term effectiveness of these programmes on children's development.

Aim

The Healthy Start, Happy Start study aimed to test the effectiveness of a brief parenting intervention (Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline; VIPP-SD). We hypothesised that the VIPP-SD intervention would reduce behaviour problems post-intervention in at-risk one- and two-year-olds. Secondary hypotheses also sought to investigate whether the intervention had positive effects on children's long-term behaviour at a two- and five-year follow-up.

Materials and methods

Three hundred families of one- and two-year-old children who scored high for externalising behaviours were recruited through health visiting services in the UK. Primary caregivers were randomised to receive VIPP-SD (n = 151) or care as usual (n = 149). Research assessments, conducted at baseline (pre-randomisation), and five-month (post-intervention), two-year, and five-year follow up included a structured researcher-led interview of behaviour symptoms (PPACS). Assessments at follow-up also included measures of executive function, language development, and story stem narratives.

Conclusions

Participant retention was high (95% and 94% at 5-month and 24-month follow-up). There was a group difference on total PPACS scores (group difference: 2.03 [95% CI 0.06-4.01]; d=.20) at the post intervention assessment and at 24-month follow-up (group difference: 1.73 [95% CI -0.24-3.71]; d=.17), indicating a positive effect of VIPP-SD on children's behaviour. Group differences were also detected in children's story stems. Data for the five-year follow-up will be available by the time of presentation. Implications for future research (e.g., mechanisms) and practice will be discussed.

S1-SYM12.4

Feasibility trials of the video feedback intervention for positive parenting in perinatal mental health services

Dr Kirsten Barnicot^{1,2,7}, Ms Eloise Stevens^{1,2,7,8}, Dr Jane Iles⁶, Ms Sarah Kalwarowsky², Dr Fiona Robinson¹, Dr Rajinder Ballman², Ms Jennie Parker^{1,2}, Ms Sarah Labovitch¹, Dr Maddalena Miele^{2,7}, Dr Tara Lawn³, Dr Sushma Sundaresh⁴, Ms Ola Ajala⁵, Ms Laura O'Hanlon³, Mr Paul Bassett⁹, Professor Paul Ramchandani⁸, Professor Mike Crawford⁷

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S1 - SYM12: Adapting a Video-Feedback Intervention (VIPP) for Parents and Children in different contexts: Evidence and Implementation, EcoCem Room, 16 July 2023, 10:45 - 12:15

Introduction and Aims

Children of parents experiencing perinatal mental health difficulties, particularly personality disorder, are at increased risk of developing emotional and behavioural difficulties. Evidence on effective parent-infant interventions is scarce. We aimed to establish the feasibility of the video feedback intervention for positive parenting (VIPP) – an intervention to promote sensitivity and secure attachment - for parents experiencing perinatal mental health difficulties.

Materials and Methods

Study 1. A feasibility randomised controlled trial of VIPP for mothers with enduring difficulties in managing emotions and relationships, consistent with a personality disorder, and their 6-36 month old infants. Following piloting, 34 mothers were randomly allocated to receive VIPP or treatment-as-usual alone. Study 2. A case series in 13 mothers using perinatal mental health services, with an adapted VIPP intervention for 2 to 6 month old infants. Qualitative interview feedback from parents and clinicians, and outcome data, were collected.

Results

76% of eligible mothers consented to participate. Intervention uptake and completion rates were 95% (≥ 1 VIPP session) and 70% (6 sessions) respectively. Quantitative data indicated positive effects on observer-rated parental sensitivity and self-reported parenting confidence. Mothers valued the focus of the intervention on the positive aspects of their relationship with their child and the supportive, non-judgemental therapeutic relationship. They described feeling better able to understand and respond sensitively to their child's communication, and feeling more confident in their relationship with their child and their parenting.

Conclusions

There is preliminary evidence that VIPP is feasible and acceptable in this patient group. Further testing in a large definitive trial is required.

Nurturing Change: Feasibility trial of a video feedback parenting intervention for foster carers and children in the UK

Miss Eloise Stevens^{1,2}, Dr Paula Oliveira¹, Mrs Lydia Barge¹, Professor Pasco Fearon^{1,2}

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S1 - SYM12: Adapting a Video-Feedback Intervention (VIPP) for Parents and Children in different contexts: Evidence and Implementation, EcoCem Room, 16 July 2023, 10:45 - 12:15

Introduction

Children in care are at increased risk for poor developmental outcomes, including attachment difficulties. However, the evidence base for interventions to support foster carers and improve children's outcomes remains very limited. The 'Nurturing Change' study was a feasibility randomised controlled trial of the Video-feedback Intervention to promote Positive Parenting for Foster Care (VIPP-FC) for children under 7.

Aim

To modify an existing parenting intervention for children in the UK foster care setting, and test the feasibility of conducting a randomised controlled trial (RCT) of the modified intervention.

Material and Methods

The VIPP-FC manual was modified for the UK foster care context, to suit the needs of foster carers, foster children and practitioners delivering the programme in the UK. This involved revisions by a manual development group consisting of experts in the looked after children field. In this talk we will discuss the clinical delivery of VIPP in the UK foster care context, presenting the modifications made to the manual and the challenges faced when using a manualised approach with a diverse range of carers and children. We will also present qualitative feedback from foster carers who received the intervention and VIPP practitioners who delivered it.

Conclusion

The adapted VIPP-FC programme was well received by foster carers and practitioners. The documented insights from this trial will be able to inform future research in this area.

¹Oliveira, P., Barge, L., Stevens, E., Byford, S., Shearer, J., Spies, R., . . . Fearon, P. (2022). Children in foster care with symptoms of reactive attachment disorder: Feasibility randomised controlled trial of a modified video-feedback parenting intervention. *BJPsych Open*, 8(4), E134.
doi:10.1192/bjo.2022.538

Well-being of young children in institutional childcare: An observation-based assessment of potential and risk

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S2 - POSTER WORKSHOP 1, 16 July 2023, 13:15 - 14:15

Introduction

Ensuring and promoting children's well-being are core elements of pedagogical work and discussed as important indicators of quality in early childcare. However, due to their developmental stage, children under the age of three are only capable to a limited extent of providing information about stressful situations and demands, about their well-being or discomfort.

In Germany, two out of three children attend early childcare before the age of three, often for more than 40/h week. There they face challenges that place individual and situational demands on them and that, under unfavourable circumstances, can limit their well-being and constitute developmental risks.

Aim

The project Well-being and Risk Assessment (WoGe), funded by the German Social Accident Insurance (DGUV), aims at developing an observation-based procedure of potential and risk assessment for toddlers in early childcare for use by childcare teachers and childminders. So far, existing risk assessments in institutional childcare refer mainly to physical-technical hazards and lack the description and evaluation of potential risk as well as resilience factors for children's well-being and mental health. They also assess the childcare environment as a whole and don't take into account the individual experiences that children make.

Material and Method

The well-being and risk assessment tool to be presented in the workshop combines a systematic evaluation of the general childcare environment as a whole and individualized observations of emotional expressions and well-being- or stress-related behaviors of children. The tool has been developed and tested in close cooperation with about 50 childcare teams throughout Germany, using a design-oriented practice research approach.

Conclusion

We will provide information on theoretical and empirical foundations of our conceptualization of child well-being and discuss issues of validity, usability and implementation of the assessment tool.

S2-PW1.3

Check It Out: An Early Identification Community-Based Screening Model Developed in Toronto, Canada

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S2 - POSTER WORKSHOP 1, July 16, 2023, 13:15 - 14:15

Early identification of developmental concerns and referral to early intervention programs optimizes outcomes for children. Knowing what to be concerned about and where to turn for support is a complex navigation for every parent. For those who may be new to the country, unfamiliar with how service systems work or have no idea what questions to even ask, it can be overwhelming. Check It Out brings professionals into community settings to answer parent questions about child development, health and well-being, provide accurate information about child development and conduct pre-screening assessments in the 12 domain areas.

Rooted in evidence and relying heavily on the social determinants of health, Check It Out was developed by professionals from early childhood, public health, mental health, primary care, immigration/settlement and child welfare. In 2019, it was adopted by the Toronto Child & Family Network as the mechanism by which this system planning collaborative will achieve its strategic goal to “Implement consistent and comprehensive screening across the system” and was to be implemented across the City of Toronto in 2020. When the global COVID-19 pandemic hit, CIO was adapted so it could be delivered virtually. Online educational workshops were piloted with families in the summer of 2021 and the one-on-one screening component of the program is currently being piloted and evaluated (fall 2022). Results of these pilots will be available by March 2023 and shared with workshop participants.

S2-PW1.4

Developing the Parent Infant Interaction Observation Scale as an Outcome Measure

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S2 - POSTER WORKSHOP 1, 16 July 2023, 13:15 - 14:15

Introduction

The parent infant interaction observation scale (PIIOS) is used clinically to assess “at risk” dyads from 8 weeks to the end of the 7th month in the United Kingdom (UK) and Sweden. The outcome of a PIIOS can be used to inform care planning to improve the parent-infant (P-I) relationship. The current scale timeframe is limited due to when families present to practitioners.

Aim

To develop a reliable, valid scale to assess the PI relationship from 8 to 15 months of age in UK and Swedish populations.

Material and Methods

The new PIIOS scale will be developed using the same PIIOS format of individual Likert scales and assessing similar domains, but through a set of interactional behaviours appropriate for the older infant.

Study 1

8 documented PIIOS reliable raters will code the same 20 3-minute archival video clips from the Sunderland Infant Programme. These clips previously being scored against the CARE-Index. The analyses will be based on 200 comparisons and comments from the practitioner focus group will identify items deemed as un-scoreable due to being “baby focused.” These will be replaced, and new items generated through reviewing underpinning PIIOS literature and new research.

Study 2

A validity set of 14 video clips including a wide range of interaction from highly sensitive to very highly insensitive will be rated for reliability and validity analyses by 12 documented reliable PIIOS practitioners. Concurrent validity assessed using the scores from the PIIOS and the CARE-Index Sensitivity Scale.

Study 3

Repeat Study 2 methods with Swedish practitioners to analyse reliability and validity for the Swedish population.

Conclusion

This is a complex and time-consuming undertaking, but worthwhile if PIIOS can be developed as an outcome measure across the wider age range.

S2-PW1.5

Identifying families struggling with infant crying using a screening tool in pediatric clinics.

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S2 – POSTER WORKSHOP 1, 16 July 2023, 13:15 – 14:15

Introduction and Aim

Inconsolable or excessive infant crying is the most common complaint to pediatricians by parents with young infants, occurring in about one in five infants (Keefe et al., 2006). Parents of excessively crying infants report elevated levels of stress and depression (Maxted et al., 2005), as well as feelings of helplessness and frustration, which can lead to poor parent/child outcomes and even abusive actions (Barr, 2014). The Infant Crying and Parent Well-being (ICPW) screening tool was developed to provide a standardized method to identify families who are struggling with infant crying.

Material and Methods

The ICPW tool was pilot tested with 17 pediatric resident trainees in an outpatient continuity clinic setting in an urban community. Residents completed post-clinic visit surveys and a post-study interview.

Results

Residents reported that using the ICPW screening tool improved their practice by increasing their awareness of infant crying problems and providing anticipatory guidance on infant crying more frequently. The ICPW helped to facilitate conversations about infant crying with parents for 94% of the clinic visits in which it was administered. Additionally, the tool led providers to initiate conversations around family support and co-parenting.

Conclusion

Pediatric residents found it valuable to have a brief, standardized protocol for screening families for infant crying problems and found the screening tool helpful in determining which families to refer for support services.

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S2-PW1.6

The HEADS-ED Under 6: A New Mental Health & Developmental Screening Tool for Young Children

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S2 - POSTER WORKSHOP 1, July 16, 2023, 13:15 - 14:15

Introduction

Few communimetric tools exist for clinicians to identify both mental health and developmental needs in young children.

Aim

Based on the initial work of the Child and Adolescent Needs and Strengths assessment, HEADS-ED, and communimetric theory, in this session we will introduce our new communimetric tool, the HEADS-ED for children under 6.

Description

This initial work was piloted and validated in a sample of 535 children under the age of 6 from a community mental health agency in Ontario, Canada. Clinical vignettes were created by the agency's clinical team based on common clinical presentations. Participants will engage in a learning exercise by scoring clinical vignettes using the HEADS-ED under 6 tool, in order to facilitate a deeper understanding of how to use the tool to guide your clinical interview and identify areas of mental health needs that require action.

Conclusion

By the end of the workshop, participants will have practice using the HEADS-ED under 6 to identify MH domains, rate level of action/impairment, and communicate the severity of MH needs. This session welcomes audiences that provide mental health services to young children.

Parent Stress and the Validity of Rating Scales for Preschool-Aged Children with Behavioral Concerns

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S2 - POSTER WORKSHOP 1, 16 July 2023, 13:15 - 14:15

Introduction

To optimize efficiency in healthcare, clinicians across disciplines have been relying more heavily on parent-reported rating scales to track development, determine diagnoses, and define needs. A strong reciprocal relationship between parent stress and child behavioral problems has been established in the literature.

Aim

The purpose of the study was to determine if parent stress impacts the validity of parent ratings of a child's behavior. We predicted that parents who report higher levels of stress would also endorse more extreme rating of their child's behavior, warranting caution regarding the validity of their ratings.

Material and Methods

The Early Childhood Mental Health Clinic (ECMHC) provides multidisciplinary evaluations for children 0-5 with behavioral, social-emotional and development difficulties. Parents complete the Parenting Stress Index (PSI-4-SF) and the Behavior Assessment System for Children (BASC-3). The BASC-3 F-Index validity scale identifies unusual responses that may indicate that the parent rated the child more severely than warranted, suggesting interpretive caution.

Conclusions

Participants (N = 279) were primarily male (68.2%) with a mean age of 57 months. Pearson correlations were used to analyze the relationships between the PSI-4-SF domains and BASC-3 Clinical and Validity Scales. Results suggest that parents who are more distressed tend to rate their children as having more problems. Parents who reported more stress were more likely to elevate the F-Index, which indicates a tendency to overreport symptoms.

Although parent-report and the use of standardized rating scales provides a time- and cost-efficient means to collect information about children's behavior and guide clinical decisions, this study highlights the need for direct assessment and observation of the child by a trained clinician. Providers who use rating scales to screen young children's functioning should keep in mind that elevations on rating scales may potentially be more reflective of parental stress than the child's behavior.

The Lanarkshire Infant Mental Health Observational Indicator Set

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The Lanarkshire Infant Mental Health Observational Indicator Set is an observational aide for use by professionals from all agencies and services across Lanarkshire.

The Indicator Set is intended to provide a shared language and frame of reference for the observation of infants from a mental health perspective, and for the recording and inter-professional/inter-agency sharing of observations. It is also intended to promote an 'infant centred' and 'infant focused' approach (Barlow and Svanberg, 2009), combined with an observational stance. It aims to foster a way of looking at, and thinking about, the mental health of individual infants, based on consideration of development and functioning across a range of domains, not merely limited to parent-infant interactions and relationships.

The IMH Observational Indicator Set was developed by a multi-disciplinary, multi-agency group of professionals plus carers in Lanarkshire. An iterative process of production and agency engagement was used comprising a Drafting Group, Expert Reference Group, Stakeholders Group, and endorsement by the Lanarkshire Joint Children's Services Groups.

The Indicator set consists of 5 domains: Relationship with Main Carer; Emotional; Cognitive; Sense of Self; Social Interaction. Each domain contains 10 indicators, with accompanying Guidance Notes and Red Flags sections for each indicator.

An ongoing programme of dissemination and support to individual services and agencies is taking place, to support agencies in developing uses and applications of the IMH Observational Indicator Set geared to their specific roles and tasks.

Small scale Tests of Change and evaluations are being carried out by different services, and the results of these will be reported.

S2-PW1.9

The Parent-Infant Interaction Observation Scale (PIIOS) in a Swedish context

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S2 - POSTER WORKSHOP 1, July 16, 2023, 13:15 - 14:15

Introduction

Research shows that the early interaction between parent and child is of great importance for the child's future attachment, relationships and health. In all services that work with infants, it is crucial that professionals have the competence to assess the interaction between parents and children as well as the parents' emotional responsiveness. This is a difficult task for most professionals and there is a clear need for a structured assessment in the area.

Aims and Purpose

The Parent-Infant Interaction Observation Scale was developed by Dr. PO Svanberg in association with Warwick Infant Family Wellbeing Unit, University of Warwick, to meet the need for a short and easily accessible screening instrument for early identification of children and parents in need of support. The assessment contains of 13 areas from which the filmed interaction between infants (2 - 7 months old) and guardian is assessed. Today, PIIOS is part of the continuing education for professionals working with infants in the UK. In Västra Götaland, Sweden, the instrument has been used in an Infant Mental Health Service since 2019. During the winter of 2021–2022, a first training adapted to Swedish conditions in collaboration with Warwick University took place.

Description

The PIIOS training has now been adapted to Swedish conditions and initial results from the first cohort show positive results. Professionals from a range of services that work with infants and their families (pediatricians, child health nurses, social workers, and psychologists) support how the method can contribute to develop clinicians' assessments of interactions by using this structured tool.

Conclusion

PIIOS is a short and easily accessible screening instrument for the interaction between infants and guardians, and the training is now adapted to Swedish conditions. There is a clear need for a structured assessment among clinicians in Sweden and the training will continue.

Evaluation of the Danish version of the Prenatal Parental Reflective Functioning Questionnaire

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S2 - POSTER WORKSHOP 1, 16 July 2023, 13:15 - 14:15

Introduction and Aim

Parental reflective functioning is the capacity to focus on feelings and experiences in oneself as a parent and in the child. Research has demonstrated that the better the parental reflective functioning the better outcomes for the child. This study evaluated the Danish version of the prenatal parental reflective functioning questionnaire (P-PRFQ).

Material and Methods

We used data from a cluster-randomized trial of pregnant women recruited from Danish general practice. The sample included 605 mothers. Factor structure and internal consistency were investigated. Linear regression analysis was used to examine the associations between the P-PRFQ score and the five most predictive variables.

Results

The confirmatory factor analyses supported the three-factor model. The P-PRFQ had moderate internal consistency. The regression analysis showed a decrease in the P-PRFQ score with increasing age, increasing parity, current employment, better self-reported health, lower anxiety score and fewer negative life events with assistant impact.

Conclusions

The directions of the associations between P-PRFQ score and the predictive variables were opposite of what was hypothesized raising questions about whether the P-PRFQ can be used as an early pregnancy screening tool assessing prenatal parental reflective functioning. To assess what it measures needs further validation studies.

Why is social withdrawal in infants important to acknowledge and to screen for? Recent developments

Pr Antoine Guedeney

State of the Art Lecture: Why is social withdrawal in infants important to acknowledge and to screen for? Recent developments, The Auditorium, July 16, 2023, 13:15 - 14:15

Early diagnosis of psychopathology and parent infant relationship disorders require a valid understanding of psychological development in infants and toddlers, 0-5. The first description of social withdrawal behavior comes from Katarina Wolff's as René Spitz work on anaclitic depression. The early death of Katarina Wolff deprived us of more insights in this relatively unexplored dimension of early development. Bowlby and Ainsworth have provided us with a description of development of attachment behavior in infant, as well as sensitive caregiver's behavior fostering secure attachment. Fraiberg was the pioneer in describing early defense mechanisms in infants faced with adverse relational issues. Stern and Trevarthen and Robert Emde have given us proposals about how the interpersonal world of the infant builds up along time, scaffolded by relationships.

Infants are born with an exceptional ability to synchronize and to get in relational touch with caregivers. The other side of the coin is the high sensitivity of the infant to any durable and repetitive violation of his/her expectations within the relationship with caregivers. Sustained social withdrawal behavior is the first defense mechanism to be used by a highly sensitive newborn who is eager to participate in the interactional game, but who has no other way to control for the flow and quality of the interaction he or she is so dependent of. Early prevention and intervention is in need of sound theoretical frames, as well as of sound assessment choices of behavioral targets, validated by clinical controlled research, and leading to assessment tools that can be used daily.

This presentation will briefly survey the building of the ADBB and Modified short ADBB scales, their validation and applications in different setting and developmental circumstances and discuss their utility as a systematic first line screening tool.

Step in Time - Synchronization, Timing and the Development of Self

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S2 - VID2: Step in Time - Synchronization, Timing and the Development of Self, Wicklow 2B, July 16, 2023, 13:15 - 14:15

Introduction

In typical development, intents, sensations, affects and movement are experienced in relative synchrony from very early on. These are naturally perceived and mirrored back to the child through temporally contingent interaction with significant others – thus creating coherent and continuous experiences. For children with neurodevelopmental difficulties this synchrony of development can be significantly compromised often leading to a fragmented experience of self and others, and affecting the ability of the caregiver to respond in a contingent manner that accurately reflects the child's intent and affect. The impact of the unique rhythms and “steps” of neurodiversity can have far reaching implications for development of sense of self, of regulatory capacities and rhythms of interactional patterns.

Aim / Purpose

This presentation aims to explore through clinical presentation the impact of fragmentation in development on child's perception of self, time, timing and relating, with implications for practice.

Description

This presentation will explore through video case illustrations how for children with autism the synchrony of development can be significantly compromised by the underlying challenges in timing of actions and subsequent response reactions of a caregiver (or a therapist). The impact of persistent difficulties in rhythmic synchronization between mind, body, and affect on the basic coherence of experience and development of congruent and continuous sense of self will be explored. Implications for treatment will be highlighted with the aim of promoting coherent interpersonal experiences through contingent therapeutic interventions.

Conclusion

Deeper attunement to complex interactions between synchronicity of development, timing and congruency of response can promote more continuous and uninterrupted sense of self for children with interrupted developmental and neurological profiles.

S2-WSH1.1

Qualitative content analysis of dialogues with mothers and their premature babies in NICU

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S2 - WSH1: Clinical Workshops 1, Liffey Hall 1, July 16, 2023, 13:15 - 14:15

About 15 million premature babies come into the world every year: more than one million babies die, while among those who survive there are often permanent disabilities. Thus, if pregnancy can be considered the germination of a new life, the culmination of which is birth, Neonatal Intensive Care becomes a meeting place between life and death. The birth of a preterm and life-threatened child brings painful experiences related to feelings of guilt, death anguish, narcissistic injury and mourning of the ideal child. Furthermore, there is a strong perception of an interrupted but never terminated pregnancy, which manifests itself with the feeling of not recognizing the newborn as one's own child and not yet being a mother. This is a risk for the mother-child relationship and for the newborn's development.

The aim is to illustrate, through a single case of a premature baby (<28 weeks) born in Perugia Hospital, the dramatic experiences of the mothers and the work that, following a psychoanalytic model, is carried out with them.

The experiences that emerge during bi-weekly 45 minutes sessions with mothers, next to the incubator, and the psychoanalytic work carried out with them will be illustrated through excerpts from a clinical case. The aim is to contain the new parents, which are also premature, through a work of listening and accepting and transforming their painful experiences. Two further aspects frame the work: the observation of the newborn and countertransference.

The content analysis of verbatim transcripts of the clinical case presented allow to exemplify the experiences and work that, albeit in the context of each individuality, connects the mothers of severely premature babies. The focus on internal maternal movements and countertransference allows to delineate the psychic processes that enable the women to carry the pregnancy to term, developing a new relationship with the newborns.

S2-WSH1.2

Who is this child?

From observation to formulation and therapy goals

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S2 - WSH1: Clinical Workshops 1, Liffey Hall 1, July 16, 2023, 13:15 - 14:15

"He makes no progress" "Do I help him at all?" "Everything is so difficult for this child- where should we begin?" Often, we are faced with such questions when working with children and families, especially children with challenging developmental, emotional and communication difficulties. This is the time to pause and to observe.

When observing a child, whether in natural setting or in the therapy room, on preliminary assessment or during an ongoing psychotherapy, two basic questions need to be related to: "Who is this child?" and- "How may we help him?". In the following presentation it is demonstrated by two clinical vignettes, how psychological non- interventive observation may afford at least preliminary replies to these questions, and provide meaningful, useful leads to therapists, care-takers and educational teams to explore and to move forward.

An "observational state of mind" (Reid, 1999) needs to be held on to, as well as the query, following Alvarez & Reid (1999): to whom does the child communicate, try to communicate or fail to communicate in any given moment? Observation is a process of hypothesizing, confirming or refuting our hypotheses, and finally of integration, as we face the creative challenge of translating nonverbal experience into verbal, concise professional language. The end product of observation is formulation: relating to specific, unique child and family, connected to emotional experience and preserving its truth and authenticity (Ogden, 2005), and at the same time useful and practical in defining and formulating therapeutic goals.

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S2-WSH2

What about the Baby? Overview and Evidence Base for the Michigan IMH-Home Visiting Model

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S2 - WSH2: What about the Baby? Overview and Evidence Base for the Michigan IMH-Home Visiting Model, Liffey Hall 2, July 16, 2023, 13:15 - 14:15

Introduction

Selma Fraiberg's pioneering work with infants, toddlers, and families nearly 50 years ago led to the development of the multidisciplinary field of infant mental health. The intent then, as it is today, was to promote the socioemotional health of the infant. The Michigan Model of Infant Mental Health Home Visiting (IMH-HV), derived from the Fraiberg model, is a family intervention focused on the developing parent-infant relationship. The goals are ambitious: reducing the risk of disorders of infancy, supporting sensitive and responsive caregiving, and promoting healthy attachment relationships.

Aim

As the field of IMH grows, retaining a focus on the baby challenges and requires us to recall Fraiberg's question, "What about the baby?" Of importance: What does the baby bring to the relationship? What is the meaning of the baby to the parent(s)? How does the parent's past affect their present capacity to nurture and protect the baby? Focusing on these questions, the presenters will describe the central components of the Michigan Model of IMH-HV, the specialized training curriculum to prepare therapists to offer the intervention, and a brief review of the evidence-base thus far.

Description

In the 1970's, the state of Michigan began funding the training of a cadre of community mental health therapists to provide Infant Mental Health services. In 2013, state legislative standards mandated that all home visiting programs for children birth to 5 years be identified as evidence-based or a promising practice. The Michigan Department of Health and Human Services provided funding for extensive evaluation of the model and development of a training curriculum. We now have multiple studies that have found evidence for the efficacy of IMH-HV.

Conclusion

IMH-HV places the baby at the center of the intervention. This workshop will address the very specific ways that wondering about the baby informs intervention.

S2-WSH3

Raising public awareness of babies' emotional needs in the first three months of life.

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S2 - WSH3: Raising public awareness of babies' emotional needs in the first three months of life,
Wicklow Hall 1, July 16, 2023, 13:15 - 14:15

Introduction

This workshop presents a practical way to raise awareness of early emotional development and understanding baby's behaviours, as a mental health promotion strategy.

Aims to:

- make core infant mental health information accessible to parents, grandparents, caregivers, extended family members and friends.
- present practical ways caregivers can interact with babies to foster emotional connections.
- cultivate confidence in people's ability to read baby's behaviours.
- workshop with professionals ways to raise awareness with caregivers

Description

Early interactions that have too often been dismissed as inconsequential are now known to be invaluable for babies. Such interactions have a profound effect on babies' brain and body growth, their emerging sense of self and emotional security.

We have developed a presentation covering key developmental milestones and fundamental needs of babies from an infant mental health perspective.

We have trialled this in Australia with public and professional audiences.

This presentation highlights the value of using an Infant Mental Health relational perspective in sharing knowledge with parents who are adjusting to life with a newborn. We use an innovative approach (Watch-Wait-Ask + Watch-Wait-Add) to guide parents in slowing down, watching their baby's eyes and following baby's lead.

We will workshop with participants on how to increase the impact of and more widely disseminate these vital skills and the science and public health information underpinning them.

Conclusion

At the end of this workshop, participants will come away with novel and impactful ways of raising awareness of mental health needs of babies.

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Attending to Attachment With Early Care Professionals: The Circle of Security Classroom Approach

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S2 - WSH4: Attending to Attachment With Early Care Professionals: The Circle of Security Classroom Approach, Wicklow Hall 2A, July 16, 2023, 13:15 - 14:15

Introduction

Research shows that children's relationships with their early care providers serve as a model for future relationships with teachers and that positive relationships in early care buffer against negative outcomes associated with insecure attachment with primary caregivers. Meta-analytic evidence accordingly shows that the quality of childcare, and particularly the quality of interaction that children have with the staff and other children, has long-term effects on children's academic development. However, many early childhood professionals lack guidance on how to promote secure attachment with the children in their care, especially when it comes to children with insecure or disorganized attachment to their primary caregiver(s).

Aim

To introduce participants to the Circle of Security Classroom Approach (COS-C), a professional development program for childcare professionals (e.g. preschool teachers and early childhood educators) working in center-based or home-based childcare focusing on the promotion of learning and security in the childcare context.

Description

The workshop provides an overview of COS-C and how it is applied, together with an example of the COS Classroom Approach that participants can take back and use in their practice tomorrow. Moreover, we discuss research and practice on childcare provider-child relationships and present ongoing research on the COS Classroom Approach. Finally, we will invite participants to discuss and consider application in their local context.

Conclusion

Early care professionals are more likely to be able to attune to children's needs for attachment and exploration if they understand the ways that children's behavior may represent or misrepresent their needs. The COS-C incorporates a vast body of research in attachment and developmental psychology by first supporting professionals to recognize themselves as part of the children's 'network of attachment figures'; and then, by using the approach to build their relationship capacities to nurture high-quality relationships with young children.

INFANT PARTICIPATION IN A NEW KEY - Part one: epistemological foundations and research procedures

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S2 - WSH5: INFANT PARTICIPATION IN A NEW KEY - Part one: epistemological foundations and research procedures, Wicklow Hall 2B, 16 July 2023, 13:15 - 14:15

Introduction

The United Nations Convention on the Rights of the Child (UNCRC) gives the right to participate and be heard in situations that affect their lives to all children, even pre-verbal children and infants. But infants are often denied the right to participate because they don't possess verbal language. But the last 40 years of infant research has shown how infants powerfully communicate their intentions in quite refined ways. The crux of the matter is to develop methods to find the voice of pre-verbal children, that is: to register their impact on us and decode their influence into common language and practical action.

Aim

We want to describe a research project based on the primary intersubjectivity of infancy. In this first of two brief presentations, we would like to describe the epistemological foundations and the procedures of the research project from data collection to interpretation. An example is given to illustrate the narrative raw material and the procedures of interpretation in our project.

Material and Methods

Our project builds on qualitative methodology grounded in a depth-hermeneutical interpretation of narratives made by parents just before and after birth of their first child. Concretely, we implement an adapted version of Scenic narrative microanalysis (SNMA), a promising research methodology especially suited to identify and interpret unconscious non-verbal material both on an individual and societal level.

Conclusions

We have some very promising and exiting results illustrating how the infant voice can be present in the parent's narrative. We would like the workshop to help us understand and develop even further our methodology and our understanding of participation and involvement, both legal and psychological, for pre-verbal children. THE NEXT PRESENTER (Brynulf Bakkenget) WILL OUTLINE SOME OF THE RESULTS AND IMPLICATIONS FROM THE PROJECT

Examining Barriers to Diversity, Equity, Inclusion and Access Through Virtual Cross-Discipline Reflective Consultation

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S2 - WSH6: Examining Barriers to Diversity, Equity, Inclusion and Access Through Virtual Cross-Discipline Reflective Consultation, Wicklow 1, July 16, 2023, 13:15 - 14:15

Reflective supervision and consultation groups are often formed based upon common factors such as shared workplaces, provider roles, and geolocations. When virtual reflective supervision groups are intentionally co-constructed across disciplines, across focus areas, and across geographical regions they are more impactful.

The purpose of this project was to understand how diverse backgrounds among a group of infant mental health professionals would expand capacity to address the following learning objectives: (a) participants will examine their own lived experiences and histories in order to identify ways worldview shapes interpersonal interactions and reflective practice within and across settings, (b) participants will consider where intersectionality exists in their life currently and reflect upon the ways such systems of inequality inform self-understanding, and (c) participants will explore how to advocate for a reflective supervision/consultation group that is diversity informed and co-facilitated by a supervisor who can hold the space for processing anti-racist practices.

The participant group was composed of five individuals from different work sites and varying disciplines, including higher education, early childhood, public health, and mental health. The group was led by an experienced reflective practice supervisor/consultant with expertise in arenas of diversity, equity, inclusion and access. The group met weekly for one hour over a 12-month period.

The work entailed guided opportunities for participants to share professional dilemmas, including topics of race, class, gender and access. All meetings were held virtually. Probing and reflective questions were used to allow issues of inequity to surface which highlighted the depth and complexity within common areas.

The diversity among participants' fields of expertise contributed to a richer anti-racist learning experience. The virtual environment created possibilities across disciplines because the geographic barrier was lifted. This model highlights the potential for international reflective supervision groups, which would better inform the field of infant mental health.

Indigenous Communities Promoting and Supporting Infant Mental Health through Community-Led Models

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S2 - WSH8: Indigenous Communities Promoting and Supporting Infant Mental Health through Community-Led Models, Wicklow 4, July 16, 2023, 13:15 - 14:15

Introduction

Infant and Early Mental Health Promotion and Indigenous communities in Canada have developed innovative models that strengthen knowledge and skill specific to infant mental health. These capacity-building models engage community members and professionals to work collectively, uniquely embedding Indigenous culture that guides content, structure and program delivery.

Aim/Purpose

Aimed to build awareness, knowledge, and understanding about prenatal, infant and early mental health, drawing attention to the critical roles of professionals and non-professionals members in supporting the health and well-being of infants/children and families. Building upon strengths of practitioners, and fostering awareness within communities that everyone has something valuable to contribute to community and future generations.

Description

This session will share the process created to embrace the science of infant mental health through an Indigenous lens. Participants learn about the importance of engaging professionals and community members to create a system of change to better support infant mental health.

Two programs will be discussed:

Natural Helpers – 8 week hybrid program designed for all community members to increase knowledge and awareness about infant and early mental health. Facilitated by community Indigenous practitioners and elder.

Nurturing the Seed – Indigenous specific training for professionals on infant mental health. Included is the use of developmental support plans that are responsive to a child's developmental needs in a family friendly and culturally informed way.

Key components of each program will be shared.

Conclusion

The initiatives demonstrate the benefits of sharing the science of infant mental health with all members of a community, professional and non-professional, and doing so through a cultural lens. Evaluation results will show how knowledge and skill is increased in both initiatives using a common body of information that is equally empowering for both and brings to life the notion of how it takes a village/community to raise a child.

Child-Parent Psychotherapy with Infants Hospitalized in the Neonatal Intensive Care Unit

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S2 - WSH9: Child-Parent Psychotherapy with Infants Hospitalized in the Neonatal Intensive Care Unit,
July 16, 2023, 13:15 - 14:15

Introduction

Hospitalization in the neonatal intensive care unit (NICU) is a potentially traumatic experience for infants and their parents, impacting developmental and attachment outcomes.

Purpose

Provide infant mental health intervention at bedside in the NICU, using a dyadic approach that supports the developing parent-infant relationship (Lakatos et al., 2019).

Description

The Child-Parent Psychotherapy (CPP) model (Lieberman et al., 2015), a relationship-based, trauma-informed, evidence-based treatment, was modified to provide dose-specific interventions at bedside during NICU hospitalization. Implemented over a 7-year period in a Level IV NICU within an urban children's hospital, more than 250 culturally and socioeconomically diverse infants and their families received infant mental health services. The proposed workshop will explore, using case vignettes, videotaped parent interviews, and discussion/role-plays, how parent-infant psychotherapy can be implemented in an inpatient setting. Participants will learn how interventions including reflective developmental guidance, encouraging appropriate protective behavior, empathic communication, interpreting the feelings and actions of infants and parents, and crisis intervention can promote parent-infant bonding during this stressful time.

Conclusions

Implementation of CPP within the NICU acknowledges the centrality of the parent-infant relationship, supporting this relationship during a time of acute vulnerability, having the potential to foster infant development and regulation well beyond the point of discharge from the NICU.

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S2-WSH10

Infant-peer triads in the caregiving context of childcare

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S2 - WSH10: Infant-peer triads in the caregiving context of childcare, Liffey Meeting Room 1, 16 July 2023, 13:15 - 14:15

Introduction

The social context of childcare provides opportunities for infants to interact with others outside of the infant-parent dyad and mother-father-infant triad. While research has described some characteristics of infant-peer group behaviour in laboratory (Bradley & Smithson, 2017) and childcare settings (Pursi & Lipponen, 2020), little is understood about infant social development within groups.

Aim

This workshop will focus on how infants: (1) communicate and interact with other same-age children in childcare across the first two years of life, and; (2) what these communications/interactions mean for their social development in groups.

Material and Methods

Participants were 20 focus infants (aged 3-21 months), and four early childhood educators from two Australian childcare centres. An infant mental health approach was used to examine and understand infant-peer interactions through: (1) collection and microanalysis of 564 videos of infant triads (a third infant with an interacting-peer dyad) and; (2) 18 interviews that gathered educators' thoughts and feelings about infants' interactions through the psychoanalytic method of infant observation. Key concepts of infant social development, dynamic systems theory, and educators' perceptions about infant behaviour were brought together to generate new understandings of infant sociality and social development in groups.

Results

Third infants' communications and interactions consisted of: looking and approaching; pauses; changes in social position; breaking the interactions between their peers; and expressing themselves by vocalisations, touch, facial expressions, and simultaneous rhythmic interactions involving bodily movements, sound and shared emotion. In interviews, educators described third infants' behaviour as a desire for connection, jealousy, and attempts to understand the relationship between their peers.

Conclusions

Infant-peer groups are open, flexible and dynamic linking systems consisting of fleeting group processes. Through these processes, infants learn about the relationships between their peers, the intentions of their play, and how to enter and sustain peer group play.

References:

Bradley & Smithson (2017). Groupness in preverbal infants: Proof of concept. *Frontiers in Psychology*, 8, Article 385. <https://doi.org/10.3389/fpsyg.2017.00385>

Pursi & Lipponen (2020). Creating and Maintaining Play Connection in a Toddler Peer Group. In *Peer play and relationships in early childhood*. Springer. https://doi.org/10.1007/978-3-030-42331-5_7

Coaching Confidence: Ways to Support a Strengths-Based Early Intervention Program

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S2 - WSH11: Coaching Confidence: Ways to Support a Strengths-Based Early Intervention Program, Liffey Meeting Room 2A, July 16, 2023, 13:15 - 14:15

Introduction

Home visitors with a strengths-based attitude are better able to use family goals and preferences to individualize their intervention content and demonstrate respect for caregiving strengths within families' cultural contexts (Barrera & Corso, 2002; Xiong et al., 2021). A strengths-based home visiting model requires a home-visitor to: reflect on their perspective; help families identify and build on their strengths and core relationships; celebrate successes while acknowledging struggles; and communicate with curiosity and courage, but not all home visitors have all of these skills. Much like families, home-visitors' behaviors are positively affected by strengths-based observation and feedback (Walsh et al., 2021) and the way the coach interacts with the home-visitor coachee can function as a model for how the home visitor engages with their clients.

Aim

The aim of this workshop is to discuss ways that coaches and supervisors can support home visitors to be reflective and strengths-based in their practices with families through a parallel process that will demonstrate the process that ideally, home visitors use with their families.

Description

This workshop will begin with a discussion about reflective practices critical to developing skills in practitioners and parents, as well as strategies to support these practices.

Next, we will discuss relationship-building practices which include supporting and accepting home visitors and families as they are and building trust.

Third, the reasons for building home-visitor and parent confidence and strategies for identifying and using strengths will be shared.

Finally, the importance of communicating with home-visitors, parents, and colleagues with courage and curiosity will be examined.

Conclusions

This workshop will incorporate activities, videos, and scenarios to practice skills and process information in small group conversations. Participants will learn how to coach home visitors to build their confidence in turn supporting home-visitors to build parent confidence in their role as parent coaches.

The development and implementation of Position Statements by the Australian Association for Infant Mental Health

Dr Nicole Milburn¹, Ms Sally Watson

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S2 - WSH13: The development and implementation of Position Statements by the Australian Association for Infant Mental Health, Liffey Meeting Room 3, July 16, 2023, 13:15 - 14:15

Introduction

Infant Mental Health Associations have been formed to support the mental health and wellbeing of infants and build capacity in the professionals from many disciplines who work with infants and families. One strategy that Australian Association for Infant Mental Health (AAIMH) has instituted for this purpose has been the development of Position Statements. Both AAIMH and WAIMH have developed position or rights statements, AAIMH since 2002 and WAIMH since 2016. Statements from these bodies can have great benefit to the IMH and general community, and provide an anchor point for the organisation. The statements provide a solid foundation for the sector in the important work of advocating for infants, as well as providing a consensus and expert opinion on different topics.

Purpose

This workshop will share the purpose and process of the AAIMH Position Statement development over the last 20 years and place the process in the international context of the WAIMH statements.

Description

An overview of the 10 AAIMH and 2 WAIMH statements will be given, and details of the AAIMH processes for deciding a topic, sourcing expertise, developing and approving content, publishing, reviewing and retiring papers will be covered. Strengths, challenges and pitfalls will also be covered. Discussion will be actively encouraged, using the WAIMH AAIMH Position Statements as a vehicle for further development of advocacy efforts in the international IMH community.

Conclusions

The workshop will enable participants to use the information and process in their own work or organisations.

S2-WSH14

Including parents with a serious mental illness in perinatal and infant mental health practice

Ms Carol Clark¹, Ms Hanna Jewell², Ms Michelle Hegarty³, Mrs Cheree Cosgriff⁴

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S2 - WSH14: Including parents with a serious mental illness in perinatal and infant mental health practice, EcoCem Room, July 16, 2023, 13:15 - 14:15

Introduction

The perinatal period is the most vulnerable period in women's lives for relapse or the onset of mental illness. Increasing evidence demonstrates that men too experience significant vulnerabilities that may exacerbate existing mental illness or precipitate the onset of an illness in their transition to fatherhood. This workshop explores current and emerging practices that arise from recent work exploring policy and practice in perinatal and infant mental health (Clark, C., Jewell, H., Cosgriff, C. & Hegarty, M. Perspectives in Infant Mental Health 8/5/22).

Aims / Purpose

This workshop will consider instances where serious mental illness can be identified in the perinatal period, consider some limitations in current approaches as applied to this group, and explore examples of emerging practice from four points of view: antenatal care; maternal and child health; adult mental health and transition to parenthood programs.

Description

Drawing on the Australian experience of policy and practice guidelines attention is focused on a whole of family approach with particular interest on those with pre-existing serious mental illness. This approach invites consideration of frameworks which support local, timely responses, collaboration across sectors and existing or emerging models or programs to support the needs of this group of families and their infants. Case presentations will be used to demonstrate practice issues as they apply to this group of families

Conclusion

Discussion will provide an opportunity to explore participants own practice context in relation to serious mental illness in the perinatal period, expand on their knowledge of family member perspectives and appreciate the opportunities to build collaborative practice across services. "A well-considered comprehensive model of care can minimise intergeneration transmission of adversity" Clark, C., et al 2022 page 48

The NeoNatal Neurobehavioral Scale (NNNS-II): Its Use in the Clinical Setting with At-Risk Infants

Mrs Colleen Ciccarello¹, Dr. Robin Miller¹, Dr. Lynne Andreozzi Fontaine¹

¹Women and Infants Hospital/Brown Center for the Study of Children at Risk, Providence, USA

S2 - WSH19: The NeoNatal Neurobehavioral Scale (NNNS-II): Its Use in the Clinical Setting with At-Risk Infants, Wicklow 3, July 16, 2023, 13:15 - 14:15

Introduction

The NNNS-II (NeoNatal Neurobehavioral Scale) examines neurobehavioral organization, neurological reflexes, motor development of active/passive tone, and signs of stress of the at-risk infant (i.e. preterm, neonatal encephalopathy, clinical seizure activity and those exposed to maternal drugs in utero). It was designed to provide a comprehensive assessment of both neurological integrity and behavioral function and is also applicable to assess healthy full-term infants. It is used worldwide not only for research but clinically, as part of standard of care for infants. The NNNS has been shown to predict long-term outcomes (Flannery, T., et al., 2020; Hofheimer, J. A., et al., 2019; Lui, J., et al., 2010; McGowan, E. C., et al., 2022; Martin, M., et al., 2022).

Purpose

To expand use of the NNNS-II for at-risk infants in the neonatal intensive care units and well-baby nurseries in our hospital. The findings from the exam can be beneficial in consultation with families and health care professionals to aid in care management in the hospital and discharge/home care planning.

Description

Our project in expanding the use of the NNNS-II in standard of care included development of clinical guidelines, protocols, and hospital-wide education on the process. This workshop will introduce participants to the NNNS-II exam by providing an overview of the exam and highlighting its use by reviewing case studies. Participants will discuss the results of the exams presented in the case studies and identify the infants' neurobehavioral strengths and vulnerabilities. Participants will be able to apply their findings to create recommendations that facilitate caregiver confidence in parenting.

Conclusion

The NNNS-II from hospital to follow-up provides many different opportunities for clinicians to partner with families and community-based care teams about the infant's medical status, neurobehavioral organization, and interactive capability to develop strategies to enhance infant development.

Linking Sensory Integration and Mental Health

Dr Gilbert Foley^{1,2,3}, Dr. Susan Stallings-Sahler⁴

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S2 - WSH30: Linking Sensory Integration and Mental Health, Liffey Meeting Room 2B, July 16, 2023,
13:15 - 14:15

Introduction

The body mirrors the inner life in infancy and toddlerhood, and sensation is the raw material out of which attachment, movement, the construction of knowledge and language are spawned. Linking sensory processing and mental health builds an important bridge between soma and psyche theoretically, clinically, and therapeutically.

Aim / Purpose

The aim of this presentation is to identify developmental, clinical, and research links among sensory processing, sensory processing disorders, and mental health defined as social-emotional development and developmental psychopathology. Based on that concordance, the presentation aims to demonstrate how coordinated treatment between sensory integration informed Occupational Therapy and Infant Early Childhood Mental Health (IECMH) interventions are mutually synergistic and more effective for child and family.

Description

This presentation reviews the foundational principles of sensory processing and IECMH, the characteristics of Sensory Processing Disorders (SPD), research supporting the classification and implications for Infant and Early Childhood Mental Health (IEMH). The clinical presentation of Sensory Processing Disorders (SPDs) will be examined through sensory integration, regulatory, and psychological lenses addressing the potential impact SPDs can have on self-regulation, perception, behavior, parent-child relationships and mental health. From an applied perspective, this presentation aims to assist mental health professionals become more aware of: the signs of possible SPD, how to screen, and to whom to refer. "Take-away" strategies from a sensory processing perspective that might be applicable and appropriate within infant/early childhood mental health treatment to support regulation and relating will be examined.

Conclusions

Drawing on the presenters' currently published book from ZERO TO THREE, they bring new insights about the links between sensory processing, sensory processing disorders and IECMH in concept and practice, providing direction for a needed integrative intervention incorporating multiple lines of development.

S3-BOP6.1

Promoting home visitor responsiveness to families through infant/early childhood mental health consultation

Tiffany Burkhardt¹, Julie Spielberger¹, Researcher Lee Ann Huang¹

¹Chapin Hall at the University Of Chicago, Chicago, USA

S3 - BOP6: Evaluation and outcome studies, Wicklow 2A, 16 July 2023, 14:30 - 16:00

Introduction and Aim

Infant/early childhood mental health consultation (IECMHC) aims to strengthen early childhood provider capacity to support the social-emotional needs of children and families. In home visiting programs, consultants provide home visitors with strategies to help families create home environments that promote healthy child development (Goodson et al., 2013). Although research on IECMHC in early care and education programs shows positive effects (see Albritton et al., 2019), few have studied its effects in home visiting programs.

We evaluated a cross-system, intensive model of IECMHC to understand its effects on staff and families. In home visiting programs, we examined IECMHC's effect on home visitor practice, visit quality, and parenting.

Material and Methods

The evaluation used a matched-comparison group design involving 24 program sites, including six home visiting programs. Home visitors video recorded visits with different families four times over a 15-month period, resulting in 42 videos. We coded the visits using a standardized observational tool and created a new scale to measure IECMHC effects in visits. Parents completed surveys about parenting and their well-being. We used linear mixed modeling to test for group differences over time.

Results

Home visitors in the intervention group were more responsive to parents and elicited parents' input on visit content more often than the comparison group. Parents whose home visitors received IECMHC reported higher satisfaction in their role as parents than the comparison group.

Conclusions

IECMHC shows promise for strengthening home visitor practice and visit quality.

References:

Albritton, K., Mathews, R. E., & Anhalt, K. (2019). Systematic review of early childhood mental health consultation: Implications for improving preschool discipline disproportionality. *Journal of Educational Psychological Consultation*, 29(4), 444–472.

Goodson, B. D., Mackrain, M., Perry, D. F., O'Brien, K., & Gwaltney, M. K. (2013). Enhancing home visiting with mental health consultation. *Pediatrics*, 132, S180–S190.

Can an intensive infant mental health informed early education intervention impact vulnerable parent-child relationships?

Ms Nichola Coombs^{1,2}

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S3 - BOP6: Evaluation and outcome studies, Wicklow 2A, 16 July 2023, 14:30 - 16:00

Introduction

An intensive, infant-mental health informed, early childhood education and care program specifically designed for socially vulnerable children at risk of abuse or neglect, was trialled via RCT in Melbourne, Australia over the past decade. Highly significant impacts of the intervention have been found in child participants' cognitive, language and social-emotional development, when compared to infants and toddlers who remained in usual care (Tseng et al. 2019). This study aimed to address a secondary hypothesis that children's participation in this early childhood education intervention would have a positive impact on child-parent relationships.

Methods

This study used a randomised controlled design (n=52) to compare the quality of parent-child relationship for children receiving the early childhood education and care intervention with children in usual care, at one-year post-enrolment, using the Emotional Availability Scales (Biringen 2008) Results: This study detected no overall group effect of the intervention on child-parent relationships as measured by the EAS at one year. However, when the trial population was disaggregated by gender, a highly significant interaction effect of "group" and "gender" was revealed for five out of the six EAS dimensions. Mother-boy dyads in the intervention group, showed significant positive differences after one year participation compared to mother-boy dyads in the control group, who showed significant decreases in EAS dimensions of sensitivity, structuring, non-intrusiveness, child involvement and child responsiveness.

Conclusions

The results indicate this intensive early education intervention program may have a protective effect for socially vulnerable boys within their primary care relationships after one year of a three-year intervention. This finding suggests the protective nature of the intervention in preventing deterioration in the quality of already highly stressed and vulnerable mother-boy relationships.

Biringen, Z. (2008) The Emotional Availability (EA) Scales and EA Zones Evaluation (4th ed.), Boulder, CO: emotionalavailability.com.

Tseng YP, Jordan B, Borland J, Coombs N, Cotter K, Guillou M, Hill A, Kennedy A and Sheehan J, '24 months in the Early Years Education Program: Assessment of the impact on children and their primary caregivers', Changing the Trajectories of Australia's Most Vulnerable Children, Report No. 4 (May 2019).

Capturing the outcomes of Child Parent Psychotherapy model for children exposed to family violence

Dr Allison Cox¹, Dr Sonia Sharmin¹

¹Berry Street Take Two, Eaglemont , Australia

S3 - BOP6: Evaluation and outcome studies, Wicklow 2A, July 16, 2023, 14:30 - 16:00

Introduction

Berry Street Take Two is a statewide therapeutic program for children impacted by abuse, neglect, family violence and disrupted attachment in Victoria, Australia, with research and training capacity. In 2017 Take Two introduced the evidenced based practice of Child Parent Psychotherapy (CPP).

Purpose

This case study series examines the outcome of the CPP model for young children who have experienced significant adversity. This paper will present 4 brief case studies of children aged 13 months to 5 years, 5 months of age who received 4 months to 12 months of intervention. The outcomes for these infants of this intervention will be shared utilising pre-post design using the Ages and Stages Questionnaire, Adaptive Behaviour Assessment Scale and the Trauma Symptom Checklist for Young Children.

Description

CPP is an evidence-based dyadic therapy for young children and their caregiver/s who have experienced family violence. CPP is built on a psychodynamic model that considers how trauma and the caregivers' relational history affect the caregiver-child relationship and the child's development. It aims to support and strengthen the relationship to help restore and protect the child's mental health. Existing evidence shows the therapeutic benefit of working with caregiver/s and children together in the aftermath of family violence. Take Two have invested significantly in our staff to enable many young children and their carers to benefit from the CPP therapeutic approach. From Take Two clinicians, 56 families received Child Parent Psychotherapy in 2022, with 32 of these families receiving Therapeutic Family Services via the Restoring Childhood program.

Conclusion

These single case studies are informing our development of a suite of measures for a larger study examining the efficacy of the Child-Parent Psychotherapy model of intervention with children impacted by maltreatment and/or family violence receiving Take Two services.

Child-Parent Psychotherapy (CPP) implementation within a community-based organisation in Australia

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³Judith Lumley Centre, School of Nursing and Midwifery, La Trobe University, Bundoora, Melbourne, Australia

S3 - BOP6: Evaluation and outcome studies, Wicklow 2A, July 16, 2023, 14:30 - 16:00

Introduction

In Australia, recent public health reforms have been focussed on prevention and responses for children and families experiencing family violence, child maltreatment and mental ill-health. Child Parent Psychotherapy (CPP) is an evidence-based treatment for young children and their parents, to restore and promote children's mental health through enhancing parent-child relationships. Our community-based organisation, Berry Street has implemented CPP in the Take Two program, in response to the reform context.

Take Two is a therapeutic program for children impacted by abuse, neglect, and family violence in Berry Street, one of Australia's largest independent child and family services organisations.

Aim

This presentation will share the experience of implementing CPP for at risk infants and families within an Australian context with twenty of the sixty Australian trained CPP clinicians employed by Take Two with a further cohort currently in training.

Description

The presentation will share implementation experiences of mothers, fathers, caregivers, clinicians and managers drawing on two sources of data collected during the two tranches of the CPP implementation: qualitative data collected from the RECOVER Australian CPP pilot (Hooker et al. 2022); and routine qualitative and outcomes data collected as part of quality assurance. Themes considered include acceptability of the intervention, the contribution of young children themselves as drivers of change, the centrality of clinical supervision for professional learning, and the pacing of implementation.

Conclusion

CPP is an evidence-based practice that Take Two has found is acceptable to children, caregivers, clinicians and managers. The model integrates well within an Australian community-based service delivery context for very young children affected by trauma – when varied workforce learning needs are understood in the context of supervisory relationships, and implementation is undertaken at a sustainable pace.

S3-BOP6.5

Evaluating the implementation and impact of Wee Minds Matter - NHSGGC Infant Mental Health Service

Dr Andrew Dawson¹, Dr Rachel Harris¹, Dr Beatrice Anderson¹, Ms Alice McFarlane¹

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S3 - BOP6: Evaluation and outcome studies, Wicklow 2A, 16 July 2023, 14:30 - 16:00

Introduction

The Scottish Government has made a major investment in infant mental health services. Prior to this, there was little specialist support for infants in Scotland (Rare Jewels report; Hogg, 2020). Each new Scottish service represents a novel and pioneering model, with shared challenges including matching service offer to health board profile, forming an identity amidst existing services, and using limited resource creatively to address considerable need.

Aim

In 2021 Specialist Children's Services in NHS Greater Glasgow & Clyde, the largest health board in Scotland, established and recruited to a multidisciplinary infant mental health service, 'Wee Minds Matter'. The service aims to use relationship-based practice to ensure that infant experience and need are well understood by families and professionals, and that care is matched to need at all tiers of service provision from universal to specialist.

Materials and Methods

Drawing on a Public Health Scotland (2021) evaluability assessment and recommendations for perinatal and infant mental health service evaluation, we developed a theory of change logic model, and refined key evaluation questions to guide scrutiny and analysis of the impact of the service in its early years. This offers opportunities: to weave gold standard principles such as participation and co-production into service design, to innovate, and to consider and engage in systemic service evaluation and improvement from the outset.

Conclusions

In this brief oral presentation, we will provide an overview of the evaluation plan for Wee Minds Matter, including describing the development of a logic model; outlining structure and key questions; presenting findings from phase one of the service evaluation, including service user feedback, and giving examples of how this will feed into iterative developments. We anticipate that this will be of particular interest to others involved in infant mental health service innovation, design, strategy and evaluation.

The Effectiveness, Implementation and Cost-Effectiveness of a prevention-focused, group-based Early Parenting Intervention

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S3 - BOP6: Evaluation and outcome studies, Wicklow 2A, 16 July 2023, 14:30 - 16:00

Introduction

Area-based childhood development programmes targeting the earliest years (0-3) which are focused on the promotion of nurturing parental care are increasingly a feature of policies tackling disadvantage and inequality.

Aims

This study investigated the effectiveness, cost-effectiveness and implementation of a Parent and Infant (PIN) programme – a group-based early parenting programme which combines a range of developmentally tailored supports with the Incredible Years Baby programme.

Materials and Methods

A controlled trial, accompanying process evaluation and cost-effectiveness study were conducted: Parent and child developmental outcomes were assessed in 212 parents and infants participating in the PIN intervention. Outcomes and cost-effectiveness were compared to a service-as-usual group (n=168). Assessments were conducted at baseline (before intervention) and when infants were 8, 16 and 24 months old. Interviews and focus groups with key stakeholders (n=68) were conducted to explore implementation.

Conclusions

The findings highlight significant, sustained improvements in parenting self-efficacy. Sub-group analyses showed positive outcomes in respect of infant temperament and problem solving, but only for low-risk families. The average cost of PIN was €646.64/dyad. The probability that the PIN programme was cost-effective in enhancing parenting attitudes was 87%. The process evaluation highlighted barriers to parent engagement and practitioner involvement in programme delivery. Factors that promoted programme adoption, acceptability and feasibility included innovation characteristics, parent and practitioner attitudes, as well as organisational and systems factors. The findings show that group-based early parenting support delivered in community settings may be an effective way to enhance parenting attitudes, as well as infant socioemotional and problem-solving skills - although more at-risk families may need additional support to promote positive outcomes. The study provides real world evidence on the costs and cost-effectiveness of an early parenting support programme, as well as helping to build understanding of the implementation factors integral to successful early intervention.

Developmental trajectories of young children's depression and anxiety during the COVID-19 pandemic in the Netherlands

Msc Lisa J.G. Krijnen¹, PhD Marthe R. Egberts¹, PhD Willemijn M. van Eldik¹, Prof Anneloes L. van Baar¹, Prof Paul A. Boelen¹, PhD Marjolein Verhoeven¹, PhD Mariken Spuij, MSc Bregje van Rooijen¹
¹Utrecht University, Utrecht, The Netherlands

S3 - BOP6: Evaluation and outcome studies, Wicklow 2A, 16 July 2023, 14:30 - 16:00

Introduction

Mental health problems, such as depressive and anxiety symptoms (DAS), in toddlers and preschool aged children increase chances of developing psychopathology later in life. The COVID-19 pandemic has led to an increase of DAS in children, but research in the youngest age group (<5 years) is limited.

Aim

The current study will therefore investigate which different developmental trajectories of DAS in young children during the pandemic can be distinguished. Additionally, risk and protective factors for different trajectories of DAS will be investigated.

Materials and Methods

Within the framework and protocol of 'the COVID unmasked study', parents of children aged 1-5 years were recruited online in the Netherlands to complete an e-survey at four timepoints between November 2020 and June 2022 (t1, n=2762; t2, n=965; t3, n=529; t4, n=508). Children's mental health, parent's mental health, parent's perceived impact of the pandemic on their lives (positive/negative), COVID-19 infection or loss within the families, parental feelings of rejection towards the child, and parent-child communication regarding the pandemic (active/passive) were measured.

Parallel-Processes Latent Class Growth Models will be used to analyze which developmental trajectories can be distinguished for children's DAS. Furthermore, it will be investigated which factors predict these different trajectories, with children's age and gender as covariates.

First results

Trajectory analyses have not been done yet. First analyses on t1 showed that children's DAS were significantly related to parental mental health problems, parents' negatively perceived impact of the pandemic, parental rejection, and both passive and active communication towards the child. Results of the current study will give more insight into which trajectories of DAS exist and how these factors relate to the different trajectories.

Group processes and interpersonal change mechanisms within a group-based intervention for mothers and their infants

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S3 - BOP6: Evaluation and outcome studies, Wicklow 2A, 16 July 2023, 14:30 - 16:00

Introduction

Group processes may be an important mechanism of change within group-based interventions supporting maternal and infant mental health. Key mechanisms may include social support and provision of space for mothers to process their experiences, seek advice and normalise challenges. Conversely, group processes can diminish the effectiveness of an intervention if mothers feel stigmatised or 'othered' by the group, potentially reducing engagement, undermining mental health and decreasing the likelihood of future help-seeking. Contextual factors impacting group processes may include group size, level of group homogeneity and facilitator characteristics.

Aim

This process evaluation explores the contextual factors which affect group processes, and in turn, how group processes impact on interpersonal change mechanisms within Mellow Babies, a manualised, attachment-based intervention, targeted at mothers with existing psychosocial difficulties and their infants.

Materials and Methods

Semi-structured interviews were conducted with mothers and facilitators at various stages of the intervention through telephone fidelity checks and in-person interviews. Data will be analysed using structured thematic analysis.

Conclusions

Analysis is ongoing but we will elucidate the mechanisms of change for Mellow Babies and identify the key group contextual factors which influence outcomes. Understanding the context and conditions where delivery is most effective will help optimise the efficacy of the intervention, optimising future delivery. We will discuss the application of findings to the delivery and implementation of other group-based interventions for mothers.

S3-BOP8.1

Advancing Equity in IECMHC Through Reflective Supervision

Dr Evandra Catherine¹

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S3 - BOP8: Reflective supervision from an organisational lens, Liffey Meeting Room 2A, July 16, 2023,
14:30 - 16:00

Introduction

Current evidence shows stark age, racial/ethnic, and gender disparities in early childhood education (ECE), with both teachers reporting more difficulty with younger children, Black children, and boys. What we know is that a sizeable minority of young children are served in a fragmented ECE system largely targeted to children and families from low-income backgrounds. Resources and supports vary across program types, subjecting many of these children and families to low-quality early learning experiences. Further, many of these children exhibit internalizing or externalizing behaviors that present challenges in ECE settings. Infant and Early Childhood Mental Health Consultation (IECMHC) is a promising approach for supporting ECE teachers who work with children in income-based ECE programs

Purpose

The purpose of this project was to qualitatively explore one of the mechanisms driving positive teacher and child IECMHC outcomes, reflective supervision (RS). RS is a key component of IECMHC that provides IECMH consultants with opportunities to discuss the emotional responses to their work with the goal of encouraging reflection that leads to shifts in assumptions, attitudes, and beliefs.

Description

A mixed-method study was conducted to determine the ways that IECMH consultants engage in RS and the role that RS plays in consultants' ability to build their capacity to advance equity in IECMHC.

Conclusion

Preliminary findings suggest that IECMH consultants have varying RS experiences based on supervisor-supervisee match across various demographic and program characteristics.

Davis, A. E., Shivers, E. M., & Perry, D. F. (2018). Exploring culture, race, and ethnicity in early childhood mental health consultation: The role of the consultative alliance. *Perspectives*, 3(2), 24.

Shivers, E. M., Faragó, F., & Gal-Szabo, D. E. (2022). The role of infant and early childhood mental health consultation in reducing racial and gender relational and discipline disparities between Black and white preschoolers. *Psychology in the Schools*, 59(10), 1965-1983.

S3-BOP8.2

La Red: introducing the Latine-led U.S. network changing the face of IMH reflective supervision/consultation

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S3 - BOP8: Reflective supervision from an organisational lens, Liffey Meeting Room 2A, July 16, 2023, 14:30 - 16:00

Introduction

Infant Mental Health (IMH) reflective supervision/consultation (RSC) has been shown to have significant benefits for IMH supervisors, including serving as a protective factor against burnout, depression, and anxiety (Morelen et al., 2022); however, the field lacks representation by RSC professionals who are members of under-resourced communities (Silverman, 2019). Additionally, RSC lacks multilingual and culturally-affirming training and accessible credentialing opportunities that reflect the needs of BIPOC (Black, Indigenous and People of Color) teams, suggesting there is dire need for affinity-based RSC capacity building opportunities.

Purpose

To address the historical underpinnings of RSC, and why current approaches require a design that supports the unique experiences of BIPOC IMH supervisors who lead BIPOC IMH teams. The workshop will introduce participants to La Cocina's bilingual (Spanish-English) Liberation-Based Reflective Consultation (LiBRC) RSC curriculum and training model.

Description

La Red is a cohort-based capacity building program for Latine IMH supervisors working in a variety of birthing, infancy and early childhood settings. The nine-month program trains multilingual IMH supervisors of Latin American provenance in a liberation-based approach to working with BIPOC IMH teams, including volunteer and/or peer-supported groups. La Red's curriculum is centered in Liberation-Based Reflective Consultation (LiBRC)--La Cocina's LiBRC curricula and model codesigned with Latine supervisors, for Latine supervisors.

Conclusion

The field of IMH needs a liberatory view and approach to RSC practice. Supportive of culturally-affirming practices, La Red's LiBRC approach to codesigning diverse and inclusive IMH-RSC communities of practice presents a collaborative process that BIPOC IMH teams may use to build anti-oppressive RSC training and practice.

Reference

Morelen, D., Najm, J., Wolff, M., & Daniel, K. (2022). Taking care of the caregivers: The moderating role of reflective supervision in the relationship between COVID-19 stress and the mental and professional well-being of the IECMH workforce. *Infant Mental Health Journal*, 43(1), 55-68.

Building Community Capacity for Reflective Supervision/Consultation: A Four Pronged Approach

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S3 - BOP8: Reflective supervision from an organisational lens, Liffey Meeting Room 2A, July 16, 2023,
14:30 - 16:00

Introduction

Reflective capacity is widely regarded as a critical skill for those working with young children and their families; reflective supervision/ consultation (RSC) is seen as a best practice for those doing Infant and Early Childhood Mental Health (IECMH) work. The proposed workshop will detail the four strategies used to build RSC capacity in a medium-sized, US city (Rochester, NY): strategic community collaboration, hosting a reflective supervision symposium (RSS), offering reflective supervision learning collaboratives (RSLC), and facilitating reflective consultation (RC) groups for community leaders.

Aim/Purpose

Participants will leave the workshop with descriptions of each standalone strategy and the integration of all four, as well as possible applicability in their own communities. The workshop will offer our timeline of these strategies with qualitative and quantitative metrics to demonstrate progress toward capacity building.

Description

Community RSC capacity building included: 1) Strategic community collaboration involving joining and creating multidisciplinary tables related to IECMH and workforce development to begin cross sector conversation and increase awareness of and goals toward IECMH and RSC alignment; 2) Hosting an RSS to provide community leaders an immersive Introduction to RSC and set common language and goals; 3) Offering year-long RSLCs to provide community leaders and supervisors didactic learning, direct RSC, and relationship building opportunities across disciplines and agencies; and 4) facilitating RC groups to provide space to hone supervisory best practices, increase reflective capacity, support professional wellbeing, and provide RC that aligns with endorsement.

Conclusion

Efforts are ongoing and have yielded an increase in the community's awareness of IECMH concepts and resources, the capacity to provide and advocate for RSC, and the ability to support best practices with or on behalf of infants, young children, and their families.

S3-BOP8.5

Reflective Supervision Learning Intensives: A multilayered approach to building reflective capacity in the IECMH Workforce

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S3 - BOP8: Reflective supervision from an organisational lens, Liffey Meeting Room 2A, July 16, 2023,
14:30 - 16:00

Reflective supervision/consultation (RS/C) is a hallmark of Infant and Early Childhood Mental Health (IECMH). Holding protected space in relationship with another professional to explore who we are as practitioners and what we do with families is vital to quality patient care and preventing burnout. All professionals in the field deserve to have protected space to increase their knowledge of family systems, increase their own understanding of their emotional responses and examine biases, and increase flexibility in how to respond to family needs; however, this space is not always readily available in systems, especially in fast-paced pediatric settings. We built this learning intensive to teach supervisors how to bring these techniques back to their own practices and piloted with HealthySteps supervisors. HealthySteps is a population health-based model where early childhood professionals are embedded in pediatric settings to better support the needs of families. Participants were assigned readings to enhance their understanding of reflective practice prior to sessions and encouraged to engage in conversation about the readings on a dedicated TEAMS channel. During live meeting sessions, leaders presented additional information on the concepts outlined in the readings and asked open ended questions to promote thoughtful dialogue. Deidentified case presentations were designed to help the group practice holding the caregiver/child dyad in mind, build capacity to observe the “space between the two” (Watson, et al., 2016, p. 15), and attend to our own feelings in the moment to better attend to families without judgement, and sit in a place of wonder and curiosity. This workshop will demonstrate techniques used during the learning intensive and how they could be replicated in other systems to build supervisor reflective capacity, use RS/C experiences to serve families more compassionately, guard against provider burnout, and potentially aid in employee retention.

Reflective Supervision with Organizational Leaders: A Relationship for Systemic Change

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S3 - BOP8: Reflective supervision from an organisational lens, Liffey Meeting Room 2A, July 16, 2023, 14:30 - 16:00

Reflective Supervision/Consultation (RSC) has long been held as a gold standard for IECMH direct care work. The relationship between an IECMH professional and the Reflective Supervisor is often considered the vehicle for clinical guidance, professional development, and fidelity to evidence-based practices used in the field. The use of RSC with organizational leaders is more sparse and quantitative data of the impact of RSC on organizational well-being is limited. The aim of this presentation is to present one project that utilized RSC with organizational leaders to support organizational outcomes for IECMH service delivery implementation. The presentation also aims to inform future efforts striving to implement RSC into leadership contexts or seeking to use RSC to improve organizational culture. In 2019 the Tennessee (USA) First Five Training Institute (TFFTI) was launched to promote IECMH clinical workforce development statewide. The developers of TFFTI noted that other statewide learning collaboratives were limited in their ability to engage administrators and thus developed an organizational leaders' track to increase organizational leaders' involvement in the development of IECMH service delivery systems, to build leadership within the IECMH workforce, and to provide RSC to support leaders' work. Data was collected on this work utilizing the IECMH-adapted Organizational Readiness for Change Assessment (IECMH-ORCA). The IECMH-ORCA utilizes the ORCA's five domains to provide leaders with a reflective assessment and feedback tool that speaks to organizational readiness for adopting IECMH-based practices. This presentation will summarize the development of the IECMH-ORCA, its application with the Organizational Leaders Cohort, and preliminary findings. Discussion will focus on implications for reduction of vicarious trauma, increased efficacy among leaders, increased attention to issues related to diversity, equity, inclusion, and belonging, and improved organizational well-being. Special attention will be given to opportunities for replicability for leaders in other systems and the promotion/prevention sectors of IECMH work.

Implementation of a collaborative group reflective supervision consultation model for an infant-early childhood education system

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S3 - BOP8: Reflective supervision from an organisational lens, Liffey Meeting Room 2A, July 16, 2023,
14:30 - 16:00

Introduction

This workshop describes the implementation of a collaborative group reflective supervision consultation (RSC) model in an in-direct services system that supports early childhood education (ECE) professional development. The workshop includes the reflections of the implementation partners and RSC group members on the RSC experience, parallel process, and developmental growth of reflection in an in-direct services system. In addition, a summary of qualitative data collected during the pilot and post-pilot implementation phases regarding the perspectives of RSC consultants illustrates the ECE professionals' use of RSC to reflect upon their work.

Aims / Purpose

The partners collaborated to implement a group RSC model in a US statewide professional development and technical assistance system that supports policies and priorities for the state's early childhood education system. The model implemented RSC at all levels of an organizational system rather than limiting RSC to the ECE direct service sector.

Description

The RSC model pilot included 11 RSC groups and the post-pilot phase included 8 RSC groups participating in monthly RSC. Groups were composed of infant-early childhood mental health (IECMH) consultants, grant managers, program managers, and supervisors. All groups were facilitated by RSC consultants holding Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant and Early Childhood Mental Health® (MI-AIMH, 2017). During the pilot, groups included mixed representation of IECMH consultants and grant managers; however, in the post-pilot phase, groups based on professional roles were created. RSC consultants responded to qualitative surveys at the conclusion of both the pilot and post-pilot phases. RSC participants shared anecdotal videos reflecting on their RSC experiences.

Conclusions

This RSC model illustrates the benefits of providing RSC to those who do not work directly with infants/young children and families as well as the challenges for group RSC implementation across indirect and direct service roles within a large system.

Predictors and Protective Factors of Professional Quality of Life in the IECMH Workforce

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¹East Tennessee State University, Johnson City, United States

S3 - BOP8: Reflective supervision from an organisational lens, Liffey Meeting Room 2A, July 16, 2023,
14:30 - 16:00

Introduction

Infant and Early Childhood Mental Health (IECMH) providers work with high-risk families, exposing them to high levels of demand and stress, which can influence their professional quality of life. Research has focused on the negatives, such as burnout; however, little has focused on the positives, such as compassion satisfaction (CS).

Purpose

The present study recruited 106 IECMH providers in Tennessee to examine both individual and organizational factors that predict burnout and CS.

Description

A hierarchical regression for individual factors found that age, personal wellbeing, and self-care behaviors were predictors of burnout. Furthermore, a hierarchical regression for individual factors predictive of CS found age and personal wellbeing to be significant. Similar analyses for organizational factors found the feeling of support by one's employer was a significant predictor of both burnout and CS. A final simultaneous regression for individual and organizational factors predictive of burnout and CS found wellbeing to be a significant predictor of both. Since wellbeing was a significant predictor of burnout and CS, the second part of the study examined the role of coping as either a risk or protective factor of the relationship between wellbeing and professional quality of life. The results demonstrated that the pathway from wellbeing to burnout was moderated by support-seeking and approach coping. Finally, seeing that wellbeing played a large role in predicting professional quality of life, this study examined how a brief self-care intervention influenced mood. The results demonstrated that after watching a self-care video, participants felt less anxious, frustrated, and stressed, calmer and more relaxed.

Conclusion

These findings suggest that wellbeing is the strongest predictor of burnout and CS and that adaptive coping strategies can act as protective factors against burnout. Further, engaging in self-care appears to be a promising intervention to lower stress and promote a greater sense of calm.

S3-BOP9.1

“But what about the toddler?” - Holding the infant in mind within a complex system

Miss Adrienne Buhagiar¹, Ms Brenda Fenton¹, Ms Simone Rutherford¹

¹Berry Street - Take Two, Noble Park, Australia

S3 - BOP9: Working with high risk mothers, Liffey Meeting Room 2B, July 16, 2023, 14:30 - 16:00

Berry Street’s Take Two Program is an intensive therapeutic service for children who have suffered trauma, neglect, family violence and disrupted attachment and may be linked to the Child Protection system in Victoria, Australia.

Take Two is informed by Cicchetti & Lynch (1993) who noted that when exploring risk factors within the first five years of life, consideration be given to the context in which the child’s presentation exists. The experience at Take Two is that therapeutic intervention is most effective when intervening both with the individual and with the wider system or therapeutic web that surrounds an infant.

From this ecological perspective this case-based presentation will explore the challenges of keeping an infant front of mind within three levels of intervention: individual, family, and the broader system.

At referral Infant M was presenting with a fear and distrust of males, regressed behaviour, emotional dysregulation and severe tantrums which included screaming, aggression, and fighting. She also presented with obsessions related to technology and food. The Infant and her three older siblings had just been returned to her parents’ care after spending almost two years in a residential home set up for the children where the sibling group were looked after by a 24-hour rotating roster of care staff.

The Take Two intervention incorporated therapeutic intervention on several levels that included both individual and family work as well as targeted intervention with the therapeutic web which surrounded the family. The systemic work included bringing together the various professionals that contributed to Infant M’s wellbeing including Child Protection, day care staff, the other siblings’ professionals and therapists, and residential care workers who came across to the family home to support reunification. The focus will be on how the needs of Infant were kept front of mind within this very complex work.

Breaking Cycles, improving Infant Mental Health

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¹Aberlour Scotland's Children's Charity, Stirling, Scotland

S3 - BOP9: Working with high risk mothers, Liffey Meeting Room 2B, July 16, 2023, 14:30 - 16:00

Women using substances in the perinatal period and their babies face a multitude of health and social adversities. Neonatal and obstetric outcomes are poorer amongst pregnant women with problematic substance use and the effects during pregnancy are well documented, e.g. placental insufficiency; reduced foetal growth; preterm delivery; Foetal Alcohol Syndrome; and Neonatal Abstinence Syndrome.

The child's experience in utero and during the early years can have a life-long impact, including learning difficulties, behavioural and mental health problems. These impacts can lead to the need for intensive resources at a later stage. Children taken into care typically experience poorer outcomes than children in the general population.

Through delivering relational, strengths based, whole family support, centred around the needs of the baby during pregnancy and the first year, Aberlours' Intensive Perinatal Service, established in April 2020, supports mothers affected by alcohol and/or substance use to keep babies safely in their care where possible.

Providing early and intensive personalised supports which facilitate recovery from problematic substance, develop enhanced parenting capabilities, and model child-centred care skills, reflecting what babies need from their primary carer, creates the optimum context for women to be the mother they wish to be for their baby.

Women supported by the Intensive Perinatal service often have multiple children who were removed from their care in infancy. In providing high quality therapeutic and social support in parallel with health and social care partners, 75% of babies born to women receiving IP support remain with their mothers and also reconnect with siblings through facilitated contact.

Tailoring support for mothers affected by substance use, history of trauma and other contextual adversities best supports the mental health and development of babies, reducing risk and preventing harm.

Borderline Personality Disorder and parenting capacity: Understanding population characteristics and assessment recommendations

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S3 - BOP9: Working with high risk mothers, Liffey Meeting Room 2B, 16 July 2023, 14:30 - 16:00

Introduction

Many women and their partners who have children placed in out-of-home-care experience difficulties regulating emotion and interpersonal dysfunction which are core features of borderline personality disorder (BPD). There is limited research into the rates of parental BPD within child protection populations in Australia. BPD is highly stigmatised and has been associated with treatment pessimism among professionals, despite research indicating that psychological interventions can be effective in improving outcomes. Research into the characteristics of parents with BPD in child protection settings, implications for assessment of parenting capacity and recommendations around reunification decision-making is required.

Aim

This study aimed to explore parent characteristics and parenting capacity assessment recommendations of mother and fathers within families who attended SALHN CPS between March 2019 to June 2022. The sample was split to compare potential differences between two groups 1) consumers with a diagnosis of borderline personality disorder and/or parents high in borderline symptoms without a formal diagnosis and 3) those with low borderline symptoms.

Material and Methods

A retrospective case review audit of 150 parenting capacity assessments (N=253 parents) was conducted. The final sample included 107 parents who either endorsed at least one borderline symptom on the Mclean's Screening Instrument-BPD or had a formal diagnosis of BPD (71 mothers and 36 fathers). Demographic characteristics, adverse childhood experiences (ACEs) and parenting assessment outcomes were reported.

Conclusions

The audit revealed that the rate of BPD diagnosis was increased in relation to what typically occurs in general population and 40% of the participants endorsed five or more borderline symptoms on a self-report measure however, did not have a formal BPD diagnosis. Group comparisons across multiple child maltreatment risk factors including substance use, domestic violence, and their own trauma histories will be reported and implications for Care and Protection Orders and therapeutic recommendations will be discussed.

Trait anger and poor mentalising: Longitudinal risks for father-infant bonds and infant-care

Ms Lauren Francis¹, Dr Chris Greenwood^{1,2,3}, Professor Peter Enticott¹, Ms Kayla A Mansour¹, Ms Imogene Smith¹, Mr Liam G Graeme¹, Professor Craig A Olsson^{1,2,3}, Professor Jeannette Milgrom^{4,5}, Professor Helen Skouteris^{6,7}, Dr Jacqui Macdonald^{1,2,3}

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S3 - BOP9: Working with high risk mothers, Liffey Meeting Room 2B, 16 July 2023, 14:30 - 16:00

Introduction

Trait anger reflects a tendency to feel irritation, annoyance, and rage, and involves a narrowing of cognition and attention. This narrowed scope may impact the capacity to understand the mental states of oneself and others (mentalising), which for fathers of infants may compromise bonding and caregiving involvement.

Aim

Here, we investigated the extent to which mentalising mediated the relationship between father trait anger and both father-infant bonding and caregiving involvement.

Material and Method

Data were from 168 fathers (age $M = 30.04$, $SD = 1.36$) of 190 infants ($M = 7.58$ months-of-age, $SD = 5.06$) in the longitudinal Men and Parenting Pathways (MAPP) Study. We assessed fathers' preconception trait anger at Wave 1 and their mentalising two years later at Wave 3. At Waves 3, 4, and/or 5, we assessed father-infant bonding and father involvement in caregiving when men had an infant younger than 18-months-of-age. Associations were examined using path analysis.

Conclusion

Poorer mentalising fully mediated the relationship between preconception trait anger and father-infant bonding (total score), but not involvement in infant caregiving. Further, poorer mentalising fully mediated the relationships between trait anger and each component of the father-infant bond (i.e., patience and tolerance, affection and pride, and pleasure in interactions). Findings suggest that for men high on trait anger, targeted interventions that facilitate mentalising capacities may help to develop a foundation for a strong father-infant bond. Interventions may be offered on becoming a father (perinatal), or prior to becoming a father (preconception) in order to prevent future bonding problems.

S3 - BOP 9.5

A holding relationship: working with parents and infants in child protection settings in Ireland

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S3 - BOP9: Working with high risk mothers, Liffey Meeting Room 2B, July 16, 2023, 14:30 - 16:00

Introduction

Many parents and babies in child protection social work environments experience chronic separation and loss. As a result parents often develop deeply embedded ideas about relationships. When parents who are considered vulnerable and who have experienced trauma themselves have babies, the vulnerability of the babies in their care, their reliance on 'good enough mothering' (Winnicott, 1949), and the lifelong implications of the bonding process for parent and child, viscerally compels attention and can stir up intense feelings in and around social work systems.

Aim/Purpose

This presentation introduces baby Holly and her parents who engaged with two social workers in a child protection system in Ireland. Their journey of separation and reunification reflects the complexity and recurring guilt and trauma that is present in this work.

Description

This presentation discusses the impact of a 'holding relationship' (Winnicott, 2004) in child protection social work practice that supported the reunification of this baby with her parents. A holding relationship involved the reliability of the social work team, immersing themselves in the parents day to day existence independently of and then with their baby. The intense anxiety that came with the responsibility the workers had for baby Holly is shared alongside the tentative relationship established and maintained with her parents across a year long period of time.

Conclusions

The central ideas in this case pertained to the culture of assessment, decision making, care and control; negotiated in a system gripped with reducing risk and monitoring staff. The anxiety within the professional team cause them to at times become polarised, defensively adhering to views and ways of thinking, working and making decisions, which has as their object the alleviation of untenable emotions rather than in doing what was best for Holly and her parents.

Benevolent Childhood Experiences and Social Support Promote Maternal Fetal Attachment Despite Adversity

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S3 - BOP9: Working with high risk mothers, Liffey Meeting Room 2B, 16 July 2023, 14:30 - 16:00

Introduction

From a developmental psychopathology perspective, risks such as childhood histories of maltreatment or experiences of intimate partner violence (IPV) can influence maternal perceptions of their children, beginning during pregnancy. Protective factors such as benevolent childhood experiences and social supports, however, may balance these risks. Understanding the interplay among distal and proximal risk and protective factors during pregnancy can shape intervention foci to support positive parenting as families navigate the transition into parenthood.

Aim

Drawn from a larger treatment evaluation study of the optimal timing and duration of Child-Parent Psychotherapy initiated either before or after children's births, this study examined maternal prenatal perceptions of unborn children to better understand how risk and protective factors influence maternal-fetal attachment.

Methods

Baseline data from the PROMISE treatment evaluation study sample of 168 economically-challenged pregnant people were examined to explore the interrelations among maltreatment (assessed with the Childhood Trauma Questionnaire), intimate partner violence (via the Conflict Tactics Scale-2), social support (Medical Outcomes Study Social Support Survey), and Benevolent Childhood Experiences (BCEs) in predicting Maternal Fetal Attachment (MFA, MFA Scale).

Conclusion

Contrary to predictions, maternal maltreatment histories and IPV did not have main effects in predicting MFA. BCEs and current social support consistently predict greater MFA, demonstrating promotive effects of interpersonal relationship quality, even in the presence of maternal childhood maltreatment and/or IPV. Thus, BCEs have a promotive effect, such that experiencing positive relationships in childhood has a main effect on maternal-fetal attachment, even in the presence of histories of or current trauma. Understanding the promotive effects of these "angels in the nursery" possesses clinical implications for strength-based approaches to intervention that have potential to foster positive parent-child relationships even before babies are born. The clinical and research implications of these findings will be discussed.

The Holding Tight® -nationwide treatment system for substance abusing pregnant women and families with infants

Mrs Miia Pikulinsky¹, Mrs Niina Kokko¹

¹The Federation Of Mother And Child Homes And Shelters, Helsinki, Finland

S3 - BOP9: Working with high risk mothers, Liffey Meeting Room 2B, July 16, 2023, 14:30 - 16:00

Introduction

'The Holding Tight' model is a nationwide system in Finland for substance abusing (SU) pregnant women, and whole-family units. It comprises 7 residential (Mother and Child Homes) and 8 outpatient units. It is co-ordinated by The Federation of Mother and Child Homes and Shelters and started 1998 and has been developed intensively.

Aims

The aim of the holistic, multimodal treatment system includes both psychosocial as well as therapeutic elements. The overall goal is to prevent and minimize fetal exposure to substances by supporting mothers' efforts to stay abstinent during pregnancy, as well as to support the healthy development of early parenting (bonding, reflective functionin (RF), and mental health issues know to be at risk among SU parents.

Description

The residential treatment period lasts from pregnancy to several months postpartum, after which there is an open care period, lasting from several months to about 2-3 years

The residentials are therapeutic communities. The core ideas in both residential rehabilitation and open care units are 1. good and supporting relationship and holding environment, 2. inspecting the substance abuse from the baby's perspective and seeing the parenthood as a resource, 3. supporting the early parent-baby interaction and working in the reflective way. In the open care units intensive group-based counselling as well as attachment- and RF based structured interventions are used.

Results and Conclusions

The treatment has been found to be an especially beneficial setting as it allows for intensive work in daily situations to enhance positive interaction and maternal reflective capacity. A previous preliminary effectiveness study (Pajulo et al., 2012) showed the model was effective in increasing parental RF, and higher RF decreased substance relapses and child foster care risk.

New effectiveness study involving all treatment units, with a broad focus on both family relationships, substance-use, mental health and child development started 2020 to gain important information on an intensive, integrative nationwide treatment model.

The description of the treatment model and preliminary baseline results are presented at the conference

Patterns of Emotional Availability among mothers with Substance Use Disorder and their children

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S3 - BOP9: Working with high risk mothers, Liffey Meeting Room 2B, 16 July 2023, 14:30 - 16:00

Introduction

Maternal Substance Use Disorder (SUD) represents a well-known risk factor for child development, with an important role played by children's exposure to dysfunctional caregiving practices beyond the teratogenic impacts of substances. Most of the research on parent-child interactions among substance-abusing mothers focused on specific parenting dimension (e.g. maternal sensitivity or intrusiveness) or on maternal and child behaviors separately, which may not be representative of the quality of the relationship as a whole.

Aims

The aim of this study was to identify patterns of dyadic Emotional Availability (EA) in mother-child dyads receiving residential intervention services for maternal substance abuse, and their association with different individual or dyadic risk factors.

Material and methods

The study involved 77 mothers with SUD (Mage=28.55yrs, SD=6.41) and their children (47% male, Mage=12.47mths, SD=15.04). Mother-child interactions were observed and rated with the Emotional Availability Scales (EAS) at the admission of the dyads into a residential Therapeutic Community. Cluster analysis was used to detect potentially different patterns of dyadic interactions. The different groups of mother-child dyads were examined in relation to contextual and clinical variables, assessed through specific checklists, and to maternal psychopathological symptoms, measured through the SCL-90-R.

Conclusions

Four EA patterns were identified: (a) "low functioning dyads" (b) "low functioning mother with inconsistent child", (c) "inconsistent mother with low functioning child", and (d) "functioning dyads". These patterns presented differences with respect to clinical and psychopathological variables. These results highlight the heterogeneity in the quality of mother-child interactions and offer important clinical implications that may contribute to the development of specific therapeutic interventions for mothers with SUD aimed at improving both the quality of parenting behaviors and childhood development trajectories.

S3-BOP11.1

Negative coparenting and infant self-regulation: the susceptibility role of lower fetal heart rate variability

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S3 - BOP11: Supporting neuro developmental outcomes, Liffey Meeting Room 1, 16 July 2023, 14:30 - 16:00

Introduction

Infants can be more susceptible to the impact of environment due to higher neurobiological plasticity. Lower fetal heart rate variability (FHRV) may be a prenatal endophenotypic susceptibility marker and increase the impact of both positive and negative coparenting on infant self-regulation.

Aim

This study analyzed the moderator role of FHRV in the impact of positive and negative coparenting on infant self-regulation at three months.

Material and Methods

The sample comprised 86 first-born infants and their mothers and fathers. FHRV was recorded during routine cardiotocography examination at the third trimester of gestation. Mothers and fathers reported on coparenting and infant self-regulation at two weeks and three months postpartum.

Conclusions

Results indicated that FHRV moderated the impact of mother and father's negative coparenting at two weeks postpartum on infant self-regulation at three months. Infants with low FHRV presented higher self-regulation when mothers or fathers reported less negative coparenting, while lower self-regulation when mothers or fathers reported more negative coparenting, than infants with high FHRV. Findings suggested lower FHRV as a prenatal endophenotypic susceptibility marker that increases the impact of negative coparenting on infant self-regulation. Infants with low FHRV can be those who better develop self-regulatory mechanisms in the presence of less negative coparenting, while at high risk of self-regulation problems in the presence of more negative coparenting.

S3-BOP11.2

The multidisciplinary mental health evaluation of preschool-aged children: Understanding the role of the parent-child relationship

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S3 - BOP11: Supporting neuro developmental outcomes, Liffey Meeting Room 1, July 16, 2023, 14:30 - 16:00

Introduction

Genetics, family, and society influence the development of infants. Those who are unable to form secure attachment are at risk for emotional and behavioral problems, developmental differences, and inattention. Research reveals delays in language, self-care, sensory processing, and coordination among preschool-aged children with behavioral problems, highlighting the importance of multidisciplinary assessment.

Aim / Purpose

Despite dramatic increases in the use of psychotropic medication for preschool-aged children in the United States, many young children are not consistently receiving comprehensive assessment or treatment. The Early Childhood Mental Health Clinic (ECMHC) was developed within an academic medical setting in response to a gap in services provided for preschoolers with significant behavioral problems. The ECMHC provides comprehensive mental health evaluation for children 0-5 with behavioral, social, emotional, developmental, and attachment difficulties. Clinicians from psychiatry, psychology, speech and language, and occupational therapy work alongside trainees to better understand the whole child.

Description

The psychiatrist and psychologist who co-developed the ECMHC will discuss program development, including the importance of evaluating the parent-child relationship. A de-identified evaluation case will be used to discuss evaluation practices, including the role of each discipline. Clips from the Crowell Procedure, a semi-structured parent-child relationship assessment tool, will be shown to inspire discussion about assessing attachment. Participants will hear how clinicians gather information from multiple sources, including directly from the child, rather than overly relying on parent-reported information.

Conclusion

At the conclusion of this workshop, participants will be able to describe the principal elements of the multidisciplinary evaluation of preschool-aged children, including why and how to use relationship-based measures. Participants will also be able to discuss research findings, including ECMHC evaluation results from a sample of 279 children.

S3-BOP11.3

Transdisciplinary approach to address sensory developmental challenges for infant and early childhood professionals.

Dr Kate Crowley^{1,2}, Dr Kate Crowley, OTD, OTR³

¹Paula Ray, Psyd., LLC, Lincoln, United States, ²Nebraska Resource Project for Vulnerable Young Children, Lincoln, United States, ³University of California, Chan Division of the USC Department of Occupational Therapy, Los Angeles, United States

S3 - BOP11: Supporting neuro developmental outcomes, Liffey Meeting Room 1, July 16, 2023, 14:30 - 16:00

This workshop will present concepts of sensory development, challenges, and interventions within a transdisciplinary framework of mental health and occupational therapy. The goal of this workshop is to assist Infant and Early Childhood professionals increase skills in building multi-disciplinary teams and to facilitate parental understanding of children's challenges.

Our theoretical basis stems from research describing how chronic stress and traumatic experiences negatively impact sensitive periods of early child development, producing negative results for children and their families. Research demonstrates that sensory neural development begins in utero, influenced by the quality of pre- and post-natal environments. Children and families within the child welfare system often suffer from the effects of historic systemic oppression with limited opportunities to access resources for a secure and safe living environment. Many pregnancies are considered high-risk and children are growing up in highly strained home environments with parental mental illness, parental negligence, substance abuse, and domestic violence. Sensory processing problems impair a child's ability to form attachment bonds with caregivers and others, to perform adaptive tasks of daily living, and can lead to delays across developmental domains and academic learning. Research has shown that effective interventions can serve to increase the odds of adaptive outcomes. A child and family involved in the child welfare system often traverse multiple systems of care- mental health, medical, education, and the court system. The demands for effective transdisciplinary communication between professionals from diverse disciplines is critical for building teams that work effectively in the best interest of the child and family. Using didactic material and case examples presenters will assist participants develop a shared understanding and terminology to discuss symptoms of sensory challenges. This skill can increase communication within a multidisciplinary team resulting in a stronger foundation of support and advocacy for vulnerable children and families.

S3-BOP11.4

“It was punching hard”

combining Child Parent Psychotherapy and EMDR to help a young child

Ms Simone Rutherford¹

¹Berry Street Take Two, Melbourne, Australia

S3 - BOP11: Supporting neuro developmental outcomes, Liffey Meeting Room 1, July 16, 2023, 14:30 - 16:00

Very young children are disproportionately affected by traumatic events and there are a range of evidence-based treatments that may be employed to support their recovery. Berry Street’s Take Two Program is an intensive therapeutic service for children who have suffered trauma, neglect, disrupted attachment or family violence and may be linked to the Child Protection system in Victoria, Australia. The program uses a suite of evidence-based and evidence-informed interventions.

Although there is a growing literature on evidence-based treatments, there is less literature available on the intersection of these modalities in practice with children and families. The purpose of this presentation is to use a single case study as an example of combining the practice of Child Parent Psychotherapy (CPP) and Eye Movement Desensitisation Reprocessing (EMDR) techniques with a very young child leading to positive outcomes for the child within their new family.

Jay now aged 5, experienced neglect and family violence as an infant and had a frightening start to life where numerous strangers visited his mother at their home. When Jay was nearly 3 years of age he was placed in foster care following a frightening standoff involving police. When he arrived in care, Jay was presenting with a withdrawn presentation and watchfulness, as well as symptoms of anxiety and dissociation. A referral was made to Take Two with the aims of assisting Jay to recover from his past adverse experiences, develop adaptive ways to cope, and make sense of his life experiences.

Following assessment, CPP and EMDR were integrated in a dyadic intervention. Sessions included therapeutic storytelling with bilateral stimulation and memory reprocessing techniques within CPP play. This resulted in improvements in Jay's functioning and achieved the referral goals.

This presentation will outline the therapeutic process in this intervention and showcase the storybook that was created for Jay.

Supporting Early Relational Health: The Canadian Paediatric Society's approach

Dr Jean Clinton¹

¹McMaster University Canadian Paediatric Society, Hamilton, Canada

S3 - BOP11: Supporting neuro developmental outcomes, Liffey Meeting Room 1, July 16, 2023, 14:30 - 16:00

The Canadian Paediatric Society (CPS), a national Canadian organization, has recently developed a new practise/policy statement focussing on Early Relational Health (ERH). It is intended to raise awareness and capacity in practitioners to focus on relational health, as they do for physical health.

"A relatively new term for a not-so-new-concept, "early relational health" describes the emotional connections between children and trusted adults that promote health and development, lead to positive experiences, and can buffer the negative effects of trauma and adversity . These safe, stable, and nurturing relationships (SSNRs) are foundational for building resilience, which is the ability to recover from stressors and negative experiences.

Promoting early relational health in clinical practice involves directed history-taking, relational observation, and active listening, practices already widely used by primary care providers" This statement describes how primary care providers can bring a relational health approach to any medical encounter by understanding:

- What toxic stress is, how it can affect the developing brain, family relations, and child and development, and how positive relationships, experiences, and behaviours can help buffer such effects.
- Observable signs of relational health—and risk—in parent-child interactions.
- The attributes of trustful, therapeutic relationships with families, and how to optimize these benefits through conversation and practice.

Our intention in presenting this paper is to encourage and learn from other countries how this essential construct can be implemented .

Ref:Garner, A., Yogman, M., Committee on Psychosocial Aspects of Child and Family Health, Section on Developmental and Behavioral Pediatrics, & Council on Early Child. (2021). Preventing childhood toxic stress: Partnering with families and communities to promote relational health. *Pediatrics*, 148(2), e2021052582. <https://doi.org/10.1542/peds.2021-052582>

Willis, D., & Eddy, M. (2022). Early relational health: Innovations in child health for promotion, screening and research. Special section on early relational health. *Infant Mental Health Journal*. <https://doi.org/10.1002/imhj.21980>. <https://onlinelibrary.wiley.com/doi/10.1002/imhj.21980>

S3-BOP11.6

Coparenting among parents of preschoolers with Autism Spectrum Disorder: contribution to mother-father-child interactions

Dr. Michal Slonim¹, Prof David Oppenheim¹, Dr. Lior Hamburger¹, Dr. Yael Maccabi¹, Prof. Nina Koren-Karie¹, Prof. Nurit Yirmiya²

¹University of Haifa, Haifa, Israel, ²Hebrew University of Jerusalem, Jerusalem, Israel

S3 - BOP11: Supporting neuro developmental outcomes, Liffey Meeting Room 1, 16 July 2023, 14:30 - 16:00

Introduction

Children with Autism Spectrum Disorder (ASD) display difficulties in communication which challenge the synchrony of their interactions with their parents. Nonetheless, studies show that parental behavior can affect the quality of the interactions between these children and their parents. Heretofore these studies have focused on dyadic, mother-child interactions, even though triadic, mother-father-child interactions are also very important.

Aim

The study examined triadic interactions in families with young children with ASD and sought to examine the impact of Co-parenting, known to be important in triadic interactions with Typically Developing children, on these interactions. The hypothesis was that more cooperative Co-parenting will be associated with higher observed Parental Coordinated Support and Child Involvement while taking into consideration children's cognitive impairment and the severity of their diagnosis.

Material and Methods

Eighty preschooler boys with ASD were observed interacting with their parents in the Lausanne Trilogue Play (LTP) procedure. Coparenting was assessed using both a self-report questionnaire (Coparenting Relationship Scale) and a discussion task between the parents about their child developed for this study. Children's cognitive level was assessed using standardized tests and the severity of their diagnosis was assessed using the Autism Diagnostic Observation Schedule (ADOS).

Results

Results showed that Co-parenting was associated with parental Coordinated Support and children's Involvement, even after controlling for children's cognitive functioning and the severity of their autistic symptoms. Additionally, parental Coordinated Support mediated the link between Co-parenting and children's Involvement. Finally, children's cognitive functioning did not moderate these associations.

Conclusions

The study broadens our understanding of the factors that influence triadic interactions of families of children with ASD, and encourage the development of triadic interventions with such families, particularly those focusing on Co-parenting.

S3-BOP11.7

Mastery Motivation Characteristics among Preterm vs. Full Term Infant vs. Full Term Infants, 12-24 month.

Mrs Orly Neiger¹

¹private, Or Yehuda, Israel, ²Prof. Iris Morag , Director of neonatology Shamir Medical Center, Israel,

³Prof. Esther Adi Japha, Bar Ilan University, Ramt Gan

S3 - BOP11: Supporting neuro developmental outcomes, Liffey Meeting Room 1, July 16, 2023, 14:30 - 16:00

Introduction

'Mastery motivation' is a multi-faceted psychological force, which drives the individual to gain control over skills or complete challenging missions. It's contained two components: Instrumental component, which describe the amount of motivation present in facing or completing a task and Expressive component, which relates to the emotional affects that accompany the challenge. Both assessed by questionnaires.

Studies have shown that 'Mastery Motivation' reflects the cognitive, emotional, social, motoric, and psycho-motoric capabilities of the child and is a touchstone of proper development. Evaluating 'Mastery Motivation' can be used as the basis of any developmental intervention plan.

Purpose

Aim of this study to determine to what level intra – and interpersonal factors influence 'Mastery Motivation' and to which degree these factors are predictable and controllable. and controllable.

Methods

30 preterm and 20 full term toddlers between the ages of 12-24 month were tested using the Griffith test (performance assessment). In addition, of this evaluation an examiner and a parent questionnaire were conducted, for assessing 'Mastery motivation'.

The questionnaire contains temperament and sensory regulation scales as well as demographic data.

Results

This study shows that parents of pre-term toddlers' estimate their child's 'Mastery Motivation higher than parents of full-term toddlers. On the other hand the researcher assessed full term toddlers having a higher score than pre-term toddlers. A correlation between motivation to complete tasks and temperament was found only amongst full-term toddlers.

Conclusions

'Mastery Motivation' is an assessment tool for diagnosis and treatment.

In this study, there was a difference in scores between parental assessment of premature toddlers and the researcher's assessment. Full term toddlers showed more maturity in coping with tasks. Intra-personal components such as temperament have also been shown to have an impact on motivation, especially in full term toddlers.

S3-INVS2.1

Transforming the Foundations - Diversifying the Field of Infant and Early Childhood Mental Health

Jennifer E Boss¹, Dr Janina Fariñas³, Dr Brenda Harden¹, Monica Mathur-Kalluri⁴

¹ZERO TO THREE, Washington, United States, ³La Cocina, Fort Collins, United States, ⁴WestEd Center for Prevention and Early Intervention, Sacramento, United States

S3 - INVS2: Transforming the Foundations - Diversifying the Field of Infant and Early Childhood Mental Health, The Auditorium, July 16, 2023, 14:30 - 16:00

Introduction

The field of IECMH has deep Eurocentric roots and has operated within systems that are built on and perpetuate racist and oppressive practices often harmful to Black, Indigenous, and Persons of Color (BIPOC) and other marginalized groups. To provide culturally responsive, equitable and inclusive IECMH supports, the field must embrace and center non-dominant ways of knowing, being and practicing.

Aim

This symposium will address the issue of improving the IECMH field by centering BIPOC perspectives and experiences, ultimately leading to an increase in BIPOC professional representation and leadership in the IECMH field that is ethically supported and sustained.

Description

This panel will discuss their experience of coming together as an IECMH Clinical Workforce Diversity Collective (Diversity Collective) to address changes necessary to support an increase of BIPOC clinical representation in the IECMH field. In this symposium, major challenges to increasing BIPOC representation will be shared. Panelists will provide examples which highlight centering of BIPOC knowledge and practice in the IECMH field.

Conclusions

Participants will learn that diversifying the field is more complex than simply adding a diverse staff to an organization or practice. A transformation is needed to deconstruct racism and to center the experiences, knowledge, practice and supports necessary for the field to welcome and sustain BIPOC clinicians and comprehensively meet the needs of children and families.

S3-INVS2.2

Building collaborative relationships towards diversifying the field of infant and early childhood mental health

Jennifer E Boss

S3 - INVS2: Transforming the Foundations - Diversifying the Field of Infant and Early Childhood Mental Health, The Auditorium, July 16, 2023, 14:30 - 16:00

Introduction

This presentation will focus on the collective efforts of culturally diverse persons from across many roles and disciplines in the U.S. to address the need to center the knowledge, practices and leadership of Black, Indigenous and People of Color (BIPOC) and other marginalized persons in the field of IECMH to increase representation of these persons, voices and perspective in the field of infant and early childhood.

Aim

This presenter will raise how the IECMH Clinical Workforce Diversity Collective (Diversity Collective) has begun to address the challenges and barriers to diversifying the field and workforce while also sharing the benefits of the process of coming together as a collective and examples of positive change in transforming Eurocentric beliefs and practices to center non-dominant ways of knowing, doing and being.

Description

The presenter will provide introductions and an overview of the symposium focusing on ZTT's efforts towards creating an IECMH Clinical Workforce Diversity Collective (Diversity Collective) to address the need for increased diversity in the clinical workforce and the conditions that would best attract, represent and sustain the knowledge and practices of a diversified workforce. She will detail more fully the process of developing this Diversity Collective consisting of primarily BIPOC participants from across the U.S. in diverse roles and disciplines. She will outline the mission/vision of the group and facilitate a brief video presentation that illustrates the important process of coming together and developing relationships as part of this collective effort.

Conclusions

Participants will learn how the Diversity Collective process has unfolded and implications for replication of these efforts in different organizations or parts of the world.

S3-INVS2.3

Diversifying reflective practices and benefits of racial affinity reflective consultation groups for the IECMH workforce.

Monica Mathur-Kalluri¹

¹WestEd, ,

S3 - INVS2: Transforming the Foundations - Diversifying the Field of Infant and Early Childhood Mental Health, The Auditorium, July 16, 2023, 14:30 - 16:00

Introduction

Reflective practices and supervision in infant and early childhood mental health is held as an important practice for sustaining clinicians in their work and in providing important insights and perspectives in working with infants, young children and their families. However, these practices were created within a Eurocentric construct and need to evolve and be transformed to be more inclusive of different cultural perspectives and to center Black, Indigenous and Persons of Color (BIPOC) ways of being reflective in their work.

Aim

This presentation will raise the issues around the need to develop more culturally responsive reflective practices for BIPOC clinicians and professionals. It will provide some innovative examples of efforts that have successfully centered the BIPOC experience in reflective practice, including racial affinity reflective practice consultation groups.

Description

This presenter will reflect on and share her experience of participating in the Diversity Collective and provide examples from her own work in centering BIPOC voices and experiences in reflective practice for clinicians and conducting racial affinity reflective consultation groups.

Conclusions

Participants will learn about the experience of being part of the process of the Diversity Collective and how this collective can help to illuminate and share culturally responsive reflective practice approaches.

S3-INVS2.4

Building an IECMH workforce that offers culturally relevant and linguistically appropriate services for immigrant families, refugees and asylum seekers.

Dr Janina Fariñas¹

¹La Cocina, ,

S3 - INVS2: Transforming the Foundations - Diversifying the Field of Infant and Early Childhood Mental Health, The Auditorium, July 16, 2023, 14:30 - 16:00

Introduction

Supporting immigrant families, refugees and asylum seekers requires the ability to provide culturally relevant and linguistically appropriate services, supports and treatment. This presentation will illuminate the experiences of one of the members of the Diversity Collective and share examples from her efforts to address the mental health needs of Spanish speaking immigrants to the United States who are struggling to deal with issues of trauma, loss, maternal and early childhood mental health issues.

Aim

This presenter will share her insights and experiences in participating in the Diversity Collective to inspire others and will outline some of the efforts she has taken in addressing mental health needs of Spanish speaking immigrant families and her training and consultation efforts for persons, especially Latinx or Hispanic professionals, serving these families.

Description: This presenter will provide reflections from her experience on the Diversity Collective and share examples from her work addressing the mental health needs of Spanish speaking, immigrant families in need of culturally and linguistically relevant mental health treatment, including cohort-based capacity building and training efforts for Latinxs and/or Hispanic (self-identified) individuals who supervise or provide support and consultation to persons who work with and serve pregnant people, babies, young children and the adults who care for them.

Conclusions

Participants in this presentation will learn about the power of being part of a Diversity Collective that centers BIPOC voices and will gain examples of how working with immigrant families using culturally and linguistically appropriate practices can benefit the lives of young children and their families. The participants will also learn how to attract, support and sustain a culturally and linguistically diverse clinical workforce able to meet the mental health needs of immigrant families with infants and young children.

You can't have one without the other: Why the integration of perinatal and infant mental health services is essential

Dr Izaak Lim

S3 - INVS14: The Yellow Brick Road - Integrated Perinatal and Infant Mental Health Care, Wicklow 2A,
July 16, 2023, 14:30 - 16:00

Perinatal and infant mental health (PIMH) has been described as “a specialty in search of a home”, referring to its awkward placement between adult and child mental health services. The practical challenge lies in holding the interests of parents and infants in mind as one works with parent-child dyads within family systems. This challenge can ultimately produce structurally separate services for parents and infants, resulting in the fragmentation of care for families in need.

This presentation aims to explore the arguments for and against the integration of PIMH, and the challenges associated with achieving lasting systems change.

Parental mental health difficulties are an important risk factor for infant mental health and parent-child relationship problems. Similarly, infant mental health and parent-child relationship problems are an important risk factor for parental mental health difficulties. Therefore, integrated PIMH services offer the most effective, family-centred approach to mental health challenges at this time of life.

However, infant mental health and perinatal mental health are distinct clinical traditions with quite separate bodies of scientific knowledge – one focussed on parent-child relationships and infant development, and the other focussed on maternal mental illness in pregnancy and the postpartum. Combining these two endeavours might risk obscuring the individual needs of parents and infants and dilute the specialist expertise that has grown around each.

Families benefit from a PIMH care system that responds to the whole family and creates flexible and tailored approaches to meet changing needs from pregnancy to early parenting. Service fragmentation and resultant barriers to access and timely support contribute to loss of trust and engagement.

S3-INVS14.3

Keeping the Baby in the Room – Developing New Infant Mental Health Services in Scotland

Ms Lucy Morton

S3 - INVS14: The Yellow Brick Road - Integrated Perinatal and Infant Mental Health Care, Wicklow 2A,
July 16, 2023, 14:30 - 16:00

In 2019 The Scottish Government invested in new infant mental health services in all 14 Health Board areas in Scotland. This presentation will shine a light on the development work that followed, and the role of the Parent Infant Foundation, which has been subject to independent evaluation.

We will explore different models of service development and how infant services relate to perinatal services in areas with varying geographical and demographic characteristics. There will be focus on issues of equalities and evidence and implications for the wider system of care and support to young families in Scotland.

The Parent Infant Foundation is a UK charity which is independently funded to support the development and expansion of specialised parent infant relationship services across the UK. A Scottish Development Lead was funded to support the new investment in Scottish services. Support was provided in two main ways; bespoke development support to clinical teams and the convening of a peer support network across all of Scotland, the Scottish Infant Mental Health Development Community (SIMH-DC).

An independent evaluation offered insights into what works well in development support and some of the challenges of setting up new services. There are opportunities to share learning on issues around implementation, team building and wider systemic themes including incorporating the infants voice into service design and working with marginalised and vulnerable communities.

There is no one size fits all model, rather a story a culture of shared support and learning and an ambition to do more and better for our smallest citizens. “Keeping the baby’s voice in the room“, is a theme that has united and inspired us.

S3-INVS14.4

Greater Manchester Perinatal and Parent Infant Services: Opening the silos

Dr Pauline Lee

S3 - INVS14: The Yellow Brick Road - Integrated Perinatal and Infant Mental Health Care, Wicklow 2A,
July 16, 2023, 14:30 - 16:00

Greater Manchester has set itself ambitious plans to develop an integrated system where perinatal and parent-infant mental health services and perinatal IAPT services work closely to ensure every baby and parent get off to a good start in their new relationship together. The whole system transformation programme over the last 5 years has been focusing on providing expertise and specialist services in perinatal and parent-infant mental health but equally enriching the provision across the whole of Greater Manchester including mental health, maternity, health visiting, GPs children's services, and voluntary, community and social enterprise, etc.

Our aim is to promote emotional and mental wellbeing of parents and infants by developing a whole system offer to encompass universal, targeted and specialist offer from conception to the age of 2 in all ten Greater Manchester localities.

The target we set ourselves was enormous – and often frustrating. We have asked services that have worked independently for many years, to unpick the way they work, discover the field of perinatal and infant mental health, and embrace a very new integrated structure. The results, and what we have learned, have been ground-breaking.

Adopting a perinatal parent and infant frame of mind, where we hold in mind, the parent, the infant and the relationship is essential in developing integrated services, where we think about the whole family. We will describe our journey, what we have learned, the struggles, and our progress to date.

To Infancy and Beyond – integrating perinatal and infant mental health systems via telehealth

Ms Naomi Kikkawa

index14: The Yellow Brick Road - Integrated Perinatal and Infant Mental Health Care, Wicklow 2A, July 16, 2023, 14:30 - 16:00

In 2014 and 2015, the Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) identified a significant gap in provision of perinatal and infant mental health (PIMH) services to families in regional, rural and remote populations of Queensland, Australia. In consultation with key stakeholders, QCPIMH developed and implemented a pilot project called e-PIMH (electronic perinatal and infant mental health). This project formed the foundation of the current e-PIMH telepsychiatry service.

e-PIMH works to support parents/carers in the perinatal period (24 months post birth) and their infants/children (aged 0 – 4 years) with their mental health needs by building workforce capacity and via telepsychiatry secondary consultations. This paper will use case examples to illustrate how the service is in a unique position to provide an integrated perinatal and infant mental health service.

e-PIMH is a telehealth psychiatry-led secondary consultation service. It is based in Brisbane and delivers a service across the state of Queensland. With vast distances and spread of population across the state, e-PIMH provides an opportunity for families to have access to specialist psychiatry services, without the need to travel to larger metropolitan centres. It also provides a unique opportunity for both the infant and perinatal psychiatrist to offer specialist input in a collaborative system. Two options for consultations are offered. One option is for the consumer to be present together with their referrer. Another option is for the case to be discussed without identifying the consumer to e-PIMH but discussed with the service providers working with the family.

Evaluations of the service by the Centre for Online Health, University of Queensland, show an increased awareness of PIMH issues by service providers, as well as an increase in staff knowledge about PIMH issues and confidence in working with families. It also found clinicians perceived the service to be clinically effective in addressing unmet need for special PIMH health advice, resulting in positive outcomes for families.

S3-SYM14.1

Multiculturally sensitive infant mental health training, research, and interventions: lessons from South Africa

Ms Salisha Maharaj¹, Dr Anusha Lachman², Dr Juané Voges³

¹Stellenbosch University/Tygerberg Hospital, Cape Town , South Africa , ²Stellenbosch University/Tygerberg Hospital, Cape Town , South Africa , ³Stellenbosch University/Tygerberg Hospital, Cape Town , South Africa

S3 - SYM14: Multiculturally sensitive infant mental health training, research, and interventions: Lessons from South Africa, Liffey Hall 1, July 16, 2023, 14:30 - 16:00

Introduction

Training in IMH is widely accessible to a global audience. Access to a variety of specialized skills is available, mostly developed and presented from traditionally Western/HIC perspective. The relevance and applicability of these offerings in LMIC has not been well established and there exists a gap in contextually driven training and IMH expertise.

Aim

Within the cultural context of South Africa, the presenters will demonstrate the challenges of teaching, training and research in a field that needs to reflect multicultural sensitivities in a LMIC setting

1. Teaching and Training

This will focus on the development of a curriculum for a master's degree at Stellenbosch University aimed as offering culturally sensitive and locally relevant evidence-based theory and research that can enhance practitioner knowledge and practice in a limited resource setting. A transdisciplinary approach is followed, and challenges and strengths of the course will be presented.

2. Clinical Training and Support

Tygerberg Hospital Infant Mental Health Clinic provides an opportunity to apply infant mental health principals by practitioners from diverse professional backgrounds who work together to cohesively make appropriate recommendations and treatment plans. This aspect of the symposium will provide case material from the clinic and salient multidisciplinary reflections that highlight challenges and triumphs that emerge from working in this way within a culturally diverse and resource limited settling.

3. Research application in clinical practice

Recent local investigations of parental mentalization among mothers with mental illnesses and substance misuse have created opportunities for clinical application. A mother and baby mentalization group created as part of specialist the maternal mental health clinic at Tygerberg Hospital. This flexible model of intervention highlights the need for adaptation in the provision of therapeutic services within a resource-limited context.

Conclusion

This symposium will challenge the expectation and offer bold alternatives for global dialogue in IMH.

S3-SYM14.2

Multiculturally sensitive infant mental health training, research, and interventions: lessons from South Africa (Symposium)

Ms Salisha Maharaj¹

¹Stellenbosch University/Tygerberg Hospital, Cape Town , South Africa

S3 - SYM14: Multiculturally sensitive infant mental health training, research, and interventions: Lessons from South Africa, Liffey Hall 1, July 16, 2023, 14:30 - 16:00

Introduction

The Tygerberg Hospital Infant Mental Health Clinic provides an opportunity to apply infant mental health principals by practitioners from diverse professional backgrounds who work together to cohesively make appropriate recommendations and treatment plans. This aspect of the symposium will provide case material from the clinic and salient multidisciplinary reflections that highlight challenges and triumphs that emerge from working in this way within a culturally diverse and resource limited settling.

Aim

To demonstrate the unique and context-specific use of Infant Mental Health principles by professionals from various backgrounds in a clinical setting.

Description

This aspect of the symposium will highlight the case of "KF" and his mother Kelly who was referred to the IMH clinic by a Developmental Pediatrician who was very concerned about 2 year old KF's self-harming behavior and the concerns around Kelly's ability to cope with it. After a rather desperate call to our clinic by his pediatrician, and the start of psychotropic medication on KF, this aspect of the symposium will track their journey through the MDT interview at our IMH clinic and the subsequent parent-infant work that followed. Salient themes will be highlighted from the treatment, and the KF's progress will be demonstrated using photographs of the playroom after sessions.

Conclusion

Case material will be presented which will bring to light the unique ways in which IMH principles are adapted and altered in order to support this vulnerable dyad in our unique and under-resourced context.

S3-SYM14.3

Multiculturally sensitive infant mental health training, research, and interventions: lessons from South Africa (Symposium)

Dr Anusha Lachman¹

¹Stellenbosch University, CAPE TOWN, SOUTH AFRICA

S3 - SYM14: Multiculturally sensitive infant mental health training, research, and interventions: Lessons from South Africa, Liffey Hall 1, July 16, 2023, 14:30 - 16:00

Teaching and Training

The ways that care, attachment and relationships are given form in everyday practices are not universally the same. This raises the challenge of shaping current teaching and training models that are sensitive to context while still staying true to the core principles of the field. While IMH is well established in Euro-American contexts, questions are raised as to how to tailor it to contexts that may differ considerably to those in which those interventions were developed. Cultural variations and practices in child rearing and child raising makes the field difficult to navigate with a single acceptable approach. Systems of care for children take diverse forms that need to be accounted for in health and education policies, forcing us to rethink some of the foundations of our methods and interventions. Since most IMH research has emerged from higher income countries, interventions taught in Africa will be informed by these findings. Initially CAMH research has shown that the cultural context in which parents and infants are embedded needs to be understood and appreciated before an intervention can be meaningful. Therefore, locally-developed training programs, and locally evidenced interventions are best placed to capture and include cultural nuances in its practical and theoretical teachings.

This will focus on the development of a curriculum for a master's degree at Stellenbosch University aimed as offering culturally sensitive and locally relevant evidence based theory and research that can enhance practitioner knowledge and practice in a limited resource setting.

The challenges and strengths of the course are presented as the development of the degree over the past 5 years uncovers the differences in competencies and execution of teaching and practice of the subject matter in a transdisciplinary classroom.

S3-SYM14.4

Multiculturally sensitive infant mental health training, research, and interventions: Lessons from South Africa (Symposium)

Dr Juané Voges^{1,2}

¹Stellenbosch University, , South Africa, ²Tygerberg Hospital, , South Africa

S3 - SYM14: Multiculturally sensitive infant mental health training, research, and interventions: Lessons from South Africa, Liffey Hall 1, July 16, 2023, 14:30 - 16:00

Introduction

Maternal psychiatric illness during pregnancy and the postpartum period may exert a detrimental impact on mother-infant attachment and maternal sensitivity. A recent South African investigation of maternal mentalising found that mothers with severe mental illness had the potential to develop ordinary reflective ability. Maternal reflective capacity may provide an avenue of intervention to mitigate the potential risk of maternal mental illness on the development of attachment security.

Purpose

A mother and baby mentalization group, launched as part of the specialist maternal mental health services at Tygerberg Hospital, provides an opportunity for early intervention with an at-risk group of mothers. The group incorporates principles of the Mothering from the Inside Out intervention, adapted for a local context.

Description

The maternal mental health (MMH) clinic at Tygerberg Hospital provides multidisciplinary, specialist psychiatric services to women with high-risk pregnancies due to comorbid complex medical conditions and mental health concerns. Women fall within middle- to low-income groups and contend with multiple psychosocial challenges.

Within a resource-constrained setting, group therapy was selected to provide a therapeutic intervention to a larger number of patients. This model also served as a screening opportunity to identify patients who require more intensive intervention.

Utilising a mentalising approach, mothers are encouraged to share their experiences and expectations of pregnancy and parenting to develop a greater capacity for self-mentalising and child-mentalising.

Conclusion

Mentalising groups with at-risk pregnant and postpartum mothers provide an opportunity to enhance parental sensitivity and mother-infant attachment. This flexible model of intervention highlights the need for adaptation in the provision of clinical and therapeutic services within a resource-limited context.

Beyond the parent-infant dyad(s): The role of family-level processes

PhD Hervé Tissot^{1,2}, Prof. Nicolas Favez², Dr Valentine Rattaz², Mr Nilo Puglisi², Pre. Manuela Epiney³, Prof. Chantal Razurel⁴, Dr. Regina Kuersten-Hogan⁵, MA Samantha Golemo⁵, MA Zoe DiPinto⁵, MA Alexa Berry⁵, MA Kaitlyn Tonkin⁵, Dr Maria Kalpidou⁵, Mr Anthony Mauroy⁶, Prof. Justine Gaugue⁶, Professor Sarah Galdiolo⁶, Dr Yana Sirotkin⁷, Dr Erica Coates⁸, Dr. Carla Stover⁹, Dr. Selin Salman-Engin⁷, Dr James Mchale⁷

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S3 - SYM16: Beyond the parent-infant dyad(s): The role of family-level processes, Wicklow Hall 1, 16 July 2023, 14:30 - 16:00

The quality of family relationships is known to be one of the key factors influencing infant social, affective, and cognitive development. While research in the field has mostly been conducted on mother–infant (and more rarely father–infant) dyads to investigate the influence of parenting, studies including family triads (two parents and the child) are scarcer. However, previous studies on family triads have demonstrated the importance of family-level relational processes for child development during infancy and beyond. For example, coparenting—i.e. the way in which two adults rearing a child (or several children) support each other and work as a team in the rearing tasks—or family alliance—i.e. the degree of coordination reached by mother, father, and child when completing a task—have been shown to explain specific proportions of variance in infant outcomes, over and above the influence of mothers’ and father’s individual parenting. In this symposium, we will present results of recent studies investigating family-level processes in relation to infant development. Rattaz et al. studied the mediating role of maladjusted parental behaviors during triadic interactions in the link between family alliance and infant physiological regulation. Kuersten-Hogan et al. will present data on the impact of postpartum depression and parental stress on coparenting during infants’ first year of life in a sample of families with premature infants. Mauroy et al. investigated how parents can accurately understand each other’s thoughts and feelings (i.e. empathic accuracy) while playing with their toddler during a triadic free play interaction. Sirotkin et al. investigated social embeddedness of infant triangular capacity in a sample of unmarried, largely non-co-residential African American families transitioning to new parenthood. Finally, Tissot et al. will present results concerning the links between romantic attachment and parental sensitivity and the mediating role of family alliance in this association.

Infant eye gaze, emotion regulation and coparenting during triadic interactions of unmarried Black parents.

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S3 - SYM16: Beyond the parent-infant dyad(s): The role of family-level processes, Wicklow Hall 1, 16
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Introduction

Historically, emotion-regulation has been understood within the context of dyadic interactions. More recent studies have examined infants' interactions with multiple coparents simultaneously.

Aim of the Study

This investigation examines a new concept, assisted emotion regulation in the Lausanne Trilogue Play (LTP) using an approach building on a mutual regulation model (MRM; Gianino & Tronick, 1988) and extending prior work by Fivaz-Depeursinge et al., 2005. Importantly, we pursued this work in a study of early family interactions within a historically understudied population: unmarried, largely non-co-residential African American families transitioning to new parenthood.

Material and Methods

Second-by-second coding was done for all four parts of the videotaped LTP. Infants' gaze frequency, duration, and affect directed toward the parent (i.e., social engagement, social monitoring, tense monitoring, or active protest), along with multi-shift gaze patterns were coded in accordance with Fivaz-Depeursinge et al., 2005. In addition, parental affective response to child's emotional bid and child's subsequent reaction to parent's feedback were coded. Each child affect - parent's response - child's reaction sequence was classified as one of four dyadic emotion regulation patterns: successful (matching positive affect or parent succeeded reducing child's negative effect), unsuccessful (unmatching affect or worsening child's emotional state), self-regulation (lack of attunement resulting in child's utilizing self-regulatory skills to maintain emotional equilibrium), or triadic emotion regulation (child seeking the other parent's attention following the parent's response). Instances of successful assisted emotion regulation were viewed as evidence of parental sensitivity and capacity to accurately read and respond to child cues.

Conclusions

Multiple associations were found between observed coparenting and infant eye gaze during LTP interactions at 3 months, becoming stronger by 12 months. Observed family harmony was positively related both to triangular engagement at 12 months, and to successful assisted emotion regulation at both 3 and 12 months.

Family alliance predicts infants' vagal tone: Infants' reaction to parental behaviors as a mediator

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S3 - SYM16: Beyond the parent-infant dyad(s): The role of family-level processes, Wicklow Hall 1, 16 July 2023, 14:30 - 16:00

Background

Physiological studies have shown that parental behaviors and the quality of early parent-infant interactions can influence infants' vagal tone, which is an indicator of emotion regulation. Although research has shown that family-level relationships have a unique impact on infants' socioemotional development, to date no study has been conducted on the association between the quality mother-father-infant interactions and infants' vagal tone. We conceptualized the quality of mother-father-infant interactions in terms of family alliance. The aim of the present study is to investigate the association between family alliance and infant vagal tone, and to investigate the possible mediation of intrusive and withdrawn parental behaviors and of infants' response to these behaviors in this association.

Method

This study includes 82 parents with their 3-month-old infants. Mother-father-infant interactions were recorded in a standardized laboratory situation to assess family alliance. Intrusive/withdrawn parental behaviors were coded every five seconds along with the impact of these behaviors on the interaction. Infant's ECG was recorded to obtain vagal tone.

Results

Results showed that family alliance predicted infants' vagal tone during triadic interactions and that the impact of intrusive/withdrawn parental behaviors on the interaction partially mediated this association.

Discussion

Early family interactions are important in the development of physiological emotion regulation processes that can be involved in later socioemotional outcomes. Moreover, as infants' response to unadjusted parental behaviors mediated this association, it underlines the importance of triadic interactive processes that combines parents' and infants' behaviors.

Parents' Empathy in dyadic/triadic Interactions: links between Empathic Accuracy, Parents', and Child's social behaviours

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¹University of Mons, Mons, Belgium

S3 - SYM16: Beyond the parent-infant dyad(s): The role of family-level processes, Wicklow Hall 1, 16
July 2023, 14:30 - 16:00

Introduction

Accurately understanding a person's current thoughts and feelings when interacting is an ability known as empathic accuracy (EA) [1]. Dyadic studies have shown that couple partners benefit from understanding each other when interacting [2]. However, parental couples face relational and communication challenges during the child's early years. Such challenges impair their EA in daily interactions [3]. While partners achieve around 15-20% of accuracy in dyadic settings, how can they understand each other when interacting with their child?

Aim

The purpose of this study was to determine differences in parent's EA depending on the context (dyad/triad) and to examine the links between parents' EA and parents' and child's social behaviours toward a partner (i.e., gaze, positive affect, object manipulation, vocalization, interactive focus).

Material and Method

Triads of 15-months-old children and their parents participated in a free play interaction, using standardized material. A dyadic (parent/parent) interaction followed immediately by a triadic interaction was videotaped. Parents then proceeded individually to describe self-thoughts/feelings and to infer partner's thoughts/feelings during both interactions.

Conclusion

EA differs between the dyadic and triadic contexts, and both parents and child's social behaviours were associated with parents' EA.

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S3 - SYM 16.6

Supporting coparenting dynamics and infant functioning in the context of postpartum depression and premature birth

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S3 - SYM16: Beyond the parent-infant dyad(s): The role of family-level processes, Wicklow Hall 1, 16
July 2023, 14:30 - 16:00

Introduction

Prior research identified premature birth as key risk factor for infants' developmental delays and risk factor for parental depression. Depression in parents of full-term infants has been associated with less supportive coparenting dynamics and with infants' emotional dysregulation. Previous studies did not yet explore the impact of premature birth on the coparenting relationship.

Aim

The impact of parental and infant risk factors on early coparenting dynamics and infant functioning were explored across three separate studies. Specifically, postpartum depression, premature birth, and parental stress were hypothesized to shape the coparenting relationship during infants' first year of life and affect their functioning.

Methods

Across all three studies, first-time parents completed interviews and questionnaires and were observed during coparenting interactions. Parents of prematurely-born infants were assessed within 6 months postpartum. Parents of full-term infants were assessed from pregnancy through 12 months postpartum. Infant functioning was assessed at 12 months.

Results & Conclusion

Findings across studies indicated that mothers' prenatal depression and parents' postpartum depression were associated with less supportive coparenting in 3-month-olds. However, premature birth and NICU hospitalization predicted more supportive coparenting observed at 6 months postpartum. As predicted, parental and family risk factors were associated with infant functioning at 12 months of age. Specifically, greater parental postpartum depression and less harmonious coparenting during pregnancy and infancy predicted infants' lower competence in social communication, eating behaviors, and imitative behaviors. Findings suggest that parental stress due to infants' premature birth may foster early collaborative coparenting relationships after infants' discharge from the NICU, while parental depression challenges parents' ability to develop coparenting alliances. These results are discussed within the context of previous research reports of infants' risk for developmental delays after premature birth and negative child outcomes associated with parental depression. Suggestions for interventions to support the early coparenting relationship are described.

S3 - SYM 18.1

Becoming fathers: interplay among family-level risk and protective factors and implications for perinatal mental health

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S3 - SYM18: Becoming fathers: interplay among family-level risk and protective factors and implications for perinatal mental health, Wicklow Hall 2B, 16 July 2023, 14:30 - 16:00

Overall abstract of symposium content and list of suggested speakers - Transition to parenthood represents a complex and challenging process that can result in increased vulnerability to mental health problems, with consequences for couple relationship, quality of parenting, child development, and the family system. Although it seems evident that the entire family is involved, most of the research in the field has focused pre-eminently on mothers, neglecting fathers, and within a dyadic perspective. With these premises, the symposium aims to explore the dimensions of transition to fatherhood, considering its specificity by a multidimensional perspective, expanding the focus on family relations and well-being indicators during the perinatal period.

List and order of suggested speakers:

1 - Sechi, Vismara, Fadda, Lucarelli will examine the specific characteristics of fathers' and mothers' antenatal representations about parenthood, and their relation with couple adjustment during pregnancy until 3 months postpartum.

2 - Molgora, Bonazza, Fusar Poli, Saita will investigate primiparous fathers' anxiety and depressive symptoms at 6 months postpartum, identifying the main risk and protective factors at individual, relational and psychosocial level during pregnancy.

3 - Rollè, Trombetta, Paradiso, Santoniccolo, Prino will investigate, in the context of twin pregnancy, the relation among paternal affective states, levels of parenting stress and twins' negative affectivity, examining potential differences in the perception of infant temperament between fathers and mothers.

4 - Giannotti, Agostini, Terrone, Baldoni will present psychometric properties of the Perinatal Assessment of Paternal Affectivity (PAPA), an empirical tool specifically developed for screening perinatal depressive and affective disorder in fathers, also including preliminary findings on mothers. This proposal is presented by 2 authors: Francesca Agostini, main presenter, will introduce each contribution underlining its relevance to the main topic; Laura Vismara, co-presenter/ discussant, will reflect on the symposium's empirical and clinical implications, fostering exchanges among colleagues and participants.

Screening for perinatal depressive and affective disorders in fathers: the Perinatal Assessment of Paternal Affectivity

Dr. Michele Giannotti Università degli Studi di Trento¹, Professor Francesca Agostini², Professor Grazia Terrone³, Professor Franco Baldoni²

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S3 - SYM18: Becoming fathers: interplay among family-level risk and protective factors and implications for perinatal mental health, Wicklow Hall 2B, 16 July 2023, 14:30 - 16:00

Previous studies suggested that perinatal psychological distress in men can be displayed through a wide array of signs and symptoms, including not only depression and anxiety, but also additional psychological, behavioral, and interpersonal problems. However, traditional questionnaires used for routine screening focused almost exclusively on standard depressive symptoms. Thus, we developed the Perinatal Assessment of Paternal Affectivity (PAPA), a new self-report tool for the screening of perinatal depressive and affective disorder. Initial findings revealed that PAPA demonstrated adequate validity and reliability in fathers. The aim of this study is to provide additional psychometric evidence, testing internal consistency and concurrent validity of the scale, also including a sample of mothers.

To this purpose, we collected data of 218 Italian heterosexual expectant couples at the third trimester of pregnancy. Both fathers and mothers filled out the PAPA or PAMA (Perinatal Assessment of Maternal Affectivity) respectively, and other standardized questionnaires concerning individual and couple adjustment. We also collected data on sociodemographic information and recent stressful life events.

Results suggest that the questionnaire revealed adequate internal consistency ($p < .05$) in both mothers and fathers. The PAMA/PAPA total scores significantly correlated with other measures such as depressive symptoms, psychological distress, perceived stress, and couple dyadic adjustment ($p < .05$). We also found a significant association between maternal and paternal PAMA/PAPA scores ($p < .05$).

These findings provide additional support for the validity and reliability of the scale suggesting its utility in identifying early signs and symptoms of perinatal psychological distress in both parents. Further studies should replicate and extend the study of the PAMA/PAPA psychometric properties in different cultural contexts.

Fathers' depressive and anxiety symptoms at six months postpartum: prevalence, associated variables and risk factors

Prof. Sara Molgora¹, Dr. Federica Bonazza^{1,2}, Dr. Chiara Fusar Poli¹, Prof. Emanuela Saita¹

¹Università Cattolica Del Sacro Cuore Di Milano, Milan, , ²Università di Milano, Milan,

S3 - SYM18: Becoming fathers: interplay among family-level risk and protective factors and implications for perinatal mental health, Wicklow Hall 2B, 16 July 2023, 14:30 - 16:00

Introduction

Childbirth represents a critical and potentially stressful experience not only for mothers, but also for fathers. Literature highlights that a relevant percentage of new fathers reports anxiety and depressive symptoms. Different factors can impact on their psychological status, representing risk or protective factors for fathers' individual and relational wellbeing.

Aims

The aim of this contribution was to investigate fathers' anxiety and depressive symptoms at 6 months postpartum, identifying their prevalence and associated variables, as well as the main risk and protective factors during pregnancy. Ninety-four primiparous fathers completed at two assessment points (third trimester of pregnancy and six months postpartum) a questionnaire composed of an anamnestic sheet (socio-demographic and medical-obstetric information) and the following scales: EPDS, STAI, MSPSS, DAS and PSI.

Results

Findings revealed that 3.9% of fathers report clinically significant depressive symptoms at six months post-partum, whereas 84% and 71% show respectively trait and state anxiety symptoms above 40 points. Furthermore, overall, post-partum fathers' psychological anxiety and depressive symptoms were predicted non only by their own psychological status, and perceived support and couple adjustment during pregnancy, but also by their partners' psychological wellbeing.

Conclusion

These results confirm the predictive role of pregnancy individual and relational variables on fathers' postpartum well-being, also showing an interdependence between partners.

S3 - SYM 18.3

Anxiety/Depressive Symptomatology, Parenting-Stress, Perception of Infant Temperament in twins' fathers from pregnancy to 3 months.

Prof. Luca Rolle¹, Dr. Tommaso Trombetta¹, Dr. Maria Noemi Paradiso¹, Dr. Fabrizio Santoniccolo¹, Prof. Laura Elvira Prino²

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S3 - SYM18: Becoming fathers: interplay among family-level risk and protective factors and implications for perinatal mental health, Wicklow Hall 2B, 16 July 2023, 14:30 - 16:00

Transition to parenthood is a complex process for all parents and somehow more critical for couples expecting twins. The present study investigated whether mothers' and fathers' anxiety and depressive symptomatology, assessed during pregnancy and at 3 months after delivery, were associated with twins' negative affectivity and parenting stress, and if there was a discrepancy in the degrees of parental stress experienced by both parents and in their perceptions of the twins' temperament. The participants of our study were 29 heterosexual couples with their healthy 58 twin babies (48.3% girls and 51.7% boys). The parents filled out the State-Trait Anxiety Inventory, the Edinburgh Postnatal Depression Scale, and the Dyadic Adjustment Scale both during pregnancy and at 3 months after delivery. They also filled the IBQ-R at 3 months of children' age. The data underline correlations between parental anxiety, depression symptomatology, infants' negative affectivity and parenting stress. Fathers' anxiety as depressive symptomatology is positively correlated with parental stress. Only for fathers, the DAS is negatively correlated with parenting stress. The study emphasizes the uniqueness of twin motherhood and fatherhood from pregnancy to the first trimester after birth. For clinician and perinatal experts, the disparities in twins' parents could be very important to take into account and it will be interesting to investigate the long term consequences of parents' varied perspectives of their two children.

S3 - SYM 18.2

The longitudinal relations of antenatal paternal representations with romantic dyadic adjustment: comparisons with mothers.

Professor Cristina Sechi¹, Dr. Laura Vismara¹, Dr. Roberta Fadda¹, Prof. Loredana Lucarelli¹

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S3 - SYM18: Becoming fathers: interplay among family-level risk and protective factors and implications for perinatal mental health, Wicklow Hall 2B, 16 July 2023, 14:30 - 16:00

Within a multi-determined perspective, literature pointed out that antenatal parental representations are linked to the quality of caregiving and the child's development. In addition, it has been proven that the quality of marital relationships influences parenting behaviors and infants' functioning. Yet, no study has tested the association between these two variables.

The present study aimed at examining the differences between fathers' and mothers' antenatal parental representations, and their relation with the perceptions of couple adjustment during pregnancy and at 3 months of the baby.

During the seventh month of pregnancy, the Parental Representations Interview During Pregnancy and the Dyadic Adjustment Scale were administered to 40 first-time parents' couples (mothers: Mage = 33.7 years, SD = 5.1 years; fathers: Mage = 37.4 years, SD = 5.6 years). The Dyadic Adjustment Scale was completed also at three months of the baby.

Results showed no statistically significant difference between mothers and fathers as regards the distribution of balanced versus unbalanced parental representations. However, independently of the quality of representation, mothers perceived less dyadic satisfaction than their partners. In general, both mothers and fathers who had an unbalanced parental representation perceived their couple adjustment as less cohesive.

The findings of the present study underscore the importance of antenatal parental representations on the perception of parents' romantic relationships. Thus, research and interventions should pay attention to the antenatal period to capture crucial factors that may enhance the efficacy of preventive interventions.

Parental Reflective Functioning during Pregnancy: Associations with Psychological and Demographic Risks, Parenting and Child Behavior

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S3 - SYM19: Parental Reflective Functioning during Pregnancy: Associations with Psychological and Demographic Risks, Parenting and Child Behavior, Wicklow 1, 16 July 2023, 14:30 - 16:00

Many infant mental health interventions, including those that begin in pregnancy, aim to increase parental reflective functioning (PRF). PRF mediates the relationship between adult and child attachment (Slade et al., 2005) and is associated with more sensitive and less disrupted parenting. Further, the relationship between PRF and child attachment is mediated by parenting behavior (Ensink et al., 2019; Grienberger et al., 2005; Stacks et al., 2014). There are mixed findings with regard to the impact that demographic risk and psychological risk have on PRF, which can be measured in pregnancy. There are only four published studies of PRF using the Pregnancy Interview (Alismail et al., 2022; Pajulo et al., 2012; Sadler et al., 2016; Smaling, 2015; 2016). This symposium highlights findings from four other studies of PRF in pregnancy. The first two address predictors of PRF in pregnancy. Paper 1 demonstrates that a history of maltreatment predicts pregnancy PRF through BPD features. In paper 2, researchers demonstrate very low pregnancy PRF in a sample of women with a history of polysubstance use, child welfare involvement and trauma histories. RF was associated with polysubstance use, but not with trauma symptoms or mental health difficulties. Papers 3 and 4 examine concurrent and longitudinal associations of RF in pregnancy. Paper 3 examines pregnancy RF in a high-risk sample of mothers who smoked during pregnancy. Findings revealed that RF is positively related to fetal attachment, maternal warmth, and child externalizing problems but unrelated to maternal childhood trauma, cumulative risk, or stress and depression during pregnancy. Parenting behavior did not mediate the relation between RF and child behavior problems. Study 4 demonstrates that pregnancy RF is lower among those with a low level of education, but that stress, depression and anxiety are not correlates of RF. Pregnancy RF is correlated with parenting and child behavior.

Reflective Functioning in Pregnancy: Concurrent and Longitudinal Predictors in an Urban Community Sample

Dr Ann Stacks¹, Dr Kristyn Wong Vandahm², Dr Marjorie Beeghly¹, Dr. Jordan Boeve Katti³, Dr. Christopher Trentacosta¹, Prof. Moriah Thomason⁴

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S3 - SYM19: Parental Reflective Functioning during Pregnancy: Associations with Psychological and Demographic Risks, Parenting and Child Behavior, Wicklow 1, 16 July 2023, 14:30 - 16:00

Introduction

Parental reflective functioning (RF) is robustly associated with adult attachment, parenting quality, child attachment, and child behavior. However, few studies have examined concurrent and longitudinal correlates of RF during pregnancy. This study explores (1) concurrent and longitudinal associations among mothers' pregnancy RF, demographics, mental health, parenting, and child behavior in a diverse, urban sample.

Methods

In their 3rd trimester of pregnancy, women (N = 68, Mage = 25.0 years) completed self-report measures of mental health (Pregnancy Anxiety and Edinburgh Prenatal Depression Scale), Difficult Life Circumstances, and Maternal Fetal Attachment, and completed the Pregnancy Interview to assess RF. Subsequently, at 7 months postpartum, mothers completed the Parent Stress Index-SF (N = 47). At 36 months postpartum, maternal parenting quality was rated from videotapes of mother-child free-play and teaching tasks, and mothers completed the Child Behavior Checklist (N = 40).

Results

Mothers were predominately African-American/Black (83.8%) and fewer than half had achieved an education beyond high school (45%). Prenatal RF scores were quite low (M = 2.94, range 0-6), and mothers with a high school education or less had lower RF scores than mothers with higher education (p = .02). Prenatal RF was not associated with age, race, depression, maternal fetal attachment, or anxiety or with 7-month parenting stress. However, at 36 months, pregnancy RF was positively correlated with observed parenting quality (r = .357, p = .02) and negatively correlated with child behavior problems (r = -.303, p = .06). After accounting for education and prenatal depression, RF was marginally associated with parenting (p = .08) and child behavior problems (p = .07). Preliminary findings suggest that RF moderates the association between prenatal depression and positive parenting (p = .002).

Conclusions

Interventions that target RF and parental mental health in pregnancy may support parenting and child behavior into preschool.

Exploring attachment style, reflective functioning and mental health for pregnant women with substance use disorder

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S3 - SYM19: Parental Reflective Functioning during Pregnancy: Associations with Psychological and Demographic Risks, Parenting and Child Behavior, Wicklow 1, 16 July 2023, 14:30 - 16:00

Introduction and Aims

Adult attachment style and parental reflective functioning (PRF) have been associated with substance use disorders (SUD) and mental health. Although studies have examined relationships among these constructs for parents, none have considered them in pregnant women with SUDs. This study explores relationships among attachment style, PRF, mental health, and substance use to suggest intervention targets for pregnant/postpartum women with SUDs and their infants.

Methods

Baseline data were used from an RCT of an attachment-focused parenting intervention for pregnant women with SUDs. Self-report measures assessed attachment style (Adult Attachment Scale), mental health (Brief Symptom Inventory), and trauma symptoms (PTSD Checklist). The Pregnancy Interview was coded for RF. Preliminary bivariate analyses examined relationships among key variables. Participants were 57 pregnant women (M age = 30.6 years, SD = 4.5; M week of pregnancy = 31, SD = 4.5) with extensive trauma histories and symptoms (51% + for PTSD), previous child welfare involvement (64%), histories of polysubstance use (93%), and PRF in the prementalizing range (M = 3.2, SD = 1.3); 39 % endorsed a fearful and 35% a secure attachment style. Both secure and fearful attachment styles were associated with trauma symptoms ($r = -0.33$, $p = 0.02$; $r = .41$, $p = .004$, respectively) mental health difficulties ($r = -0.47$, $p = 0.00$; $r = .54$, $p = 0.00$, respectively), and marginally or not at all with years of polysubstance use ($r = -.25$, $p = 0.09$; $r = .15$, $p = .30$, respectively). Prenatal PRF was associated with maternal age ($r = -.58$, $p = .000$), number of children ($r = .73$, $p = .000$), and polysubstance use ($r = -0.36$, $p = 0.003$), but not with trauma symptoms or mental health. Attachment style and parental RF were not associated.

Conclusion

Given the differential associations of attachment and PRF with mental health, trauma, and substance use, next research steps should include multivariate models to ascertain optimal targets for prenatal parenting interventions.

Maternal and child correlates of pregnancy RF in a longitudinal study of tobacco exposed children

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S3 - SYM19: Parental Reflective Functioning during Pregnancy: Associations with Psychological and Demographic Risks, Parenting and Child Behavior, Wicklow 1, 16 July 2023, 14:30 - 16:00

Introduction & Aims

Reflective Functioning (RF) during pregnancy may influence mothers' adjustment to pregnancy and future parent-child relationship. The current study aims to examine relations between pregnancy RF and subsequent parenting and child behavior problems.

Materials & Methods

Data was collected from low a-income diverse sample involving mother's who smoked during pregnancy. Participants included 247 mother-child dyads who were assessed during each trimester of pregnancy and at 2, 9, 16, 24, and 36 months of child age. Pregnancy Interviews (PI) were collected during the second trimester visit and 118 and of these interviews have since been coded for RF. Five of these interviews were considered invalid due to inadequate probing and were removed from the data analysis. Child behavior problems assessed by maternal report with CBCL at 24 and 36 months of child age.

Results

Findings revealed that RF is positively related age, education level, fetal attachment, maternal warmth at 9 months, child responsiveness at 9 months, maternal warmth at 24 months and child externalizing problems at 24 months but unrelated to maternal childhood trauma, cumulative risk, or stress and depression during pregnancy. Parenting behavior did not mediate the relation between RF and child behavior problems.

Conclusion

RF during pregnancy may impact future parenting behavior and child outcomes.

Childhood trauma, borderline personality disorder features and prenatal parental reflective functioning in expecting adults

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S3 - SYM19: Parental Reflective Functioning during Pregnancy: Associations with Psychological and Demographic Risks, Parenting and Child Behavior, Wicklow 1, 16 July 2023, 14:30 - 16:00

Introduction and Aim

Childhood maltreatment and borderline personality disorder (BPD) represent two important risk factors contributing to poor outcomes during pregnancy and the early postpartum years. Recent research suggests that maltreatment history and BDP features could impact child development and parenting through lower general or parental reflective functioning. The present study aims to evaluate 1) the association between childhood trauma and prenatal parental reflective functioning (pPRF) and 2) whether BDP features mediated the association between childhood trauma and pPRF in a community sample of pregnant women and expecting men.

Material and Methods

A sample of 107 pregnant women and 40 expecting fathers (Mage = 27.82, SD = 4.82) was recruited during prenatal meetings or at pregnancy-related medical appointments. They participated in the Pregnancy Interview (Slade et al., 2005) and completed self-reported questionnaires (Childhood Trauma Questionnaire, Personality Diagnostic Questionnaire) during the third trimester of pregnancy. Coding for pPRF in the Pregnancy Interview is currently undergoing.

Results

Total sample includes primarily primiparous (90.0%), white (92.9%) and educated (84.0% post high-school education) expecting adults, 41.1% of them having been exposed to childhood trauma. Preliminary analyses on 30 primiparous participants (n = 23 women) revealed an indirect effect of childhood trauma on pPRF through BDP features, $b = -0.02$, 95% CI [-0.07, -0.01].

Conclusions

Preliminary findings suggest that expecting adults having been exposed to childhood trauma are more likely to display BDP features, which would in turn be associated with lower prenatal parental reflective functions. They highlight the need for trauma-informed prenatal mentalization-based interventions targeting parents having developed BDP features following trauma.

Role of the NBO in the care of high-risk infants in the NICU and beyond

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S3 - SYM20: Role of the NBO in the care of high-risk infants in the NICU and beyond, Wicklow 2B, July
16, 2023, 14:30 - 16:00

Introduction

Globally, more than 1 in 10 infants are born prematurely, resulting in admission for most to NICU. The stressors of NICU are many, including separation from primary caregivers, repetitive painful and stressful procedures, immersion in a highly technological environment, and pathology with resultant consequences for both short- and long-term health outcomes for infants and parents alike. To combat the adverse effects of prematurity, units worldwide have adopted infant-centred, family-focused care.

Aims

To illustrate the use and depth of the Newborn Behavioral Observation (NBO) System, a developmentally supportive, relationship-based tool which demonstrates an infant's unique behaviours and communication strategies to their caregivers.

Description

We will begin with results from a qualitative study describing the infant's own NICU experience. With this as our stage subsequent presenters will guide us through initiatives used within their units to enhance the infant's experience with the goal of improving health outcomes. We will discuss one team's experience, positive and negative, of implementing the NBO and other evidence-based frameworks into routine neonatal care. We will then showcase the NICU Traffic Light Tool and its accompanying on-line learning module as a concrete example of how to incorporate individualised infant care. Concluding our symposium will be two presentations describing family-focused interventions that begin during an infant's admission and continue post-discharge to optimise family engagement, strengthen parent-infant attachment, and improve infant neurodevelopmental outcomes and parental mental health.

Conclusion

The infant is lost amongst the complexity of NICU with their behaviours and attempts to be heard going unnoticed. Their parents are their sanctuary, but they too are bewildered within the space and, like the clinicians caring for them, struggle to see their child as a person separate from their pathology. Infant-focused, family-centred care is imperative to nurture both the infant and their parents during such a fundamental stage of development.

Transitioning Home from NICU with moderate-to-late preterm babies:

A supportive intervention based on the NBO

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S3 - SYM20: Role of the NBO in the care of high-risk infants in the NICU and beyond, Wicklow 2B, July 16, 2023, 14:30 - 16:00

The past decades have highlighted many repercussions of prematurity. The vast majority of studies have focused on the earliest gestational ages, i.e. very and extreme preterm births. However, consequences of moderate-to-late preterm births are far from being trivial, as evidenced by a growing literature and our own clinical observations. Transitioning from NICU to home is acknowledged as a sensitive period for parents that triggers ambivalent feelings. The relief of returning home is commonly tinged with anxiety and apprehension about leaving the safety net of the NICU with a newborn often perceived as “fragile” and “enigmatic”. In France, a post-hospital follow-up is offered by The Maternal and Child Protection Center (PMI) which is currently the main public healthcare service dedicated to early preventive care from 0 to 6 year-old. Over the years, we have witnessed sensory difficulties among moderate-to-late preterm babies, parental stress and relational dysfunctions within these dyads. To prevent such issues and compensate for discontinuity of care, in addition to the routine medical follow-up, the PMI has set up an early intervention program in partnership with the NICU. This clinical program is based on Newborn Behavioral Observations (NBO) offered right before and after discharge. These sessions give us tremendous opportunities to support parents in understanding their babies communication cues and special needs, to enhance their self-confidence and parenting skills, and to foster attuned parent-child interactions. The therapeutic alliance established during these sessions facilitates potential referrals for developmental concerns or parent mental health issues. In conclusion, the NBO system is a powerful tool at this crucial stage of transition. Professionals are invited to pay closer attention to both parents, and their newborns who, although medically stabilized, are in great need of caregivers willing to lean over their cribs to identify their subtle vulnerabilities and capacities, and ultimately support their development.

S3-SYM20.3

An cue-based family-centered intervention for high risk newborns from birth up to 6m: an utopia?

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S3 - SYM20: Role of the NBO in the care of high-risk infants in the NICU and beyond, Wicklow 2B, July 16, 2023, 14:30 - 16:00

Introduction

Hospitalized newborns are at high-risk for a range of neurodevelopmental impairments including motor, cognitive, emotional and behavioural challenges. Their parents are at risk of later post-traumatic stress syndrome and/or depression. Parental mental health issues may negatively impact the child's outcomes.

Different types of intervention are proposed to these families with very varied theoretical models, timing, practical components, role of the family and level of evidence.

- Aim: The ideal intervention should:

- start during the stay in the NICU,
- be continued after discharge,
- be cue-based and family-delivered,
- enhance the parent-infant relationship,
- enrich the home environment,
- with the same theoretical framework throughout the intervention,
- with some evidence from clinical trials.

Description

We describe our efforts to evaluate and/or implement three cue-based and family-oriented programs based on the Synactive Theory of Development (H Als 1982): the Newborn Individualized Developmental Care and Assessment Program or NIDCAP designed by H Als for the hospitalized preterm newborns, the Newborn Behavioral Observation or NBO by Nugent et al. for infants from birth up to 3 months of age, and the Infant Behavioral Assessment and Intervention Program or IBAIP by R. Hedlund from discharge up to 6 months.

All these programs aim at teaching parents to read infant cues and respond appropriately.

Issues in implementing these programs are identical: funding, access to training, selection of trainees, effective implementation and sustainability.

Conclusion

Implementing these 3 programs in the same area could offer opportunities to support the development of a large group of high risk newborns and families in a consistent way.

S3-SYM20.4

Supporting early relationships among parents and their infants who are hospitalized in the Neonatal Intensive Care Unit: A Protocol Paper

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S3 - SYM20: Role of the NBO in the care of high-risk infants in the NICU and beyond, Wicklow 2B, 16 July 2023, 14:30 - 16:00

Introduction

Up to 15% of newborns will experience a NICU hospitalization and most of those infants are at risk for long-term neurodevelopmental difficulties. Opportunities for optimal early relationships are hindered and early intervention (EI) to support the caregiver-infant dyad, beginning in the NICU and continuing at home, is critical. We propose to test the effect of a family-centered, developmentally supportive EI program, the Newborn Behavior Observational - Supporting Play Exploration and Early Development Intervention (NBO-SPEEDI), for EI-eligible NICU infants. NBO-SPEEDI pairs 2 evidence-based and complementary interventions, with the goal of supporting early caregiver-infant relationships to enhance infant neurodevelopment and positively impact caregiver mental health.

Aims

The study aims are to test the effect of the intervention on 1) infant neurodevelopmental outcomes, 2) parent mental health, and 3) EI access and care plan quality.

Materials and Methods

Below we describe our study protocol including our strategies and decisions to enhance family engagement; stakeholder participation; knowledge translation; and scalability and sustainability. The proposed study is a single site randomized clinical trial. Infants will be randomized into one of 2 groups: Business as Usual (BAU) or NBO-SPEEDI + BAU. The intervention group will receive the 4 NBO-SPEEDI visits during their NICU course and 6 NBO-SPEEDI visits via telemedicine from NICU discharge until 6 months of adjusted age. Infants will be followed for 12 months, and outcomes measures will be collected at NICU discharge, 6 months, and 12 months.

Conclusions

We met with multiple stakeholders and learned about family needs and care preferences; system-level barriers and facilitators; and clinical and programmatic knowledge gaps. We integrated this information into the development of the current study protocol, which is slated to begin July 2023. Stakeholder engagement allowed the protocol development processes to be thoughtful about parent and infant outcomes as well as optimal knowledge translation.

The infant's experience of neonatal intensive care

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S3 - SYM20: Role of the NBO in the care of high-risk infants in the NICU and beyond, Wicklow 2B, July 16, 2023, 14:30 - 16:00

Background

Research routinely focuses on the medical aspects of neonatal intensive care, measuring physiological, behavioural, or long-term outcomes as a proxy for the experience as it might be felt, interpreted, and processed by an infant. Purposely including the infant's perspective of their own life experiences during their Neonatal Intensive Care Unit (NICU) journey opens potential to include their voice in research about matters which directly affect them.

Aim

To observe, describe, and interpret the experiences of hospitalised infants in NICU.

Methods

Case study methodology, guided by the overarching principles of phenomenology. Data collection includes infant observation, utilising the Newborn Behavioral Observation (NBO) System to explore each infant's unique behaviours and communication strategies, measuring infant sleep, interrogating the infant's physical environment by measuring sound and light levels and triangulating this infant data with the caregiver's (both clinicians and parents) perspective through semi-structured interviews.

Results*

(Please note these are preliminary themes identified from the data)

1. Loss

Subthemes: loss of identity, sense of self, dignity

2. A complex world

Subthemes: medical equipment, the physical environment, medical and nursing handling, parents as a place of safety

3. Mentalising

Conclusion

The infant as person is lost within the NICU environment, surrounded by technology, experiencing many negatives during a time of fundamental development. Understanding this complex world from their perspective by recognising early communication skills and behavioural cues as well as involving their parents in their hospital journey may lessen the trauma associated with neonatal care.

Prioritising Neuroprotective Care for High-Risk Infants with the NICU Traffic Light Tool

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S3 - SYM20: Role of the NBO in the care of high-risk infants in the NICU and beyond, Wicklow 2B, July 16, 2023, 14:30 - 16:00

Introduction

In NICU, infants communicate their need for support via systemic physical cues as they attempt regulation in a stressful environment. Although evidence-based frameworks exist highlighting infant regulatory and stress cues, neuroprotective practices are not always prioritised, and clinicians may not be trained to recognise and respond to infant cues. Drawing on the Neonatal Behavioural Assessment Scale, the Synactive Theory of Development, and the Newborn Behavioural Observations System, we developed The NICU Traffic Light Tool - a 2-sided poster-format clinical tool utilising a traffic light system to guide supportive practice during stressful events. The tool received positive feedback and generated requests for an educational package to support its implementation.

Aim

To optimise implementation of the NICU Traffic Light Tool across multiple centres via an on-line learning module, which teaches clinicians how to utilise the tool, empowers clinicians to prioritise neuroprotective care, and encourages participants to engage in further professional development focussing on infant communication.

Description

A NICU Traffic Light Tool on-line learning module is in development and will be presented. Built using the Articulate platform, it can be loaded onto the Learning Management System of health services.

The module covers:

1. The importance of neuroprotective care.
2. Infant behaviour and communication
3. The NICU Traffic Light Tool at a glance.
4. The NICU Traffic Light Tool in action.
5. Additional learning resources and courses.

These learning areas comprise pockets of educational information, accompanied by images and video to illustrate infant cues and the tool in use. Hyperlinks encourage clinicians to seek out further information and/or education from relevant accredited courses.

Conclusions

The on-line learning module will be presented as a support for participating health services to use the NICU Traffic Light Tool correctly, and may improve the neuroprotective knowledge and skills of clinicians, the infant experience, and infant neurodevelopmental outcomes.

S3 - SYM 22.1

Parents' Smartphone Use and Effects on Young Children's Development

Professor Agnes von Wyl¹, Mrs Aleksandra Mikic², Dr. Carolin Konrad⁴, Mrs Valérie Brauchli³, Ms Annette M. Klein²

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S3 - SYM22: Parents' and Children's Smartphone Use and Effects on Young Children's Development,
EcoCem Room, 16 July 2023, 14:30 - 16:00

Smartphones are now ubiquitous in everyday family life. Mothers and fathers use smartphones routinely and frequently, even when interacting with their infants and young children. Additionally, parent-infant interactions, such as during in-person playtime, are often interrupted by push messages. The fact is, infants and young children are growing up in a world where screens are part of their social experiences. Parents and professionals are concerned about whether the ubiquity of smartphones is having a negative impact on parent-child interactions and child development. This symposium brings together four research groups working on this topic. In the first presentation, Agnes von Wyl will present insights drawn from a longitudinal study on the impact of aspects of smartphone use on parental sensitive behavior and hence on parent-child interactions. Second, Aleksandra Mikić will report the results of an experimental study on children's affective responses to interruptions due to text messages. The third study, presented by Carolin Konrad, uses a similar experiment and examines whether text interruptions have an immediate or deferred effect on imitation learning. Finally, Valérie Brauchli will present a review study on the influence of screen media use on early child development and the role of individual and contextual moderator variables.

Parental Smartphone Use and Parental Sensitivity at 3 Months Postpartum: Findings of a Longitudinal Study

Professor Agnes von Wyl¹, Dr. Katrin Braune-Krickau¹, Dr. Laura Wade-Bohleber¹, Larissa Schneebeil¹, Dr. Michael Gemperle¹, BSc Anouk Joliat¹, Prof. Dr. Jessica Pehlke-Milde¹

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S3 - SYM22: Parents' and Children's Smartphone Use and Effects on Young Children's Development, EcoCem Room, 16 July 2023, 14:30 - 16:00

Background

Many professionals observe with concern how parents of infants and toddlers frequently use smartphones, even in the child's presence. They are worried that smartphone use could negatively influence parents' sensitive behavior and thus impair the child's development. Three aspects are proposed as possible influencing factors: duration of parental smartphone use, parent distraction with smartphones, and parents' focused immersion during smartphone use.

Aims: In a longitudinal observational study with first-time mothers and fathers we investigated how duration, technofence, and immersive smartphone use of parents is associated with parental sensitivity at 3 months postpartum.

Method

Ninety-five first-time parents completed questionnaires during the last trimester of pregnancy and at 6 and 12 weeks postpartum. Parental sensitivity was assessed at 12 weeks postpartum based on a video-recorded short free-play interaction using the CARE-Index.

Result

Self-reported feelings of focused immersion (the experience of total engagement) were associated with a lower overall quality of sensitivity and reduced parental sensitivity. However, technofence (reported by the partner) and self-reported daily smartphone use time were not associated with parental sensitive behavior.

Conclusion

This study is among the first to systematically assess longitudinal data on the impact of parental smartphone use on infant development. Our results suggest that focused immersion in particular has a negative impact on parental sensitive behavior.

The impacts of mothers' smartphone use on children's affect regulation

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S3 - SYM22: Parents' and Children's Smartphone Use and Effects on Young Children's Development,
EcoCem Room, 16 July 2023, 14:30 - 16:00

Introduction

In infancy, children's affective states are predominantly regulated by a primary caregiver, usually a mother. Whether this regulation succeeds is influenced, among other factors, by maternal emotional availability. Nowadays, many people are constantly connected to others via smart devices. Therefore, it has been assumed that mother-child interactions would frequently be disrupted, with potentially negative consequences for child regulation. However, few studies examined children's affective responses to caregiver usage in a controlled setting, especially in the first year of life.

Aim

Our aim was to experimentally investigate how mothers' smartphone use affects infants' affective states and the emotional availability in the dyad.

Material and Methods

The sample comprised 52 mother-child dyads with infants aged 5-6 months. The experiment consisted of two counterbalanced phases (each 8 minutes long): 1) the free-play phase and 2) the interruption phase, in which the mothers responded to standardised text messages via smartphone. We used the Infant Affect Codes to code the infants' affects and the Emotional Availability Scales, 4th edition for coding emotional availability in the dyad during the experiment. In addition, we developed a scale to measure maternal multitasking behaviour. Questionnaires were used to assess mothers' everyday use of smart devices.

Conclusions

Overall, children expressed significantly more negative affects in the interruption phase than in the free-play phase. No difference in the expressed affects occurred when the interruption phase preceded the free-play phase. Moreover, children of mothers who reported more everyday problematic use of smartphones/tablets during interactions with them showed more negative emotions in the free-play phase and reportedly more negative affectivity in everyday life. Further analyses will be presented.

The findings suggest prolonged maternal texting negatively impacts infant's affective states. In addition, habitual maternal use of portable digital devices might have a lasting negative influence on the infant's affect regulation.

S3 - SYM 22.4

No effect of smartphone interruptions during learning on imitation in 18-22-month-old infants

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S3 – SYM22: Parents' and Children's Smartphone Use and Effects on Young Children's Development, EcoCem Room, 16 July 2023, 14:30 – 16:00

Introduction

Disruptions to parent-child interactions during smartphone use have been termed technoferece. A previous study has shown negative effects of a phone call for language learning in toddlers. However, texting occurs more frequently and might even more disruptive due to the still face that parents display while looking at their phone.

Aim

In this talk, we will present two studies that tested the effect of a text interruption on immediate (study 1) and deferred (study 2) imitation learning and by varying the number and timing of interruptions (study 1) and type of interruption (study 2).

Material and Method

In both studies, parents demonstrated three target actions to their infants and then infants were given the opportunity to repeat those actions immediately afterwards (study 1, N=90) or 30 minutes later (study 2, N=43). The actions were demonstrated four times. In study 1, parents were randomly assigned to an interruption-first condition, one-interruption condition, or three-interruptions condition. In study 2, parents were randomly assigned to a texting interruption or a paper-pencil interruption condition. Performance was compared to a baseline-control group where the infant did not see a demonstration of the actions and a no-interruption condition where the parents demonstrated the target actions without interruption. Maternal reliance on their smartphone was measured using the CAFE questionnaire.

Conclusion

In study 1, across text-interruption groups parents showed high levels of still face during the interruptions. In both studies, there were no differences between interruption conditions. Furthermore, infants in all interruption groups imitated significantly above the baseline control and did not differ from a no-interruption condition. In both studies, higher reported maternal reliance on the smartphone was related to poorer imitation performance overall. The results from this body of work to date suggest that infants can learn under different conditions of brief technoferece.

The Associations Between the use of Screen Media and Early Child Development: A Review.

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S3 - SYM22: Parents' and Children's Smartphone Use and Effects on Young Children's Development, EcoCem Room, 16 July 2023, 14:30 - 16:00

Screen media devices are becoming increasingly accessible and pervade many aspects of modern society, including early childhood. Most research on the effects of screen media on child development has focused on examining the effects of television viewing on language acquisition, cognition, and motor skills. However, few studies have addressed the influences of modern and portable screen devices, despite the fact that technological development has opened up new possibilities that go far beyond passive, socially isolated television viewing. Hence, we cannot assume that findings from previous research apply to modern screen media. Furthermore, data on the impact of exposure to screen media on the development of children under three years of age is comparably scarce. Although the available evidence base on the topic is evolving rapidly, there has yet to be a review of existing literature that encompasses multiple developmental outcomes. This research gap is crucial to the importance of early childhood for children's physical, cognitive, and socio-emotional development. The present literature review focused on (1) the influences of screen media use on young children's developmental outcomes, specifically sleep-related parameters, physical health, cognition, language, motor skills, socio-emotional skills, and social interaction and (2) the role of individual and contextual moderator variables. Ten databases were systematically searched, and 95 studies were identified. Mostly undesirable/negative or nonsignificant, and few desirable/positive effects of screen-time on child development were found. Younger children seem to be more susceptible to screen media, educational and age-appropriate content tend to have weaker effects, and the role of parent-child relationship and activities without screen media are understudied. Overall, the available evidence base is limited, particularly regarding modern screen media. Longitudinal and experimental studies on the role of child, content, and context variables need to be considered in future research to support a critical reflection on screen-time in early childhood.

S3-SYM23.1

Infant Parent Intervention Research in Non-WEIRD Countries

Dr Alexandra Harrison¹, Dr Peter Rohloff¹, Dr Elizabeth Levey¹, Dr Muhammad Zeshan¹, Dr Ilgi Ertem², Dr Vibha Krishnamurthy³

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S3 - SYM23: Infant Parent Intervention Research in non-WEIRD Countries, Wicklow 5, 16 July 2023, 14:30 - 16:00

Introduction

A strong infant-caregiver relationship has been shown to buffer the developing child against environmental stressors that negatively affect health outcome. Yet, although high risk populations have the greatest need for this buffering, most infant-parent mental health (IPMH) interventions have been tested in Western high income (WEIRD) countries. The lack of necessary institutional infrastructure, a knowledge gap regarding IPMH, cultural differences, and few trained personnel to carry out the intervention may in part explain this deficit in critical scientific information.

Aim

The aim is to offer examples of IPMH interventions in non-WEIRD countries and studies testing their efficacy, to demonstrate the importance of these interventions, and to encourage future research in this area so vital to global mental health. We propose to describe five IPMH interventions in Peru, Pakistan, El Salvador, India, and Guatemala.

Methods

A panel of researchers working in non-WEIRD countries will describe their interventions and present studies, offering videotape illustrations. The panelists will discuss salient issues they have encountered doing their research, including those of language and location, research infrastructure, scientific knowledge gap, and cultural beliefs and values not encountered in the West. Then, using the presentations as a springboard, participants will engage in an in-depth discussion to consider insights gained through studying IPMH interventions in socio-economically stressed and culturally diverse populations in all locations, and how to encourage future investigation.

Conclusion

Cost-effective IPMH interventions are greatly needed in high-risk, low-resource populations. A consideration of IPMH interventions and studies of their efficacy in non-WEIRD countries offers important insights into how to close a critical knowledge gap and improve health outcome in the world's most vulnerable children in all countries.

House of Life and Light: A Perinatal Intervention for Pregnant Teens in El Salvador

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S3 - SYM23: Infant Parent Intervention Research in non-WEIRD Countries, Wicklow 5, 16 July 2023,
14:30 - 16:00

Introduction

Children of parents who have been neglected and abused are at increased risk of maltreating their own children. Risks are even greater when pregnancy occurs in adolescence. Intervention in the perinatal period has significant potential for improving health outcome through interrupting the intergenerational transmission of adolescent pregnancy and maltreatment. In El Salvador, typically high rates of adolescent pregnancies have increased during the pandemic. There is a great need for a physically and psychologically safe place for these traumatized girls during this critical time of their lives.

Aim

To describe a plan for a residential treatment program for young pregnant teens in El Salvador designed to heal the pregnant adolescents' trauma, prepare them for childbirth and motherhood or planning for adoption, and facilitate their reengagement in school and with their families and communities.

Materials and Methods

We will describe a treatment program for young pregnant teens (HOLL) that includes caregivers with specialized training-- Building Baby Brains (BBB). BBB is a manualized infant mental health training with information about perinatal mental health, early development, and a practical intervention to support the infant-parent relationship, the Thula Sana. In preparation for HOLL, we will 1) conduct a feasibility and acceptability study of pregnant teens in local perinatal clinics and 2) a plan for a small qualitative outcome study of the HOLL. Depending on the results of the study, a larger RCT will be designed in which a control group and a larger sample size can be included.

Conclusion

A plan for a residential treatment program that creates a physically and psychologically safe place for traumatized pregnant teens in El Salvador is presented. The presentation includes the description of a specialized training for the caregivers and two qualitative studies to prepare for the program and to assess its effectiveness.

The International Guide for Monitoring Child Development (GMCD) in urban slums and rural areas

Dr Alexandra Harrison¹, Dr Vibha Krishnamurthy¹

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S3 - SYM23: Infant Parent Intervention Research in non-WEIRD Countries, Wicklow 5, 16 July 2023,
14:30 - 16:00

Introduction

The international Guide for Monitoring Child Development (GMCD) is a validated approach for monitoring and supporting early childhood development that has been standardized in multiple languages including 4 Indian languages. While there is published research on its standardization and validation in 4 LMIC, there is limited data on its implementation.

Ummeed Child Development Center (UCDC) is an Indian nonprofit working with children at risk for disabilities and their families. UCDCU has two capacity building programs--Early Childhood Champions (ECC), a 16-day program training ECD workers who promote and monitor early child development (ECD), identify at-risk children, and support their families, and the Child Development Aide (CDA) program, a 6-month training for "barefoot childhood disability workers". Both sets of community workers use the GMCD. The population in the areas served by the ECCs and CDAs are some of the most resource-poor, with high rates of stunting and anemia in children under 3 years.

Aim

To discuss lessons learned implementing the GMCD in rural and urban slum settings in India, including barriers and facilitators for implementation.

Methods and Materials

Data from 5 years of implementation of the GMCD across multiple contexts in India will be discussed as well as qualitative data and examples of families and community health workers impacted by the programs. Videos of GMCD administrations in urban slums and rural India will be presented to highlight the family centered and participatory approach that the GMCD provides.

Conclusion

Participants will learn how the GMCD can be used as a family-centered and strengths-based tool, in some of the most vulnerable populations in resource poor settings. The GMCD has the potential to be an intervention that impacts young children and their families, while also empowering women front line workers to transform their communities.

The International Guide for Monitoring Child Development (GMCD).

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S3 - SYM23: Infant Parent Intervention Research in non-WEIRD Countries, Wicklow 5, 16 July 2023,
14:30 - 16:00

Introduction

The international Guide for Monitoring Child Development (GMCD) is a comprehensive package theoretically based in bioecological, family-centered and strengths-based conceptualizations, and the World Health Organization (WHO) International Classification of Functioning Disability and Health (ICF) and Nurturing Care frameworks. Service providers trained in the GMCD apply key concepts of infant parent mental health including developing trusting partnership, supporting the “holding environment” and “being held in mind.” The GMCD uses an open-ended interview to assess children’s development in multiple domains, to identify developmental risk factors and to seamlessly deliver individualized support for development and early intervention. The GMCD has been standardized internationally and can be applied for all children aged 0-42 months without re-standardization or re-validation. Service providers in over 30 countries have been trained in its use and GMCD trainers have been trained in Argentina, Azerbaijan, China, Croatia, Guatemala, India, Italy, Kyrgyzstan, Rwanda, Serbia, South Africa, Tajikistan, Turkey, and Turkmenistan. South-to-south collaborations and partnerships between GMCD teams have enabled meticulous cultural adaptations of the GMCD to multiple contexts including rural impoverished and indigenous sites.

Purpose

The aim is to familiarize participants with the GMCD and to share experiences from its use in diverse countries.

Materials and Methods

The developer of the GMCD will present its content and experiences from multiple sites using case examples and videos.

Conclusion

Participants will gain knowledge on the GMCD as an exemplary non-WEIRD model to disseminate training related to monitoring, support for the development of all children as well as individualized interventions for addressing developmental risks and difficulties.

S3-SYM23.5

A feasibility study of a remote intervention for adolescent mothers and their families

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S3 - SYM23: Infant Parent Intervention Research in non-WEIRD Countries, Wicklow 5, 16 July 2023, 14:30 - 16:00

Introduction

Adverse childhood experiences negatively impact health across the life course. When adolescents become parents, in many cases, they have already experienced childhood adversity. Childhood abuse and intimate partner violence are both risk factors for depression during and after pregnancy. Depressed mothers have difficulty bonding with their babies, which is associated with attachment problems and increased risk that offspring will experience abuse. Maternal trauma has also been associated with children's behavioral problems. Thus, child abuse is a cyclical problem that is repeated in families over generations. Due to the COVID-19 pandemic, significant progress has been made in developing technology-mediated interventions. This has created opportunities to leverage the advantages of technology, including cost savings, convenience, and collaboration, in new ways.

Purpose

We will present findings from a feasibility study of a remote intervention for adolescent mothers and their families in Lima, Peru.

Description

The intervention is a 10-visit home visiting intervention for families that begins during pregnancy and continues through six months postpartum. Originally planned as an in-person intervention, it was adapted to be delivered remotely due to the COVID-19 pandemic. A total of 67 adolescents were enrolled in the pilot trial; 34 were randomized to receive the intervention and 33 received usual care. To assess acceptability and feasibility, data were collected on retention and participant satisfaction. Adherence and competence were assessed, and qualitative data were collected from the home visitors. While the study was not powered to detect significance, data on caregiver mental health and caregiving sensitivity were collected to identify trends.

Conclusion

This study demonstrated the acceptability and feasibility of remote intervention for adolescent parents in Peru. These findings will inform the development of low-cost interventions that are accessible in LMIC settings, which is needed to close the global mental health gap.

S3-SYM23.6

The International Guide for Monitoring Child Development (GMCD) by front line health workers in Guatemala

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S3 - SYM23: Infant Parent Intervention Research in non-WEIRD Countries, Wicklow 5, 16 July 2023, 14:30 - 16:00

Introduction

The international Guide for Monitoring Child Development (GMCD) is a leading comprehensive strengths-based approach for monitoring and supporting child development in collaboration with families and caregivers. Although used in numerous settings around the world, its use by frontline health workers and in rural and Indigenous communities is less well described.

Guatemala is a majority Indigenous Maya country. There are more than 20 distinct Mayan languages spoken in Guatemala, and many children and caregivers are monolingual in a Mayan language or bilingual in Spanish. Rural Indigenous communities in Guatemala also suffer from extreme disparities in healthcare, economic opportunity, and access to early education. Indigenous children in Guatemala have among the highest rates of stunting in the world.

As part of a recent randomized effectiveness trial, we have adapted and implemented the GMCD for rural Indigenous communities in Guatemala.

Purpose

The aim is to discuss key steps and lessons learned when adapting and implementing an IPMH intervention for use by frontline health workers and within an Indigenous language/cultural context.

Description

Videos of GMCD administrations in rural Guatemala with Indigenous caregivers and children will be presented and used to highlight key points about effective adaptation of the tool to the skill level of a frontline worker and to the unique cultural and linguistic context.

Conclusion

Participants will gain knowledge on the use of the GMCD as an exemplary IPMH intervention in a setting where most historical interventions have been stigmatizing to and dismissive of Indigenous caregivers and their unique perspectives. Family-centered, strengths-based, collaborative approaches like the GMCD can help to overcome the legacy of racism, discrimination, and colonialism in such settings.

S3-SYM24.1

Coaching with PICCOLO in the USA, Spain, and Italy: Improving parent-child interaction and child development

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S3 - SYM24: Coaching with PICCOLO in the USA, Spain, and Italy: Improving parent-child interaction and child development, Liffey Meeting Room 3, 16 July 2023, 14:30 - 16:00

Introduction

For infants and toddlers, a responsive home environment that includes developmentally supportive parent-child interactions is a powerful predictor of child developmental outcomes, at school entry and early adolescence, in both typical and atypical development (Innocenti, Roggman & Cook, 2013; Vilaseca et al. 2019).

Aim

This symposium presents four studies—in the US, Spain, and Italy--that aimed to increase parents' developmentally supportive interactions with their infants or young children, with or without disabilities, using a practical observation tool to identify parenting strengths at supporting child development

Material and Method

These studies used the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO; Roggman et al., 2013), a reliable and valid observational measure of caregiver-child interaction, as a coaching tool. The three studies each implemented an evidence-based parenting facilitation approach that included observational feedback with coaching on parenting interaction strengths (Provenzi, et al., 2020). Video was used both to identify parenting strengths by scoring PICCOLO and to provide feedback by selecting short video clips to share with parents during coaching. Along with showing each parent video examples of their own developmentally supportive behaviors that support their child's development, researchers also described the child's response and explained how the parent's behavior supports the child's development. In addition, two of the studies gave visual feedback with a book of photos from the video with text that included feedback and information about the child's response and how the interaction supports development.

Conclusion

In each study, the quality of developmental support substantially increased in the participating parent-child dyads. The measure and the procedures were implemented by researchers with a wide range of experience, from none to considerable. The substantial increases in parents' developmental support and children's development suggest the utility of this simple procedure using a practical observation tool.

The effectiveness of video-feedback intervention to promote parenting for mothers of infants with neurodevelopmental disability

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S3 - SYM24: Coaching with PICCOLO in the USA, Spain, and Italy: Improving parent-child interaction and child development, Liffey Meeting Room 3, 16 July 2023, 14:30 - 16:00

Introduction

Neurodevelopmental disability (ND) comprises a wide variety of clinical condition including infant cerebral palsy, genetic syndromes, metabolic diseases and brain injuries. Infants with ND share high risk of impairment in several developmental domains with a consequent impact on parental psychological and emotional well-being and on the quality of the parent-child relationship. Several studies suggested that early parenting support interventions improve parental sensitivity and infants' developmental outcomes, even in the presence of a ND. The video-feedback intervention (VFI) is an early parent-child focused intervention that aims to promote positive parenting and consequently the infants' development. Here, we used the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) as observational measure of parenting with infants with ND before (T0) and after (T1) the VFI.

Aim

Through a pre-post design we examined the effectiveness of VFI for mother of infants with ND in term of change in parenting behavior between T0 and T1.

Material and Method

29 children aged 9 to 25 months were recruited with their mothers at three Italian research and care centers for children with a ND. Each mother and child dyad participated in two sessions (before and after the intervention) of a 10 minutes video-recorder interaction subsequently coded with PICCOLO, in order to assess four domains of parenting (Affection, Responsiveness, Encouragement and Teaching). Between the two observation sessions the mothers receive six weekly 90 min VFI aimed to improve sensitivity parenting and parent-child relationship.

Conclusions

A pre-post comparison (t-test) revealed that in T1 mothers had improved in all the parenting domains. Our finding supports the potential effectiveness of parent-focused VFI interventions for parents of children with ND. Furthermore, the PICCOLO shows promise as a useful pre-post evaluation in parental support of parents who have a child with a ND.

What you show is what you get more of: Coaching feedback with PICCOLO

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S3 - SYM24: Coaching with PICCOLO in the USA, Spain, and Italy: Improving parent-child interaction and child development, Liffey Meeting Room 3, 16 July 2023, 14:30 - 16:00

Introduction

Coaching parent-child interaction is an empirically supported strategy for improving parents' developmental support for infants and young children but often requires extensive training in clinical observation skills. The Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO; Roggman et al., 2013), however, can guide observers to quickly identify parenting interactions that support children's development. Using this practical measure for giving effective feedback may help practitioners such as new home visitors increase parents' strengths for supporting their children's early development in many settings.

Aim

We tested the effectiveness of combining two key practices to increase developmentally supportive parent-child interactions: (1) coaching with observation feedback to parents, using PICCOLO as a practical observational measure of developmentally supportive parent-child interactions; and (2) collaboratively planning with parents to select a learning activity based on parenting and child development strengths.

Material and Method

Over four real-time tele-visits to six families in their homes, trained student researchers implemented: (1) Coaching with specific, descriptive feedback (e.g., Juffer et al., 2017; Kennedy et al., 2017; Schindler et al., 2017) from PICCOLO results, using two types of visual support, video clips and a photo book showing parenting strengths; and (2) collaborative planning (e.g., Fowler et al, 2012) with parents by guiding reflections about the results of PICCOLO and Ages and Stages Questionnaire (Squires et al., 1998) observations, offering some ideas from the ASQ Learning Activities (Twombly & Fink, 2013), and asking the parent to select an appealing activity appropriate for the child's development and the parent's strengths.

Conclusion

Independently scored parenting interactions showed substantial increases from visit 1 to visit 4, increasing in all families, with this sample's average increases exceeding a standard deviation, based on the measurement sample. These results show the potential impacts of coaching by non-clinical or inexperienced practitioners.

S3-SYM24.4

Video feedback and family picture-books to strengthen developmental parenting with socially vulnerable mothers in Spain

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S3 - SYM24: Coaching with PICCOLO in the USA, Spain, and Italy: Improving parent-child interaction and child development, Liffey Meeting Room 3, 16 July 2023, 14:30 - 16:00

Introduction

Improving parental competencies benefits child development (Rogman et al., 2020), parental self-efficacy (Kwok & Wong, 2000) and parental emotional well-being (Rankin et al., 2019). Therefore, it is necessary to design interventions aimed at strengthening parenting skills and assess their effectiveness.

Aim

We aimed to analyze the efficacy of a short intervention to strengthen maternal skills in mothers in vulnerability conditions in Spain.

Material and Method

A short intervention based on the PICCOLO was conducted with two single-parent mothers, aged 24 and 28 years. The oldest presented intellectual disability. Children were 24 (male) and 17 (female) months of age.

PICCOLO is an observational tool for assessing 29 positive parental behaviors in four domains (Affection, Responsiveness, Encouragement, Teaching) that promote child development at early ages (10-47 months) (Rogman et al., 2013; Vilaseca et al., 2021).

Mother and child played for ten minutes in a care center room and were video recorded by the interventionist. The dyads played with toys arranged by the researchers in three boxes containing manipulative toys, toys for symbolic play, and books. Videotaped interactions were assessed with the PICCOLO.

Three intervention sessions were conducted for three months. Every session included video feedback about three different PICCOLO behaviors, selected by the interventionist from a previous videotape. Family picture-books (Boyce et al., 2017) were progressively created, with frames selected from the videotapes. Mothers were encouraged to look at and talk about the book with their children at home.

Conclusion

Both mothers increased positive parental behaviors in the four PICCOLO domains and reported that the intervention helped them to be more conscious about their maternal strengths and resources to support their child's development.

Video-feedback intervention and family picture-books were useful to increase maternal behaviors supporting child development and were positively valued by the mothers.

S3-SYM24.5

The use of video feedback to promote developmentally supportive parent-child interactions with children with ASD

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S3 - SYM24: Coaching with PICCOLO in the USA, Spain, and Italy: Improving parent-child interaction and child development, Liffey Meeting Room 3, 16 July 2023, 14:30 - 16:00

Introduction

Positive parent-child interactions (PPCI) are crucial for infants and toddlers' development (Innocenti et al., 2013; Provenzi et al., 2021), being especially critical for children with a disability, such Autism Spectrum Disorders (ASD) (Tomeny et al., 2020). Coaching and video feedback could be powerful ways to increase PPCI (Santos & Brazorotto, 2018), parental self-efficacy (Lorio et al. 2020), and parental emotional well-being (Rankin et al., 2019).

Aim

We aimed to design and assess the efficacy of a video-feedback intervention for improving PCI in families with a child at risk of ASD.

Material and Method

Participants were 5 families, specifically 5 children at risk of ASD aged 24-36 months and one of their primary caregivers, with adequate internet access, recruited from Early Intervention Centers in Spain. Inclusion criteria were: a) Child at medium-high risk of ASD; scores ≥ 8 in M-Chat (Robins et al., 2009); b) Primary caregiver at risk of anxiety, depression, or parental stress; scores ≥ 7 in the anxiety or the depression dimensions of HADS (Caro & Ibañez, 1992; Zigmond & Snaith, 1983), or scores ≥ 86 in the stress dimension of the PSI-F (Abidin, 1995; Diaz-Herrero et al., 2010); c) Primary caregiver with a low or medium-low level of PPCI (scores ≤ 40 in the PICCOLO (Roggman et al., 2013; Vilaseca et al., 2021)).

Twelve biweekly sessions of approximately 90 minutes were conducted for 6 months, by videoconference with every family at home. Every session included video feedback and coaching strategies about three different PICCOLO behaviors that appeared in a monthly recorded caregiver-child interaction during play at home (book-reading, symbolic play, or manipulative play).

RESULTS: Our results showed an improvement on PPCI and indirect benefits on caregiver's emotional wellbeing and parental self-efficacy.

Conclusion

Our results provide new data supporting the effectiveness of interventions based on the PICCOLO and video feedback.

Responsive Caregiving: Evidence for Infants' Mental Representations and Promising Intervention Effects Across Contexts of High-Risk

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S3 - SYM25: Responsive Caregiving: Evidence for Infants' Mental Representations and Promising Intervention Effects Across Contexts of High-Risk, EcoCem Room, 16 July 2023, 14:30 - 16:00

Responsive caregiving, contingent upon infant cues, plays a central role in fostering infants' emotional development and social reciprocity. Abundant data underscore responsive care in supporting infants' emerging attachment security and associated behavioral signaling toward attachment-figures. Theory posits that recurring experience of caregiver responsiveness shapes infants' underlying mental representations of the self, the caregiver and the attachment-relationship. Infants are thought to come to expect responsive exchanges thereby supporting continued infant signaling and emergence of reciprocity central to social relations. Despite well established theory, empirical research evidencing infant's mental representations is scarce. How might these representations be measured and do they associate with early responsive care? Can maternal responsiveness be manipulated within the first months of life in high-risk contexts and populations? Do effective manipulations associate with elevated infant signaling and cues?

The present symposium provides multiple perspectives on these open questions in three talks demonstrating the importance of maternal responsiveness across the first months of life and effective targeting of responsiveness in early interventions administered in high-risk populations across the US and Israel. The first talk (Aptaker Ben-Dori, Atzaba-Poria and Frenkel) empirically supports infants' mental representations of the attachment-relationship and associations with prior experience of responsive care and concurrent infant signaling. The second talk (Katz, Dahl and Dozier) demonstrates the ability to effectively increase maternal responsiveness in opioid-dependent mothers via the Attachment and Biobehavioral Catch-up (ABC) intervention administered as early as the first weeks of life. Finally, the third talk (Morag) underscores the importance of individualized responsive care within the medical context of the neonatal NICU. Morag demonstrates clinical benefits of an intervention administered within the NICU, aimed at enhancing parental responsive feeding guided by infant cues in transitioning of preterm infants from nasogastric tube to oral feeding. Dr. Kristin Bernard, an expert on early parenting interventions, will discuss clinical implications.

Preverbal Mental Representations of Attachment: Associations with Early Maternal Responsiveness and Infant Behavior toward Mother

Mrs Shyly Aptaker Ben-Dori^{1,2}, Prof. Naama Atzaba-Poria², Dr Tahli Frenkel¹

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S3 - SYM25: Responsive Caregiving: Evidence for Infants' Mental Representations and Promising Intervention Effects Across Contexts of High-Risk, EcoCem Room, 16 July 2023, 14:30 - 16:00

Introduction

Attachment theory suggests that during the first year, infants form preverbal mental representations of attachment relationships, termed Internal Working Models (IWMs). IWMs are thought to reflect early experiences with attachment-figures and to shape infants' social expectations, preferences, and behavior in novel interactions with attachment-figures, implicating long-term effects on social development and well-being.

While theory postulates existence of IWMs, methodological challenges entailed in their assessment afford scarce empirical evidence. Decades of attachment research demonstrate predictive links between early caregiving and infants' behavioral attachment style, underscoring maternal responsiveness in fostering attachment security. Nonetheless, studies rarely attempted to directly assess infants' underlying mental representations of the attachment figure. Research has yet to evaluate whether these are predicted by prior experience of maternal responsiveness, and whether these associate with infant behavior in novel interactions with attachment-figures.

Aims

We aim to assess behavioral indices of infant's mental representations of their attachment relationship (i.e. IWMs). We examine whether early maternal responsiveness predicts these indices across the first year of life, and whether IWMs associate with concurrent infant behavior while interacting with mother.

Methods

Maternal responsiveness in mother-infant interactions was observed at 4-months. At 10-months, Infants' IWMs were assessed using a puppet-show (N=72). Measures of looking-time and infant choice indexed infant social expectations and preferences. Infants' behavior with mother was assessed at the same lab visit in free-play and Still-Face paradigms.

Results and Conclusions

Infants' social expectations significantly differed in accordance with their preferences ($d=0.54$), suggesting converging indices of IWMs. Maternal responsiveness at 4-months statistically predicted infant social expectations at 10-months ($r=0.29$, $p=.025$). Finally, infants' initiation during free-play differed by infants' preferences ($d=0.784$), as did infants' signaling patterns toward mother during Still-Face. Findings provide empirical evidence for infants' IWMs, suggesting these are shaped by maternal responsiveness and associate with infant behavior in novel interactions with attachment-figures.

Preliminary Effects of Modified Attachment Biobehavioral Catch-up on Sensitive Caregiving in Mothers with Opioid Dependence

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S3 - SYM25: Responsive Caregiving: Evidence for Infants' Mental Representations and Promising Intervention Effects Across Contexts of High-Risk, EcoCem Room, 16 July 2023, 14:30 - 16:00

Introduction

Sensitive caregiving, which involves following infants' cues, is critical to infants' optimal biological and socioemotional development. Infants who experience intrusive, rather than sensitive, caregiving are at risk for adverse outcomes such as poor biological and behavioral regulation, as well as increased risk for psychopathology (Abraham et al., 2021; Wagner et al., 2016; Wu & Feng, 2020). Certain populations of parents are at risk for insensitive, intrusive caregiving behaviors (Salo et al., 2010), and as such, early parenting interventions have been developed to promote responsive caregiving early on (Deans, 2020). In response to the opioid epidemic, the Attachment and Biobehavioral Catch-up (ABC) intervention (Dozier & Bernard, 2019) has been modified for mothers who are dependent on opioids and their newborns, with the aim of increasing sensitivity and decreasing intrusiveness during mother-infant interactions as early as the first weeks of the infant's life.

Aim

The current study aims to explore preliminary effects of the modified ABC (mABC) intervention on maternal sensitivity to non-distress and intrusiveness during a semi-structured play interaction.

Materials and Methods

Thirty-seven women who receive medication assisted treatment (MAT) for opioid-dependence were randomized to receive either the mABC intervention (n = 22) or an active control intervention (n = 15) and completed a dyadic semi-structured free-play assessment when their infants were 6 months old. The interactions were behaviorally coded for maternal sensitivity and intrusiveness. Mothers in the mABC group displayed significantly less intrusiveness ($t(35) = -2.81, p = .004$) and marginally greater sensitivity ($t(35) = 1.32, p = .098$) than those in the control group.

Conclusions

These preliminary data suggest that mABC displays promise in promoting maternal sensitivity and reducing maternal intrusiveness in this vulnerable population. Further exploration will be conducted as the study continues.

*Full references available upon request.

Transition From Nasogastric Tube to Oral Feeding: The Role of Parental Guided Responsive Feeding

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S3 - SYM25: Responsive Caregiving: Evidence for Infants' Mental Representations and Promising Intervention Effects Across Contexts of High-Risk, EcoCem Room, 16 July 2023, 14:30 - 16:00

Introduction

The modern neonatal intensive care unit (NICU) is a double-edged sword: On the one hand it enables the survival of sick and preterm infants, yet on the other hand, heavy reliance on modern technology for basic caregiving within the NICU, commonly leads to the ignoring of infant cues and hampering of parental intuitive behavior. Taken together, NICU settings create an unnatural environment for the infant, his/her parents and the emerging dyadic relationship. Unnatural care is particularly evident in traditional feeding practices which typically entail protocols aimed at having the infant consume predetermined food volumes, regardless of infant cues.

During the late 90-s, NICUs began to adopt the 'Developmental Care' (DC) approach which adapts the environment and care practices to the infants' individual needs, under the assumption that individualized care will exert beneficial long-term outcomes. To date, decades of research have confirmed the importance of implementing DC in NICU's to foster optimal infant brain development. While DC has been adopted by many NICU's worldwide, it has yet to be implemented in the context of neonatal feeding.

Aim

The present study aims to implement DC in the context of feeding preterm infants in the NICU.

Materials and Methods

A DC-intervention was administered to the parents while transitioning their preterm infants from nasogastric tube to oral feeding. The intervention focused on enhancing parental responsive feeding guided by infant cues.

Conclusions

Parental responsive feeding of preterm infants resulted in more frequent attendance of parents during feedings, earlier achievement of infant oral feeding and shortened hospital stay without weight gain disadvantage. Future steps will promote direct breastfeeding among preterm infants, guided by infant cues. Findings demonstrate that responsive feeding is possible even in the context of preterm babies and underscore the clinical importance of following the infant' feeding cues. Clinical implications are discussed.

S3 - SYM 29.1

Early Parent-Infant Relationships: Perspectives From Clinical and Non-Clinical Studies.

Professor Claire Hughes², Dr Sarah Foley¹, Miss Caoimhe Dempsey², Dr. Evelien Dirks³, Ms Helen Dolling²

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S3 - SYM29: Early Parent-Infant Relationships: Perspectives from Clinical and Non-Clinical Samples, Wicklow 3, 16 July 2023, 14:30 - 16:00

In this symposium, speakers from universities in England, Scotland and the Netherlands will report findings on early parent-child relationships within three different groups. The first two studies both draw on the New Fathers and Mothers study, which tracked a low-risk sample of families from before the birth of the first child to the children's second birthdays. The third study focuses on parents (mostly mothers) of deaf or hard of hearing infants, while the fourth study includes families receiving rapid whole genome sequencing to identify rare genetic conditions in the child.

Counterbalancing these contrasting foci on different families, the papers share common ground in terms of their methodological approaches. For example, two papers apply the 5-minute speech sample to assess parental perceptions, three use video-based coding of parent-toddler interactions and two include fathers in their analyses. By bringing together speakers from both clinical and non-clinical backgrounds, we hope to stimulate an interesting dialogue about the commonalities and contrasts in families' experiences.

Expectant Mothers' and Fathers' Mentalising and Autonomy Support in Toddlerhood

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S3 - SYM29: Early Parent-Infant Relationships: Perspectives from Clinical and Non-Clinical Samples, Wicklow 3, 16 July 2023, 14:30 - 16:00

Introduction

Autonomy support refers to caregiver behaviours that support children's goals, interests and choices and benefit children's learning and adjustment. Existing research in this field is limited by a narrow focus on mothers.

Aim

Previously we have reported that, compared with mothers, fathers show reduced autonomy support at 14-months, especially towards sons (Hughes et al, 2018). Here, we assess whether these contrasts persist at 24-months and examine pre/postnatal mentalizing as predictors of variation in parental autonomy support.

Method and Materials

Our sample included 197 predominantly well-educated heterosexual couples expecting their first child. These families were seen at home at four time-points: late pregnancy and 4, 14 and 24 months postpartum. Parental mind-mindedness (Meins & Fernyhough, 2015) was coded from transcripts of five-minute speech samples gathered at each timepoint. Autonomy support (Whipple et al., 2011) was coded from structured play observations of mother-infant and father-infant dyads at 14 and 24 months, with the conceptual equivalence of this measure across parent gender and timepoints tested via confirmatory factor analyses. We will use a dyadic structural equation model to test whether prenatal mentalising predicts autonomy support in both mothers and fathers.

Conclusion

While maternal and paternal autonomy support show more similarities than differences in early toddlerhood, preliminary analyses suggest expectant fathers' proclivity to think of their future infant as a sentient agent is a unique predictor of their later autonomy support. Findings will be discussed in relation to the universality of parenting models, as well as exciting avenues for intervention.

Hughes, C. et al. (2018). Autonomy support in toddlerhood: Similarities and contrasts between mothers and fathers. *Journal of Family Psychology*, 32.

Meins, E., & Fernyhough, C. (2015). *Mind-mindedness coding manual*. University of York.

Whipple, N. et al. (2011). Broadening the Study of Infant Security of Attachment: Maternal Autonomy-support in the Context of Infant Exploration. *Social Development*, 20.

Psychosocial Impact of Paediatric Early Rapid Genomic Testing and Diagnosis: retelling the story.

Ms Helen Dolling^{1,2,3,4}, Madeleine Freeman¹, Ilana Cope¹, Miss Mishika Mehrotra¹, Raymond Lucy^{3,4}, Professor Claire Hughes¹

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S3 - SYM29: Early Parent-Infant Relationships: Perspectives from Clinical and Non-Clinical Samples, Wicklow 3, 16 July 2023, 14:30 - 16:00

Introduction

Serious illness in infants exerts enormous stress and worry on parents, potentially exacerbated by diagnostic delays that also limit delivery of treatment and family counselling. Recent technological advances have enabled rapid expansion in the availability of whole genome and exome sequencing (WES/WGS) (NHS Long Term Plan, 2019). Worldwide, the Next Generation Children Project (NGCP: French et al., 2019, 2022) was the first cohort of children (521 families) to have received rapid trio whole genome sequence analysis (rWGS) for any suspected single gene disorder. While clinicians, bioethicists, and researchers have new concerns about testing critically ill neonates and the potential harms to family relationships, parental perspectives remain little explored.

Aim

We are investigating how early genomic testing and diagnosis impact parental experiences and early family relationships, with a view to (a) elucidate benefits or harms, including decisional regret and (b) identify risk and protective factors for family adjustment.

Description

We have followed up 62 NGCP families, with 53% receiving a diagnosis of mostly rare/ultra-rare disease in the child. 57 mothers and 35 fathers completed questionnaires, semi-structured interviews, and the Five-Minute Speech Sample (FMSS). Interviews illustrate clinical and personal utility of genomic testing results whilst survey responses highlight ongoing parental anxiety and uncertainty about the future in many families, coupled with changing attitudes over time. FMSS transcripts are currently being coded for narrative coherence (Sher-Censor, 2019) to explore parents' sense of competence, adaptive parenting, as well as parental attitudes and schemas regarding their child.

Conclusion

Among families of children with serious health problems, responses to FMSS offer a valuable window into parental experiences, concerns, and mental health, as well as the dynamic and complex nature of contrasts in family experiences. These appear more meaningful than simple measures such as presence / absence of genetic diagnosis.

Wait and see: Parent-child interaction of deaf children with cochlear implants

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S3 - SYM29: Early Parent-Infant Relationships: Perspectives from Clinical and Non-Clinical Samples, Wicklow 3, 16 July 2023, 14:30 - 16:00

Introduction

Early parent-child interactions are essential for children's language development. For deaf children who experience more challenges in their language development these interactions are of special interest. Parental intrusive behavior and joint attention are related to language abilities in children with typical hearing, but less examined in deaf children with cochlear implants.

Aim

We examine the association between parent-child interaction and language abilities in very young deaf children with cochlear implants, focusing on parental non-intrusive behavior and joint attention during free play.

Material and methods

Parent-child interactions have been videorecorded during a free play activity at home for 25 deaf children with cochlear implants (mean age 25 months) and 25 children with typical hearing (mean age 36 months). To study parental propensity to follow their child's lead we applied the non-intrusiveness scale of the Emotional Availability Scales (Biringen, 2005). In addition, the interactions were coded for episodes of joint attention. Standardized language tests were used to relate children's language development to parent-child interaction.

Conclusions

On average, parents of deaf children with cochlear implants showed more intrusive behavior, compared with parents of typical hearing children. Episodes of joint attention were also briefer in the interactions between deaf children and their parents. Within the deaf sample, less intrusive parent-child interactions and longer episodes of joint attention were associated with stronger child language abilities. To promote language development in deaf children with cochlear implants it is important to provide opportunities for children to take the lead and engage in joint attention during interactions with their parents.

Learning to cooperate: Do mothers' and fathers' interactions with toddlers predict children's unfamiliar peer interactions?

Miss Caoimhe Dempsey¹, Dr Sarah Foley², Dr Rory T. Devine³, Professor Claire Hughes¹

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S3 - SYM29: Early Parent-Infant Relationships: Perspectives from Clinical and Non-Clinical Samples, Wicklow 3, 16 July 2023, 14:30 - 16:00

Introduction

Engaging in positive interactions with peers is a key developmental challenge for preschoolers. Positive parent-infant interactions are known to support children's social competencies, but few studies have addressed this topic in the context of children's early interactions with peers (rather than friends).

Aim

Previously (Hughes et al, 2022), we have reported that executive function at 14 months predicts emotion regulation at 24 months in toddlers' interactions with mothers but not fathers (assessed via a 'Don't Touch + Free Play' paradigm at each timepoint). Here we assess: (a) across-timepoint contrasts in parent-toddler interactions and (b) whether there are parallel contrasts in maternal versus paternal links with children's preschool interactions with unfamiliar peers.

Material and Method

The Parent Child Interaction Coding Scheme (Deater-Deckard et al, 1997) was used to code both mother-toddler and father-toddler interactions for dyadic mutuality, parental positive control / affect and child affect and autonomy at 14 and 24 months. At 48 months, 96 study children were observed with an unfamiliar peer in semi-structured play, and interactions were coded for verbal and behavioural cooperation and conflict. We will use dyadic longitudinal models to examine the stability of parent-child interactions in toddlerhood and explore predictive associations with children's later peer interactions.

Conclusion

We expect marked contrasts in the quality of parent-infant interactions, both across time and by parent gender. Thus, while both maternal and paternal influences on children's preschool social competencies are expected, these may differ in both nature and magnitude.

S3-SYM48.1

Mechanisms in the intergenerational transmission of the adverse consequences of childhood maltreatment

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S3 - SYM48: Mechanisms in the intergenerational transmission of the adverse consequences of childhood maltreatment, Liffey Hall 2, 16 July 2023, 14:30 - 16:00

Introduction

Exposure to adverse childhood experiences (ACE) is a developmental risk factor which may have implications that extend into the next generation.

Aim

The symposium focuses on the consequences of maternal Childhood maltreatment (CM) and the effects of psychosocial and biological resilience factors on child attachment and stress-regulatory development using prospective trans-disciplinary approaches.

Materials and Methods

Studies assessed developmental and attachment measures, physiological parameters like heart rate variability, diurnal salivary cortisol during pregnancy and DNA methylation pattern of the dopamine receptor 2 gene.

Conclusions

Studies replicated and extended existing CM and attachment models by co-examining maternal attachment, social support, and child genetic susceptibility on child attachment and cardiovascular stress regulation. Exposure to maltreatment in childhood (CM) is associated with variation in the regulation of the hypothalamic-pituitary-adrenal (HPA) axis. Dopamine receptors, including the dopamine receptor 2 (DR2), are involved in stress-regulatory and cognitive, motoric and emotional developmental trajectories.

Effects of maternal attachment and social support on child attachment and cardiovascular stress physiology

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S3 - SYM48: Mechanisms in the intergenerational transmission of the adverse consequences of childhood maltreatment, Liffey Hall 2, 16 July 2023, 14:30 - 16:00

Introduction and Aim

This study examined the consequences of maternal Childhood maltreatment (CM) and the effects of psychosocial and biological resilience factors on child attachment and stress-regulatory development using a prospective trans-disciplinary approach

Materials and Methods

Mother-child dyads (N=158) participated shortly after parturition (t0), after 3 months (t1), and 12 months later (t2). Mothers' CM experiences were assessed at t0, attachment representation at t1 and psychosocial risk and social support were assessed at t1 and t2. At t2, dyads participated in the Strange Situation Procedure (SSP). Heart rate (HR) and respiratory sinus arrhythmia (RSA) were recorded as stress response measures of the autonomic nervous system. Child's single nucleotide polymorphisms (SNP) rs2254298 within the oxytocin receptor (OXTR) and rs2740210 of the oxytocin gene (OXT) were genotyped using DNA isolated from cord blood.

Results

Maternal CM experiences (CM+) was significantly associated with an unresolved attachment status, higher perceived stress and more psychological symptoms. These negative effects of CM were attenuated by social support. As expected, maternal unresolved attachment and child disorganized attachment were significantly associated. Maternal caregiving did not mediate the relationship between maternal and child attachment but influenced children's HR and RSA response and disorganized behavior. Moreover, the rs2254298 genotype of the OXTR gene moderated the stress response of children from mothers with CM. Children carrying the rs2740210 risk allele of the OXT gene showed more disorganized behavior independent from maternal CM experiences.

Conclusion

We replicated and extended existing CM and attachment models by co-examining maternal attachment, social support, and child genetic susceptibility on child attachment and cardiovascular stress regulation. The findings contribute to an extended understanding of risk and resilience factors and enable professionals to target adequate services to parents and children at risk.

Intergenerational transmission of maternal childhood maltreatment: DNA methylation pattern of the dopamine receptor D2 gene in mother-child dyads and associations with child developmental outcomes

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S3 - SYM48: Mechanisms in the intergenerational transmission of the adverse consequences of childhood maltreatment, Liffey Hall 2, 16 July 2023, 14:30 - 16:00

Introduction and Aim

Childhood maltreatment (CM) is a developmental risk factor which may have implications that extend into the next generation. Dopamine receptors, including the dopamine receptor D2 (DRD2), are involved in stress-regulatory and cognitive, motoric and emotional developmental trajectories. In the present study we investigated whether maternal experiences of CM were related to changes in DNA methylation of the DRD2 gene in mothers-child dyads. Additionally, in infants, associations between DRD2 gene DNA methylation and child developmental measures were studied.

Materials and Methods

A total of N = 102 mother-child dyads participated in the study shortly after parturition (t0) and were followed-up longitudinally over a period of 12 months. DNA methylation status of a selected region of the DRD2 gene was measured using mass array spectrometry in immune cells isolated from maternal blood and neonatal umbilical cord blood at t0. Maternal CM was assessed with the Child Trauma Questionnaire (CTQ) at t0 and child development was assessed using the Bayley's Scale of Infant Development at 12 months.

Results

Both mothers and children exposed to maternal CM showed increased levels of mean DRD2 gene DNA methylation compared to non-exposed dyads. In addition, mean DRD2 gene DNA methylation levels in infants were associated with cognitive and motoric development assessed 12 months later.

Conclusions

These findings support the hypothesis of an intergenerational effect of CM on the epigenetic regulation of the DRD2 gene and suggest that alterations in DRD2 gene DNA methylation are related to child developmental outcomes.

The influence of maternal attachment representations on maternal heart rate mediated by perceived stress

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S3 - SYM48: Mechanisms in the intergenerational transmission of the adverse consequences of childhood maltreatment, Liffey Hall 2, 16 July 2023, 14:30 - 16:00

Introduction

According to the attachment theory there is a closely related to interpersonal and intrapersonal factors including psychobiological stress and resilience. Up to now adult attachment research has mainly focused on subjective reports about stress and its symptoms. It is assumed that stressful situations activate the attachment system, and physiological systems are an important mechanism for the expression of stress responses.

Aim of the study

We aimed to assess the influence of attachment representations on heart rate mediated by perceived stress.

Material and Methods

Mothers (N=172) of a well-documented birth cohort for investigating the pathways leading to resilience or vulnerability in the cycle of maltreatment were examined with regard to their attachment representation as well as their actual perceived stress experience. In parallel to the psychological parameters, the biological stress reactivity was assessed by means of the heart rate. Statistical analyses showed that the course of the mother's perceived stress, differed significantly between the group of secure and insecure attachment representation. The course of maternal heart rate and the mean heart rate also differ significantly between the two groups. The results of the calculated mediation model also showed that the direct correlation between the two groups of attachment representation and maternal heart rate was mediated by perceived maternal stress.

Conclusions

Based on attachment theory and the findings of this study, psychological and biological systems are thought to be linked to attachment style and together they control the appraisal, response, and recovery processes to threats. The results showed that a secure attachment representation acts as a buffer during physiological reactivity and stressful situations and, that the relationship between an insecure attachment representation is significantly mediated by maternal perceived stress. These findings could be considered a basis for further research to understand the relations between attachment representation and physiological or psychological factors.

Diurnal cortisol during pregnancy as a potential mechanism in the intergenerational transmission of childhood maltreatment

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S3 - SYM48: Mechanisms in the intergenerational transmission of the adverse consequences of childhood maltreatment, Liffey Hall 2, 16 July 2023, 14:30 - 16:00

Introduction

Exposure to childhood maltreatment (CM) is associated with variation in hypothalamic-pituitary-adrenal (HPA) axis regulation. During pregnancy, CM-associated dysregulation of the HPA axis may have consequences for the development of the offspring, potentially resulting in intergenerational continuity of the adverse sequelae of CM.

Aim

To investigate whether CM was associated with diurnal cortisol concentrations across pregnancy and whether this hypothesized association was moderated by depressive symptoms.

Materials and Methods

In a sample of 265 healthy pregnant women, exposure to CM was assessed with the Childhood Trauma Questionnaire. In early (Mean=13.7±1.3 weeks gestation) and late gestation (Mean=31.5±1.4 weeks gestation), participants collected five saliva samples per day across four days. Area under the curve (AUC) for the entire day (AUC-day) and for the Cortisol Awakening Response (AUC-CAR) were computed. Depressive symptoms were assessed at both time points with the Center for Epidemiologic Studies – Depression scale. Linear mixed effects models were conducted for hypothesis testing.

Results

CM was not significantly associated with AUC-day across pregnancy; however, higher CM severity was significantly associated with overall lower AUC-CAR. Furthermore, we observed a significant interaction effect between gestational time point and CM on AUC-day and AUC-CAR. Specifically, higher CM severity was associated with lower cortisol concentrations across the day and in response to waking primarily in early pregnancy, but not later pregnancy. Furthermore, depressive symptoms moderated the interaction between CM and gestational time point, such that in early pregnancy, AUC-day and AUC-CAR decreased with increasing CM severity and depressive symptoms, whereas the opposite pattern was observed in late pregnancy.

Conclusions

The present findings suggest that in women exposed to CM, dysregulation of the HPA axis persists during pregnancy and may constitute a mechanism in the intergenerational transmission of CM. These results highlight the importance of considering experiences of CM in prenatal care.

S4-BOP10.1

Antenatal Journeys with Congenital Heart Disease in Ireland

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S4 - BOP10: Children with special medical and developmental needs, Liffey Hall 1, July 16, 2023, 16:30 - 18:00

Introduction

Congenital Heart Disease (CHD) is an umbrella term used to describe problems with structures of the heart and how the heart works at birth. CHD diagnoses, interventional and surgical treatment to repair or palliate heart conditions in babies can be prolonged, stressful and psychologically impact on both infants and parents. Five hundred newborns with a diagnosis of CHD are seen by this tertiary service each year. 60% of these newborns have a prenatal diagnosis of CHD through the fetal medicine programme in maternity hospitals in Ireland.

Purpose

The aim of this presentation is to give an overview of infant mental health and perinatal mental health considerations in antenatal diagnoses of CHD and its impact on babies and their families.

Description

A Consultant Paediatric Cardiologist and Clinical Nurse Specialist in cardiac fetal medicine meet with parents at maternity hospitals, and once diagnosed meet and support them at the paediatric tertiary centre prior and after the baby is born. A fetal handbook for parents was designed as a joint venture by the fetal cardiac team, the department of psychology and a parent advocate as an educational support and resource for parents . Psychology has now joined the Consultant Paediatric Cardiologist and CNS in Fetal Medicine to pilot a programme to support parents with complex decision making with diagnoses of single ventricle CHD during pregnancy. There is growing interest through the use of the NBO (Newborn behavioural Observation) in antenatal journeys of babies which has been incorporated into the Psychology approach with these families.

Conclusion

Perinatal and Infant Mental Health are important considerations in diagnoses of CHD. Developments, challenges and obstacles in providing this service discussed.

Keywords: antenatal, infant mental health, congenital heart disease, fetal medicine

Addressing infant mental health during intrusive medical procedures for an anorectal malformation

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S4 - BOP10: Children with special medical and developmental needs, Liffey Hall 1, July 16, 2023, 16:30 - 18:00

Introduction

Infants with an ARM often require immediate surgery and spend time in the neonatal intensive care unit (NICU). During the first year of life, they may need ongoing surgery and experience discomfort from intrusive medical procedures, such as anal dilatations.

At age 3-4 years of age, behavioural and emotional challenges are often seen, with a refusal to defecate in the toilet resulting in prolonged nappy dependence at 4 and 5 years of age. A universal model of wellbeing support was established with clinical nurse consultants, clinical psychology and child life therapy (CLT) to reduce the impact of traumatic medical stress during infancy.

Aims / Purpose

The aim of the project was to develop a multidisciplinary model of care that reduces medical traumatic stress in infants with an anorectal malformation.

Description

A psychological care pathway was developed for parents of infants to access psychological support during their NICU stay, with a focus on facilitating an understanding of their infant's experience and regulation needs. This may include performing the newborn behavioural observation (NBO).

To reduce medical traumatic stress during anal dilatations a booklet was developed to support the wellbeing of infant's during dilatations. This was based on a mentalisation-based therapeutic (MBT) approach that included support around marked mirroring and parental reflective functioning.

A social story was developed by psychology and CLT for older infants (12 months plus) accompanied by an instructional handout for parents.

Conclusion

Families reported to feel empowered from the provision of support and education materials.

However, some infants still experience anxiety around their bottoms with ongoing pain issues.

Further work may be needed with alternative treatment approaches e.g. EMDR for preverbal infants.

S4-BOP10.3

Does parent education change the perceived stress for families of children with medical/ special needs?

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S4 - BOP10: Children with special medical and developmental needs, Liffey Hall 1, July 16, 2023, 16:30 - 18:00

Parents of a child with special needs contend with many additional stressors not experienced by typical families. A contributing factor can be the parents' lack of knowledge or understanding of their child's diagnoses and ways to mitigate related stress, including strategies to help their child. Additionally, providers' knowledge and understanding of medical, sensory or behavioral challenges and its impact on families can help provide targeted parent education that will contribute to increased understanding of their child's needs and thereby reduce parent stress. The demands of daily living with a child who has specific medical/special, sensory or behavioral needs pose many challenges that parents need to navigate.

If parent stressors and family impact related to a child's needs can be identified and better understood, providers can target education to better support families and improve the outcomes of medical based interventions.

A pre- and post-test pilot study using the Parenting Stress Scale and the Family Life Impact Questionnaire will examine the impact of parent education in conjunction with the provision of developmental therapy services for parent perceived stress.

This pilot investigation proposes that parent education about the child's needs can contribute to a reduction in parental stress and improve quality of life for the family. The investigation seeks to establish whether parent education that improves their ability to support their child and navigate their community with increased confidence and competence will decrease perceived stress and decrease the overall impact on the family unit. Qualitative data will be collected to identify themes related to parent education the parent experiences and stressors.

S4-BOP10.4

Is family disruption, parent stress, and a child with sensory needs correlated? A preliminary investigation

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S4 - BOP10: Children with special medical and developmental needs, Liffey Hall 1, July 16, 2023, 16:30 - 18:00

Parental stress has been described as the distinct distress experienced when a parent is unable to cope with increased demands specific to parenting and they do not have the resources to meet the demands. Stressors are internal and external factors within and outside of one's control. A child with medical, special needs, or behavioral problems, increases the parenting burden and stressors already in play and impacts the quality of the parent-child relationship. Navigating a healthcare system that is complicated and confusing leaves many parents of children with medical, special needs, or behavioral problems feeling incompetent, uncertain of resources, and frustrated with the healthcare system.

If parent stressors and the impact on the family as a result of a child's medical, special needs, or behavioral problems can be identified and better understood, providers can be equipped to support families and improve the outcomes of intervention and parent education.

This pilot study will evaluate the relationship between family disruption, parent stress, and a child with medical, special needs, or behavioral problems. Preliminary data will be collected at a community pediatric occupational therapy clinic using a parenting survey (Family Life Impact Questionnaire), a child's sensory profile, (Sensory Profile-2), and a parenting stress survey (Parental Stress Scale) to capture the parent's perspective on a) the impact on quality of life while parenting their child, b) their child's sensory profile, c) the parent's level of stress in the context of parenting their child(ren), and d) the correlation between family disruption, parent stress and parenting a child with medical, special needs, or behavioral problems. Qualitative data will be collected to identify themes related to the parent experiences and stressors.

Preschool Children's Coping and Caregiver Support in Families with Maternal Substance Misuse: A Qualitative Study

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S4 – BOP10: Children with special medical and developmental needs, Liffey Hall 1, 16 July 2023, 16:30 – 18:00

Introduction

Maternal substance misuse affects caregiving, which influences children's coping skills. However, little is known about how children of mothers with substance misuse describe their coping in stressful situations.

Aim

The aim of our study was to explore children's coping with everyday conflict situations as described by the 4-year-old children of mothers with substance misuse in story stem narratives.

Material and Method

We studied coping and caregiver support among 29 children 4 years of age recruited from a children's health clinic serving families with maternal substance misuse in Finland. Children completed a revised Attachment Story Completion Task that we examined with qualitative content analysis.

Conclusion

We identified children's experiences with coping in stressful situations with optimal and non-optimal caregiver support. Experiences with optimal caregiver support included (a) empathy, (b) solicitude, (c) intimacy, (d) reassurance, (e) being a role model, (f) concrete help, and (g) shared joy. Ones with non-optimal caregiver support included (a) punishment, (b) abandonment, (c) unresponsiveness, (d) physical aggression, (e) aggressive protection, and (f) parentification. Children's strategies for coping without caregiver involvement were (a) magic, (b) avoidance, (c) inappropriate laughing, (d) self-reliance, or (e) a lack of strategy. Our findings highlight that preschool children of mothers with substance misuse employ various coping strategies in stressful situations that either include caregiver support or indicate non-optimal support. Children also tended to use maladaptive coping strategies when a caregiver was not involved. Understanding children's coping with stress in families with maternal substance misuse is essential to supporting their socioemotional development and providing adequate interventions.

S4-BOP10.7

Creating Mellow Ability – a new programme for families and their young children with disabilities

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S4 - BOP10: Children with special medical and developmental needs, Liffey Hall 1, July 16, 2023, 16:30 - 18:00

Introduction

Mellow Ability is a 14-week programme that supports parents and their children with additional needs, aged between four and seven years old. It aims to reduce social isolation, stress and pressure in family relationships alongside improving the child's social and emotional development.

Purpose

The presentation will identify gaps in provision and outline the background to the creation of Mellow Ability, the theory of change and how the programme has been feasibility tested as well as the findings of the pilot groups.

Description

There are gaps in interventions that support families who have young children with additional needs and disabilities. Mellow Ability seeks to address some of these gaps through the creation of a structured 14-week programme which has successfully been rolled out in a number of settings across Scotland.

Mellow Ability aims to create safe, supportive spaces for “hard pressed” parents who experience stress and challenge, loving and caring for their child with an additional support need.

The programme supports parents to be themselves, accept, understand and be with their children as they are. Parents are encouraged to have hopes and dreams for themselves, as well as supporting them to be proactive in shaping their children's future.

Factors which have a negative effect on family relationships are identified as well as buffers that support and strengthen relationships. These include a rights based focus, a whole family approach (Mums, Dads and siblings), support with emotion regulation and activities that strengthen relationships, improve communication, boost self-esteem, self-compassion and enable social support.

Conclusions

We report on the feasibility and acceptability of the novel Mellow Ability intervention in schools and community settings in Scotland.

S4 - BOP 10.8

How do we conceptualise an infant's mental health when undergoing painful cancer treatment?

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S4 - BOP10: Children with special medical and developmental needs, Liffey Hall 1, July 16, 2023, 16:30 - 18:00

Introduction

Diagnosis of a brain tumour in early life involves frequent and prolonged hospital admissions, the possibility of multiple surgical and medical procedures, separation from parents, handling by multiple health care professionals and the pain and discomforts brought on by the treatment itself. This presentation will consider the importance of an infant's mental health and attachment in the context of their oncology treatment.

Aims

To explore how clinicians can recognise and manage the balance between what is a side effect of treatment and what is medical trauma following chemotherapy and neurosurgery. Specifically, is this infant "unsettled" due to a disruption in normal development and attachments, or due to medical trauma?

Description

This is a case of a 4-month-old baby undergoing treatment for a rare brain tumour. Following invasive neurosurgery, the infant presented as very unsettled with excessive crying. The Infant Mental Health and Social Work teams worked together to explore this change in presentation out of concern that a disruption was occurring in the baby-parent dyad. Through infant observation and discussions with the parents, we explored the indistinct line between an infant communicating its trauma and the accepted notion that oncology treatment is painful.

Conclusion

When working with infants undergoing painful oncology treatment, clinicians can be blinded by the intensity of the treatment and the accepted side effects of medical intervention. We can forget to prioritise the infant's experience of their body and the impacts of hospitalisation on the infant's inner world.

Given the additional complexities of cancer treatment and associated side effects in infants we need to keep the infant's experience at the centre of our interventions to support attachment between infants and their parents and to reduce psychological distress.

S4-BOP12.1

Family Care Follow-Up Clinic: A developmental and relational service for opiate-exposed infants and their caregivers

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S4 - BOP12: Early parenting interventions in the context of risk, Wicklow Hall 1, July 16, 2023, 16:30 - 18:00

Introduction

The Family Care Follow-Up Clinic (FCFC) provides developmental assessment and anticipatory guidance to families affected by prenatal opiate exposure. Often substance exposed newborns have difficulty regulating states of wakefulness, sleep, and distress. Caregivers may struggle with reading the child's communications making it difficult to understand the infant's experiences and needs. Additionally, infants with child protective service involvement experience disruptions in placement which raises concerns about their ability to maintain secure attachments when there are changes in their primary caregiver. We present case studies representative of various caregiving experiences of infants in FCFC to illustrate the importance of a comprehensive approach to promote optimal developmental outcomes, secure attachment and healthy caregiver–infant relationships.

Purpose

Describe the FCFC's model of using developmental assessment and guidance to enhance the caregiver's capacity for developing sensitive and responsive relationships. Identify strategies and stimulate discussion about how best to support nurturing parenting for substance using mothers, promote healthy caregiver–infant relationships and minimize disruptions in primary attachment figures.

Description

The clinical interventions provided in the FCFC are designed to support families of infants prenatally exposed to opiates. Developmental screenings and observations of the infant's growth and progress provide avenues for understanding the emotional and relational needs of the infant. Recognition of the impact of early separations is a central theme coursing through the work. The psychological effects of not having a consistent, primary attachment figure will be examined.

Conclusion

The FCFC is a model program for promoting optimal infant developmental outcomes for families impacted by opiate use during pregnancy. This workshop will stimulate thinking and discussion about the use of developmental assessment as a way to support and enhance parenting abilities of caregivers of substance-exposed infants.

An Innovative Integrated Intervention to Treat Trauma, Substance Use, and Parenting

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S4 - BOP12: Early parenting interventions in the context of risk, Wicklow Hall 1, 16 July 2023, 16:30 - 18:00

Introduction and Aim

Caregivers with a substance use disorder (SUD) represent a significant cause of entry into the child welfare system (CWS) and involve approximately 50-80% of cases. As a group, caregivers with a SUD are more likely to utilize a range of maladaptive parenting strategies that can negatively impact children's development. Research has clearly established the need for integrated substance use, trauma, and parenting interventions, yet few of these programs exist and even fewer studies have been conducted to assess their efficacy. This study examines the effectiveness of a family focused treatment program that combined the Attachment, Regulation and Competency Model with dyadic, parent-child treatment for caregivers with addictions.

Methods

Clinicians administered validated clinical assessments to examine changes in clients depression, trauma, and anxiety symptoms between baseline and discharge. Validated clinical measures of parental stress and parental behaviors were also assessed. 421 clients were administered measures at each session for five timepoints in clinical sessions.

Results

Clients experienced a 22% reduction in reported depressive symptomatology (from 5.8 to 4.5) and a 52% reduction in anxiety symptoms (from 6.7 to 3.2), between the beginning and end of treatment. The UCLA-PTSD indicated higher post-traumatic symptomology across treatment for clients who started with high and low severity symptoms, 20.6 to 25. Scores on parenting attitudes and behavior measures also exhibited changes, including a 26% client reported increases in parental empathy (from 5.7 to 7.2).

Conclusion

Data analysis reveals positive trends for clients who received integrated substance use, trauma, and parenting treatment at this agency. Most clients reported reductions in their mental health symptoms and endorsed support for more effective parenting strategies between admission and discharge across all programs. This study provides support for a different approach to substance use disorder treatment that considers the unique needs of parents and children.

'Look- your baby is talking to you'

Phd Student Camilla Ejlersen^{1,2}, Professor Anne Brødsgaard^{1,2,3}, Dr Ingeborg Hedegaard Kristensen², Professor Anne-Marie Nybo Andersen⁴

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S4 - BOP12: Early parenting interventions in the context of risk, Wicklow Hall 1, 16 July 2023, 16:30 - 18:00

Introduction

Maternal vulnerability challenges parenthood and poses an essential task to health professionals working in postnatal care. Being born by a vulnerable mother may have wide-ranging effects on child development and carry a risk of impairment in cognitive performance, behavioral disturbances, and mental problems. Healthcare professionals in the obstetric department are in a unique position to initiate early intervention to improve both outcomes for both mother and infant.

Aim

By working family focused and relationship based with the families the complex intervention 'Look-your baby is talking to you' has been carried out at Copenhagen University Hospital Hvidovre, Copenhagen and is the first of its kind to combine components from the methods Family Focused Nursing and Newborn behavioral observations (NBO), as well as a systematized transition to the primary healthcare sector. The intervention hypothesizes that when providing the mother with optimal support, strengthening confidence, observation skills, understanding of their infants' cues and signals and empowering family resource's chance is to lower maternal depressive symptoms 3 month post-partum.

Methods

The target group of the intervention is mothers with current or past depression and / or anxiety. The intervention consisted of a five-day standardized stay at the obstetric department including 3 NBO sessions and 3 family conversations. At the last family conversation, the family's healthcare worker was invited to participate. In total 49 mothers received intervention and 51 were included in the comparison group. Baseline data were collected 24-48 hours post-partum and 3-month post-partum. Data analysis are ongoing, and results may be presentable spring 2023.

Conclusions

This short-term intervention will contribute with a new perspective on the potential of the postpartum stay at the obstetric department and provide knowledge about the application of both NBO and family conversations at the obstetric department which has never been done in a Danish context.

S4-BOP12.4

Interviews to inform parenting support program for female prisoners with babies or infants

Dr Naoko Nishimura¹, Professor Emiko Suzui¹, Lecturer Akemi Mochizuki¹

¹Otemae University, Osaka city, Japan

S4 - BOP12: Early parenting interventions in the context of risk, Wicklow Hall 1, 16 July 2023, 16:30 - 18:00

Introduction

Although the formation of attachments by children aged 0 to 3 years to others is considered important, female prisoners with babies or infants are separated from them during this important period. This study aimed to explore effective parenting support for female prisoners with babies or infants through interviews.

Methods

Among 41 female prisoners with children younger than 18 years old, we interviewed one primipara and one multipara who consented to participating in this study. We planned to conduct interviews based on the three Rs theory: Remediation, Redefinition, and Reeducation. We conducted interviews with each participant six times, approximately once a month.

Results/Discussion

During the first interview, we focused on building a good relationship with study participants by encouraging them to talk about what they want to discuss. During the second and third interviews, we discussed parenting role models and the relationship between the study participants and their parents. During these interviews, the participants told us that they had prepared conversation topics, suggesting that our interview method was effective in building a supporter-parent partnership. During the fourth interview, we practiced reading signals from babies using Baby Cues™ Cards. We told them that they were reading these signals correctly to increase their confidence. During the fifth interview, it seemed that they had changed their perspective on their children. They became able to reflect on their past and constructively consider what is necessary for parenting their children after being released from prison.

Conclusion Interviews with mothers in prison based on the 3 Rs theory can be effective if the interviewer's attitude is supportive. Based on the findings of this study, we will review contents of interviews, aiming to establish a parenting support program.

Minding the Baby: quasi-RCT of a home-visiting intervention for families at increased risk for adversity

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S4 - BOP12: Early parenting interventions in the context of risk, Wicklow Hall 1, 16 July 2023, 16:30 - 18:00

Introduction

Health inequities early in life can profoundly affect a child's health and opportunities later in life. Minding the Baby® (MTB) is an attachment-based, interdisciplinary home visiting intervention aimed at improving developmental, health, and relationship outcomes in families experiencing adversity and trauma. A team of highly skilled practitioners with health and social work experience delivers the manualized MTB intervention to families from pregnancy until the child is two years old. An RCT conducted in the USA found positive effects on a range of outcomes, but similar findings were not found in a study in the UK.

Aim

The study examines the effects of MTB in a Danish community sample of families at increased risk of adversity. This presentation focuses on findings when the infant is three months old.

Material and methods

The study is a pragmatic, prospective, quasi-cluster-randomized controlled trial in which seven Danish municipalities were randomized to receive MTB training in either 2018 or 2019. We recruited 255 pregnant women at increased risk of adversity from 2018-2022. Control families received care as usual. All participants were assessed at baseline and when the infants were 3, 12, and 24 months old. The primary outcome is maternal sensitivity measured by the Coding Interactive Behavior scale applied to video recordings of mother-infant interactions when the child is 12 and 24 months old. We estimate the treatment effect as a fixed effect using a binary indicator of MTB treatment and cluster-robust standard errors based on wild bootstrap.

Conclusions

In this presentation, we will present the preliminary results of the analyses of maternal well-being, postnatal depression, maternal satisfaction, child motor development, child socio-emotional development, child health, and the number of out-of-home placements when the child was three months old.

Becoming mother without family support : impacts on the maternal state and baby development.

Miss Delphine Vennat¹, Miss Rose-Angélique BELOT², Professor Denis Mellier³

¹Université Paris Cité, PARIS, France, ²Université Bourgogne Franche-Comté, Besançon, France,

³Université Bourgogne Franche-Comté, Besançon, France

S4 - BOP12: Early parenting interventions in the context of risk, Wicklow Hall 1, 16 July 2023, 16:30 - 18:00

Introduction

In Western countries, many new parents feel lonely and helpless with their newborn child. Our research assessed the effects of the lack of family support after a birth, on the construction of parenthood and maternal distress.

Material and Methods

35 Families were recruited. The mother was living with the father of her child, was primiparous, and between 18 and 40 years of age. Two subgroups were defined : with family support (WFS) or without family support (WoFS), defined on the basis of the independent variable "family support" (definition taken from the SSQ6, Sarason 1987). Follow-up was done in eight stages: when the baby was 2 and 6 weeks old, and then during the 3rd, 6th, 9th, 12th, 15th, and 18th months.

We used a longitudinal and comparative mixed method. Interviews, observations and self-questionnaires assessing the psychic state of the mother (EPDS: Cox, 1987 and STAI-Y Spielberger, 1983).

Results

There was no significant difference between the two groups in T1 and T2. However, we observed in the WFS, significantly lower scores of depression and anxiety related to T3 ($p < .05$ for both) and T4 ($p < .05$ for both), while no change was observed in the WoFS.

Mothers from WoFS continued to suffer, whereas depression and anxiety decreased significantly in the WFS. These results confirm our hypothesis about the impact of the lack of family support on parental well-being, and more specifically on maternal well-being.

Conclusions

Revealing the existence of this risk will improve our understanding of the needs of both parents and babies after birth. This could have direct repercussions on professional practices and public health programs, and even on family policies.

Prenatal methamphetamine exposure and executive function in children prior to school entry.

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S4 - BOP12: Early parenting interventions in the context of risk, Wicklow Hall 1, 16 July 2023, 16:30 - 18:00

Introduction

Higher order cognitive processes collectively referred to as executive function (EF) develop rapidly during the preschool years and are considered a precursor to life-long academic, social and behavioural outcomes. Yet little is known about the effects of prenatal exposure to methamphetamine and alcohol on EF processes prior to school entry.

Aims

- 1) To investigate whether prenatal exposure to methamphetamine and alcohol are associated with poorer executive functions prior to formal school entry (age 4 1/2).
- 2) To determine whether neonatal, caregiver and environmental characteristics since birth explain these associations.

Methods

Infant clinical outcomes at birth and prenatal substance exposure were obtained from 221 mothers enrolled in the New Zealand Infant Development, Environment and Lifestyle Study. Primary caregivers were interviewed at 1, 12, 24, 30, 36 and 54 months to obtain infant, maternal and family characteristics (Maternal Lifestyle Interview). The Brief Symptom Inventory, Substance Use Inventory, and the Home Observation for the Measurement of the Environment measured maternal mental illness, continued substance use and the home environment, respectively. EF outcomes were obtained from the Parent Report of the Behavior Rating Inventory of Executive Function-Preschool Version (BRIEF-P) including 5 clinical scales (Inhibition, Shifting, Emotional Control (EC), Working Memory (WM), and Plan Organize PO), 3 indices (Flexibility, Inhibitory Self-control (ISCI), and Emergent Metacognition EM), and a Global Executive Composite (GEC). Higher T-scores are less optimal.

Results

In adjusted analyses, prenatal exposure to methamphetamine plus alcohol was associated with the clinical scales of Shifting ($r^2=.19$) and EC ($r^2=.17$), indices of ISCI ($r^2=.17$) and Flexibility ($r^2=.22$), and the GEC ($r^2=.24$). Males had significantly higher scores on EC than girls (Mean T-score=58.89 vs 53.90).

Conclusions

Methamphetamine plus alcohol exposure along with the home environment and continued heavy use of tobacco (>10 cigarettes/day) was associated with deficits in higher order cognitive processes prior to school entry.

Impact of A Home-Visitation Program on Maternal Wellbeing: The Moderating Role of Child Emotionality

Dr. Nihal Yeniad¹, Dr. Bengü Börkan¹, Prof. Dr. Feyza Çorapçı¹, Dr. Hande Sart¹, Prof. Serra Müderrisoğlu¹

¹Bogazici University, Istanbul, Turkey

S4 - BOP12: Early parenting interventions in the context of risk, Wicklow Hall 1, 16 July 2023, 16:30 - 18:00

Growing up in poverty in the first three years of life hampers human growth more deeply than any other period (Evans et al., 2013) and early parenting interventions (EPIs) can buffer the negative impact of socioeconomic deprivation on child development (Britto et al., 2017). A recent meta-analysis of 102 RCTs demonstrated that although EPIs targeting families with children aged 0 to 3 promote children's developmental outcomes as well as positive parent-child relationship; they, however, do not reduce maternal depression (Jeong et al., 2021) which is a key predictor of mothers' nonresponsiveness and hostility (Murray et al., 2019). In this study, we examined the impact of the an EPI on maternal wellbeing, taking into account child temperament. The EPI that focused on (a) developmentally-facilitating parenting, (b) child nutrition and (c) maternal psychological well-being on maternal wellbeing and targeted in a group of families living in the poorest neighborhoods of Istanbul, Turkey. The program was delivered by community workers at four district municipalities through biweekly home-visits from the prenatal period till the age 2. The sample consisted of 455 (N intervention = 228; N control = 227) families, with assessments in the prenatal period, at ages 9 and 18 months. In line with the meta-analytic (Murray et al., 2019) findings, our longitudinal analysis results demonstrated no intervention effect on maternal depression. Nevertheless, we found that toddlers' emotionality moderated the intervention effect on maternal depression at 18 months controlling for mothers' depression scores at earlier assessments, indicating that the EPI may play a protective role for psychological wellbeing of mothers who have emotionally reactive children. The implications of the findings for social policies will be discussed in the presentation.

S4-BOP13.1

Remote Video Intervention Groups with Trauma Exposed Teen Mother-baby dyads in Turkish Group Homes

Dr Beril Bayrak¹

¹Beril Bayrak Bulucu Consultations, Preventative Mental Health, Boston, USA, ²Baslangic Dernegi, New Beginnings NGO, Istanbul, Turkey, ³Brazelton Institute, Boston, USA

S4 - BOP13: Personal and professional Impacts of International Engagement and Its importance During the Global Pandemic, Liffey Hall 2, July 16, 2023, 16:30 - 18:00

Introduction

Baslangic Dernegi (New Beginnings NGO) is an international nonprofit organization dedicated to trauma prevention and improving the mental health of traumatized populations. Welcome Baby project was started in 2017 aiming to support the reunion of traumatized teen moms and their babies in Turkish Group Homes. The project consisted of several educational activities on trauma, parent infant mental health , clinical and reflective supervision of the staff in governmental facilities. Multidisciplinary collaboration was established with many health care and mental health professionals ,to provide direct care for these dyads and support staff engagement and education.

Purpose

Purpose of this talk is to present on the remote video intervention groups and staff supervision program developed during the pandemic as an innovative way to support the teen-mother baby dyads and staff in Turkish group homes. The continued International IPMH peer support process scaffolded the creation and implementation of this project.

Description

Video Intervention Groups were designed and implemented by using Video Intervention Therapy Principles, under direct supervision of Dr George Downing. Interactional videos taken by the staff were analyzed and viewed together with the teens during the biweekly visits. There were also monthly visits scheduled with the staff caring for the teens. There were several crises in the group home with depletion of internal and external resources and high staff turnover. I was going through a similar resource depletion in a rural hospital setting in Maine USA. The IPMH support helped me navigate the complexities of this heavy work without vicarious trauma. Monthly reflective zoom meetings with the international IPMH peers was a very important part of this support.

Conclusions

Working with teen dyads exposed severe trauma posed added layers of challenges during the pandemic with the depletion of resources. The international group of IPMH Colleagues provided a multicultural and multidisciplinary holding environment.

The Power of Observation - Pivoting from Home to Virtual Visits in Early Intervention

Mrs Colleen Ciccarello¹

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S4 - BOP13: Personal and professional Impacts of International Engagement and Its importance During the Global Pandemic, Liffey Hall 2, July 16, 2023, 16:30 - 18:00

Introduction

In the United States, Early Intervention (EI) provides developmental services to children aged 0-3 who have developmental disabilities. In 2016, Massachusetts Early Intervention shifted to a relational-based, family-centered service delivery model. Many Early Interventionists struggled to relinquish a child-directed, medical model approach. When the pandemic hit, Early Intervention pivoted to virtual visits creating a crisis for those delivering child-directed developmental services.

Purpose

In 2020, my role in Early Intervention was to deliver mental health services to families in EI and to train the Massachusetts EI workforce in using the Parents Interacting with Infants (PIWI) philosophy during home visits.

Description

From March 2020 to March 2022, my greatest challenge became delivering mental health services using the PIWI model and training a workforce in how to use relational-based, family-centered service delivery during tele-health visits. My work shifted to focusing on creating and sustaining relational connections virtually. Meeting with the IPMH fellows regularly during this time allowed me to discover several strategies to help facilitate connecting virtually. I used these strategies in my work with families and with EI trainees by leaning into the parallel process. I will share these strategies through a brief case study and observations made during training sessions.

Conclusion

The Covid-19 pandemic shattered many constructs in early intervention service delivery. Relational connection was not one of them.

S4-BOP13.3

Personal and professional Impacts of International Engagement and Its importance During the Global Pandemic

Mrs Hanna Lampi¹, Daniela Moreno Boudon, Mrs Colleen Ciccarello, Dr. Susanne Mudra, Dr Beril Bayrak, Marianne Riggins

¹Terapialampi, Espoo, Finland

S4 - BOP13: Personal and professional Impacts of International Engagement and Its importance During the Global Pandemic, Liffey Hall 2, July 16, 2023, 16:30 - 18:00

Introduction

The importance of a global holding environment during the pandemic became an essential resource to a group of Infant – Mental health professionals worldwide.

Purpose

With this selection of Brief Oral presentations, we are high lightning the impact of international engagement between Infant-Parent Mental Health providers through our experience within the Infant-Parent Mental Health program at UMass Boston.

Description

During the two-year program, we met regularly, heard the world's leading experts in Infant-Mental health, and had a platform to share our cultural differences and similarities and learn from each other in a way that had not been possible before. After the program, we wanted to keep in touch and invited all interested in continuing the dialogue we had started during our shared studies. This invitation as the following communication was informal and without set goals or exact purpose, more of a way to stay connected and build our shared understanding and passion for Infant-mental health.

Conclusion

This connection had an especially powerful influence during the pandemic as we all navigated the unknown, personally and professionally. At the beginning of the pandemic, we began to meet online weekly, sharing our thoughts, views, and struggles. This proved to be a valuable resource in understanding the global impact of the pandemic and, maybe even more importantly, the peer support we gained from our weekly meetings at the beginning of the pandemic. This helped us to be present for our own families, families that we work with, and ourselves.

S4-BOP13.4

Creating undergraduate programs for pre-licensed students in Guatemala that highlight infant and parent mental health

Lic. Daniela Moreno Quintana^{1,2}

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S4 - BOP13: Personal and professional Impacts of International Engagement and Its importance During the Global Pandemic, Liffey Hall 2, July 16, 2023, 16:30 - 18:00

Introduction

The Guatemalan population would highly benefit from the creation of programs specific to support infant-parent relationships, especially with many living in at-risk communities and below the poverty line. However, there is no network of infant and parent mental health specialists in my country like the one my IPMH program fellows and I have formed. Therefore, I set out to start the process of creating one by developing curriculums and training programs for local Clinical Psychology students.

Purpose

I will present on how I was inspired by my international colleagues' expertise and experiences within the infant and parent mental health field to transform what I learned in the IPMH program in Boston into a university level curriculum and a clinical supervision program for Psychology students.

Description

I will discuss how, after graduation from the IPMH fellowship in Boston, I reflected on the lack of specific training about early infancy and mental health within Guatemalan university programs. I reached out to the psychology program directors in a local institution and presented my interest in lecturing their students about the topics central to infant and parent mental health. I started teaching their Child and Adolescent Development class in 2021. I will describe how I designed the curriculum to highlight the concepts, models, and theories that inspired my own trajectory in infant mental health. In 2023, I will also be supervising pre-licensed clinical psychology practitioners. I will discuss how I designed a program to train them in early childhood and dyadic interventions, which are not part of their current syllabus.

Conclusion

Having a network of international and multidisciplinary colleagues that provide support, collaboration and that share a similar framework for their work as mine has been central to transforming my own learning experiences in the IPMH fellowship program into a teaching experience.

The implementation of a prenatal relationship-oriented mental health outpatient clinic for families at high risk

Dr. Susanne Mudra¹, Mrs Hanna Lampi²

¹Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Center, Hamburg, Germany ²Terapialampi, Finland

S4 - BOP13: Personal and professional Impacts of International Engagement and Its importance During the Global Pandemic, Liffey Hall 2, July 16, 2023, 16:30 - 18:00

Introduction

Due to the close interplay between parents and their infant, psychosocial distress or peripartum psychiatric disorders can have a fundamental impact on early infant development and the parent-child relationship. However, joining this unique journey from pregnancy on, might be a powerful port of entry enabling clinicians building up a sustainable therapeutic relationship and addressing dyadic problems at an early stage, particularly in high risk families. Nevertheless, psychotherapeutic-psychiatric care from pregnancy on requires specific expertise on parental as well as child needs, which is often not available, or at least challenging between different disciplines.

Purpose

The aim of this talk is to present the development and implementation of a prenatal interdisciplinary relationship-oriented mental health outpatient clinic for expectant parents and their infants at high risk in Hamburg, Germany. This project has been initiated as part of the IPMH Fellowship Program graduation in Boston, while the implementation process in Germany during the Covid pandemic was accompanied by the virtual peer support of the international IPMH fellows.

Description

After a pilot study as part of the IPMH graduation, the implementation of an outpatient mental health clinic for expectant parents started in 2020, in close cooperation between the departments of Psychiatry, Child and Adolescent Psychiatry & Psychotherapy and Obstetrics at the University Medical Center, Hamburg. Besides several challenges to implement this unique interdisciplinary service during a pandemic, also chances in the work with and the understanding of affected families, as well as advantages in the use of virtual sessions during pregnancy or the puerperium will be discussed.

Conclusion

The great value of an interdisciplinary collaboration and the experience of peer support as a holding environment have been transferred from the international IPMH Fellowship Program into a regional peripartum clinical collaboration to serve relationship-oriented, psychiatric-psychotherapeutic support for families at high risk from pregnancy on.

Understanding Families' Perceptions of Need and Accessibility of Crisis/Respite Nursery Services During the COVID-19 Pandemic.

Dr Kristin Murphy¹, Dr. Tasha Olson, Dr. Audrey Juhasz

¹Family Support Centers Of Utah, , United States

S4 - BOP13: Personal and professional Impacts of International Engagement and Its importance During the Global Pandemic, Liffey Hall 2, 16 July 2023, 16:30 - 18:00

Introduction

The COVID-19 pandemic resulted in families world-wide experiencing major disruptions to their day-to-day lives providing opportunities to investigate how families react to, cope with, and understand resource availability during times of crisis.

Aim

The project used a mixed-methods approach to better understand how families perceived their own need for community services, how they used resources to cope, and their understandings of the availability of resources, particularly in terms of crisis/respite nursery service use around the COVID-19 pandemic.

Method

Seventy-seven families who used crisis/respite nursery services in a rural US community within 6-12 months of the beginning of the COVID-19 pandemic completed surveys, questions included the Coronavirus Impact Scale and questions developed by the research team surrounding clients' concerns about accessing services. Researchers also conducted qualitative interviews with 13 families to understand perceptions of crisis/respite nurseries, particularly during the COVID-19 pandemic.

Conclusion

On average, families reported COVID-related change in 5 out of the 8 areas. Categories most closely related to family functioning had the most change, whereas external "access" categories were less prevalent. General stress and lockdown restrictions were cited most often as the cause for an increase in need for crisis/respite nursery services. A surprising 41% of survey respondents were misinformed about service availability. Pearson correlations between sum of concerns and whether the family had contacted crisis/respite nurseries since the start of the COVID-19 pandemic indicated that as concern increased, the likelihood of contacting the nursery decreased ($r=-.44$, $p<.001$). Four overarching themes identified from the qualitative interviews were benefits related to experiencing lockdown, building and maintaining relationships with family, assurance that community resources remained accessible, and family's adjustments to routines. Connections between quantitative results and qualitative themes, as well as implications for community services, can inform meaningful pathways to support families in times of crisis.

S4-BOP14.1

Museums, Buses, and Zoom, oh my!: Engaging and accessible programming in infant mental health

Dr Kelly Elliott¹, Ms. Lauren Gross, Dr Tracy Vozar

¹University Of Denver, ,

S4 - BOP14: Engaging parents and babies through music, movement, touch and play, Wicklow Hall 2B, July 16, 2023, 16:30 - 18:00

Introduction

Few places are more fun or engaging for parent-child playgroups than a children's museum! In partnership with staff at a local children's museum, faculty and students from a Perinatal through Five (P-5) mental health program are offering parent-child play development, social support, and wellness groups in our community.

Description

Via a community-engaged learning process of curriculum development, we co-created flexible multilingual curricula that emphasizes the value of play and responsive interactions in early childhood, while offering parents support, resources, and a network of peers and professionals to rely on and learn with. Through the 4- to 6-session WePlay and Nosotros Jugamos programs, we are welcoming cohorts of caregivers and infants currently receiving services with our community partner organizations to the museum for play-based, parent-infant groups. An early childhood-dedicated space within the museum serves as the home base for WePlay, providing a safe, interactive and inspiring environment for infants and parents to learn and play in a developmentally tailored setting. During the pandemic, we pivoted to offer the groups virtually, and to our surprise, our Nosotros Jugamos groups maintained a preference for online meetups. We have also secured funding to bring WePlay mobile into communities with a renovated bus.

Aim / Purpose

Through culturally responsive support and facilitation, based on best practices in child development and mental health, we are creating a community where parents can feel connected and find respite from the stress of parenting with limited resources.

Conclusion

In this presentation on the WePlay and Nosotros Jugamos programs, we will describe the program's successes, challenges, and visions for the future, using qualitative data as well as photo voice methods.

Gross, L.*, Lavin (Elliott), K.*, Moormeier, K., Pahwa, E., Cerqueira, M., Moran Vozar, T. (2021). WePlay Denver: Introducing a Flexible, Caregiver-Led Parent-Child Group. *Perspectives in Infant Mental Health Journal*, 29(2).

Predicting Dyadic Emotional Availability Using Prenatal EA

Ms Steffany Joslin¹, MA Katelyn Branson Dame¹, Dr Zeynep Biringen¹, Professor Madeline Jazz Harvey², Dr Stephen Aichele¹, Dr Marjo Flykt³, Dr Saara Salo³

¹Colorado State University, Department of Human Development and Family Studies, Fort Collins, United States, ²Colorado State University, School of Music, Dance, and Theatre, Fort Collins, United States, ³University of Helsinki, Helsinki, Finland

S4 - BOP14: Engaging parents and babies through music, movement, touch and play, Wicklow Hall 2B, 16 July 2023, 16:30 - 18:00

Introduction

Emotional availability (EA) is a construct expanding on attachment theory by including the dyadic, emotional quality of adult-child relationships. It is correlated with attachment styles, emotion regulation, and school readiness. Considerable research on EA focuses on parent-child relationships, but few existing studies explore EA in the prenatal period. Our study used a newly developed prenatal movement/dance training to enhance maternal EA, wellbeing, and vital nonverbal communication.

Aim

Movement/dance workshops based on EA principles were designed to support mothers' attunement, responsiveness, and outward emotional expression. These qualities were assessed before birth using observed prenatal EA (a new measure). We now seek to explore the extent to which prenatal EA predicts dyadic EA in infancy and early childhood.

Material and Methods

Pregnant mothers participated in one of three study conditions (dance only, dance plus psychosocial, or control) during the 2nd trimester. Observed and self-reported prenatal EA, maternal wellbeing, and maternal mood were assessed. Findings indicated that mothers in the intervention groups reported an increase in self-reported EA compared to those in the control group. Moreover, mothers in the intervention groups demonstrated a decrease in anxiety from pretest to posttest and reported lower depression at posttest than those in the control group. We now plan to follow up with all mothers (N = 22) to evaluate observed EA with the child after birth. All mothers consented to follow up and have been recontacted. Dyads will be invited to participate in 15–20-minute video observations via Zoom over the next 1-2 months.

Conclusions

We hypothesize that prenatal EA will predict dyadic observed EA after birth. Such findings may have both clinical and scientific value by connecting the first observational measure of EA in the prenatal period to parent-child EA, and in turn, related outcomes in childhood.

S4 - BOP 14.4

“I like nonsense, it wakes up my brain”: Making neuroscience accessible to parents and caregivers

Ms Helen Ryan¹

¹Abc Start Right Paul Partnership, Dominic Street , Ireland, ²Irish Association For Infant Mental Health, Ireland, Ireland

S4 - BOP14: Engaging parents and babies through music, movement, touch and play, Wicklow Hall 2B, July 16, 2023, 16:30 - 18:00

Introduction

This presentation departs from the premise that important research on brain development should be communicated to parents in a clear and accessible way. Using Zero To Three, The Growing Brain Curriculum, we will explore ways of sharing key messages with parents and caregivers.

Purpose

The purpose of this presentation is to contribute to effective dissemination of evidence-based information on brain development. The early years are a period of unrivalled child development. Parents and caregivers play a key role in achieving optimal long-term outcomes for children. It is therefore crucial to ensure that parents can access the information they need to support positive early relationships and security for infants and children up to 3 years old.

Description

Using The Zero To Three, The Growing Brain Curriculum, we will discuss a variety of ways to share key messages with parents: at antenatal workshops, stay-and-play sessions at early years services, online baby and toddler groups, and parenting events. We will also look at using print media, short videos, and social media.

Conclusion

Practitioners working with children and families have a key role in transmitting evidence-based information to parents and caregivers. Disseminating messages in a clear and accessible way supports parents to understand the building architecture of an infant’s brain, as well as the importance of sensitive caregiving to early child development and infant mental health.

Face-to-face vs. online delivery of a group-based creative music intervention for mothers: the Lullaby Project

Miss Jessica Tanner¹, Dr Lucy Thompson¹, Prof Philip Wilson¹, Professor Danny Wight²

¹Centre for Rural Health, University of Aberdeen, Inverness, United Kingdom, ²MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Glasgow, United Kingdom

S4 - BOP14: Engaging parents and babies through music, movement, touch and play, Wicklow Hall 2B,
16 July 2023, 16:30 - 18:00

Introduction

Mother-baby singing has multiple benefits for mother and baby, including improved wellbeing and self-esteem, reduced symptoms of postnatal depression and a closer mother-infant bond. The Lullaby Project is a non-manualised, universal creative music intervention for mothers of infants under 3. Sessions involve group music activities and reflective journaling, and mothers work with professional musicians to create a personalised lullaby for their baby. In addition to in-person delivery across the Scottish Highlands, Lullaby Project groups were adapted for videoconference delivery during COVID-19 social distancing restrictions.

Aim

The is a small-scale process evaluation which aimed to elucidate the mechanisms of change for the intervention and explore and compare engagement, participation, and group processes across in-person and online delivery.

Materials and Methods

Semi-structured interviews were conducted with mothers and musicians who experienced one of three delivery methods: 1) face-to-face; 2) face-to-face and online combination; 3) online. Interviews were analysed inductively using thematic analysis.

Conclusions

Mothers felt they benefitted from participating in the Lullaby Project and formed meaningful relationships through in-person and online delivery. Key benefits included connecting with their identity, feeling a sense of accomplishment and having time and headspace for themselves. Group processes and change mechanisms differed between in-person and online delivery, demarcating them as separate interventions. Findings provide insight into the viability of online delivery, particularly within rural areas or where there may be barriers to accessing in-person groups. Further research is needed to fully elucidate the causal mechanisms associated with videoconference delivery, to explore a diversity of experiences and to evaluate the efficacy of online interventions.

S4-BOP15.1

‘Made in Australia’: Infant consultation to address abuse, violence, and neglect.

Dr Wendy Bunston¹

¹WB Training & Consultancy, Moonee Ponds, Australia, ²La Trobe University, Bundoora, Australia

S4 - BOP15: Child protection, Wicklow 1, July 16, 2023, 16:30 - 18:00

Dr Wendy Bunston has, for the past decade, been providing direct ‘infant led family therapy’ consultations to high-risk infants and their families. These consultations consist of attending either the family home or the office of each organisation she consults to and providing between one to half a dozen or so therapy sessions with the key worker present. This provides the family with the opportunity to work with an infant mental health and family therapy trained expert and well as ‘in-situ’ training for the key worker in how to work from an ‘infant led’ perspective. This approach works powerfully as the key worker has built an existing safe and positive relationship with these families. This paves the way for the consultant to quickly engage with the family and undertake therapeutic work which follows the thread of trauma across many generations, makes overt their resilience and actively engages with the infant and/or young children in the therapy space. Wendy has provided this service to professionals and services across Australia. This presentation aims to demonstrate how this particular approach works and to present the findings of an evaluation of the effectiveness of this approach for the workers involved and the families they support.

S4-BOP15.2

Infant Mental Health Consultation with Early Childhood Educators working intensively with infants and toddlers at-risk.

Ms Nichola Coombs^{1,2}

¹Parkville Institute , Melbourne, Australia, ²University of Melbourne, Melbourne, Australia

S4 - BOP15: Child protection, Wicklow 1, July 16, 2023, 16:30 - 18:00

Introduction

Early childhood education and care is often an untapped resource for children living with high levels of family stress and social vulnerability. Over the past decade an enhanced infant mental health-informed model of early childhood education and care has been trialled in Melbourne, Australia with the aims of helping children living with significant adversity to enter school as confident and successful learners who are developmentally and educationally equal to their peers. A randomised control trial found that children who participated in this model of ECEC had significant positive impacts on their learning and development (Tseng et al. 2019). A core component of the model is the employment of a highly qualified infant mental health consultant on-site as part of the team, providing mental health assessment and recommendations for every child, and ongoing consultation to early childhood educators and families.

Description

The goal of Infant Mental Health Consultation within this model is to promote healthy growth in infants and young children's social and emotional development by guiding and supporting educators, caregivers and parents. Working with children and families who have experienced, or are experiencing, high levels of stress and social vulnerability can be emotionally taxing and expose non-clinical staff to distressing stories, family histories, and to highly unprocessed traumas. The Infant Mental Health Consultant provides a reflective and emotionally holding space for the Early Childhood Educators.

Conclusion

This presentation will outline the ways in which IMH consultation adds clinical processes to a nonclinical setting, capacity building early educators who are working with infants, toddlers and parents living with significant family stress and social vulnerability.

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S4-BOP15.3

‘Made in Australia’: Infant consultation to address abuse, violence, and neglect.

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S4 - BOP15: Child protection, Wicklow 1, July 16, 2023, 16:30 - 18:00

BUBS in MIND

Introduction

Maternal and child health (MCH) nurses are typically a family's main support following the birth of a child.

They play an invaluable role in the prevention and early detection of mental health concerns for mothers, infants, and the broader families, many of whom have complex and traumatic histories. MCH nurses have the capacity for follow-up from infancy through to primary school, and for many families become the ‘go to’ person when concerns arise and for very vulnerable and traumatized families maybe their only ‘go to’ person in their world.

Aims

“The “Bubs in Mind” program was established in response to the increasing prevalence of infant mental health concerns within the broader community. It is a community-based partnership between the Infant Mental Health Program of a tertiary paediatric hospital and two local government municipalities aimed at prevention and early intervention for vulnerable infants and their families. The program supports and enhances the work of MCH nurses through the provision of regular primary and secondary consultations with an IMH clinician. Clinicians aim to keep the infant, their experiences and needs front and foremost in everyone’s mind.

Description

The partnership initiative has a multifaceted focus; sharing knowledge and skills about infants and families, promoting greater understanding of infant mental health in the community, seeing infants and their families directly. Bubs in Mind clinicians work collaboratively to provide greater access to mental health supports for infants and families who, for a variety of reasons, may not access services including traditional infant mental health services. The program also allows for a smoother transition into these services, or other services, should they be required.

Conclusion

This presentation will outline how “Bubs in Mind” clinicians work to achieve these aims through the presentation of case material and an evaluation of the program.

S4-BOP15.4

Made in Australia: Infant consultation to address abuse, violence, and neglect

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S4 - BOP15: Child protection, Wicklow 1, July 16, 2023, 16:30 - 18:00

Introduction

Berry Street Take Two is a therapeutic service for infants, children and young people who have experienced developmental and relational trauma in Victoria, Australia. The Take Two Infant Mental Health (IMH) consultancy program is unique in that it supports clinicians who already have training and experience assessing and providing therapeutic interventions to vulnerable children and young people. Knowledge of IMH and experience working with infants, however, varies among clinicians. Additionally, clinicians work within adult-centric systems where the infant's experience is often overlooked. It is the unassailable right of all infants to have their voices heard and be held in mind, but especially important for at-risk infants. IMH consultants therefore play a crucial role in providing theoretical and practical expertise to enhance Take Two clinician's confidence and knowledge in their work with infants and their caregivers.

Aims:

1. To describe the key aspects of IMH consultancy that benefit clinicians, infants, families and systems.
2. To highlight the impact of IMH consultancy in a service such as Take Two.
2. To present a model of IMH consultancy, with the hope of inspiring other organisations to advocate for and implement similar programs.

Description

Through case examples, we will describe the central components of IMH consultancy in Take Two. We will outline how consultants provide a level of holding that can bear the emotional-relational complexity inherent to working with vulnerable infants. We will also discuss the challenges of keeping the baby alive in the minds of clinicians working within complex and reactive systems.

Conclusion

IMH consultants support clinicians to adopt an infant-centric lens to consider their experiences, attend to developmental risk and advocate for their right to be heard and have agency in decisions that impact their life and relationships.

S4-BOP17.1

The Gentle Method of Self Soothing: reducing sleep disruption without leaving babies to cry.

Professor Sarah Blunden¹

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S4 - BOP17: Understanding and managing the complexities of infant sleeping difficulties, Liffey Meeting Room 2A, July 16, 2023, 16:30 - 18:00

Introduction

Sleep the first year of life is difficult for mothers and babies. With such short sleep cycles, infants wake often overnight and cry for parental assistance for re-settling. This crying and constant waking is the most common problem cited by new families to their health professionals.

Behavioural sleep interventions (BSI) can be successful in improving this. The most commonly utilised BSI requires parents to leave their infant to cry alone at various intensities while they “learn” to self settle. Many parents are unwilling to do this, because they feel the solution is worse than the problem.

Aims and Description

Health professionals need to be informed on responsive methods to assist parents with improving sleep for families. This paper will present how the manualised GeMSS method can improve sleep in infants without leaving them to cry or ignoring them. The method teaches health professionals how to lead parents through a gentle method of improving sleep in infants and preschoolers.

Conclusion

Peer reviewed data will be presented to show the efficacy of the GeMSS method in both infants and pre schoolers and how health professionals can improve their knowledge and skills around helping parents through this sometimes very difficult period

Insomnia and sleep quality among women during the perinatal period

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S4 - BOP17: Understanding and managing the complexities of infant sleeping difficulties, Liffey Meeting Room 2A, July 16, 2023, 16:30 - 18:00

Background

Insomnia is the most common sleep disorder affecting sleep quality and quality of life among women during the perinatal period. The aim of the study is to study the frequency of insomnia and sleep quality among perinatal women and their effect on quality of life: 131 participants; 64 perinatal and 67 control groups from the outpatient clinics of Suez Canal University Hospital, Ismailia, Egypt. DSM-5 criteria were used to diagnose insomnia. Sleep quality was assessed using PSQI, and SF-36 questionnaire was used for assessment of health-related quality of life.

Results

Insomnia was statistically significant higher among the perinatal group than the control; 28.1% and 10.4%, respectively ($P < 0.05$). The perinatal women had poor sleep quality as compared with the control group with a higher mean global PSQI score; 8.02 ± 2.97 and 4.97 ± 2.45 , respectively ($P < 0.05$). The quality of life in the perinatal group was lower than the control group with scores of 54.96 ± 14.63 versus 62.34 ± 14.63 , respectively.

Conclusions

Insomnia and poor sleep quality are found in higher frequency in perinatal women than their counterpart control. The study also showed a significant impact of these changes on maternal HRQoL.

S4-BOP17.3

Patterns of infant irritability and sleep problems predict preschool behavioural outcomes: a latent class analysis

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S4 - BOP17: Understanding and managing the complexities of infant sleeping difficulties, Liffey Meeting Room 2A, 16 July 2023, 16:30 - 18:00

Introduction

Up to 20% of infants experience dysregulated levels of irritability, while 10-35% of parents report problems with their infant's sleep. Infant sleep and irritability problems have both been individually linked to significant mental health concerns during childhood and adolescence. Despite some evidence for their overlap, few studies have considered co-occurring irritability and sleep problems in the context of longitudinal outcomes.

Aims

Using longitudinal data, this study aimed to identify classes of infants with different patterns of sleep disturbances and/or dysregulated irritability during infancy and relationships with behavioural outcomes at 4-5 years. A secondary aim was to examine the differences in sociodemographic and parent characteristics between classes.

Material and Methods

This study used data for 3036 children participating in the Longitudinal Study of Australian Children (LSAC) Baby Cohort. Parent report of sleep and irritability problems was collected between 6 to 12 months of age (Wave 1). Internalising and externalising symptoms at 4 to 5 years of age (Wave 3) was collected via parent report on the Strengths and Difficulties Questionnaire. Multiple dimensions of disadvantage were assessed at a family, neighbourhood and education level.

Results

Latent class analysis identified 3 unique classes: high sleep/high irritability (Class 1, 8.3%), high sleep/moderate irritability (Class 2, 18%), and low sleep/low irritability (Class 3, 73.8%). Infants in Class 1 were more likely to have internalising and externalising behavioural problems at 4-5 years compared to infants in Class 3. Infants in Class 2 showed elevated levels of externalising problems only. Parents of children in Class 1 and 2 were more likely to have poorer mental health than those in Class 3.

Conclusions

This study demonstrates that co-occurring infant irritability and sleep problems can predict later behavioural outcomes. Findings may inform future strategies to screen infants at risk of later mental health problems.

The shared neurobiology of irritability and sleep problems in children aged 0-5 years: scoping review

Miss Keerthi Kottampally¹, Associate Professor Jenny Downs^{1,2}, Dr Donna Bayliss², Dr Gabrielle Rigney³, Dr Lauren Wakschlag⁴, Dr Nicholas Badcock², Professor Andrew Whitehouse^{1,2}, Dr Amy Finlay-Jones^{1,2}

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S4 - BOP17: Understanding and managing the complexities of infant sleeping difficulties, Liffey Meeting Room 2A, 16 July 2023, 16:30 - 18:00

Introduction

Emerging research suggests that early regulatory problems are risk and maintenance factors for a range of mental health disorders in later life. Specifically, sleep difficulties and dysregulated irritability during infancy have each been associated with a greater risk of child internalising and externalising disorders. Currently, the neural correlates of sleep problems and irritability have been studied separately and the extent to which these different regulatory behaviours have shared neurobiological underpinnings is not well understood. Understanding the distinct and shared neurobiological correlates of these problems is important to characterise unique and shared pathways of risk, to identify vulnerable subgroups, and inform interventions.

Aim

The aim of this scoping review was to understand the extent and type of evidence in relation to the shared neurobiological correlates of sleep problems and dysregulated irritability in infants and young children aged 0-5 years.

Material and Methods

A comprehensive search of four electronic databases (PsycINFO, EMBASE, Medline and Web of Science) for academic and gray literature was conducted using keywords relating to irritability, sleep problems, neurobiology and young children.

Results

Twenty-six of the 7661 identified studies met our inclusion criteria. These studies varied with respect to population characteristics, measures and symptoms of sleep problems/irritability and neurobiological measures. Synthesis of the evidence revealed that both sleep and irritability problems are associated with abnormal activity of the hypothalamic-pituitary-adrenal axis and parietal lobe.

Conclusions

The review identified important future directions including further research on genotypes and brain structure, considering the neurobiological consequences of interventions, and examining sleep and irritability in a single cohort. Future research in this area would benefit from careful selection of measures and more standardised reporting, and including social determinants of health in analyses.

Couple Therapy With Parents: Impact on Individual, Couple and Child Well-Being

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S4 - BOP45: Fathers and co-parenting, EcoCem Room, 16 July 2023, 16:30 - 18:00

Introduction

The impact of couple therapy on family-related outcomes, such as coparenting satisfaction and child well-being has rarely been assessed.

Aim

This study aimed to compare the effectiveness of the Integrative Brief Systemic Intervention (IBSI) combining therapeutic work on marital and coparenting relationships with brief systemic therapy as usual (BST-as-usual) for parent couples.

Material and Method

A sample of 101 parents were randomly allocated to IBSI (N = 51) or BST-as-usual (N = 50). The participants completed questionnaires about their individual well-being, quality of the marital and coparenting relationships and child adjustment at four time points: before and after therapy and at six-month and one-year follow-ups. A videotaped discussion task was conducted to assess couples' interactions when addressing romantic and coparenting-related topics.

Children were 4-5 years-old on average with 46.5% of them being 0 to 3 years-old. First, we used mixed effects modeling to examine stability in the outcomes over time. We then examined whether there were differences between couples in their stability trajectories using Multiple Factor Analysis and Hierarchical Clustering on Principal Components. Based on the ward method, we created five groups of couples based on parents' scores on all outcome variables. We then examined how the five groups differed in the outcome variables from which they were constructed. Finally, we tested whether couples' communication prior to therapy was used to predict group assignment using logistic regression.

Conclusion

The results showed that gains made in therapy on different levels of functioning remained stable after therapy ended, and that child well-being was perceived as more positive over time. This suggests that improvement in child adjustment can be observed even after the completion of treatment. In addition, the quality of communication before therapy appeared to be an important component of subsequent improvement.

Emotional prosody in infant-directed speech during Lausanne Trilogue Play: effects of age, interaction, parental alliance

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S4 - BOP45: Fathers and co-parenting, EcoCem Room, 16 July 2023, 16:30 - 18:00

Introduction

Emotional prosody in infant-directed speech is predictive of infant's outcomes and is functional to infant's attention, regulation and emotion expression. Whether it is linked to the type of family interaction and alliance is still unknown.

Aim and Methods

The main aim of this study was to investigate the acoustical characteristics of parental emotional prosody in 69 families, during Lausanne Trilogue Play (LTP), dyadic or triadic interactions, when infants were 3, 9 and 18 months of age.

Results

An effect of infant's age and a significant interaction between age and type of interaction (dyadic or triadic) were found on several acoustic and perceptual variables including energy, spectrum, amplitude, and pitch of infant-directed speech. Emotional prosody perception was then investigated, and 54 naive participants were asked to rate the degree of positive or negative emotions they perceived in the parental vocalizations. A more pronounced emotion, both positive and negative, was rated in conflicted and disordered triads, than in the cooperative ones. A subsequent analysis was performed on a subsample of 18 triads during the LTP, when infants were 3 months. The main aim of this part of the study was to assess the effects of the parental alliances on maternal and paternal emotional vocalizations (soothing vocalizations and laughs). The parental alliance – cooperative, conflicted, and disordered - significantly modulated the frequency and duration of emotional vocalizations, both in mothers and fathers. Finally, when analyzing the unfolding dynamic organization in parental vocalizations, different patterns emerged in the three types of parental alliances.

Conclusions

All of the aforementioned findings will be discussed in terms of how emotional prosody is organized and develops within the LTP's theoretical framework.

S4 - BOP 45.3

Parents' cognitive biases and their child's externalizing behavior: study of bidirectional influences and CBMT's efficacy

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S4 - BOP45: Fathers and co-parenting, EcoCem Room, 16 July 2023, 16:30 - 18:00

Introduction and Aim

Child's externalizing behavior (EB) are defined as the expression of anger, aggression, hyperactivity, impulsivity that interfere with the child's general functioning.

A child's behavior problems at age 3 increased harsh parenting and mothers' withdrawal tactics at age 5, which, in turn, increased child's emotional problems and EB at age 7. In the same way, a child's EB predicts subsequent incompetent parenting and parents' psychological distress.

Cognitive biases have been related to the perpetuation of symptoms in many psychological problems (e.g., depression). In terms of parenting, when assessing their child's displaying EB, parents tend to recall more his/her negative behaviors than his/her positive ones. While promising, the presence of and relations between attention, interpretation, and memory biases in parents of children with EB problems have never been experimentally tested.

The objective of our study is to determine by experiment the relationship between parents' cognitive biases (i.e., attentional, interpretation, and memory biases) and EB of their child.

Material and Methods

A dyadic approach will be used: Both parents participated in this study to test the Actor-Partner Interdependence Model (APIM) in cognitive biases within- and between-couple. Attentional bias was assessed by the Visual Probe Task, interpretation bias by a Scrambled Sentence Test, and memory bias by the Incidental Recall Task. Participants also completed the French version of the Highly Sensitive Person Scale, an adapted parent-report version of the Highly Sensitive Children scale, and the Parental Stress Scale as moderators.

Results

We expect parents of a child with higher EB to have a significantly higher level of cognitive biases. We also hypothesize that biased attention would have an indirect effect on memory through its influence on interpretation bias. In addition, we expect an interdependence of one parent's cognitive biases on the other.

Results should be available by July.

Maternal Employment and Children's Internalizing and Externalizing Behavior Problems:

The Mediating Role of Paternal Involvement

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S4 - BOP45: Fathers and co-parenting, EcoCem Room, 16 July 2023, 16:30 - 18:00

Despite the rich knowledge that the existing maternal employment studies offer, our understanding of the mechanisms through which maternal employment affects child development is still limited. Studies on this topic have largely focused on mother-child dyad. We extend the current literature by considering family dynamics, thus explore the mediating role of paternal involvement in the association between maternal work and child outcome.

We use sample (N=711) from the Birth cohort of the Project on Human Development in Chicago Neighborhoods (PHDCN). Our outcome measures include children's internalizing and externalizing behavior problems at age 5, respectively. Two dimensions of paternal involvement include: (1) amounts of time spent with a father and (2) frequency of activities with a father. Our analysis uses two weighting adjustment methods: Inverse-Probability-of-Treatment Weighting (IPTW) and Ratio-of-Mediator-Probability Weighting (RMPW).

Our results show that as fathers were more involved in child-related activities, it decreased children's internalizing problems ($\gamma_2 = -1.50$, $se = .52$, Wald $\chi^2 = 8.37$, $p < .01$) and externalizing problems ($\gamma_2 = -1.20$, $se = .56$, Wald $\chi^2 = 12.70$, $p < .001$). However, the amount of time fathers spent was not associated with children's internalizing problems ($\gamma_2 = -.24$, $se = .55$, Wald $\chi^2 = .192$, $p > .05$). In some cases, fathers' increased time exacerbated children's externalizing problems ($\gamma_2 = 1.19$, $se = .60$, Wald $\chi^2 = 3.89$, $p < .05$).

Our study provides substantial evidence that fathers' increased involvement with child-related activities, as mothers go to work, benefit child development. On the contrary, increased amount of time father and child spend does not necessarily benefit child outcome. This suggests that what fathers do with children is more important than fathers' unstructured time with children. Our findings have important implications for designing more effective policies and promising programs that help strengthen fathers and working families.

Fathers who grew up in out-of-home placements: Impact on well-being and current family situation

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S4 - BOP45: Fathers and co-parenting, EcoCem Room, 16 July 2023, 16:30 - 18:00

The study explores the current family situation and psychological stress of fathers who experienced trauma and different kinds of youth welfare services including out-of-home placement during their childhood. The main group consisted of n= 119 fathers and was compared to a group of n= 36 fathers whose families never received services from the child and youth welfare authority in Germany. Traumatic experiences were rated with the Maltreatment Classification Scale (Barnett, Manly, Cicchetti, 1993) using the Adult Attachment Interview (George, Kaplan & Main, 1985). The stress was assessed by the Brief-Symptom Inventory (Derogatis, 1993), and sociodemographic variables using a short interview. In the main group, a high correlation was found between trauma and current psychological stress, albeit the out-of-home care intervention or intensive home-support by child and youth welfare services. The higher stress level in the main group of fathers in contrast to the comparison group affects their current family situation, especially concerning the contact between fathers and children. Fathers with higher stress levels were less likely to be in contact with their children. Acting on the assumption that fathers are important for their children, the results implicate a heightened focus on earlier trauma-informed interventions in families with difficulties and out-of-home care settings, to reduce stress levels and prevent intergenerational transmission of problematic family experiences. Current child and youth welfare services, in particular out-of-home placements, should take these trauma-informed approaches and therapy into account.

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The Construction of Coparenting in First-Time Parental Couples: Integrating their Representations and Interactions

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S4 - BOP45: Fathers and co-parenting, EcoCem Room, 16 July 2023, 16:30 - 18:00

The transition to parenthood is a period of transformation and adjustments for all the members of the new family, as relational dynamics emerge that influence its development and tend to remain stable during children's first years of life. Through a mixed and longitudinal methodology, the present study sought to identify the representations of coparenting of both members of the parental couple as well as their family interactions at three points in time. In-depth interviews were conducted with 17 heterosexual couples of legal age during the pregnancy and postpartum period of their first child. The Lausanne Trilogue Play was also administered to them on these occasions. The main results obtained revealed that the couples generally had stable trajectories over time: those that had cooperative interactions showed representations characterized by co-responsibility and an open communication style, whereas those with conflict-laden interactions featured traditional gender models and a tacit communicative style. It is necessary to promote co-responsibility and dialogue within couples in order to promote more cooperative relational dynamics in the family.

It's different with dad: a father-child intervention from the standpoint of activation theory

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S4 - BOP45: Fathers and co-parenting, EcoCem Room, July 16, 2023, 16:30 - 18:00

Introduction

Parenting interventions have demonstrated their effectiveness in promoting children's positive social and cognitive development and preventing maltreatment and abuse. Parenting programs are designed to promote parenting competencies related to "mothering" and rely on attachment theory for the design of the intervention components, the delivery and expected outcomes.

However, recent research and theoretical formulations propose that fathering, or the paternal function, influence children's development in a unique way through the activation relationship: opening the child to the world, encouraging exploration and risk-taking, while setting limits in a warm and sensitive manner. The importance of fathers' role in children's lives is well documented and their active participation has positive effects on the child's academic, socio-emotional, and cognitive level. However, most parenting intervention programs are not designed to promote and develop the specific characteristics of the father-child relationship.

These recent concepts have been integrated into a clinically pertinent, theoretically-driven intervention program for fathers and their young children called It's different with dad!

Purpose

This presentation will describe a father-child intervention program delivered to fathers and their preschool-aged child through community-based organization serving disadvantaged fathers in the province of Québec, Canada.

The program consists of 10 biweekly group workshops where fathers and their child are invited to participate in a series of activities promoting exploration, tolerance of novelty, risk-taking, and socio-emotional regulation while strengthening the father-child relationship.

Using a strengths-based approach, trained psychoeducators intervene to support the paternal function of openness to the world, deepen the father's knowledge of his child, strengthen paternal engagement by attending to fathers' needs in their fathering role, increase paternal sensitivity, and provide fathers with stimulating tools and activities that can be repeated at home.

Conclusions

By considering the specificities of the paternal function in developing father-child interventions we're able to promote and strengthen the father-child activation relationship.

Primiparous Mothers' Prenatal Expectations about Coparenting and Their Postnatal Experiences

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S4 - BOP45: Fathers and co-parenting, EcoCem Room, 16 July 2023, 16:30 - 18:00

Introduction

Coparenting refers the ways that parental figures relate to one another in the role of parent. Task division, which refers to the allocation of child-related tasks between parental figures, is a component of it (Feinberg, 2003).

Aim

This study aimed to investigate primiparous mothers' perceptions of childcare task division with their husbands, and how their prenatal expectations, postnatal experiences, and expectation violations regarding postnatal childcare task division are related to family SES, child characteristics, perceived social support, and couple satisfaction in Turkey.

Material and Method

This longitudinal study had two time-point assessments of the same of mothers. In the prenatal stage (1st time-point), 113 women were recruited to participated to the study. In the 4-months postpartum period, 97 of these mothers were assessed. Couple Satisfaction Index, Who Does What-Prenatal Form, and Multidimensional Scale of Perceived Social Support were used to collect data at the 1st time-point while Couple Satisfaction Index, Who Does What-Postnatal Form, and Infant Behavior Questionnaire-Revised Short Form were used in the 2nd time-points.

Conclusion

Mothers' expectations about childcare task division with their husbands have been towards egalitarian sharing, but their expectations were violated as they reported doing more childcare tasks than they expected. While expectations were not explained with the predictor variables, postnatal couple satisfaction has been the unique predictor of postnatal task division. Moreover, expectation violations were predicted by family income and couple satisfaction. As a result, how important the couple satisfaction is for coparenting in Turkey has been revealed, and suggestions were given for intervention programs in the transition to parenthood stage for mental health professionals.

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S4-BOP61.1

Ensemble: Creating Moving Connections An early childhood dance therapy project¹

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S4 - BOP61: IMH Services 4, Liffey Meeting Room 1, July 16, 2023, 16:30 - 18:00

Introduction

Presenting an early childhood (ages 2-5) dance therapy project taking place at the 'Rising Sun' daycare, an Indigenous daycare in Montreal. This project was created with the support of the National Center for Dance Therapy in Montreal and responds to the request of the directors to improve the children's regulation and communication skills. Using movement, play and dance the program is designed to engage with the educators and provide them with creative, playful and reflective tools to connect with the children.

Objectives

As a result of the profound challenges encountered during the period of the pandemic the aim of the program is to restore a sense of security and stability for the children and the educators. Using the movement of the breath and the transitions of weight to regulate oneself and one another. Coordinating in space and time as a way to relate. Observing non-verbal forms of communication to 'read' the child's intentions and discover the meanings of his/her actions.

Description

A 15 weeks dance-therapy program for small groups of 2-5 year old children from the Indigenous community and their educators. The project provides weekly sessions with the children and is completed by monthly encounters with the educators to offer support and partnership. The parents are invited to join one session with their child at the beginning of the program and towards the end.

Each session includes moments of 'getting together' as a group and other moments where each child is expressing his/her own individuality.

Conclusions

A community based project aimed for prevention and early intervention. Hoping to become a part of the everyday life of the daycare environment, this project proposes playful interactions to promote the development of a sense of self for the children as well as the caregivers. Moving together to create joyful relationships.

'Together We Are Strong' to avoid an increase of antisocial behavioural tendencies in deprived children

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S4 - BOP61: IMH Services 4, Liffey Meeting Room 1, July 16, 2023, 16:30 - 18:00

According to Winnicott et al (2012) deprived children with antisocial tendencies suffer from environment failures that have caused problems in their maturational progress. Ruf et al. (2010) report that one in five children of asylum seekers in Germany is deprived. Castrechini-Franieck & Bittner (2022) highlight the struggle of the refugee children to find the stability they need for emotional growth in an alien society.

'Together We Are Strong' or T-WAS is a preventive group work with deprived children against the increase of antisocial behavioural tendencies and focused on strengthening resilience. Its means are primarily based on the development of object relations (ego-relatedness) by providing the children with new experiences of self in relation to others during the ongoing creative games – hence the roles of the group leaders are crucial. Creative games are mostly understood as well-known children's games, generally used in educational fields and focused on team orientation. In T-WAS case, the games were supplemented with therapeutic approaches taken from Gestalt therapy and ontological psychoanalysis with the aim of addressing issues of ego-strengthening and anger management. T-WAS was sponsored by an international religious organisation and settled in three different refugee shelters, based on weekly group interventions of 90 Minutes each. More than 70 children have been involved and have achieved a stable state of emotional well-being while improving their school and social skills.

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Prevention Services for Post-Natal Depression: Exploring Perspectives of Mothers, Community Mothers, and Public Health Nurses.

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S4 - BOP61: IMH Services 4, Liffey Meeting Room 1, 16 July 2023, 16:30 - 18:00

Introduction/Aim

Research in Ireland indicates that 11.1% of mothers of nine month old infants scored above the threshold for depression (Cruise, Layte, Stevenson, & O'Reilly, 2018). This study aimed to inform development of prevention services in Tipperary, Ireland by exploring the perspectives of knowledgeable stakeholders, including Mothers, Community Mothers (peer practitioners who provide support and information through home visiting), and Public Health Nurses. The objective was to explore and triangulate participants' views on prevention of Post-Natal Depression (PND) in the community and facilitators/barriers to help-seeking.

Methods/Materials

Exploratory-descriptive qualitative design was utilised in this multimethod study. Data was collected with two focus groups (Mothers, n=6; Community Mothers, n=5) and seven individual semi-structured interviews (Mothers, n=3; Public Health Nurses, n=4). Thematic analysis was performed on all transcripts. Triangulation of data sources facilitated findings integration and enhanced understanding.

Results

The experience of challenges following the birth, as well as barriers and facilitators to seeking help for PND, were highlighted across the three studies. Four overarching themes were identified: (1) Challenges on the transition to motherhood, (2) Navigating power imbalance, (3) Empowering relationships, and (4) Where to from here.

Conclusions

Facilitators and barriers to help-seeking in the context of PND in Ireland were identified. The unique position of Community Mothers, who connect mothers and services, was highlighted. The research findings will inform next steps in service development. A systematic approach to address the identified barriers; including awareness raising, training Community Mothers in infant mental health intervention strategies, and the establishment of a referral pathway for psychological intervention, could form a part of future interventions.

References

Cruise, S. M., Layte, R., Stevenson, M., & O'Reilly, D. (2018). Prevalence and factors associated with depression and depression-related healthcare access in mothers of 9-month-old infants in the Republic of Ireland. *Epidemiology and Psychiatric Sciences*, 27(5), 468-478.

S4-BOP61.6

A Community (Mothers) Based Approach to supporting Infant Mental Health

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S4 - BOP61: IMH Services 4, Liffey Meeting Room 1, July 16, 2023, 16:30 - 18:00

Purpose

To illustrate how a community wrap-around model of support, including one to one home visiting and community based group supports, both universal and targeted, can support positive infant mental health.

Description

The Community Mothers Programme in Limerick was established in 1990 as a community based model to support parents and children from the ante-natal period to the age of three. The programme is one of 7 programmes operating nationally in Ireland at present; these programmes are working together to develop and implement a national model of service called Community Families. In Limerick, the focus of the programme is on home visiting to parents from the ante-natal period up to the age of three (with the emphasis on children up to the age of 1). In addition, the Community Mothers run parent and toddler groups and a range of parenting programmes and workshops. The groups and programmes serve two purposes: to provide high quality, evidence-based information and support and to provide spaces for parents to meet one another and to begin to develop natural social supports.

In recent years, all Community Mothers have completed training in Infant Mental Health. Community Mothers have also been trained in NBO (New Born Behavioural Observations), which provides another important tool to foster early connections between parents and their baby.

Through an anonymised case study, this presentation will illustrate how this community-based approach supports parents to develop strong, healthy relationships with their babies and how it improve outcomes.

Conclusion

Through an overview of the Community Mothers approach and an illustrative case study, we will show the impact that a community-based approach, with a focus on infant mental health, can support parents and children to develop strong, happy attachments and relationships.

S4-BOP61.7

More than words: Working with the “felt sense” in IECMH through a Polyvagal lens

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S4 - BOP61: IMH Services 4, Liffey Meeting Room 1, July 16, 2023, 16:30 - 18:00

This workshop will explore how Polyvagal theory provides a roadmap for a deeper understanding and use of the therapeutic “felt sense” of being with another. Participants will explore non-verbal communication, mismatched affect, and how to understand and build upon the clinicians “trained gut” as both an assessment and intervention tool more concretely. Through a ‘bottom up’, body-based approach, Polyvagal theory and practice offers the IECMH community a neurophysiological framework for decoding non-verbal, oftentimes unconscious, emotional reactions to therapeutic material as present in the therapy session. Participants will learn the vagal system’s physiological response to perception of safety or unsafety and learn to identify the three states of arousal through biobehavioral markers.

Learning Objectives:

1. Identify 3 states of arousal, the 'window of tolerance', and how Polyvagal theory constructs promote co-regulation and the brain-body connection.
2. Identify 3-4 interventions to build "Therapeutic presence" as an assessment and intervention tool.
3. Explore barriers to therapeutic relationship safety as it relates to cultural identity, unconscious bias, and non-verbal communication. Identify strategies to increase the 'felt sense' of safety, attunement and grounding.

Through the use of self-as-therapist, we will explore how Polyvagal theory encourages self-reflection as self-care and intervention, by concretely deepening their ‘Therapeutic presence’ through specific interventions such as grounding, orientating, and interoception – internal attunement and acceptance. Participants will learn how to develop specific interventions to promote connection and safety

Mentoring in Infant Mental Health: A Symposium Commemorating Robert N Emde

Prof David Oppenheim, Professor Mary Dozier, Dr. Kristin Bernard, Alicia Lieberman, Mrs Markita Mays-Barideaux

S4 - INVS11: Mentoring in Infant Mental Health: A Symposium Commemorating Robert N Emde, Wicklow Hall 2A, July 16, 2023, 16:30 - 18:00

Mentoring is a central part of Infant Mental Health (IMH) in both its clinical and research aspects. Positive and growth-promoting mentoring experiences are important for the development of IMH professionals at all levels of experience and in all domains of work. These begin in the early steps of the young clinician or research student but are relevant and important throughout the professional life-cycle. From an IMH perspective mentoring experiences are best thought of as relationships, important and significant for both partners. These can be time limited, but sometimes extend over many years and even a life-time, going through transformation and re-organization. Mentor-mentee relationships do not only involve knowledge passed on and information being exchanged, however. Like other close relationships they can include a wide range of emotional experiences. Furthermore, akin to the intergenerational transmission of parent-child relationships, mentoring experiences can be passed on from one generation to the next, when the former mentee becomes a mentor. And, as in the case of parent-child relationships, mentees never pass on a direct "copy" of their experiences, but rather their own integration and "take" on their experiences.

This general perspective will frame our symposium. The participants are all experienced researchers and/or clinicians in the field of IMH with many years of mentoring experiences. In addition, in the past two of the presenters (Lieberman and Dozier) were mentors of the two additional presenters (Mays and Bernard respectively). The latter have since mentored many mentees themselves. The participants of the symposium are therefore uniquely positioned to reflect upon the mentor-mentee experience and the intergenerational transmission of such experiences. In addition to hearing from the symposium presenters the audience participants will be invited to share their mentoring experiences.

The symposium commemorates Robert ("Bob") N. Emde, one of the founders of the field of IMH, president of WAIPAD (the organization from which WAIMH evolved in 1980), and Honorary President of WAIMH since 2006. Bob's scientific and clinical contributions were extensive and far-reaching, and equally important was his leadership: establishing and leading national and international organizations, and tirelessly supporting researchers and clinicians throughout the world, especially those making their first steps. He himself was mentored by Rene Spitz, and mentorship was the issue in which he was particularly invested and on which he worked tirelessly, with his characteristic warmth, support, and good advice. In the presidential symposium in the recent WAIMH conference held in Brisbane, Australia in June 2021, Campbell Paul, WAIMH's president announced the establishment of a mentoring symposium in Bob's honor and memory. The present symposium will thus be the first of what we hope will be a permanent tradition of mentoring symposia commemorating Bob Emde in WAIMH conferences years to come.

Social Justice in Infant/Toddler Education

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S4 - POSTER WORKSHOP 2, Liffey Meeting Room 3, 16 July 2023, 16:30 - 18:00

Introduction

Infants' and toddlers' sense of self is developed within their relationships with caregivers – their families, communities, and early child educators (i.e., childcare providers). The care and connection they experience build a child's early sense of self as valued, respected, and loved. In order to provide this kind of care to each child equitably, and to help children learn to respect and value others who are both similar and different to them, early child educators need training, support, and models of practice that the early childhood field in the United States is not currently providing.

Aim

This poster workshop brings together theoretical frameworks, original studies, pedagogical tools, and models of practice aimed to support social justice in infant/toddler education for children, families, and educators. We present work from the early childhood classroom to the college classroom to elucidate the structural inequities and biases pervasive in early childhood education within the United States, and share ways to work collectively toward equity and justice.

Method

Studies include literature reviews, qualitative (focus groups, interviews), and quantitative methods (surveys, national data), and scholarship of teaching and learning.

Result

We begin by describing developmentally relevant Social Justice Learning Standards for infants and toddlers, and the Social Justice Educator Competencies needed to support them. We describe biases inherent within early child education classrooms, and college classrooms, and how these affect children, families, and teachers. We share models of education and support for the infant/toddler workforce to become social justice educators; and the policy and programmatic supports that must be in place to make this important work equitable and fair for the workforce.

Conclusion

After individual discussion, and brief presentations of each poster, a discussant will share common themes and rising questions, and invite participants to share insights from their positions and national contexts.

Competency-based Models for Preparing Infant/Toddler Educators

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S4 - POSTER WORKSHOP 2, Liffey Meeting Room 3, 16 July 2023, 16:30 - 18:00

Introduction

Many infant/toddler educators in the U.S. do not have formal (i.e., college) teaching preparation, in part because traditional teacher preparation pathways are inaccessible due to cost, location, and time. Inaccessibility undermines equity, as people of color comprise 40% of the early childhood workforce but are underrepresented in lead teacher roles¹. Educators of infants and toddlers are less likely than those working with preschool or elementary-aged children to have degrees or credentials, undermining equity for children in their care.

Aim

This poster describes the development of alternative competency-based models for infant/toddler teacher preparation in two American states to increase access to degrees and credentials.

Method

The first model, Responsive Equitable System for Preparation of Early Childhood Teachers (RESPECT) across Nebraska, is defining competencies needed for professionals upon entry into the field and will design systems for assessing and awarding credit for demonstrating competencies. Community engaged research will inform design of community-based and culturally relevant education preparation pathways. Innovative approaches to learning and coursework that recognize cultural and community assets will be described.

The second model, the Gateways Infant Toddler Credential (ITC), is offered through the Gateways to Opportunity Illinois Professional Development System. The ITC utilizes a stackable credential framework that provides opportunities for infant/toddler professionals to earn different levels (2-6) of the credential by completing defined infant toddler competencies across 7 key content areas. The development and piloting of online competency-based modules aligned to the 54 competencies will be described as an avenue of increasing access and equity for infant/toddler teacher preparation and professional development.

Conclusion

Accessible, equitable, and culturally relevant pathways for infant/toddler educators are essential for workforce equity and for equitable educational experiences for infants, toddlers, and their families.

¹ Center for the Study of Child Care Policy (2018). Early Childhood Workforce Index 2018. University of California Berkeley.

Teacher/Caregiver Competencies for Social Justice in Infant Toddler Education: Aligning Standards and Identifying Gaps

Associate Professor Elita Amini Virmani¹, Dr Claire Vallotton², Prof Holly Brophy-Herb³, Dr Patricia Lanzon⁴, Dr Gina Cook⁵

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S4 - POSTER WORKSHOP 2, Liffey Meeting Room 3, 16 July 2023, 16:30 - 18:00

Introduction

Infants and toddlers are developing their identities, understanding of diversity, and sense of belonging in their learning communities; and are already subject to systemic inequities in education. Thus, social justice learning standards (SJLS) and equitable practices are necessary components of preparing the infant toddler workforce. The Comprehensive Competencies for Educators of Infants and Toddlers, developed by the Collaborative for Understanding the Pedagogy of Infant/toddler Development (CUPID), articulate the knowledge, dispositions, and skills necessary for reflective, relationship-based practices in infant/toddler education across 9 domains. They serve as the basis for curricula for training infant/toddler educators. However, they lack explicit attention to intentional promotion of social justice (cultural and linguistic responsiveness, anti-bias, anti-racism) in infant/toddler education.

Aim

This poster will share a theoretically and empirically grounded set of competencies for social justice in infant/toddler education, integrated into existing CUPID Competencies and in a new 10th competency domain.

Method

We conducted a conceptual crosswalk and alignment of the CUPID Competencies with SJLS from six U.S. organizations that address the infant and toddler workforce. We identified gaps in, and points of connection between, the CUPID competencies and the existing examples of SJLS.

Result

The conceptual crosswalk revealed alignment of CUPID Competencies with many SJLS in infant/toddler education, including competencies in reflective-, relationship-based-, and family-centered-practices. This poster will present the revised CUPID competencies, including explicit articulation of knowledge of children's development of identity and bias and identification of skills in creating opportunities for social justice learning for infants/toddlers.

Conclusion

The CUPID Competencies model can be used as a tool for providing infant/toddler educators with awareness and strategies necessary to become intentional social justice educators. This work reveals the need to explicitly include infant/toddler educators in the work of advancing equity in early child education through thoughtful preparation in social justice.

Social Justice Learning Standards for Infants and Toddlers

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S4 - POSTER WORKSHOP 2, Liffey Meeting Room 3, 16 July 2023, 16:30 - 18:00

Introduction

Infants and toddlers rely on their social identities to inform their sense of self and contribute to their overall adjustment. Familial factors — such as parents, siblings, and extended family — strengthen children’s sense of self through a socialization process that involves gradual acquisition of cultural values and patterns of behavior. Nonfamilial factors — such as early care programs, peers, and community — also have an impact on whether infants/toddlers learn positive, negative, or neutral messages about self and others. Early child educators who apply a cultural deficit or identity neutral lens to their care of infants/toddlers create cultural discontinuity for the child rather than a learning environment that affirms and sustains the child’s unique cultural and social identities.

Aim

This poster presentation introduces infant/toddler educators to an approach to care and relationship building that centers equity and justice, instills positive self and group identity, and relies on cultural and linguistic appreciation. Through an anti-bias pedagogy, educators actively engage in developing and shifting their own mindsets while simultaneously attending to social justice educational goals.

Method

The social justice standards are grounded in research on infant and toddler development and scholarship on anti-bias teaching and culturally responsive and sustaining pedagogy.

Result

We will share developmentally relevant Social Justice Learning Standards for infants and toddlers. These standards are informed by anti-bias and culturally responsive teaching approaches that benefit infants/toddlers because they empower teachers to interrupt the social inequities from their national contexts that keep some children from thriving.

Conclusion

After a brief presentation, the discussion will center the educators’ orientation towards and understanding of the standards. Participants will build individual and collective agency as they address insights from their national contexts on bias and stereotypes that impact young children.

Let's Talk Equity: Social Justice, Diversity and Equity within the Infant and Toddler Educational Workforce

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S4 - POSTER WORKSHOP 2, Liffey Meeting Room 3, 16 July 2023, 16:30 - 18:00

Introduction

High quality classrooms depend on quality teacher preparation and ongoing learning supports for professionals across the continuum of professional preparation experiences. In the U.S., there is a need to increase the quantity of quality of early childhood professionals, while ethnically and linguistically diversifying this workforce. We must acknowledge the significant value teachers of color bring to the field and understand the systemic barriers they face within the United States in entering and staying in the workforce. Given the extant research in the area of equity and culturally relevant teaching, it is also important to explore how we are developing infant and toddler teachers with a competency, skill and knowledge in equity, culturally responsive and social justice education.

Aims

This poster describes past, present, and future efforts to diversify our early childhood workforce and create equitable opportunities in leadership. We will explore emerging and cutting-edge strategies for successfully recruiting and retaining racially and linguistically diverse early childhood professionals who specialize in infant and toddler care and education.

Materials and Methods

A cohort of 33 ethnically diverse professionals were recruited to earn their Bachelor of Science Degree in early childhood education. We used interviews and surveys to learn about their experiences engaging in a teacher education program focused on social justice and equity-centered education for young children.

Results/Conclusions

There are multiple barriers teachers of color face in preparing for and entering a career in early childhood education, including affordability, flexibility of degree programming options, admission requirements, and career compensation. We share strategies and key lessons on transforming one state's early childhood teacher preparation program system to increase the quality and quantity of culturally and linguistically diverse early childhood professionals, with implications for research, practice, and policy to advance equity and center social justice within infant/toddler education.

I Can/ You Can framework for ethnic-racial socialization in infancy and toddlerhood.

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S4 - POSTER WORKSHOP 2, Liffey Meeting Room 3, 16 July 2023, 16:30 - 18:00

Introduction

Ethnic-racial identity (ERI) is the way we come to understand our ethnic heritage and racial background, a process that begins to develop in the first three years of life, and is linked to later mental health and academic success. The lifespan model of ethnic-racial identity posits that individuals start to develop their ERI in infancy and continue to cultivate this identity throughout their lifetime. One common way ERI is cultivated is through ethnic-racial socialization (ERS). ERS refers to the messages children receive from people and their environment that help to shape their understandings of ethnicity and race.

Aim

To provide parents and early educators with practical guidance on how to cultivate positive ERI among infants and toddlers while also disrupting the development of harmful ethnic-racial biases.

Methods

Informed by evidence that children demonstrate awareness of ethnic-racial differences in infancy and begin to categorize people based on these differences in toddlerhood, we identified ERS practices that can be scaffolded according to the typical social-cognitive developmental milestones of children birth-to-3.

Results

We share a new approach to engaging in developmentally-relevant ERS practices called the I Can/ You Can framework. It aligns specific social-cognitive development of infants and toddlers (I Can) with recommended adult practices (You Can) to cultivate positive regard toward a child's own ethnic-racial identity and that of others. ERS practices in the framework are intended to proactively build positive identity and disrupt the development of ethnic-racial bias during the critical early years when the concepts of self and other are first formed.

Conclusion

Engagement in the ERS practices presented within the I Can/You Can framework with infants and toddlers has a reciprocal impact on the ongoing development of ERI among the adults who are intentionally socializing children as they become more aware and deliberate about their practices.

Family Engagement Model of Incorporating Anti-Bias Education in Curricula for Infants and Toddlers

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S4 - POSTER WORKSHOP 2, Liffey Meeting Room 3, 16 July 2023, 16:30 - 18:00

Introduction

Infants and toddlers begin to develop a sense of identity, notice differences in others, and express racial preferences, making Anti-Bias Education (ABE) in curricula relevant for our youngest children. However, most infant/toddler curricula available in the U.S. show minimal evidence of ABE and lack guidance for cultural responsiveness. Family inclusion is key to cultural responsiveness that meets ABE goals, yet curriculum development efforts do not typically seek family voices to incorporate their knowledge and priorities.

Aims

This study elevates the perspectives of diverse families on what infant/toddler education should be in order to create a curriculum that is culturally responsive and relevant. Families provided insight into culturally relevant learning goals, curricular content, and professional learning for educators, to inform a family engagement model to enhance anti-bias goals within infant/toddler curricula.

Methods

We conducted three community focus groups (N = 21) across two metropolitan areas in the midwestern U.S. Coders used reflexive thematic analysis approach to assess and ensure reliability.

Results

We identified 4 themes of families' perspectives on infant/toddler education: a) Family Engagement, b) Learning Goals for Children, c) Professional Development, and d) Culturally Relevant Curriculum. Subthemes emphasized the importance of families feeling respected can communicate with educators about goals for children. Families discussed how community contexts should shape infant/toddler education and expressed desires for children to have basic life skills (e.g., problem-solving), feel confident, and empowered. Families hoped their children's educators would learn the community history and context to guide teaching practices and curriculum development.

Conclusions

We developed a family engagement model showing children situated within systems with contextual influences on their development and learning. Infant/toddler classroom environments and curricula can be enhanced when family, neighborhood, and cultural contexts are incorporated into curriculum. Family voices should be included in curriculum development efforts to integrate ABE within infant/toddler classrooms.

U.S. Exclusionary Discipline Regulations, Policies, and Practices for Children under 3 in Licensed Childcare

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S4 – POSTER WORKSHOP 2, Liffey Meeting Room 3, 16 July 2023, 16:30 – 18:00

Introduction and Aim

In the United States (U.S.), under 3's are cared for in a variety of out of home settings, including regulated home and center childcare. As each state creates its own regulatory framework, caregiving settings vary a great deal. Among the many dimensions that vary are discipline regulations. This poster presents an overview of state regulations regarding exclusionary discipline (time-out, suspensions, and expulsions) as applied to under 3's in U.S. childcare settings.

Material

The National Database of Childcare Licensing Regulations and state websites were used to locate center- and home-based childcare licensing regulations for all 50 states and the District of Columbia.

Method

We conducted a qualitative content analysis, coding the licensing regulations related to discipline and expulsions/suspension. We coded for the presence of guidance on exclusions, with particular attention to the age of the child.

Conclusion

Across the U.S. there is a lack of consistency in how under three's are treated in terms of exclusionary discipline. For instance, some states have licensing requirements including discipline practices specific to those under 3's. While many states require center-based programs to have an expulsion policy, we only find one requiring special attention to infants and toddlers. Regulatory guidance on "time out" specific to those under 3's is more common in both centers and homes. Often states establish time-out parameters for all children, but several states prohibit its use or duration for children under 3 with age cut points varying from 12, 18, 24, and 36 months, depending on state and setting. Given that certain groups of children - boys, African Americans, and children with disabilities are often over-identified and for exclusions, understanding how state policies may also differentially influence treatment is important from a social justice and equity perspective.

Embedding Social Justice Principles in Coaching Practices in Infant/Toddler Classrooms

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S4 - POSTER WORKSHOP 2, Liffey Meeting Room 3, 16 July 2023, 16:30 - 18:00

Introduction

Coaches serving early childhood educators are a valuable resource to improve teacher efficacy and create higher quality classrooms. In the U.S., much attention has been given to educator coaching models in elementary, middle, and high school, but in infant and toddler classrooms research on coaching is very limited. Further, there is need to develop and test early educator coaching practices that prioritize the same social justice and cultural responsiveness that we want for children.

Aim

This study aims to develop a model that increases quality practices for early educator coaching based on the principles of a culturally sustaining curriculum in infant and toddler classrooms. This coaching model incorporates conversation guides, fidelity tools, and practices to create parallel processes in the teacher<>child and coach<>teacher relationships.

Method

A gap analysis literature review was conducted to examine coaching in infant and toddler classrooms as it relates to social justice orientation, literacy, and assessment. Inclusion criteria for the literature reviewed comprised of works which: have a focus on infant and toddler classrooms, understand coaching as an ongoing professional development process, and discusses teachers already working in the classroom. These criteria yielded 13 papers with publication dates from 2013 to 2021. Gap analysis results were applied to the development of a coaching model for the infant toddler portion of an assets-based, all-day curriculum which emphasizes equity and justice in early childhood.

Conclusion

We share a coaching model for infant and toddler teachers that provides clear guidelines and tools aimed to increase teacher efficacy and improve classroom quality while also allowing coaches to incorporate their expertise and creativity within the field of early childhood education. We discuss the need for parallel priorities and processes to increase cultural responsiveness, equity, and social justice within early child education, for both children and teachers.

Advancing Equity via Self-Determinative Self-Regulatory Strategies of Teachers/Children in Infant/Toddler Classrooms

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S4 - POSTER WORKSHOP 2, Liffey Meeting Room 3, 16 July 2023, 16:30 - 18:00

Introduction

Convergent findings from developmental and social sciences indicate that self-regulation largely determines the development and learning of individuals, and, collectively, human progress. Yet self-regulation has been conceptualized as ability to conform to others' expectations and rules, rather than as self-determination. When this frame is applied to systemically oppressed groups, the emphasis on self-regulation in early child education can be seen as a tool of oppression instead of a means to self-determination and freedom. This theoretical gap signals need for more empirical studies about how self-regulation supports self-determination, and how to best support self-regulatory well-being as a means to achieve equitable opportunities for self-determination and socially just outcomes for both children and adults. In early childhood classrooms, teachers' own self-regulation is fundamental to their abilities to support children's self-regulation and self-determination.

Aim

This study aims to develop a model of teacher self-regulatory well-being and self-determination, as individuals in their own right and so that they can advance equity for infants/toddlers by supporting children's self-regulation and self-determination. This model interweaves developmental science and reflective practices for empathy, compassion for self and others, mindfulness, and supportive co-regulatory responses for infants/toddlers.

Methods

A gap analysis literature review investigated: self-regulation as self-determination; developmental theory and neuroscientific evidence about self-regulatory processes; and systemic supports in teacher education and infant/toddler programs for teacher and child self-regulation. These criteria yielded 53 papers with publication dates from 2011 to 2022. Insights result in a theory of change; practices for teacher education; and infant/toddler pedagogy leading to more socially just outcomes.

Conclusion

Pedagogical practices in training preservice teachers can provide explicit but embedded support for self-regulatory well-being and self-determination, both for teachers and children. These strategies may help close opportunity- and equity-gaps by supporting teacher and child self-efficacy, agency, satisfaction, and joy in their respective work, relationships, and experiences.

Identifying ECE Pre-Service Teacher Potential Biases in Perceptions of Infant-Toddler Behavior

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S4 - POSTER WORKSHOP 2, Liffey Meeting Room 3, 16 July 2023, 16:30 - 18:00

Introduction

Contemporary early childhood education (ECE) research points to the ways in which teachers' practices are driven by implicit and explicit biases which directly and indirectly harm children and families of color. For example, children of color (especially males) are expelled from preschool at substantially higher rates than White children (Gilliam & Reyes, 2018). To combat these disparities, teacher training must emphasize not just diversity and inclusion, but must be explicitly anti-bias and anti-racist (Allen et al., 2021).

Aim

While much literature on bias in ECE is focused on preschool educators, this study aims to investigate gender and racial biases in pre-service infant-toddler teachers. By experimentally manipulating visual and descriptive characteristics of young children depicted in vignettes, this study will investigate how characterizations of infant race and gender impact teachers' reflections and hypothesized decisions about infant-toddler actions in the classroom.

Methods

We will survey approximately 500 undergraduate students with career goals in early childhood using a survey network established by the Collaborative for Understanding Pedagogy for Infant/Toddler Development (CUPID). In an online survey, participants will read vignettes, accompanied by images of infants in common infant-toddler classroom scenarios. Images and descriptions will be manipulated for infant gender and race and counterbalanced between-subjects. Participants will indicate their likely response to each vignette from four options ranging in appropriateness as well as their confidence in responding to the situation effectively. We predict that vignettes featuring boys and infants of color will elicit harsher responses from the participants. Data collection will be completed in February.

Conclusion

The results of this study will increase awareness of biases in infant-toddler educators and facilitate the development of competencies aimed at reducing biased practices and policies in ECE. Training in diversity and inclusion is not sufficient; rather, early childhood education must be rooted in explicitly anti-racist teacher training.

Creating Joyful and Liberated Early Childhoods for Infants/Toddlers: From Research to Practice

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S4 - POSTER WORKSHOP 2, Liffey Meeting Room 3, 16 July 2023, 16:30 - 18:00

Introduction

Formal care and education settings play a large part in the socialization of young children into their various identities. What happens when infants and toddlers are socialized into societies like the U.S., that are oppressive to individuals based upon their identities, if the adults who educate them aren't aware of their critical role in supporting young children to develop positive and healthy racial and other identities? What are the implications when the educators haven't explored their roles in unintentionally reproducing inequities based on young children's racial and other identities? Unfortunately, this leads to deficit-based, race-silent, and monocultural educational settings and experiences that prevent infants and toddlers accessing the joyful equitable early education experiences that are their rights as children.

Aims

This poster will walk participants through the aspects of a professional development model and experience designed to support early educators to understand their own socialization into their various identities within the context of an inequitable society, and how it supports them to create joyful, anti-racist and anti-bias early childhood environments for infants and toddlers.

Methods

Various research and theoretical frameworks that underpin the content and pedagogies used in the professional development model will be described. Examples of the professional development model content and how it connects to the research and theory will be highlighted.

Results

Examples of qualitative and quantitative data gathered during and post- professional development will be shared, to highlight what was learned by professional development participants, and how they applied the PD content and model to their work with infants and toddlers.

Conclusion

All infants and toddlers deserve access to racially and culturally responsive, and equitable environments so that they may develop healthy identities. We have the power as early education professionals to create this, and to work towards joy and liberation for all young children.

Reflective Parenting Programmes: Theory, Evidence and Promise

Dr Arietta Slade

State of the Art Lecture: Reflective Parenting Programmes: Theory, Evidence and Promise, The Auditorium, July 16, 2023, 16:30 - 17:30

Over the course of the last two decades, interventions aimed at enhancing parents' reflective or mentalising capacities have proliferated widely. Grounded in attachment and mentalisation theory and research, these programmes have consistently led to improvements in caregiver behaviour as well as the quality of the parent-child relationship, particularly when implemented in high-stress and under-resourced populations with high levels of trauma and adversity.

In this presentation, Arietta will begin by reviewing the science that undergirds this approach. She will then describe what has emerged as the essential ingredients of mentalisation based treatments for parents and their young children, focusing particular on the establishment of the relational foundations of reflection, namely safety, regulation, and relationship. Finally, she will discuss what has been learned from these efforts and describe the challenges and promises that lay ahead for future generations of clinicians and researchers.

Framing the work: A coparenting model for guiding infant mental health encounters with families.

Dr James Mchale¹, Dr Erica Coates², M.A Russia Collins¹, Antoinette Corboz-Warnery³, Professor Joëlle Darwiche³, Dr. Elizabeth Fivaz-Depeursinge³, Dr Monica Hedenbro⁴, **Professor Miri Keren⁵**, Dr. Silvia Mazzoni⁶, MD PhD. Martina Menzi⁷, Dr Diane Philipp⁸, Dr. Selin Salman-Engin^{1,9}, PhD Hervé Tissot^{3,10}

¹University Of South Florida, Family Study Center, St. Petersburg, U.S.A, ²Georgetown University Medical Center, North Washington, U.S.A, ³University of Lausanne, Lausanne, Switzerland, ⁴Hedenbro Institute, Stockholm, Sweden, ⁵Bar Ilan University Azrieli Medical School, Safed, Israel, ⁶Sapienza University of Rome , Rome, Italy, ⁷University of Pavia , Pavia, Italy, ⁸University of Toronto, Faculty of Medicine, Toronto, Canada, ⁹Bilkent University, Ankara, Turkey, ¹⁰University of Geneva, Faculty of Psychology and Educational Sciences, Geneva, Switzerland

S4 - WSH7: Framing the work: A coparenting model for guiding infant mental health encounters with families., Liffey Meeting Room 2B, July 16, 2023, 16:30 - 18:00

In work with families of infants and toddlers, intentional conceptualization beyond dyadic child-parent relationship functioning to ground socioemotional adaptation within the child's broader family collective can help ensure that clinical gains are supported and sustained. The DC 0-5 recognizes the importance of children's emotional embeddedness in their family collective and directs practitioners to take stock of the broader caregiving context when conceptualizing infant mental health casework. However, beyond general guidelines accompanying DC 0-5's Axis II, there has been little expert guidance regarding ways to frame infant-family mental health encounters in a manner that forefronts the importance of coparenting and elevates caregivers' mindfulness and resolve to channel their coparenting energies to better assist their children. This workshop presents yields from the first year of work by a new Collaborative of family-oriented infant mental health professionals representing seven different nations (Switzerland, Italy, Sweden, Turkey, Israel, Canada, and the United States). Bringing expansive, decades-long expertise assessing and working with coparenting and triangular family dynamics, members of the Collaborative – representing hospitals, clinics, homehealth visiting, and legal settings and contexts - established standardized intake processes for initial infant mental health encounters employing a common coparenting frame. Identifying means for evaluating four main components applicable to coparenting alliances in all families – participation, teamwork, conflict, and child focus - the workshop presents protocols, self-report and observational assessments, quantitative data, and feedback from those who completed services regarding changes in their mindfulness about the bearing of coparenting for the children in their family. Successes and challenges infusing a novel coparenting framework into standard intake and service delivery procedures across diverse practice settings will be discussed, along with the next steps and undertakings planned by the Collaborative in expanding field study.

Hope in the Face of Adversity: Promoting Family Relational Health using the Newborn Behavioral Observations

Dr Jayne Singer¹

¹Brazelton Institute, Boston, United States

S4 - WSH15: Hope in the Face of Adversity: Promoting Family Relational Health using the Newborn Behavioral Observations, Wicklow 2B, July 16, 2023, 16:30 - 17:30

Introduction

The Newborn Behavioral Observations (NBO) is a relationship-based intervention that explores with parents their infant's capacities to spark an emotional experience that enhances relational health. This experience is especially important for contexts of higher risk and adversity.

Aim

The purpose of this workshop is to explore the "AMOR" Framework of observing newborn behavior to promote family engagement with us and deepen healthy attachment and relationship among family members. Mutually sharing attuned observations of infant behavior with a focus on parent and child strengths is especially important in the context of additional risks such as post-partum mood disorders, parental substance use disorders and infant prenatal exposures, and other circumstances of high stress and trauma.

Description

This workshop will overview the Newborn Behavioral Observations through clinical examples and interactive practice to explore its application with families at heightened risk for relational challenges threatening development over time. Activities will integrate highly interactive presentation material and video content of parent-child interactions with the NBO along with skill-building opportunities for discussion and practice. Case-based reflective teaching exercises will enhance participants' skills in engaging parents in their own recovery and healing processes through the relationship with their baby. We will deepen understanding of substance use disorders, recognize and address infant symptoms of withdrawal, and recognize our own need for self-reflection and self-regulation in caring for families living with varying threats to their relational and emotional health and wellness.

Conclusion

This workshop will orient participants to the Newborn Behavioral Observations applied as a strengths-based, relational, experiential intervention in the clinical IMH treatment of the parent-infant dyad as the vital point of entry into the family system. Participants will apply their learning with reflective opportunities to explore the use of the NBO in support of parents in recovery for SUD as well as other emotional health concerns.

Infant Mental Health and Occupational Therapy Collaborative Intervention to Support a Child with Medical Complexity

Dr. Sarah Anais Mejia¹, Dr. Caroline Hardin², Dr. Eliza Harley¹

¹Department of Pediatrics at Children's Hospital Los Angeles, Los Angeles, USA, ²USC Division of Occupational Science and Occupational Therapy, University of Southern California, Los Angeles, USA

S4 - WSH16: Infant Mental Health and Occupational Therapy Collaborative Intervention to Support a Child with Medical Complexity, Wicklow 3, July 16, 2023, 16:30 - 17:30

Introduction

Children with complex medical needs oftentimes experience post-traumatic stress disorder (PTSD) related to their medical care (DeYoung et al., 2021). Similarly, their caregivers are more likely to experience symptoms related to anxiety, depression, and PTSD (Hancock et al., 2018). An evidence-based intervention like Child Parent Psychotherapy (CPP) can address dyadic trauma related to chronic and invasive medical intervention. However, psychological treatment alone cannot address the unique sensory and environmental factors related to hospitalization and chronic illness. A case example will be presented to illustrate the integration of occupational therapy (OT) and CPP to support the unique needs of young children with medical PTSD and acute chronic illness.

Aim

Attendees will be able to:

- Expand their understanding of Infant Family Mental Health (IFMH), CPP, and OT tenets to support medically complex children and their caregivers.
- Identify strategies and benefits of OT and IFMH clinician collaboration for children who have experienced medical trauma across inpatient and outpatient settings.
- Apply reflective practice techniques to address grief related to chronic medical complexity.

Description

An IFMH interdisciplinary treatment team (psychology and OT) will offer a case example that uses an interdisciplinary Child Parent Psychotherapy (CPP) model to manage the impact of acute chronic medical trauma for a child and their family. The team will review pivotal points across 18 months of collaborative treatment focused on strengthening the dyadic relationship to support the child's biopsychosocial functioning. Presenters will encourage discussion around using reflective practice as an interdisciplinary team to address grief and vicarious trauma.

Conclusion

Upon conclusion of the workshop, participants will better understand the unique outcomes that can result from interdisciplinary integration of OT with psychology within IFMH. Participants will reflect on how they can better support children with chronic medical complexity through interdisciplinary collaboration.

References available upon request.

Intersubjective pain in postpartum: interest of a combination of tools to screen mother-baby bonding disorders

Joelle Rochette-Guglielmi³, Sylvie Viaux Savelon^{1,2}

¹Hospices Civils De Lyon, LYON, France, ²Institut Sciences Cognitives, Lyon 1 University, LYON, France,

³CRPPC, Psychology Institut, Lyon 2 University Lumière, LYON, France

S4 - WSH17: Intersubjective pain in postpartum: interest of a combination of tools to screen mother-baby bonding disorders, Wicklow 4, 16 July 2023, 16:30 - 17:30

A 2020 French report on mother's morbidity and mortality has highlighted that 91 % of maternal mortality due to mental illness were preventable and highlights in particular "the importance of prevention and coordinated multidisciplinary care pathways involving primary care". Faced to this Public Health issue, a post-natal interview between the 4th and 8th week has been developed in emergency in France. The correlation between moral and physical pain in postpartum and failure of mother-child interactions at one year is demonstrated by studies on very large cohorts (Kasamatsu, 2020). The intersubjective dimension of "co-pains" emerges as an interesting concept strengthened by the physiology studies linking physical and moral pains (Sirigu 2014).

In this way it was urgent to develop a kit of identification and prevention tools that could be used by front-line professionals in routine consultations, then to allow early screening and referral if necessary to specialized care services for baby parents to reduce morbidity for both mother and child.

Method

we developed a clinical action research (I) to implement this screening and prevention kit in first-line professionals pilots (2) to realize multi-focal and longitudinal mother-child screening by measurements between 0 and 3 months, then at 12 months using a "kit" of validated scales (ADBB, EPDS, Visual Analogue Scale for dyadic pain, MIBS)

Results

preliminary results will be presented on 100 dyads followed from birth to one year post partum. Feasibility and acceptability of the "kit" was good for the professionals. Predictive value of the kit score in early postpartum was clearly improved by combining scales with high relevance (sensitivity 72.7%, specificity 83.3%; predictive value + 76.%; predictive value - 80.6%; X²: 0.01; Q: 0.72 (Rochette, 2020)

Conclusion

Combinated tools including intersubjectivity co-pain is a good and valuable way to screen and address high risk dyads.

Embracing Structural Humility to Advance Equity in Mental Health Services for Families Experiencing Trauma

Dr Sufna John¹, Lili Gray, Donna Potter

¹University Of Arkansas For Medical Sciences, Little Rock, United States of America

S4 - WSH18: Embracing Structural Humility to Advance Equity in Mental Health Services for Families Experiencing Trauma, Wicklow 5, July 16, 2023, 16:30 - 17:30

Introduction

Structural trauma (the psychological impact of inequity that results from public policies/institutional practices that are part of the structure of our culture) reduces the potential that mental health services will result in recovery for young children and families in marginalized communities.

Purpose

Structural humility (Metzel & Hansen, 2014) provides a framework for recognizing and responding to the impact of structural inequity on clinical practices and health outcomes for marginalized communities. This presentation will build learner knowledge on structural humility and associated practices within infant mental health.

Description

Despite the historical and ongoing existence of community-based and structural trauma, mental health providers have limited experience with incorporating these types of events into evidence-based treatment; instead, being trained to primarily focus on family-level traumatic events (e.g., abuse, natural disaster exposure, domestic violence).

Conclusions

Small group activities and discussion will help learners to integrate knowledge and practice specific skills that embrace structural humility.

Metzl, J. M., & Hansen, H. (2014). Structural competency: theorizing a new medical engagement with stigma and inequality. *Social science & medicine* (1982), 103, 126–133.
<https://doi.org/10.1016/j.socscimed.2013.06.032>

Five for Five: The Five Paradigm Shifts Necessary to Implement the Five Protective Factors

Dr. Connie M Lillas¹, Ms Betty Peralta¹, Ms Jessica Richards¹

¹NRF Institute Research To Resilience, Pasadena, United States

S4 - WSH20: Five for Five: The Five Paradigm Shifts Necessary to Implement the Five Protective Factors, Liffey Meeting Room 3, July 16, 2023, 16:30 - 17:30

Introduction

The Center for the Study of Social Policy's (United States, referred to as CSSP) five protective factors of 1) parent and child resilience, 2) social connections, 3) knowledge of parenting and child development, 4) social and emotional competence for children, and 5) concrete support in time of need are being used in many communities around the world to increase health and decrease the damaging effects of long-term toxic stress. The NeuroRelational Framework applies these protective factors to its treatment protocol because toxic stress is a cause of mental health and social-emotional developmental challenges.

Purpose

The NeuroRelational Framework (NRF) introduces five paradigm shifts, one for each of CSSP's five protective factors. Each paradigm shift reveals an implicit bias about the meaning of children's behaviors and provides an innovative, effective response to behaviors that heals toxic stress. The NRF uses an infographic in two different versions to reflect on the usefulness and importance of these shifts. This psychoeducational tool can be used with parents, practitioners across sectors of care, community leaders, and policy makers.

Description

The use of the 5 Paradigm Shifts tool will be demonstrated by 3 practitioners. They will describe different ways of supporting others to reflect on five implicit biases and shift into a deeper understanding and use of the five protective factors. The content of the tool will be described in detail along with cultural implications. We will highlight how to use this tool with parents, schools, children's services, and for specific mental health conditions such as selective mutism, ODD, and PTSD.

Conclusion

The NeuroRelational Framework operationalizes the CSSP's Five Paradigm Shifts to offer a more effective and less biased approach to care. It uses the five paradigm shifts as a foundation for understanding how to alleviate toxic stress in child, caregiver, and provider across cultures.

Confronting Organizational Inequities: Assessment, Barriers, Consultation and Change.

Dr Karen Frankel¹, Dr Kandace Thomas³, Ms Carmen Rosa Norona⁴, Dr Nucha Isarowong², LCSW, IECMH-E Ayannakai Nalo, Clinical Professor Psychiatry and Behavioral Sciences Maria Seymour St. John⁵

¹UCSOM, Denver, United States, ²Barnard Center for Infant and Early Childhood Mental Health, Seattle, USA, ³First 8 Memphis, Memphis, USA, ⁴Boston Medical Center, Boston, USA, ⁵University of CA, San Francisco, San Francisco, USA

Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

The Diversity-Informed Tenets for Work with Infants, Children and Families (Tenets) are a set of strategies and tools for strengthening the commitment and capacity of professionals, organizations and systems that serve infants, children and families to embed diversity, inclusion and equity principles into their work (Thomas, Noroña, & St. John, 2019).

Aim

A large USA metropolitan academic medical center department reached out to the Tenets Initiative to request assistance in understanding issues of inequity, racism, and structural injustices in their Department and use the Tenets framework to address them. The Tenets Initiative engaged with the Department in a 1-year process to assess, train, and recommend activities which could ameliorate the challenges.

Description

The process included: Qualitative/quantitative pre- and post- data collection; training in the Diversity-Informed Tenets; meeting with leadership regularly; data analysis; presentation of final report and recommendations. Data collection included assessing experience of faculty/staff about attitudes, behaviors, policies and standards on equity, diversity, and inclusion through focus group and individual meetings followed by a thematic analysis. Post-training evaluations were collected on Tenet trainings delivered to 120 department members. The data yielded several themes/needs: Clearer Human Resource Policies which support DEI work and institutional commitment; Support for team building within clinical services; Initiatives to support patient experience; and Develop communication and information-sharing protocols.

Conclusion

Final recommendations included: Expand Social Justice Committee; Create Department 5-Year DEI Strategic Plan; Build greater departmental capacity and understanding of DEI; Translate greater understanding into policies; and Build Capacity in Clinical Areas with committees to address and support DEI. Specific operationalizations of each recommendation were provided.

Thomas, K., Noroña, C.R., & St. John, M.S. (2019). Cross-sector allies together in the struggle for social justice: The Diversity-Informed Tenets for Work with Infants, Children, and Families. ZERO TO THREE Journal, 38-48.

Infant and preschool childhood screen time and psychopathology or parental concerns in a Portuguese Sample

Dr. Sofia Pires¹, Dr. Mariana Pessoa¹, Dr. Ana Vera Costa¹, Dr. Susana Santos², Dr. Vânia Martins², Dr. Joana Calejo Jorge¹

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Studies have been linking early exposure to digital media to increased externalizing behaviors, attention problems, worse cognitive performance and language development.

Aim

Clarify and characterize the habits of screen time exposure in a sample of infants and preschoolers. Assess the proportion of early childhood screen excessive exposure. determine if there is a relationship between the presence of psychopathology, parental concerns (behavior, sleep, food habits, obesity) and screen time exposure habits.

Material and Methods

A cross-sectional cohort study of 38 infants and preschoolers in a Child and Adolescent Psychiatric outpatient unit and children followed exclusively in Primary Health Care in the same geographic area was carried out. The information was collected from a self-report questionnaire filled by the caregiver between October 1st, 2018, and June 30th, 2019. Screen time was analyzed and organized in two groups: the H group (screen time higher than recommended) and R group (within the recommended), according to American Academy of Pediatrics screen time recommendations.

Results and Conclusions

Only 45% of the total fulfilled the recommendations regarding screen exposure. The need for a Child and Adolescent Psychiatry follow-up consultation and behavior concerns during early childhood are significantly associated with screen time, with a greater proportion within the group with higher daily exposure than recommended (the H group) ($p=0,006$ and $p=0,032$ respectively). There's still a tendency to have a higher percentage of overweight/obesity, sleep and food-related concerns in the H group.

Overexposure to digital media is an increasingly present reality, making it important to set limits early. It is crucial to promote community literacy in this area so that screen use is informed, balanced and that there is discussion and communication about the possible associated risk.

The views of non clinical staff who participated in an Infant Mental Health Training Day.

Ms Isobel De Burca¹, Ms Catherine Maguire¹

¹Childhood Matters, Bessborough, Blackrock, Ireland

Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

There is a growing impetus on infant mental health practices within the Irish context, however considerable gaps still exist in service awareness- and the overall general public's understanding.

Aim

To help bridge this gap, tailored infant mental health training was developed and delivered to staff working at a child and family service in Cork, Ireland. The aim of this training was to develop a common language and fluency regarding the social and emotional development of infants which is on par with what is already known regarding the infant's physical development within the Irish context.

Description

Childhood Matters is a non-profit organisation made up of a number of different services inclusive of a residential Parent and Infant Unit, a community based Family Support Programme, a Crèche and Preschool, a Teen Parent Programme and a therapeutic service for children with attachment difficulties.

Forty-seven staff at Childhood Matters in Cork partook in either one of two days which were held in the service. The sample represented a range of different disciplines; both those working in direct and indirect roles with families availing of the service.

Of the forty-seven attendees, thirty evaluation forms were returned on completion of this training. Descriptive statistics were used to analyse the data collected with a focus on the data obtained from the non-clinical attendees. Although this was a small sample, it was considered the most representative of the general public's perspective regarding infant mental health and well-being.

Conclusions

Three over-arching themes were observed in the data collected regarding the ongoing task of promoting IMH awareness in early childhood social and emotional development. These themes shed important light on the gaps that exist in service awareness and overall general public' knowledge and understanding of IMH within the Irish context.

Evaluation of an Initiative to Foster Trauma-Informed Organizational Change in Early Care and Education

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Children with histories of trauma exposure are at increased risk for a range of developmental, social, emotional, and behavioral symptoms. The effects of traumatic life experiences can impact children's ability to learn and function within early care and education (ECE) and school environments. Trauma-informed (TI) ECE programs/schools seek to create environments in which children with experiences of trauma can build resilience and be successful, and must be available as early as possible in children's educational experience.

Aim

This session focuses on the implementation and evaluation of a TI change initiative called Fostering Informed and Responsive Systems for Trauma: Early Care and Education (FIRST:ECE). FIRST: ECE is two-year initiative focused on implementing TI organizational change, and this study focused on implementation in two school district pre-kindergarten (pre-k) systems in the United States. The goals of the study were to explore changes in staff awareness about childhood trauma and teacher use of classroom practices designed to build resiliency skills in children. We also explored staff engagement in the process of creating broader organizational changes.

Materials and Methods

Site 1 (urban) had 7 pre-k locations with 31 classrooms, while site 2 (micropolitan) had 5 locations with 12 classrooms (43 classrooms total). To address evaluation questions, we conducted teacher surveys in years one and two of the project and explored change over time in 91 teacher using t-tests and descriptive statistics.

Conclusions

In surveys across two years, participating teachers reported gains in trauma-related knowledge and implementation of TI teaching strategies. Surveys of a subset of staff who were involved in school district-level teams focused on implementation of broader TI organizational changes (e.g. adapting policies and procedures) revealed that most agreed the process was inclusive, they made progress towards goals and they developed a sustainable way to facilitate change.

Implementation and Scale-up of a Systems and Program-Wide Approach for Promoting Young Children's Social-Emotional Competence

Dr. Lise Fox¹, Dr. Mary Louise Hemmeter, Dr. Barbara J. Smith

¹University Of South Florida, ,

Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

The Pyramid Model (Fox et al., 2003; Hemmeter, et al., 2006) is a framework of practices for early childhood educators and care providers in early childhood settings to promote young children's social-emotional competence and prevent and address challenging behavior. The evidence-based approach is being implemented in 32 states across the United States.

Purpose

This poster will illustrate how the Pyramid Model is being implemented and scaled up statewide across early childhood programs and systems in the United States.

Description

The Pyramid Model uses a promotion, prevention, and intervention framework to organize the practices that are taught to all early educators in a setting. Across the United States, states are using implementation science to guide statewide implementation efforts to implement and scale up the approach in multiple early childhood systems and programs (Fox, Smith, & Law, 2019).

Implementation science provides guidance on the features and systems that must be considered to ensure the implementation of an innovation in a manner that can achieve socially significant outcomes (Fixsen, Blasé, and Van Dyke, 2019).

Pyramid Model implementation and scale-up have occurred by (1) establishing a state-wide implementation team; (2) having a professional development network that can provide implementation coaching to programs; (3) establishing implementation sites with program-level implementation teams and practitioner coaches; and (4) using data for decision-making. This poster will illustrate these essential structures, provide links to tools, guides, and fact sheets related to each structure, and illustrate how these features might be used to support other innovations (e.g., early childhood mental health consultation) that a community or geographic entity might want to implement and scale.

Conclusions

Participants attending will learn about critical structures for implementation and scale-up, how implementation science is used for the scale-up of innovations, and resources that might be used in the application of this approach.

Reach and Acceptability of a Perinatal Support Program Delivered by Non-Specialists

Ms Lydia Henderson¹, Dr. Jennifer McCabe¹, Dr. Lisa Segre²

¹Western Washington University, Bellingham, United States, ²University of Iowa, Iowa City, United States

Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Perinatal mood and anxiety disorders are associated with several adverse outcomes, including preeclampsia, gestational diabetes, spontaneous preterm birth, low birth weight, impaired mother-infant bonding, and infant development. Further, mood and anxiety disorders are associated with a range of health-compromising behaviors, such as smoking, alcohol use, improper diet, and inactivity, which have additional adverse outcomes for perinatal women and their offspring. Few women receive support for perinatal mental health due to barriers, including lack of specialists, stigma, time, and travel.

Aim

We address these barriers to care through a remote peer support program delivered via text message, phone call, and video chat. Based on feedback from key stakeholders, we modified an existing intervention to be delivered remotely by peer volunteers. The existing intervention, based on empathic listening and collaborative problem-solving, has significant empirical support for the treatment of perinatal depression by non-specialists. The objective of the current study is to assess the feasibility of our peer support program.

Methods

We trained 20 community volunteers to deliver the intervention, and we will implement the program in January 2023. Along with substantial advertising support from the community, we will collaborate with trusted messengers from a diverse range of racial, ethnic, and socioeconomic backgrounds as well as those fluent in different languages. Trusted messengers are engaged to disseminate program information and increase access for underserved communities.

Conclusions

We will collect quantitative and qualitative data pertaining to typical feasibility issues, including any regulatory challenges, rates of participant recruitment and retention, and participant perceptions of and reactions to the intervention (e.g., satisfaction, intent to use, perceived appropriateness). Project findings have significant implications for future research on service-provision by non-mental health professionals using non-traditional treatment delivery methods.

Healthcare Guideline Adherence in the Experiences of Pregnancy and Isolation during COVID-19 (the EPIC study)

Ms Lydia Henderson¹, Dr. Jennifer McCabe¹

¹Western Washington University, Bellingham, USA

Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Prenatal maternal stress (PNMS) is associated with adverse outcomes for offspring. Theoretical models propose four primary mechanisms of risk from stress to adverse health outcomes, including the effects of stress on physiology, health behaviors, psychosocial resources, and healthcare utilization. Most studies focus on physiology as the mechanism of risk, with little focus on the other pathways.

Aim

We address these limitations and build upon previous research by studying PNMS and offspring development in the context of the COVID-19 pandemic.

Methods

Women in their third trimester of pregnancy were recruited from April – August 2021. Consented subjects completed online surveys during pregnancy (T1), at 6-weeks postpartum (T2), and 16 months postpartum (T3). At T1, online surveys included questions about COVID-related stress, healthcare utilization, and adherence to prenatal care guidelines. At T2, surveys added questions about birth experiences and guidance from healthcare providers. At T3, surveys contained questions for postnatal healthcare and stress, and infant healthcare and development.

Analysis of T1 data (n=83) indicates the sample is predominately Caucasian (72%) with 12% identifying as Hispanic/Latino. Thirty-four percent of subjects reported they were eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) during pregnancy. Complete data will be collected and ready for analysis in January 2023.

Conclusions

This study will offer a unique perspective regarding experiences in pregnancy, postnatal, and infant healthcare during the COVID-19 pandemic. Furthermore, these data will allow us to examine disparities in perinatal health among women of racial/ethnic minority groups and low socioeconomic status. Finally, findings from this study will inform future research pertaining to mechanisms of risk from PNMS to offspring development.

The Birth of a Mother: A Workshop Series on the Transition to Motherhood

Dr Emma Hennessy¹, Ms Orla Woulfe¹, Mrs Mag Mullane²

¹HSE, Mallow, Ireland, ²Le Cheile Family Resource Centre, Mallow, Ireland

Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

The transition to motherhood is a time of great upheaval. Sacks (2019) brought the term Matrescence into modern day psychology to describe this developmental transition. Much like adolescence, matrescence is the reorganisation of a woman's physical, psychological, emotional and relational identity following the birth of her baby. It describes the emotional 'tug-of-war' between the old and new parts of the self when finding mothering feet. Within this, feelings of ambivalence are construed as both normal and healthy. However, this process is not always recognised as a journey of mixed emotions, and often discomfort is mistaken for disease, leading women to feel isolated and misunderstood in their new role.

Aim

The aim of these workshops were to create a space for new mothers to reflect on their journey to/through motherhood and provide psychoeducation regarding this transition.

Description

Two workshops were developed and delivered in the North Cork and were offered to mothers who had recently given birth (within the last year). Workshop flyers were disseminated within local Health Centres, Family Resource Centres and Public Health Nurse visitation. The community-based workshops were facilitated by a Clinical Psychologist and a Family Support Worker. Workshop topics included: matrescence, emotional health after birth, the 'perfect-mother' myth, and bonding with your baby. Evaluation forms were completed by participants. Feedback underscored the paucity of information/support available regarding postnatal emotional health. Participants named value and validation in creating a shared reflective space.

Conclusions

The transition to motherhood is not currently well acknowledged in the Irish healthcare system. Thus, it is common for mothers to feel alone when reviewing the 'expectations versus reality' of motherhood. Creating space for reflection in normalising the ups/downs of this journey could have a positive effect on mothers' developmental processes, and potentially act as a buffer in protecting their relationship with their baby.

Impact of COVID-19 on Referral Patterns and Service Delivery for an Integrated Behavioral Health Program

Susanne Klawetter¹, Dr. Kelly Glaze², Ashley Sward², Eline Lenne¹, Samantha Brown³, Lindsey Rogers², Dr Karen Franke²

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction and Aim

The COVID-19 pandemic produced adverse effects on family well-being including mental distress and decreased access to supportive services, particularly for low-income families. Warm Connections is an integrated behavioral health program that addresses the psychosocial needs of low-income families in partnership with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC staff refer families to Warm Connections, which provides behavioral health support grounded in an infant mental health framework. This study examines:

- 1) Reasons for referral to Warm Connections pre- and post-pandemic onset.
- 2) How the mode of service delivery (in-person or virtual) impacted Warm Connections' ability to effectively connect with families pre- and post-pandemic onset.

Materials and Methods

This study was conducted in two WIC clinics with Warm Connections programming. The sample included WIC participants referred to Warm Connections between August 2019 - July 2021. Referral reasons included: parental stress/mental health, social determinants of health (SDOH), child behavior/development concerns, or multiple concerns/other. We used descriptive statistics to summarize sample characteristics and calculate the proportion of referrals received by referral type. We conducted chi-square tests to examine if referral reasons and outreach to families differed pre- and post-pandemic onset. Post-hoc analyses were used to determine which referral categories differed pre- and post-pandemic onset.

Results

Referral reasons varied significantly pre- and post-pandemic onset. Significantly more referrals were made regarding SDOH post-pandemic onset (13.8%) compared to pre-pandemic (4.1%, $p < .05$). Providers' transition to telehealth modality sufficiently served families.

Conclusions

The quantity and nature of family needs shifted in response to the pandemic, while Warm Connections' ability to provide accessible care was unchanged. Referrals increased dramatically during the pandemic's onset, underscoring the significant needs of low-income families. Integrated behavioral health programs are promising approaches to address families' psychosocial needs and can be successfully delivered in-person and remotely.

Creating a parenting community of mothers to nurture children with developmental disorders based on IMH

Creating A Parenting Community Of Mothers To Nurture Children With Developmental Disorders

Based On IMH Keiko Komoto^{1,2}, Creating a parenting community of mothers to nurture children with developmental disorders based on IMH Kayoko Suzuki², Creating a parenting community of mothers to nurture children with developmental disorders based on IMH Akihito Sasaki², Creating a parenting community of mothers to nurture children with developmental disorders based on IMH Hiroji Okawa²

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Parenting mentors refer to parents who had experienced parenting children with developmental disabilities by themselves. They provide sympathetic support and information on regional resources for parents having a similar situation. Today, the Ministry of Health, Labor, and Welfare in Japan recommends it as an effective family support system. However, mentor training is seldom available. Training parents to be parenting mentors and creating a parenting community are necessary.

Aim

This study aimed to conduct parenting mentor trainings to promote understanding of Infant Mental Health (IMH) and mother–child relationships and to verify the effects. Methods for implementing parenting mentors were considered according to the training outcomes.

Material and Methods

Two mothers as parent mentor who are nature the developmental disorder and one pediatric nurse as a mentor-coordinator received training seminar. The training seminar include understanding about IMH, the influence of mother-child relationship to child development and listening skill, 12times over a year. After training seminar, they attended the parent training course (10times/course) as a parenting mentor. They investigated the self-efficacy and reflection as a mentor activity by questionnaire at pre-post the parent training course.

Ethical Considerations

The study protocol was approved by the ethics committee of Tokyo Medical and Dental University (receipt No.M2019-042, date of approval: 2019.7.29).

Conclusions

The Introduction of parenting mentors builds a supportive relationship between parents. Two parent mentors and a mentor-coordinator showed significant improvement in their ability to voluntarily interact with the participants of the parent training course and monitor them compared with that before starting mentor activities. Mothers who participated in the parent training course and had a mentor exhibited significantly less parenting stress than mothers who did not have a mentor. Comprehensive support for parenting mentors and to build an organized mentor train system are important.

Community-based behavioural infant sleep interventions: a systematic review of theoretical underpinnings and behaviour change techniques

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Reviews have indicated that community-based interventions targeting infant sleep can be effective. However, the literature is less clear as to the theoretical underpinnings and active components of infant sleep interventions, whether these are related to parental measures, such as acceptability, adherence, satisfaction and mood, and whether certain characteristics of interventions are associated with greater effectiveness on sleep measures.

Aim

This review broadly aimed to characterise behavioural infant sleep interventions delivered in a community setting in terms of theoretical underpinnings and behaviour change techniques. Where applicable, this review also aimed to explore associations between meaningful groupings of theory type (e.g., operant conditioning and extinction; attachment theory) and behaviour change techniques and secondary outcomes including parent and infant sleep, parent satisfaction and intervention adherence.

Method

Online databases were searched from inception to October 2022 to identify Randomised Controlled and cluster Randomised Controlled Trials of behavioural interventions delivered in community settings that targeted the prevention or treatment of sleep problems in infants (0-3 years). Using the PRISMA guidelines, records were independently screened by two reviewers and eligible interventions were coded for the presence and type of theoretical underpinnings used. Active components were also coded using a taxonomy for behaviour change techniques. The role of secondary outcomes, such as intervention feasibility and parent satisfaction, were also explored.

Conclusions

This systematic review elucidates the specific components used by behavioural infant sleep interventions and the theories that are drawn upon to inform intervention development. This study concludes with a discussion of how obtained results may aid in the development of community-based infant sleep support, such as the consideration around which behaviour change components to utilise when addressing particular outcomes. Implications for selection of theoretical underpinnings in intervention development on parent outcomes are also explored.

Partnering to Attain Cultural Specificity in Home-Based Communication and Language Interventions for Infants and Toddlers

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Acquiring language competencies is critical in the first three years of life, and driven by language-rich interactions with adults. Socioeconomic disadvantage threatens development by posing health risks to children, limiting resources, and elevating parental mental health concerns. Little Talks was formulated in partnership with families experiencing disadvantage to ensure cultural responsiveness, feasibility, and effectiveness (Manz et al., in press).

Aim

The presentation will describe the community-based participatory research (CBPR) that formulated and evaluated Little Talks, as administered in Early Head Start (EHS) home-based programs. Additionally, this presentation will describe replication of CBPR to adapt Little Talks to Native communities.

Methods

Iterative development of Little Talks was initially conducted with Latine and African American families. Across three iterations, interviews with families were conducted to learn from their experiences using Little Talks. These data directed refinements of Little Talks and the creation of materials in English and Spanish. A 10-month randomized control trial (RCT) of Little Talks was conducted with 109 EHS children. Home visitor quality, parenting, parent depression, and children's language growth were repeatedly assessed. HLM analyses were undertaken to evaluate Little Talks, attending to the interaction of families' acculturation to the U.S. Underway is replication of the iterative process to adapt Little Talks for Native children.

Conclusion

RCT results documented Little Talks' improvement on home visit quality, parent outcomes, and children's language, with greatest benefit for children from families who were least acculturated to the U.S. These results show the CBPR effectiveness to initially form Little Talks, and the promise for replicating iterative development with Native children in home visiting.

Manz, P. H. & Eisenberg, R. A. (in press). Fostering young children's language development through strategic partnering: Forming Little Talks. In C. McWayne & V. Gadsen (Eds), *Hope and Resilience: Early Childhood Research for Change*. Baltimore, MD: Brookes Publishing.

All In This Together: Comprehensive, family focused perinatal and infant mental health care

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

Mental illness in the perinatal period impacts on parents, infants and the wider family system. Severe, complex and acute perinatal mental illness requires comprehensive, assessment and intensive intervention to ensure the safety and wellbeing of parents and infants and promote family focused recovery. In NSW hospitalisation of a parent often necessitates separation from their infant. Comprehensive, collaborative community supports and hospital in-reach can reduce admissions and improve outcomes for this vulnerable consumer group.

Aims / Purpose

The NSW Perinatal and Infant Mental Health (PIMH) clinical teams, including Northern Sydney Local Health District (NSLHD), are designed to provide comprehensive parent-infant focused mental health care to pregnant women and parents of infants up to age 2, with severe and complex mental health issues. The service aims to reduce the need for hospital admission and promote the safety and wellbeing of parent and infant by working collaboratively with other services engaged with the family. This poster will illustrate the clinical and capacity building work of the (NSLHD) (PIMH) team, working within the wider service system in supporting families impacted by significant perinatal mental ill health.

Description

The NSLHD PIMH Team offers intensive short term (home and hospital based) assessment and intervention to pregnant women and parents of infants with acute, severe and complex mental health difficulties, in collaboration with Adult/Child and Youth Mental Health Services as required. The multidisciplinary PIMH team has a clearly defined, collaboratively developed Model of Care and associated service procedures to guide clinical practice. In addition the team offers comprehensive consultation, liaison (CL), education and capacity building for mental health and non-mental health perinatal focused services working to support these vulnerable families.

Conclusion

NSLHD's PIMH service works collaboratively to provide high quality specialist clinical input to families experiencing significant mental health difficulties as well as capacity building to support the wider service system.

Population health opportunities to support IECMH prevention: Crosswalk between HealthySteps Specialist and IECMH Consultant Competencies

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

The past decades have led to an explosion of learning about early childhood development, infant and early childhood mental health, and early relational health. As a result, the demand for IECMH services has continued to increase, yet IECMH services remain available for only a select few. When aiming for broader impact, the movement toward incorporating IECMH into population health can be hindered by factors such as job security, billable hours expectations, and burnout. A poor reimbursement rate (often due to lack of payment for prevention) adds a barrier to hiring and sustaining IECMH providers. An additional concern is the dearth of qualified IECMH providers who are culturally attuned and/or matched with the communities they serve.

The field of IECMH is too important to be relegated to one corner of our service system, reaching a select few, and needs to expand to leverage more pathways for supporting babies, toddlers, young children, and their caregivers. With a bigger arena, we can move toward improved societal impact. Primary care holds great promise as this larger arena and presents a unique opportunity to integrate the principles of IECMH into population health. This workshop highlights the HealthySteps model, one that adapts the IECMH framework to the pediatric primary care setting by employing Competencies for its Specialists that are aligned with the IECMH consultant work, and two principles of IECMH: promotion from a population health perspective and behavioral health prevention. The HS Specialist Competencies, aligned with existing IECMH consultant (IECMHC) competencies, provide a standard of care principles for HS Specialists across the network, and may serve as a framework for other integrated pediatric behavioral health models focused on young children and their families, bringing IECMH to population health.

Promoting a Reflective Community for the Healthy Development of Young Children: The DUET Model

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

Children develop in the context of their community, thus having a reflective community can support healthy development. Driven by Bronfenbrenner's ecological model, we propose a community intervention model that targets children's main circles of care, directed primarily at improving care provider reflective functioning (RF). RF is a fundamental component in building a stable, secure, and positive relationship. Parental RF fosters the development of child self-regulation, mentalization, and social ability and contributes to the quality of parent-child relationships.

Aims

The DUET community intervention aims to enhance the reflective language and thinking among childcare providers and professionals in three circles of care: the family (i.e., parents), education (i.e., preschool teacher), and health (i.e., community nurses) systems. We propose that the DUET intervention would enhance RF, resulting in better relationships and better child self-regulation and adjustment.

Description

The DUET parenting model is based on a reflective parenting program (The L.A. Center for Reflective Communities) and has been adapted and further developed for the Israeli population. It is a 12-week program in which childcare providers meet in a group setting for a weekly, 90-minute meeting. Each meeting is conducted by two facilitators (infant mental health professionals) using a structured curriculum.

The group setting enables the participants to consider multiple emotions and thoughts that might emerge in each situation.

Conclusions

Having conducted more than 100 groups, our experience shows that care providers who have been through a DUET group intervention report a significant increase in their RF, self-regulation, and parental efficacy. Furthermore, coding of the videotaped interactions revealed improvement in parent-child interactions following intervention. Finally, children showed a significant decrease in behavioral problems and improvement in social skills and in self-regulation. The importance of a community intervention that encourages contact and communication between the different circle of childcare providers will be discussed.

"Resilience Stretches" to Prepare for and Repair from Psychosocial Stress

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

Parallel to physical stretches preparing for or repairing from physical challenge, twelve 'Resilience Stretches' promote parent and service provider resilience and resourcefulness; to prevent negative outcomes of primary or secondary psychosocial stress on service providers, clients, and infant-parent relationships.

Aim

The 'stretches' integrate ventral-vagus nerve stress management ('Safe to Friend' polyvagal alternatives to Fight/Flight/Freeze/Faint responses, e.g. diaphragmatic breathing, social engagement, auditory processing, etc.), with components of resilience (expectations of being safe, capable, grateful, and meaningful) and resourcefulness (protective factors: service accessibility, social support, skills and knowledge, and resilience). The resources prompt reflection, affirmation, and problem-solving; as they anticipate, interrupt and/or soothe stress response. They may help to weather microaggressions, moderate impact of social determinants, support systemic change, and counter unhelpful thoughts and feelings that could escalate psychosocial and physical stress.

Description

Each 'Stretch' is based on 10-count 'Belly-Button-Breathing' (inhale 1-4 exhale 5-10), a ten-beat affirmation/reflection statement, an image depicting the stretch, and movement expressing it. Available (free) for download are a poster illustrating the twelve stretches; a 4x6 card illustrating each stretch; screensaver images; resilience and resourcefulness pamphlets for parents; links to video describing the stretches and their community context of ACEs (Adverse Childhood Experiences, Adverse Community Environments, and Atrocious Cultural Experiences;* Healthy Outcomes of Positive Experiences, etc.), and bibliography.

Simplicity of 'stretches' offers opportunities for translation, reflection on cultural context, etc

Conclusions

The 'Stretches' are promising practices with a supportive evidence base. Approaches to evaluate them directly are in development. They have been well received by parent and provider workshop participants.

*Ghosh Ippen, CM. (2019). Wounds from the Past: Integrating Historical Trauma into a Multicultural Infant Mental Health Framework. In C. Zeanah (Ed.), Handbook of Infant Mental Health, 4th Edition. New York: Guilford.

Early Childhood Partnerships: Results From a Virtual Collaborative Pilot

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction and Aims

The Early Childhood Partnerships (ECP) initiative is an innovative virtual collaboration among three states. The mission is to contribute to the knowledge and skills of interdisciplinary early childhood leaders. The pilot was designed to increase trainee knowledge surrounding best practices in supporting children and their families, and to increase interdisciplinary collaboration and networking across states. Information and resources related to children (0-8 years of age) who are at developmental risk (due to poverty and Adverse Childhood Experiences), and/or with neurodevelopmental disabilities, behavioral and mental health disorders, and chronic medical conditions and their families were provided.

Material and Methods

Each state in the Early Childhood Partnerships (ECP) engaged 2-6 trainees from their program who chose to specialize in Early Childhood. Trainees engaged in 6-10 hours of monthly activities with community partners. Virtual collaborative opportunities focused on the following: early childhood mental health; family engagement, functional assessment, racial equity and service equity; professional development products to implement best practices; advocacy and public policy. Evaluations were created for all events and used for quality improvement.

Results

Results demonstrated that the pilot is a promising way to engage interdisciplinary professionals at both state and national levels. Participants increased their knowledge and skills in the following topics: early childhood mental health, interdisciplinary teamwork, family/person centered practices, and policy related to children with disabilities and their families.

Conclusions

This collaborative model can be used for professionals (for example researchers, or policy makers, and infant/early childhood mental health practitioners) to network, engage, and learn from one another. The model can be used to address knowledge gaps among the service delivery systems, reduce silos in the service delivery system, and improve the quality of systems designed to serve young children and their families.

About the need of intensive interdisciplinary follow-up of premature babies in Bulgaria

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Nowadays, numerous factors contribute to the rise frequency of premature newborns. Premature babies increasingly survive due to significant improvements in neonatal intensive care – competent specialists, modern equipment, and medications.

Premature babies, especially those born extremely early, often are at risk of developing bronchopulmonary dysplasia, intraventricular hemorrhage, hypoxic-ischemic encephalopathy, retinopathy of prematurity, necrotizing enterocolitis and other complications that require follow-up in the neonatal period and through the first few years of life. Among preterm born children with mental health issues neurodevelopmental disorders, such as intellectual disability, autism spectrum disorder, ADHD are observed. Often parents are very engaged and exhausted by the somatic problems of their child and by the frequent need to conduct monitoring, examinations and interventions with specialists like pediatricians, neurologists, ophthalmologists, surgeons. Also, very often prematurity babies are expected to reach appropriate developmental psychological skills with some delay and adults are prone to postpone the search for specialized help from child psychiatrists and psychologists. The process of screening and diagnosing developmental disorders in Bulgaria is further hampered by the uneven distribution of specialists and at some cases difficult access and prolonged waiting time. According to our experience, unfortunately, the health care system organization in Bulgaria does not regulate and support enough efficiently procedures of interdisciplinary monitoring and referral about preterm born children. This increases the importance of parental awareness and sensitivity about possible mental health issues.

We share our experience with the establishment of multidisciplinary team and promotional materials addressed to specialists and parents aimed to support active follow-up of the child's general health and mental development.

Our goal is to help the parents of premature children to obtain a timely consultation and, eventually, diagnosis of the children`s problem and to be appropriately "accompanied" in this process.

Early childhood development literacy course for public preschool educators in Brazil- a pilot intervention

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

High-quality early childhood education (ECE) has the potential to reduce social inequities and to promote mental health. In Brazil there are structural and procedural challenges in the quality of ECE services, with regards to supporting children's emotional needs. Young children's social and emotional development has been described as one of the important themes that needs to be more deeply discussed in the professional development for early childhood (EC) educators.

Purpose

To describe the development and implementation of a pilot early childhood development literacy course for educators working in public preschools in Brasilia and Great Brasilia Area, Brazil.

Description

Arising from the need to increase early childhood development literacy among EC educators, a partnership was made between the University of Brasilia and the state school board to develop an educational intervention. A needs assessment conducted through an iterative process among the academic team, educators, managers, and parents identified relevant topics to be included in the course. Themes that emerged from such discussions were: the relationship between early education and health; brain development; language; attachment; play; reading; tantrums; maltreatment; and educator's wellness. A multidisciplinary group developed the content of the 8 sessions (3.5 h each) tailored to the educators' (n=60) needs. Sessions were structured as an initial panel conveying basic principles followed by discussion with the audience. The range of typical development was highlighted during discussions, as well as red flags and criteria for referral to health services.

Conclusion

Despite financial constraints, the process of designing and implementing this pilot project was feasible. We identified educational needs regarding child development and the educators were highly motivated despite not having protected time to attend to the course. Positive feedback was provided with regards to course content and its applications to their daily practice. Topics related to disabilities were suggested for future courses.

Supporting maternal and infant well-being after family violence: Findings from a residential and day program

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Family violence can undermine mothers' attachment to their infants, self-esteem, parenting confidence, and personal and psychological safety. Mother-Infant Village (MI Village) is a day program and residential village for mothers and infants who have experienced family violence in Victoria, Australia. MI Village provides a trauma-informed and recovery-oriented service that intervenes early to improve mother and infant mental health and safety by offering therapeutic, educative and practical inputs.

Aims

Using longitudinal data from client and staff surveys, a process evaluation of the first 12 months of MI Village program delivery (2021) aimed to provide early findings on program implementation, barriers encountered, and progress toward service goals.

Methods

Data were gathered at up to two time points for staff and up to three time points for clients. Purpose-devised client evaluation surveys comprised measures designed to support therapeutic reflection and assessed domains of maternal postnatal attachment, self-esteem, trauma recovery, goals, and family safety. Staff surveys gathered reflections on staff goals, program experiences, barriers to and enablers of client progress, and recommendations for ongoing program delivery.

Conclusions

Despite implementation challenges associated with COVID-19-related restrictions, all staff felt the program was successful in promoting mother and infant safety and wellbeing. Mothers attributed positive change in themselves and their relationships with their infants to the various supports offered. The MI Village residential stream is uniquely important in offering women a rental history to support their future independent living. Improving residents' self-efficacy and relational skills in a safe, medium-term housing solution offers women a chance to 'break the cycle' of violent relationships and unstable housing. Process evaluation of the first 12 months of program delivery provides support for the continuation of this and similar service models. Considerations for therapeutic program delivery are outlined with reference to mitigating developmental risks to infants in contexts of family violence.

Parents' perceptions about the effect of using cannabis when taking care of their child

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Most research on cannabis use in parents has focused on prenatal consumption and its impacts on offspring neurodevelopment. However, little is known about the repercussions of using cannabis when caregiving.

Aim

The present study aims to document (1) cannabis use patterns in parents who self-identified as using cannabis and (2) their perceptions about the effect of using cannabis when caregiving.

Material and Methods

One hundred and nine parents (70% mothers; Mage=35.7, SD=7.39) who self-identified as having used cannabis at least once during the last year completed an anonymous online survey assessing cannabis use patterns and perceptions concerning the effect of the substance on the quality of parenting, the child (Mage=4.91, SD=3.71), and the parent-child relationship.

Results

In our sample, 32.4% of parents (n=35) reported using cannabis between 2 and 6 days per week, and almost half were daily cannabis users (45.5%; n=49). Half of parents (49.5%; n=54) met the criteria of a cannabis-use disorder. Seventy-four percent (n=79) revealed caregiving under the influence of cannabis, while the remaining parents used cannabis in the absence of the child. Participants generally believed that their use of cannabis had no effect or a positive effect on the quality of their parenting [89.0-95.4%], on their child [82.6-88.1%] and on their relationship with their child [89.9-91.8%]. There was a positive correlation between the frequency of cannabis use and the extent to which parents perceived the substance to have beneficial effects on parenting ($r=0.27$, $p=.004$) and on the parent-child relationship ($r=0.28$, $p=.003$).

Conclusions

Our findings seem to suggest that parenting under the influence is trivialized in parents using cannabis. Scientific research on parental cannabis use is urgently needed to clarify the association between cannabis use and parenting. The context of recent legalization in different countries needs such data to guide interventions and policies.

The Lighthouse Mentalization Based Treatment - Parenting Programme for maltreating parents

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

Instances of severe child abuse and neglect can only occur in the midst of catastrophic, parental failures in mentalizing and/or in families in which non-mentalizing modes of thinking and behaving predominate, often as a result of the parents themselves having childhood histories of maltreatment and neglect. It seems reasonable to construe severe child abuse and neglect as arising from either a deficit in mentalizing (contributing to a pattern of consistent emotional and or physical neglect), or failures of mentalizing in situations of high arousal (non - accidental injury, physical chastisement) in which a parent momentarily mis-sees the child or through the mechanism of projective identification mistakes the child for a something or someone else.

Aim

In this workshop, a mentalizing framework for understanding child maltreatment will be explored and core elements of the treatment model will be illustrated by clinical material (including video). Results from a recent RCT (the Supporting Parents Project) in the UK will be described.

Description

The Lighthouse© MBT-Parenting programme was developed specifically to promote mentalizing in parents where the children have been identified as 'at risk' of maltreatment by the parent. The model aims to reduce the risk of maltreatment, disorganized attachments and transgenerational cycles of attachment difficulties/ psychopathology. It is underpinned by current theoretical and empirical work in attachment and developmental psychopathology. The programme aims to improve parental functioning and strengthen the parent-child relationship through a combination of psycho-education, and individual and group-based MBT treatment.

Conclusions

Results from a recent RCT (the Supporting Parents Project) in the UK will be described.

Antenatal mental health and child outcomes in Singaporean low income mothers

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Antenatal maternal depression contributes significantly to child cognitive and behavioural outcomes. These issues are manifested more acutely in women with low social economic status (SES).

Ai

We aim to evaluate the effect of intensive antenatal intervention on depression and anxiety levels in the mothers, and neurocognitive development in their infants at 12 months.

Material and Methods

Women attending obstetric clinics at the National University Hospital, Singapore between 2018 and 2021 were screened for possible depression using the EPDS . Those scoring 13 or more, low income and less than 28 weeks' pregnant were invited to participate in an intervention programme which comprised intensive case management, CBT and OT-informed interventions, and home visits, prior to delivery. Outcome measures for the women included the EPDS, MADRS, STAI and GAF. The children were assessed using the Bayley scales for Infant-Toddler Social Emotional Development and the Child Behaviour Checklist.

Conclusions

62 women were recruited, of whom 11 children completed measures at 12 months. The mothers' measures of mental health all improved after the intervention. Children of these women showed significantly better cognitive skills and fewer internalising behaviours at age 1. Although these children had more externalising behaviours, the improvements in attention, aggression, anxiety and depression were marked, in the average ranges, and were comparable to the general Singaporean population.

Care-experienced and expecting? Exploring lived experience of pregnancy and supportive interventions across the perinatal period

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

Research indicates pregnancy and the perinatal period to be a critical time for the development of parent-infant bonding. Care-experienced expectant parents are associated with higher risk of intergenerational transmission of trauma and adverse outcomes for the parent-infant relationship.

Aims

My systematic review explored the impact of a parental history of care experience on the prenatal relationship from perspectives of care experienced parents and professionals; identifying theories, risk and protective factors and perinatal interventions beginning in pregnancy supportive of the parent/infant relationship.

Description

There were no interventions specifically designed for expectant parents with care experience during pregnancy and fathers were included in less than 2% of studies. Studies came from attachment/mentalization and social work theory. Evidence was preliminary and exploratory; there was an overlap between the experience of pregnancy for this population and normative experiences of pregnancy. Significant risk and structural challenges to intervention implementation were identified. Limitations: Studies focusing on parents' retrospective accounts of pregnancy were excluded. Included studies were from the UK and US and therefore not generalizable to other cultures.

Conclusions

Interventions with this population during pregnancy and the perinatal period require an understanding of the complex dynamic interplay of past experience, normative pregnancy and ongoing risk that impact these parents and their relationship with the unborn foetus. Evidence suggests that an integration of models that brings together social work, family nurse home visiting services and child psychotherapy are perhaps best suited to the development of practice-based evidence within a contemporary Infant Mental Health team.

There is a need to amplify the voices of parents' lived experience against the experiences of professionals that work with them. My research proposal will be practice-led psychotherapy with a group/couples using Interpretative Phenomenological Analysis (IPA).

Intergenerational Health: Lessons learned from the opioid crisis in Maryland

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

The Center for Disease Control and Prevention reports one in five people report using opioids during pregnancy. Opioid use during pregnancy can lead to birth and developmental concerns and the mother's death by overdose. Strengthening university and community collaboration to increase awareness and reduce stigma through cross-sector training and delivery of attachment-based, trauma recovery programs for parents with young children is an urgent need. Our interprofessional team responded to federal and state grant opportunities to build a Network of Early Services Training and Transformation (NEST) to increase a diverse workforce (social work, counseling, pharmacy, medicine, addiction specialists, early education, child welfare) and peers and community anchors to support intergenerational health and recovery from traumatic stress and addiction disorders.

Aim

Enhancing relational health and attachment provides health benefits for the whole family and the network of providers and creates pathways for healing, trauma recovery, and equity for families dealing with opioid use. Stigma reduction at the personal, family, community and program levels strengthens parents repair attachment ruptures and prevent future adversity in their young children lives.

Description

We surveyed parents dealing with opioid use to learn about stigma, trauma exposure, and health status and to ask them about their needs as parents in recovery. We collaborated with state departments, a Historically Black College and University, fatherhood experts, peer specialists, and local programs to spread family-centered resources, attachment-based models, and federal guidance for best practices in the treatment of Opioid Use Disorders. We provided in-person, parent programs and interventions (Strong Roots/Mom Power, Attachment Vitamins, Child Parent Psychotherapy) in residential recovery programs and our clinic throughout the COVID-19 pandemic.

Conclusions

Lessons learned included the importance of wellness practices for parents, providers, and the community, and being anti-racist and family-centered is central to trauma-informed care.

Parental history of childhood maltreatment and child behavior problems: Parental cumulative psychopathology as a mediator

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Previous research findings indicate that parental history of childhood maltreatment (CM) is associated with child behavior problems (e.g., Stepleton et al., 2018). However, mechanisms underlying the effect of parental history of CM on child adaptation are not fully understood. Given that adult psychopathology is related, on the one hand, to CM (e.g., Russotti et al., 2021) and, on the other hand, to child behavior problems, (e.g., Goodman et al., 2011 for a meta-analysis), it seems important to investigate parental psychopathology as a potential mechanism explaining this intergenerational effect.

Aim

The present ongoing study aims at investigating whether parental cumulative psychopathology mediates the link between the severity of parental history of CM and child behavior problems in parent-child dyads followed by child welfare services.

Material and Method

Twenty-seven parents (2 fathers) of 1 to 5-year-old children (n = 35, 14 girls) completed the Childhood Trauma Questionnaire (CTQ), the Mini International Neuropsychiatric Interview (MINI), and the Child Behavior Checklist (CBCL). Cumulative psychopathology scores were obtained by summing the number of disorders identified by the MINI for each parent.

Results and Conclusion

Results of a two-level regression analysis revealed a significant mediation model ($B=0.17$), indicating that higher levels of parental CM were associated with higher levels of parental cumulative psychopathology and, in turn, with more child externalizing behavior ($R^2 = 0.30$).

Findings suggest the importance of targeting parental mental health to reduce maladaptive behavior in children of CM survivors.

Processes and lived experiences within a Scottish child protection pre-birth assessment, a Psychoanalytic Appreciative Inquiry

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

Meeting the mental health needs of infants remains a challenge for services. However, prevention is considered one key way to mitigate these difficulties, and social workers have been central to this. Pre-birth involvement is now forming an increasing part of child protection work but remains under-researched. This knowledge gap is concerning in view of the increasing number of babies born into care having been subject to a pre-birth assessment, where the temporary or permanent removal of the baby can be within days or even hours of birth.

Aims

This qualitative study will generate insights into the pre-birth assessment process in a Scottish Social Services Department from multiple perspectives.

It will:

- Highlight the elements that support the assessment process
- Consider cultural and organizational drivers of the assessment process
- Offer an account of the lived experiences of those closely involved in the process
- Generate new insights into the relational aspects of the process of assessment
- Contribute to multiagency understandings of infant mental health.

Description

The research design has been carefully considered in light of the high vulnerability of the subject group. For this reason, the research is adopting an appreciative inquiry methodology, exploring a case where the baby has remained with the family, from multiple perspectives. The researcher will draw on her psychoanalytic observational training to conduct the inquiry in a way that can explore the layers of emotional complexity, and understandings of risk, in a safe and sensitive way.

Conclusion

A much needed study in infant mental health with a focus on the prevention of harm, ensuring that the voices of families and social workers guide the improvement of assessment processes. Findings will be shared in both academic and practice-based forums with the aim of sharing best practice.

Trait anger, father-infant bonds and subsequent parenting stress: A longitudinal study of Australian men

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Parent anger presents a risk to family safety and child development. Trait anger in men may also compromise the early relational context of fathers and offspring, yet evidence is lacking.

Aim

To examine effects of trait anger in men on parenting stress in the toddler years, and the mediational role of father-infant bonding.

Material and Method

Data were from 177 Australian fathers of 205 children. Trait anger subscales (angry temperament and angry reaction), father-infant bonding subscales (patience and tolerance, affection and pride, and pleasure in interaction) and subsequent parenting stress subscales (parental distress, difficult child, and parent-child dysfunctional interaction) were assessed. At each of the subscale levels, mediational path models examined whether father-infant bonding explained the relationship between trait anger and parenting stress. Models were presented where there was at least a small correlation between the mediator and both the predictor and outcome.

Conclusion

Patience and tolerance was the only domain of father-infant bonding correlated with both trait anger and all parenting stress outcomes. Patience and tolerance fully mediated relationships between trait angry temperament and all subscales of parenting stress. Trait angry reactions had only a direct effect on parental distress. In conclusion, men's trait anger both indirectly (through patience and tolerance in the father-infant bond) and directly impacts their experiences of parenting stress in the toddler years. Early interventions to manage trait anger and improve father-infant bonding may benefit fathers and children.

Perinatal group with a EFT model

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Pregnancy and postpartum period are crucial moments for the new parents, the child and their relationship. The relationship between a child and his/her mother and father does not only begin once the baby is born, it begins way before: during the pregnancy, before as future dreams for or with the child and even as experiences of the past influencing how the mother is with her child, how she reacts, how she behaves. Treatment of major depression and anxiety disorder during the perinatal period is more efficient with a bio-psycho-social approach, addressing not only the biological treatment but also the psychological and the social factors contributing. Many psychotherapies for mothers during the perinatal time are aiming for symptoms reduction for mothers. Studies have demonstrated that if the psychotherapy approach address the attachment relationship with the baby, it can help both reducing the symptoms and improving the attachment between the mothers and her babies. We built a psychotherapy model inspired by the theories of attachment and Emotional focused therapy. The goals of the psychotherapy are to decrease anxious and depressive symptoms, increase knowledge about attachment and improve mother and baby interactions. The group is over 12 sessions of 90 minutes and is with 8-10 participants and 2 therapists. The other important goals of this experiential approach is to improve knowledge of the participants about attachment, their style of attachment, to improve their recognition of their ``fantoms in the nursery`` which can alter their emotional availability to their emotional availability and the attachement with their kids, to improve their relationship with their partners and supportive friends and family members.

Childhood Maltreatment, Adult Survivors' Parental Reflective Function, and Attachment of their Children: A Systematic Review

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

Parental Reflective Function (PRF) is a parent's ability to understand that their child has unique inner states motivating their behavior (e.g., crying because they are hungry, not to irritate their parent), and is an important precursor to secure attachment between a parent and their child. PRF is commonly reported to be disrupted in parents who have survived childhood maltreatment, and is a potential mediator between a parent's history of childhood maltreatment and poor outcomes of their children.

Aim

Understanding the relationship between parental history of childhood maltreatment, PRF, and the attachment of survivor's children is crucial for preventing the cycle of intergenerational trauma. The present study sought to systematically investigate these associations.

Description

Ten databases were searched (from inception to 10th November 2021). Inclusion criteria were: primary study, quantitative, parent participants, measures of childhood maltreatment and postnatal PRF. Exclusion criteria were: qualitative, intervention follow-up, grey literature, or a review study. Risk of bias was assessed using recommended tools. Data were narratively synthesised. One-thousand-and-two articles were retrieved, of which eleven met inclusion criteria (N = 974 participants). Four studies found a significant association between parental childhood maltreatment and disrupted PRF, six did not, one found mixed results. Only one study reported the association between childhood maltreatment and attachment (non-significant results).

Conclusions

There is no clear evidence PRF is routinely disrupted in parent survivors, though there is high heterogeneity in studies. Given that many PRF-based interventions exist, this review highlights important gaps that may impact effectiveness of these therapies. Future research requires greater standardization and clarity in design and measurement, variety in populations, and may benefit from exploring PRF from a strengths-based perspective (e.g., how healthy PRF is achieved). This information can facilitate targeted interventions that may moderate the potential negative impact of childhood maltreatment on the attachment of survivor's children.

Adaptations to an Integrated Substance Use and Infant Mental Health Treatment Program during COVID-19

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Background

The COVID-19 pandemic resulted in increased parenting stress and substance use. At the same time mental health and social service needs increased, access to services, even for those receiving treatment decreased due to stay-at-home orders. Few programs were equipped to translate their interventions to a virtual format.

Purpose

There is a critical need to identify effective adaptations to services during COVID-19 to expand access to addiction treatment.

Methods

Seventy-three semi-structured interviews and ethnographic observations were conducted with the five agencies participating in the In-Home Recovery Program, an in-home, substance use disorder treatment program. Using a rapid analysis approach two coders analyzed field notes and interviews for recurring concepts and themes.

Results

Strategies for virtual addiction service included: virtual toxicology screens, helping clients access technology to participate in telehealth, assisting clients with non-identified children to decrease their stress, and anticipating relapses during the pandemic. Challenges included: engaging young children in virtual treatment, privacy, and engaging in telehealth with clients experiencing domestic violence or reoccurrence of substances.

Conclusion

Findings reveal virtual substance use treatment is possible. Strategies focusing on providing access to technology and virtual toxicology screens offer possibilities for telehealth interventions for substance use. Less successful were adaptations to the infant mental health component. Telehealth is likely not appropriate for children below the age of five. Individual sessions focusing on caregiving, rather than dyadic treatment is suitable to virtual formats.

When Mothers and Fathers Are “Gone”:

Predicting Intergenerational Cycles of Risk in Opioid-Involved Parents

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction and Aim

Childhood adversity and the opioid epidemic are two major concerns for child welfare systems. Little is known, however, regarding the mechanisms that perpetuate intergenerational cycles of adverse childhood experiences (ACEs) and insecure/disorganized attachment (Vaillancourt et al., 2017). Moreover, most attachment and parenting research focused on mothers, with only 16 studies existing on father-child attachment (Ahnert & Schoppe-Sullivan, 2020) and only one study examining opioid-involved fathers (Peisch et al., 2018). Thus, using a high-risk American sample of 101 parents (75 mothers, 26 fathers) who were opioid-involved and who had a child in the 0- to 5-year range, we examined direct and indirect pathways among parents' reported ACEs, parent-child attachment patterns, substance use severity, depression, and trauma symptoms.

Material and Methods

High-risk parents receiving medication-assisted treatment for opioid-involvement were recruited from an outpatient methadone clinic and residential substance-treatment facilities in Central Florida. Parents provided ratings on measures regarding their ACEs, attachment, substance use, depression, and trauma symptoms.

Results

PROCESS analyses indicated that mothers' ACEs predicted significantly disorganized attachment with their young children, with depression and trauma symptoms explaining greater variance than ACEs alone. Results suggested that mothers' psychological sequela following ACEs may carry greater risk for mother-child disorganized attachment patterns than childhood adversity itself. Contrary to hypotheses, fathers' ACEs were found to be unrelated to insecure/disorganized attachment with their young children, and substance use severity was not predictive of parent-child attachment patterns for mothers and fathers.

Conclusions

Our study highlighted striking differences across mothers' and fathers' perceptions of attachment. Mothers' depression and trauma symptoms, along with their substance involvement, may threaten attachment security, whereas there is still much to be learned regarding father-child attachment. Our findings demonstrated the utility of trauma- and attachment-informed parenting interventions for high-risk mothers and fathers in breaking intergenerational cycles of trauma.

Childhood Maltreatment, Parental Attitude, and Couple Functioning among Expecting Fathers: Does PTSD Play a Role?

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

The transition to fatherhood can be psychologically challenging, especially for men who have a history of childhood maltreatment (CM). To this day, anxiety and depression have been the focus of most studies regarding the adaptation of expecting fathers with a history of CM whereas some evidence suggests that symptoms of post-traumatic stress disorder (PTSD) would contribute negatively to expecting fathers' parental confidence and couple functioning, over numerous mental health indicators including depression.

Aim

The present study aimed to evaluate the role of expecting fathers' symptoms of PTSD in the association between CM and fathers' adjustment, measured through antenatal attachment, parental confidence, and coercion/violence in marital conflicts (CVMC).

Material and Methods

Two hundred and thirty-two men from the Province of Quebec, Canada, completed questionnaires between the second and the third trimester of pregnancy, namely the Childhood Trauma Questionnaire, the PTSD Checklist for DSM-5, the Maternal Confidence Questionnaire (adapted for men), the Paternal Antenatal Attachment Scales and the Conflict Tactics Scale.

Results

A structural equation model (SEM) showed that the severity of CM predicted the severity of PTSD symptoms, which predicted a lower confidence in their parenting skills and more CVMC. In turn, expecting fathers' lower parental confidence predicted a lower antenatal attachment. This SEM showed an excellent fit ($\chi^2(6) = 8.31, p = .22, CFI = .97, TLI = .95, RMSEA = .04, SRMR = .05$). PTSD symptoms fully mediated the path from CM to parenting confidence ($\beta = -.06, p = .047, 95\% IC [-.12, -.001]$) and CVMC ($\beta = .08, p = .03, 95\% IC [.01, .15]$).

Conclusions

PTSD symptoms play an important role in the path from expecting fathers' CM to their parental attitude and couple functioning. Practitioners working with families should monitor PTSD symptoms among expecting fathers with a history of CM.

Resisting dis-integration: Attempts to preserve an infant focus in perinatal mental health services

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

In the context of structural re-arrangement of mental health systems, perinatal and infant teams become the topic of debate. Should perinatal and infant services be delivered together or separately? How do you keep the infant's mental health and development in focus when you're working with a parent with severe mental illness, and vice versa?

Aim

This presentation aims to describe ways in which perinatal mental health teams can build and maintain an infant focus, while keeping in mind the need to preserve specialist expertise in both clinical fields.

Description

The presenter will reflect on various ways in which Australian perinatal and infant mental health services relate to each other, with an emphasis on opportunities for integration. These opportunities include embedding perinatal teams within child and family mental health services, employing infant clinicians in perinatal teams, shared care models that bring together perinatal and infant clinicians working with the same family, cross-disciplinary reflective practice and supervision, joint education and training activities, and collaborative research projects. In addition to these structural forms of integration (ways of operating), the presenter will also consider clinical/cultural forms of integration (ways of thinking and relating) within perinatal mental health teams.

Conclusion

Resisting the devolution of perinatal and infant mental health care into fragmented and siloed services requires structural and cultural forms of integration, and the boldness, tenacity, and creativity of services leaders.

Increasing Access to Medically-Assisted Treatment in an Integrated Family Medical Home and Early Childhood Program

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

Opioid use disorder and deaths from overdose continue to be a major problem in New Mexico (NM Department of Health). In New Mexico, opioid use among pregnant and eventually parenting women increased from 10.6 per 1000 live births in 2012 to 19.1 per 1000 live births in 2017 (Haight 2018, Hirai 2020). Opioid use disorder in pregnant and new mothers is further complicated by the limited treatment programs in New Mexico (Greenfield, Owens, & Ley, 2014), the increased risk increased risk of overdose among women in the postpartum period (Bharel, et al., 2020), and the additional barriers faced by postpartum women and parents of young children in accessing treatment (SAMSHA, 2018). To address these issues, the UNM FOCUS Program, which originated in 1990, has focused on providing trauma-informed, integrated services to address parental substance use and the impact of prenatal substance exposure and trauma. The program provides comprehensive family primary care, pediatric, behavioral health, and psychiatric services along with home-based early intervention and early childhood mental health services to at-risk families. Of the families served by our program in FY21, 92 % of families served had affected by prenatal alcohol and/or substance use.

Description

To expand service and address poor retention rates, the program initiated a SAMSHA-funded NM-FOCUS MEDICATION-ASSISTED TREATMENT – PRESCRIPTION DRUG AND OPIOID ADDICTION EXPANSION (NM-FOCUS-MAT) project in 2021 focused on expanding access to comprehensive services, including MAT and psychosocial services, to address the complex needs of new parents suffering from significant mental illness and substance abuse.

Aim

The specific goals of the NM-FOCUS-MAT are to: (1) Increase the number of caregivers with young children receiving MAT; (2) Identify and establish psychosocial services for adults with young children receiving MAT; (3) Improve care coordination to support parents with young children receiving MAT; (4) Ensure long-term sustainability of the MAT and psychosocial services expansion within a family-focused primary care setting.

Conclusions

Although early into the project initiation, intake findings from the Government Performance and Results Act (GPRA) Client Outcome Measures indicate that parents seeking treatment in the FOCUS program show complex psychiatric presenting with opioid use disorder and non-psychotic mental disorder most frequently diagnosed and dually diagnosed. Alcohol (60%) is reported as the most used substance followed by opiates (40%; with heroin reported most frequently) and methamphetamines (40%). High levels of self-reported serious mental health problems are also reported at intake with 60% reporting serious depression and 80% reporting serious anxiety. Initial implementation of the

project highlights the need for comprehensive and intensive treatment that address the mental health needs of parents of young children seeking MAT services. Project implementation in the next six months will focus on identifying and establishing MAT services along with psychosocial, behavioral health services, and early childhood services in enrolled patients to address complex needs of families of young children affected by substance use and mental illness.

Helping those who help the infants in child protection

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

High risk infants in the child protection system are likely to have been exposed to serious adult problems and/or have suffered direct trauma and harm. The risk and needs of infants are assessed by child protection practitioners who usually have minimal knowledge and training in infant mental health.

Aim

This presentation discusses practice development approaches used within a Victorian child protection setting to support non clinical practitioners to increase their knowledge of infant mental health.

Description

Front line child protection staff are predominantly new social work, psychology, or youth work graduates. Victorian child protection practitioners are trained in a guided professional judgement risk assessment framework called the SAFER Children Framework. During Beginning Practice training, a compulsory 3 week orientation program, practitioners are introduced to child development, trauma, and mental health topics. Skills in applying the SAFER framework and orientation knowledge is undertaken 'on the job' through case shadowing, consultation, and supervision.

A number of approaches were used in one Area to increase child protection practitioners understanding about infant mental health concepts. Furthermore, it was envisaged that this would assist practitioners to be more able to integrate infant mental health knowledge into their risk assessment and case formulation practice. Provision of live supervision and coaching during mandatory weekly visits to high risk infants, consultations for practitioners preparing for specialist Infant Panels; and a series of workshops that provided education, resources, and opportunities to practice 'infant focussed' observation and case recording skills were implemented.

Conclusion

A number of 'active' practice development tools were used to support child protection practitioners to feel more confident and skilled to undertake risk assessments and engage in decision making that includes the mental health needs alongside the physical safety needs of the infant.

Diurnal cortisol patterns and parental sensitivity among pregnant women with and without opioid use disorder

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Sensitive and nurturing caregiving is essential for the optimal development of young children. Mothers with opioid use disorder experience unique challenges in providing sensitive and nurturing care to their infants. Dysregulation of the HPA axis may contribute to the challenges that make providing sensitive and nurturing care difficult, as mothers with opioid use disorder have been found to experience disruptions to their diurnal cortisol regulation. This is important because the mother's ability to provide sensitive and nurturing care is crucial to infants' neural and psychosocial development. However, the associations between mothers' ability to provide sensitive and nurturing care and their diurnal cortisol regulation are not well understood. Although there's a gap in the literature, steeper slopes across wake-to-bedtime are associated with healthy regulation. Therefore, this study sought to examine this gap among pregnant women with and without opioid use disorder.

We hypothesized that high levels of sensitive and nurturing caregiving would be associated with steeper diurnal cortisol slopes than low levels of sensitive and nurturing caregiving, with higher cortisol levels at wake than bedtime.

Sensitive and nurturing caregiving was coded based on appropriateness, latency, and proportion of distress cues responded to an infant simulator. Diurnal cortisol was sampled across three consecutive days at wake and bedtime. Hierarchical linear modeling with restricted maximum likelihood estimation was performed to fit the data. Predictors of interest included sensitive and nurturing caregiving, wake-to-bedtime, and their interaction term. Common covariates were included.

Findings supported our hypothesis. Specifically, high levels of sensitive and nurturing caregiving were associated with higher cortisol levels at wake than bedtime ($t=-2.847$, $p<.005$), whereas low levels of sensitive and nurturing caregiving were associated with blunted wake-to-bedtime slopes. These results suggest a potentially meaningful pathway through which mothers with opioid use disorder struggle to provide sensitive and nurturing care to their children.

Child-Parent Psychotherapy to Address Trauma and Grief: “There’s a Monster in the House!”

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction/Aims:

- 1) To present a child welfare referred case of a young child and her caregiver in which Child-Parent Psychotherapy (CPP; Lieberman et al., 2005), an evidence-based intervention for trauma-exposed children aged 0-5 years, was used.
- 2) To illustrate the use of dyadic and collateral strategies to strengthen the child and caregiver’s relationship, which served as a vehicle for restoring functioning following trauma and loss.
- 3) To discuss the importance of supervision, reflective practice, and teamwork in addressing trauma and grief.

Content

This presentation provides a brief overview of CPP and discussion of a case involving themes of domestic violence, parental loss, grief, posttraumatic stress, and attachment. Video will illustrate the implementation of CPP. Reflective practice techniques used to support treatment fidelity, clinician wellness, and collaboration will be discussed.

Conclusion

Studies have demonstrated the effectiveness of CPP for improving children’s functioning following trauma (Hagan et al., 2017). Caregiver involvement plays an integral role in treating trauma-related problems in young children. The caregiver’s willingness to “speak the unspeakable” is an essential component of fostering a sense of psychological safety for a child to process trauma. Supporting caregivers in this endeavor can be complex when considering the impacts of caregivers’ own grief on their capacity to help their child make meaning of experiences and restore a sense of safety.

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Transitioning to motherhood in the context of bipolar disorder: a constructivist grounded theory approach

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Despite the growing evidence that women with bipolar disorder diagnoses are at a particularly increased risk for perinatal mental and physical health complications, our understanding of their experiences from pre-conception to early postnatal years is at a nascent stage.

Aim

To gain a better understanding of the experiences and support needs of women with bipolar disorders during their transition to motherhood.

Material And Methods

A qualitative study was carried out using a constructivist grounded theory approach. In-depth, semi-structured online interviews were conducted with ten mothers across the globe (i.e., living across five continents) with a pre-existing diagnosis of bipolar disorder and a first child under five years of age to enquire into their experiences from pre-conception through to pregnancy and early postnatal years. A conceptual framework of 'vulnerability and adaptability: creating a space somewhere in between' was generated from the data, consisting of three main processes: 1) Thinking family, 2) Expecting the (un)expected, and 3) Navigating the (un)known.

Conclusions

Women's experiences transitioning into motherhood in the context of bipolar disorder highlighted the complexity of this journey nested within broader challenges, emphasising the importance of proactive, person-centred and rights-based support across formal and informal support structures from individual and interpersonal to sociocultural and structural.

Evolution of alliances between parents and foster caregivers during an emergency placement of baby.

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

An initial exploratory study in an emergency placement facility for children under three shows that cooperative alliances between parents and professional caregivers are difficult. However, they tend to change during placement. This study did not show what allows this evolution.

The aim of this study is to understand how cooperative alliances around the baby develops. Emergency placement of babies are conducted to immediately protect them from a highly inadequate and dangerous family environment. Because it happens in a context of crises, such placement does not foster collaboration between parents and caregivers.

Three triads (parent-professional caregiver-baby) were selected to take part in the study at 3 months and 5 months after placement. Triads were selected by a caseworker. We carry out semi-directive interviews with parents and professional caregivers, which will be analyzed with a method of thematic analysis. We use the Sarason social support questionnaire (SSQ6) (Bruchon-Schweitzer, M. and al, 2003) which measures the user's social support as well as the questionnaire on the Perceptions of professionals of their practices with young children (de Montigny, F. ; Lacharité, C., 2012).

Three cases (C) illustrate our study. In C1, initially a very angry mother was then able to work better with the caregivers and discuss her child with them. In C2, the relationship of caregivers with almost absent parents has evolved towards better contacts. In C3, relations between caregivers and parents are still very irregular and lack continuity.

Results of the three cases studies show that there is generally a positive evolution in the alliances over time. An increase in cooperation is also directly dependent on the support that these parents receive and accept. These results are important to better supervise professional practices during emergency placements in order to maintain the mobilization of the parents

Psychosocial-Perinatal-Risk-Situations (PPRS) related to social and familial factors: study of specific factors and recategorization

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Early detection of risk situations in the perinatal period allows the implementation of more effective and specific interventions in maternal-Infant mental health. Since 2011 we carry out in Argentina a research project that aims to identify Psychosocial-Perinatal-Risk-Situations (PPRS) at birth. In the last years, we found that the most frequently observed PPRS were related to social and familial risk factors. In this article we present the analysis and in-depth examinations of this particular category of PPRS: “Socio-familial risk situations.”

Aim

The objective of the study is to analyze Psychosocial-Perinatal-Risk-Situations specifically related to socio-familial factors, aiming to develop a better comprehension of risk factors at birth related to social and family situations, as well as improving the validity and reliability of this particular category.

Material/Method

The sample is composed of 283 mother-baby dyads of the hospital “Mi pueblo” in F.Varela, Buenos Aires, Argentina, who were interviewed administrating the Perinatal Psychological Interview (PPI) between May 2011 and January 2022, and which were categorized as Psychosocial-Perinatal-Risk-Situations type “Socio-familial Risk”. The 283 interviews were examined in detailed and evaluated by a group of experts: 5 perinatal psychologists with extensive experience in the field.

Results/Conclusions

The findings indicate that the “social-familial risk situations”, encompassed 3 main and specific situations, and therefore identifying 3 more specific categories: Risk situations related to Absence of support provided by their partner (n=133, 47%); Risk situations related to conflicts in their extended family (n=46, 16.3%); and Risk situation related to social factors (n=104, 36.7%). The identification of factors that detect more specific risk situations, allows to implement more efficient interventions that aim to assist dyads facing challenging situations with potential negative impact on their mental health. Furthermore, the study permitted a recategorization and development of more specific definitions of their indicators, improving their reliability and validity.

Integrated family approach in mental health care

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

There is a high transmission of mental disorders from parent to child. Young children are especially vulnerable. There is little attention to parenthood and the children in adult mental health care and in youth mental health care little attention is paid to parental mental disorders.

Aim

To increase the knowledge about supporting parents with a mental disorder with parenting and To increase the knowledge about key elements and barriers of an integrated family approach in mental health care.

Materials and Methods

Our research encompasses a literature review, a multiple case-study, and the outcomes of treatment on the parent-infant interaction.

Results

The findings will be presented. This will cover which are the intervention targets to prevent adverse outcomes in both parents and infants according to current knowledge of transmission of psychopathology. What are key elements of an integrated family approach in treatment according to mental health professionals and patients? The outcomes of an integrated family approach in treatment on the quality of the parent-child interactions.

Conclusion

An integrated family approach in treatments of adult and child mental health services is needed to prevent parents and their young children from detrimental cascade effects and promote cascading resilience.

Interdisciplinary Trauma Treatment to Support Parent with Intellectual Disability and her Young Child.

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

Parents with intellectual disabilities (ID) are at a higher rate of losing custody of their children to due discrimination and lack of adequate support (Pacheco & McConnell, 2017). There is a need for adaptation of traditional therapeutic interventions with collaboration with interdisciplinary perspectives to support this population.

Aim / Purpose

To present a case that used interdisciplinary mental health co-treatment to support attachment and parenting skills of a mother with ID to a young child.

Description

Pediatric psychologist and occupational therapist provided co-treatment using Child Parent Psychotherapy (CPP). This model embraces caregivers as benevolent and capable, while accurately addressing concerns and deficits through simple narratives and activities that promote attachment between caregivers and their children (Lieberman, Ghosh Ippen, & Van Horn, 2015). Co-treatment team adapted CPP intervention to promote understanding of positive interactions with her child using visuals, kinesthetic learning, and sensorimotor applications of trauma narrative.

Conclusions

Interventions that can be easily adapted or has flexibility to be parent focused for attachment and skill building are beneficial to this population (Lim, Honey, & McGrath, 2022). CPP in collaboration with occupational therapy fits this need and was beneficial to promoting attachment of a mother with ID and her child who remained in her custody.

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Prison Family Unit - a therapeutical environment for babies and parents

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

The first three years of life are the most important for lifelong mental health and well-being. When a parent is sentenced in prison, the whole family needs intensive support during and after prison term. In addition to a criminal background, most prisoners have mental problems, substance abuse, experiences of violence, traumatic experiences, all of them affecting infant-parent interaction and parenting. Minority children are particularly vulnerable.

The Prison Family Unit is a special child welfare unit which is operating under Finnish Institute for Health and Welfare's purview. It is intended for expectant mothers or parents of a baby who come to the prison to serve a prison sentence. Vanaja open prison is situated in Hämeenlinna in Southern Finland. Children under 2 years can be placed in the unit by the social worker responsible for the child's affairs in cooperation with the Criminal Sanctions Office. Most of the families stay at the family unit for 3-6 months, but some are staying for couple years. The plan for going home is made together with the parent, prison, and child welfare social worker.

A local NGO's, (Kanta-Hämeen perhetyö) staff, all social and healthcare professionals, is responsible for the work in prison family unit. They are present daily from 7 a.m. to 10 p.m.

Family unit offers a home-like, stable, and safe environment separate from the rest of the prison where the parent and baby receive support from experienced, caring staff.

Rehabilitation includes groups, family-specific work and therapeutic discussions. The parent can also participate in prison programs which are aimed especially at women. Families can participate in family clubs, baby swimming or other activities outside the prison.

Our holistic approach ensures that families feel safe and protected, they manage their daily lives, and the parent-child interaction gets stronger. Our support continues in community care services.

Parenting and Family Reunification Experiences of Pregnant and Postpartum Women with OUD during COVID-19

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

COVID-19 has put pregnant and postpartum women with opioid use disorders (OUD) and their young children in extremely vulnerable situations globally. However, no studies have explored the difficulties of this population regarding daily life, parenting, and child welfare experiences. Therefore, this qualitative study intends to fill the gap by exploring perceived life challenges through analyzing qualitative interview data from participants enrolled in an RCT of a therapeutic parenting intervention in the U.S.

Methods

Thirty-five participants were interviewed between April 2020 and March 2021. Semi-structured interviews were conducted remotely, recorded, and transcribed. They included questions about overall personal experiences during the pandemic and interactions with child welfare. After reading through the first fifteen transcripts and consultation with the PI, an initial codebook was developed. Subsequently, two coders conducted line-by-line and consensus coding using NVivo 12. Initial codes were grouped into larger themes and subthemes.

Results

Four main themes were identified. First, nearly all participants described mixed experiences with receiving remote health care and treatment such as prenatal care and addiction recovery services. While most participants enjoyed its flexibility and convenience, many shared feelings of lacking real human connection. Second, many participants reported struggling family life/parenting experiences, especially concerns over COVID-19's impact on children's safety and long-term development. Third, many participants shared negative experiences with child welfare such as lack of communication and non-physical visitation with young children in state custody. Finally, despite ongoing difficulties, many participants expressed positive attitudes amidst uncertainty.

Conclusions

This qualitative study provides valuable perspectives of unique parenting and childrearing experiences during COVID-19 from pregnant and postpartum women with OUD. Future research should continue investigating the long-term impact of limited interactions and separations between mothers and young children due to COVID-19, and advocate for improved practice and policy for this population within health and child welfare systems.

Understanding Emotion Dysregulation from Infancy to Toddlerhood with a Multilevel Perspective: Maternal Sensitivity as Buffer

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction and Aim

Challenges with emotion regulation may have origins in infancy and forecast later social and cognitive developmental delays, academic difficulties, and psychopathology. The aims of this study were to test: (1) whether indicators of emotion dysregulation in infancy predict dysregulation in toddlerhood and (2) whether those associations depended on maternal sensitivity.

Material and Methods

When children were 7 months, infants' baseline respiratory sinus arrhythmia (RSA), RSA reactivity, and observed distress were collected during the Still Face Paradigm (SFP). Mothers' reports of infant regulation and orientation and observations of maternal sensitivity were also collected at that time. Mothers' reports of toddlers' dysregulation were collected at 18 months.

Results

A set of hierarchical regressions indicated that low baseline RSA and less change in RSA from baseline to stressor predicted greater dysregulation at 18 months, but only for infants who experienced low maternal sensitivity (baseline: $\beta = -.09$, $t = -2.26$, $p = .03$; change: $\beta = .07$, $t = 3.67$, $p = .0004$). Baseline RSA and RSA reactivity were not significantly associated with later dysregulation for infants with highly sensitive mothers. Infants who exhibited low distress during the SFP and infants who had lower regulatory and orienting abilities at 7 months had higher dysregulation at 18 months regardless of maternal sensitivity (distress: $\beta = -.20$, $t = -2.16$, $p = .03$; regulation and orienting: $\beta = -.22$, $t = -2.30$, $p = .02$).

Conclusions

Altogether, these results suggest that dysregulation in toddlerhood has biobehavioral origins in infancy. High caregiver sensitivity appears to buffer the risks related to physiological indicators of infant emotion dysregulation.

Longitudinal development and predicting factors of emotional and behavior problems in adopted children

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Background

Most nationally and internationally adopted children are well-adjusted, but preadoptive adversity and parental factors can increase the risk of emotional and behavioral problems. Some problems may arise later in childhood and adolescence and may challenge adoptive parents. Data analysis from a German longitudinal study aimed to investigate the trajectory of children's and adoptive parents' well-being and analyze potential predictive factors.

Method

We conducted a prospective longitudinal study with 94 children and their adoptive parents. Wave 1 was conducted on average 33 months after placement of the child in the adoptive family, and Wave 2 took place on average 43 months after Wave 1. The parents provided information about sociodemographic characteristics and children's preadoptive history. Information about emotional and behavioral problems was obtained from the parental version of the Strengths and Difficulties Questionnaire (SDQ). Parental well-being was obtained through a composite score of three standardized measures (Self-Efficacy Questionnaire, Perceived Stress Scale PSS-4, and Brief Symptom Inventory BSI) and parental stress was assessed by the parents scale of the Parenting Stress Index (PSI).

Results

The results indicated that adoptive children's emotional and behavioral problems increase over the first six years after placement. Adoptive parents' stress and regulation capacities remain relatively stable over time. The stress regulation capacities of adoptive parents influence children's psychosocial adjustment, but with regard to the longitudinal development, early clinical range problems were the best predictor for subsequent problems in children. On the other hand, parenting stress was best predicted by marital satisfaction and children's emotional and behavioral problems.

Conclusion

The results highlight the need for early identification of families at risk and the importance of ongoing flexible and easily accessible postadoptive support.

The psychosocial situation of families after pediatric cancer – results from a qualitative study

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Around 300,000 to 400,000 infants, children and adolescents are affected by cancer every year. Pediatric cancer can place a burden on children and their families and is associated to long-term effects on well-being and quality of life for all family members. After the end of treatment, reintegration can be a challenge for the whole family. Long-term consequences due to the treatment may persist and require adaption in daily life. During follow-up care, children's psychosocial situation can still be affected by the disease and treatment. Additionally, parents and siblings may experience psychosocial stress such as worry, anxiety and depressive symptoms.

Aim

As part of a larger mixed-method study on children with pediatric cancer and their families during follow-up care, this qualitative study aimed at investigating the psychosocial situation and needs of children, their siblings and parents following the acute cancer treatment.

Material and methods

We conducted interviews with N = 30 parents of children aged younger than 17 years, who were in follow-up care. Families were recruited from two sites. The interviews were performed by our research team using semi-structured interview guidelines. The data was analyzed using qualitative content analyses according to Mayring with the software MAXQDA.

Conclusions

We will present preliminary results of the interviews with parents on the phase of follow-up care after the acute treatment. This study may shed light into the psychosocial situation, stressful events and coping of families with children who survived pediatric cancer. The results can provide a basis for further recommendations to optimize follow-up care and adapt healthcare service on the specific needs of families.

The “Affective touch and neurodevelopment in preterm infants” Project: A preregistration poster

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

The C-tactile social touch system, anchored on the close relationship between affective touch and C-tactile (CT) fibres, has been highlighted in the literature due to its potential for shaping neurodevelopmental trajectory. In its turn, a lack of early-life affective touch experiences is hypothesized to leave neurodevelopmental ‘scars’. This can be the case for preterm newborns, who are prevented from having access to normative early affective touch experiences while staying in the neonatal incubator.

Aim

The proposed project aims to study the efficacy of a C-tactile stimulation protocol to promote optimal neurodevelopment of preterm infants while hospitalized in the Neonatal Intensive Care Unit (NICU), with the ultimate objective to probe the fundamental role of CT-fibres in shaping neurodevelopment.

Material and Methods

A randomized controlled trial (RCT) will be implemented, allocating hospitalized preterm newborns to receive C-tactile stimulation beyond standard care (experimental group) or to receive only standard care (control group).

Three milestones are proposed: 1) analyse the impact of C-tactile stimulation on preterm newborns’ physiological stability, by monitoring heart rate (bpm) and oxygen saturation (SpO₂) values during baseline (T₀) and intervention (T₁) periods; 2) explore the extent to which C-tactile stimulation will shape the neurodevelopmental trajectory of preterm infants, through a follow-up neurodevelopmental assessment at 18 months of corrected age (T₂); and 3) determine how epigenetic markers might mediate the relationship between C-tactile stimulation and neurodevelopmental outcomes.

Conclusions

The proposed research project has the potential to contribute to a better understanding of the enrolled mechanisms, updating best practice, and improving neonatal care. Through this preregistration poster, the scientific community is invited to discuss the project at an early stage, providing an opportunity to improve its scientific quality and working towards an open-science framework.

Joint attention episodes between preterm toddlers and their mothers and fathers during free play

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Joint attention (JA) refers to a shared attentional state between social partners toward the same event/object. JA requires infants to maintain attention and is important for creating opportunities to learn through social interaction and hence contributes to child development. As preterm birth is a risk factor for attentional difficulties due to higher medical risks and low gestational age, preterm infants' JA skills have been investigated. However, findings have been inconsistent, with some studies showing poorer JA skills among preterm infants and others showing no differences between preterm and term-born infants. A recent meta-analysis indicated that degree of prematurity might be uniquely associated with different domains of JA (Mateus et al., 2019). Further, these studies have been confined to early infancy and mainly measured JA skills via standardised scales rather than exploring interactions with parents.

Aim

The present study examines the quantity (duration, frequency) and quality (type of JA, who-initiated, who-terminated, who-missed) of JA episodes during preterm toddlers' interaction with their mothers and fathers. This study further investigates whether degree of prematurity is associated with JA characteristics during the interaction.

Material and methods

Two- to four-year-old preterm children (<37 weeks of gestation, N = 50) participated in the study with their mothers and fathers. JA episodes were observed in a semi-naturalistic lab environment during 5-minute dyadic free play sessions and are being coded second-by-second using Mangold's INTERACT software.

Conclusions

Correlation and regression analyses will be computed to explore associations between gestational age, child age, and JA characteristics. Findings will help to fill a gap in the literature by focusing on beyond the infancy period and including interactions with both parents.

References

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Language and Memory Outcomes in children born extremely or very preterm

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Children born extremely preterm (EPT) or very preterm (VPT) are at risk of neurodevelopmental impairment, increasing the burden and economic costs for families and compromising children well-being and quality of life.

The aim of this study is to analyse and compare the language, memory and learning outcomes of 5-year-old children born EPT (<28 weeks' gestational age) and VPT (28–31+6 weeks' gestational age), and to determine the risk of having poor outcomes attending to perinatal and maternal characteristics. Data came from a population-based birth cohort and is composed of 377 (284 VPT and 93 EPT) children born in 2011 and 2012 in Portugal. Maternal, neonatal, and clinical information was obtained at birth, and maternal education was obtained at five years using a parental questionnaire. The developmental NEuroPSYchological assessment second edition (NEPSY-II®) tests were used to assess language, memory and learning domains at five years. Following the NEPSY-II® manual instructions, scaled scores ≥ 8 or percentile ranks ≥ 26 were considered as indicating performance at or above the expected level, and lower scaled scores (≤ 7) or percentile ranks (≤ 25) were considered as indicating performance below the expected level for the child's age.

Logistic regression models were conducted to assess the association of biological and social risk factors with performance below the expected level for the child's age in language, memory, and learning subtests.

Lower maternal age and education increased the odds of having language performance below the expected level for the child's age, while lower maternal educational level and gestational age increased the likelihood of having memory performance below the expected level. Neonatal and social factors are associated with different primary abilities related to memory and language in children born EPT or VPT. To implement intervention programs in disadvantaged contexts and targeting specific cognitive domains should be a public health focus.

TECH-TOYS: Very early detection of neurodevelopmental alterations through sensorized toys and multimodal continuous data acquisition

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Neurodevelopmental conditions are frequent sensori-motor, cognitive, communication, learning, and behavioral alterations with multifactorial etiology, early onset, and life-long consequences (Francés et al., 2022; Bosch et al., 2021). Diagnosis and start of intervention are still often late and not quantitative-based (Uddin et al., 2019). Research stresses the importance of starting intervention early, to avoid the accumulation of developmental delays hard to recover (Towle et al., 2020). Very early diagnosis based on objective quantitative data in the pre-symptomatic window is indeed fundamental (McDuffie et al., 2022).

Aim

The European project TECH-TOYS aims to timely detect neurodevelopmental conditions with a multidisciplinary perspective. It targets the play-based completely non-invasive continuous acquisition of multimodal behavioral digital data to study social interaction features and body movements of infants at increased likelihood of neurodevelopmental alterations in naturalistic contexts.

Material and Methods

This project starts from the multimodal analysis of data collected during a longitudinal protocol of home-base early intervention for preterm infants (Sgandurra et al., 2017), and involves different European centers.

It includes a set of sensorized toys and a technological play setup equipped that continuously record multimodal behavioral data in naturalistic environments during object manipulation, infant-parent social play, and interaction.

Leveraging AI-based methods, precision models will be employed to detect atypical features. A prospective sample of preterm infants will be monitored during 3 years and compared with children with brain lesions, and typical development. Features analysis will be based on the most recent evidence of early sensori-motor and socio-communicative alterations (Moffitt et al., 2022; Ouss et al., 2020; Marchi et al., 2019)

Conclusions

Characterizing behavioral and outcomes phenotypes could provide clinicians valuable information to detect and intervene very early during the onset of neurodevelopmental conditions, bridging research and clinical practice and enabling highly scalable, non-invasive, quantitative-based and automated screening tools exploitable in everyday contexts.

Understanding the parent-infant conversations and language development of preterm- and term-born infants in Ireland.

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Caregiver-infant interactions provide an important social context for language development. When compared to term-born infants, preterm-born infants (< 37 weeks' gestation) tend to exhibit language difficulties and reduced reciprocity in mother-infant interactions (often a highly responsive mother and less responsive child). Only one study has examined dyadic reciprocity among preterm-born infants over 12-months of age, and studies have not examined father-infant interactions.

Aim

- (i) To examine the frequency, duration, and degree of reciprocity of vocal exchanges between mothers/fathers and their preterm-/term-born infants.
- (ii) (ii) To investigate the association of these conversational features with the infant's linguistic and non-linguistic development.

Material and Methods

22~30-month-old (chronological age) preterm-born (< 37 weeks' gestation; n = 19) and term-born (\geq 37 weeks' gestation; n = 20) English-speaking infants engaged in mother-infant and father-infant free-play sessions (5 minutes each) and completed the Bayley Scales of Infant and Toddler Development (3rd edition). Play session recordings are being transcribed (CHAT) and analysed (CLAN, GSEQ) to calculate the frequency (rate of occurrence) and duration (proportional to total interaction time) of vocal exchanges (sequences of utterances separated by pauses < 3 secs), and the responsiveness of the parent and infant (which jointly determine reciprocity). The effects of birth-status (preterm/term), parent (mother/father), and the birth-status*parent interaction on these three conversational features will be examined. The association between these conversational features and the infants' Bayley scores will be investigated.

Conclusions

This study captures how birth status (preterm/term) may affect the frequency, duration, and reciprocity of parent-infant vocal exchanges, and how such features of the language learning environment are co-determined by the responsiveness of the parent and infant. Through examining the associations between these conversational features and language development, this study can provide guidance on how caregivers can support their preterm-/term-born infants' language development through their day-to-day interactions.

The experience of bearing a child: Body boundaries and their link to preterm birth

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Preterm birth, which occurs when a baby is born before 37 weeks of pregnancy, is a major public health concern. Evidence suggests that the rate of preterm birth may not only be related to maternal physiological characteristics, but also to psychological factors. One potential determinant that has received increasing attention in women's transition to motherhood is body boundaries, i.e., the metaphorical barriers that separate the self from the outer, surrounding "not self."

Aim

This study aims to examine the role of well-defined and disturbed body boundaries during pregnancy in predicting preterm birth.

Materials and Methods

A sample of 655 Israeli pregnant women reported their sense of body boundaries (BBS, measured by the Sense of Body Boundaries Survey) ante- and postpartum. We performed a General Linear Model (GLM) testing the effect of the BBS total score (higher scores reflect a higher extent of disturbed body boundaries) on the days women delivered before their due date and controlling for whether it was the women's first child.

Results

Our GLMs controlling for whether it was the women's first child showed that the BBS total mean exhibited a significant predictive effect on the number of days delivered before the due date ($F(57,313) = 3.65, p < .001$).

Conclusions

These results demonstrate heterogeneity in women's body perception in the transition to motherhood. As such, a disrupted sense of body boundaries predicted a higher number of days a woman's child was delivered before due date. Mediating factors like psychosocial stress and underlying biological mediators, as well as clinical implications are discussed in detail. Doctors, nurses, and midwives should work to address body boundaries during prenatal visits. To further inform clinical practice, future studies should explore risk and resilience factors in this relation to better understand and modify critical factors in high-risk pregnancies and preterm birth.

Social support in South-African mothers with hospitalised infants and its role in perinatal mental disorders

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Mothers with hospitalised infants represent a group of mothers whose infants face adverse health outcomes. These postnatal mothers living in low- and middle-income countries like South Africa face high levels of socio-economic adversity and violence and are at greater risk of poorer mental health. Social support may have positive effects on mental health and wellbeing of the dyad and may play an integral role in resource-limited settings in Africa.

Aims

To determine association between social support and common perinatal mental disorders (CPMDs) within this cohort of high-risk mothers; and to describe social support needs to inform development of support services.

Materials and Methods

A cross-sectional observational study of hospital-based cohort of mothers with admitted infants under the age of 12 months. A total of 105 participants were enrolled from a public referral hospital in Cape Town serving lower socio-economic communities. The Edinburgh Postnatal Depression Scale and the Generalised Anxiety Disorder 7-item scale were used to determine presence of CPMDs. The Medical Outcome Study Social Support Survey were used to measure social support characteristics. Maternal and infant demographic, psychosocial and clinical information were collected.

Conclusion

Our sample had a prevalence of CPMD of 46.67%. Significant associations ($p < 0.05$) with CPMD were employment status, household income, level of education, current domestic violence, history of maternal childhood abuse, and low social support. Adjusted analyses showed that low social support ($p = 0.037$), current domestic violence ($p = 0.002$), and previous childhood abuse ($p = 0.005$) remained significantly associated. The type of social support most needed was emotional support, followed by affectionate support, then tangible support, and positive (general) social interaction. These results indicate the need for screening and support services for mothers with hospitalised infants. Trauma-informed infant mental health interventions looking at family contexts may have bidirectional effects on mother-infant pair and should form part of social support services.

Meeting the Challenge of Maternal Mental Health Screening in Neonatal Intensive Care

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

There is an increased risk of perinatal mood and anxiety disorders (PMADs) in birthing individuals, which begins at the onset of pregnancy and continues through the first year of baby's life. The presence of maternal mental health issues has been recognized to impact child development over time, and screening for PMADs is now widely recommended. However, due to the stresses inherent in having a baby in neonatal intensive care, many parents do not attend to their own health needs and may miss critical mental health screening opportunities.

Aim

Discuss maternal mental health risks in the neonatal intensive care setting and identify barriers to maternal mental health screening in a large United States level IV neonatal intensive care unit (NICU/NNU). Discuss development of an electronic screening process to address barriers, and present initial outcomes regarding rates of depression and anxiety in mothers participating in screening.

Description

In response to challenges with paper in-person screening, we developed an electronic process that utilized automated text and email links to provide screening in English and Spanish, storing the data in a confidential database. Our process was further able to offer both online and in-person follow up psychosocial resources for parents regardless of their screening scores. Because the data was consistently collected and entered, we can track rates of depression and anxiety over time.

Conclusion

Rates of maternal depression and anxiety are estimated to be higher in neonatal intensive care, but barriers to screening exist and include parent privacy, ability to offer follow up resources, and consistent screening implementation across a potentially extended hospitalization. It is possible to conduct screening and offer support services through an automated electronic process, thereby reaching more parents and improving consistency. Data on screening participation, and rates of depression and anxiety in participating parents will be presented.

Promoting early relationships: Mother's experiences of cuddling very preterm babies in the delivery room.

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Introduction and Aim

Early skin-to-skin (SSC) in delivery rooms and neonatal intensive care units is beneficial for term and late preterm infants and their parents. In practice, extremely preterm infants are separated from their mothers immediately after birth, as resuscitation and stabilisation take precedence. The necessity of admission and highly technical environment of a NICU result in physical separation of parents and infant as well as delays to the early attachment process. While cuddles in the delivery room are not completely the same as SSC, visual and physical contact in the delivery room may facilitate early mother-infant interaction and reduce the trauma of separation. Our aim in this study was to explore mothers' experience of a delivery room cuddle.

Material and Method

A descriptive qualitative study was conducted using the principles of emotional touchpoints to map parent experiences. Individual interviews were conducted with six mothers who had experienced a delivery room cuddle with their preterm infant (gestational age at birth 24+5 – 29+0 weeks; birth weight 540–1019g). Interviews were transcribed and analysed using thematic analysis.

Results

Analysis of the participants' experiences revealed five themes: fears and hopes around delivery; the moment of delivery—recognising uncertainty; reclaiming normalcy; forming connections; and the journey ahead as an empowered parent.

Conclusion

Mothers of preterm babies expressed different fears at the time of delivery, but all reported positive emotions about the cuddle with their baby. This preliminary study shows that cuddles in the delivery room shows promising benefits for mothers and child as it facilitates the development of early parent-infant relationships and reduces the trauma of separation. All parents highlighted that this moment gave them opportunity to claim at least a brief sense of normalcy around delivery.

Cultivating Trauma-Informed Care in the NICU: A Qualitative Look at Barriers and Facilitators to Implementation

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Trauma-informed care (TIC) is not widely implemented in the neonatal intensive care unit (NICU), despite the evidenced adverse consequences of NICU hospitalization (Coughlin, 2021). Neonatal stress and trauma can negatively alter long-term brain development and unfavorably impact the life-course of infants and families (Weber & Harrison, 2019; Wolke et al., 2019). These adverse childhood experiences have garnered the attention of clinicians, researchers, and policymakers in support of transformative change; however, inadequate research exists regarding the uptake and adoption of TIC within NICU environments (Forkey et al., 2021).

Aim

This study's aim was to explore neonatal professionals' attitudes and practices of TIC in the NICU and extrapolate perceived facilitatory and encumbering determinants of implementation into neonatal practice.

Material and Methods

This qualitative study involves semi-structured, video-based interviews with thirteen multidisciplinary NICU practitioners who completed a Trauma-Informed Professional Certificate Program. Data was transcribed, coded, and summarized using thematic analysis.

Conclusions

A dynamic framework depicting trauma-informed care implementation determinants was generated from thematic findings. Results indicate that TIC fundamentals are not commonly practiced in the NICU and that several personal and systemic factors exist as facilitators or barriers to implementation. Improved TIC integration in the NICU requires trauma-responsive practice guidelines, education, and improved parental empowerment. TIC initiatives serve to buffer early adversity and scaffold future infant mental health for high-risk dyads.

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Prematurely born: the presentation of diagnosis and treatment of cases in parent-infant psychoanalytic psychotherapy

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Pregnancy, labor and postnatal period constitute an acute crisis for the family - a mother, a father and an infant. The prematurity is one of the most dreadful experience for each mother-infant dyad, causing a great strain in the sensitive process of giving birth and being born. Most often, sudden and preterm labor causes the entire range of painful emotions like guilt, the sense of loss and enormous fear. Moreover, the first weeks of building the relationship between the mother and the infant is profoundly distorted by the great fear for the baby's life and the denial of the intimacy and physical contact in NICU (Tracey, N., 2000; Negri, R., 2014).

The poster will compare the process of diagnosis and treatment in the families of prematurely born children in the parent-child psychoanalytic psychotherapy. It will describe the dynamic of the families in the first five years after the premature delivery, emphasising how early traumatic experience enacts in the families's relationships and future difficulties in mothers, fathers and preterm children. The author will try to search for the protective and risk factors in the families in developing the depressive or anxiety reactions in mothers or fathers, and developmental or separation difficulties in children. It will also show the impact of supervision and its supportive influence.

Socio-emotional development among infants at risk of CP: The mediating role of postnatal depressive symptoms

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Cerebral Palsy (CP) is the most common physical disability in childhood and affect motor and other developmental aspects. Recently, there has been a focus on early identification of CP identifying infants at high risk before six month corrected age. Little is known about the socio-emotional development of infants at high risk of CP. Early socio-emotional development may be directly affected by adverse perinatal events and indirectly by parental distress. Socio-emotional difficulties can lead to impairments in later social and psychological functioning and pose a risk for psychopathology.

Aim

The present ongoing study examines the prevalence of early socio-emotional difficulties among infants at high risk of CP and the possible mediating role of parental postnatal depressive symptoms.

Material and Method

Participants are infants at high risk of CP and their parents that are part of a longitudinal study. High risk of CP is defined as suspected brain lesion based on medical assessment and/or absence of fidgety movements at 9–17 weeks corrected age (CA). Infants at high risk are compared to a control group of infants with low neurological risk.

Social-emotional behavior is measured with the Ages and Stages: Social-Emotional-2 questionnaire (ASQ:SE-2), a parent-completed 26-items questionnaire assessing infant socio-emotional behaviors. Parents fill out the questionnaire at 15 weeks infant CA.

Parental postnatal depressive symptoms are measured with Edinburgh Postnatal Depression Scale (EPDS), a 10-item questionnaire assessing postnatal depressive symptoms during the past two weeks. Both parents fill out the questionnaire at 15 weeks infant CA.

Conclusion

Prevalence of adverse social-emotional behavioral difficulties among 30 high-risk infants will be compared to the control group of 30 low-risk infants. A regression model investigating the association between CP risk and socio-emotional development with paternal and maternal postnatal depressive symptoms as possible mediators will be presented.

Supporting parents and high-risk infants during a disrupted transition to parenthood: the Ei-SMART approach.

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Few relational transdisciplinary approaches exist that attempt to address the multifaceted challenges (trauma, medicalising of the first experiences, loss of intuitive parenting) facing families of infants with complex neonatal healthcare needs and emerging neurodevelopmental difficulties.

Ei-SMART presents an innovative framework for early intervention which integrates components of Sensory, Motor, Attention & Regulation and Relationships, addressing them Together, in a multidisciplinary and co-produced way.

In this session, EI practitioners and parents will highlight how collaboration and co-production with families can shape therapeutic interventions with the objective to nurture parents and infants.

Purpose

The Ei-SMART approach integrates traditional aims for high-risk infants in optimizing cognitive and motor development with a focus on relationships, parent agency and infant wellbeing.

Better understanding of the parental transition experience helps us to support parents through the early year challenges, co-produce a sustainable path forward and make family centred interventions most effective.

Description

Through an extensive review, study days and in-depth research conducted by one of our Ei-SMART team we have supplemented our knowledge into how parents frame and make meaning of their engagement in early intervention within a disrupted transition.

These insights will be shared in the context of the Ei-SMART approach where the opportunity exists to directly support parents and their infants and help them recover from disrupted transitions. ? traumatic beginnings?

Conclusions

Ei-SMART integrates evidence-based early intervention components with lived experience of parents and feedback from the therapeutic field. The implementation of the Ei-SMART approach supports infants in all interactions and interventions from birth, throughout neonatal care and beyond.

Promoting parental well-being and enabling relationship-based care are core principles of Ei SMART as we recognize the crucial role of collaboration and co-production with parents to release the therapeutic potential of all relationships.

P-070

Developmental Care Practices in Irish Neonatal Units: A Parents' Perspective

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction and Aims

Neonatal unit experiences can have a significant impact on the way that parents connect and engage with their infant. Within this environment, family-centred care is currently part of practice in some neonatal units and previous studies have identified that it can have positive effects on the wellbeing of the infants and their family dyads. This study sought to gain insight into the experiences of families who have had first-hand experiences within neonatal units across Ireland.

Materials and Methods

This research was conducted using a survey designed to address the specific aims of the study. The inclusion of open-ended questions provided opportunities for parents to provide detailed information regarding their experiences. The survey was piloted with a veteran advisory panel who had experience in Irish neonatal units to ensure clarity and cultural sensitivity to the survey respondents. Surveys were distributed virtually through social media in collaboration with the Irish Neonatal Health Alliance (INHA).

Results

In total 90 parents responded to the survey. The results identified the activities and experiences within neonatal units which assisted them in feeling close and connected to their infants, including feeding their infant and skin-to-skin. It also identified some challenges including a lack of parental space in the neonatal unit, and how this impacted their ability to be present on the unit and bond with their infant. Parents in the survey felt there was variation among how staff made them feel on the neonatal unit, from welcome to a hinderance.

Conclusion

The responses to the survey highlighted strengths within Irish neonatal care as well as areas where improvement could be made in the provision of developmental care in Ireland. Through addressing specific barriers to parental presence and participation on the neonatal unit, there is potential to improve parents' engagement and connection with their infant.

What are the outcomes of early intervention for high risk infants at 3 months post-term-age?

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Infants born preterm or unwell are at increased risk of alteration to their brain development and may experience significant consequences to their neurodevelopmental journey. Recent studies of brain development highlight a window of opportunity up to 3 months post-term age, where neuronal connections may be particularly receptive to positive sensory, motor, regulation and relationship experiences.

Aims

The literature review investigated the sensory, motor, attention, regulation and relationship outcomes of intervention up to 3 months post-term age for high-risk infants. It also investigated timing, frequency and location of intervention.

Materials and Methods

A systematic literature comprehensively identify the available evidence. The Cochrane Library; MEDLINE; PubMed; CINAHL; ScienceDirect and PsycInfo databases were searched. Seven papers met the inclusion criteria, all were of high to moderate quality of evidence unit GRADE.

Discussion

The most commonly discussed themes and outcomes included motor intervention, sensory input, cognition, regulation and relationships. The greatest impact upon neurodevelopmental outcomes was using a combination approach rather than a single approach. The most discussed elements included infant-initiated movements; an enriched environment; active exploration; parent-infant interaction and relationships. The studies recommended intervention beginning on the neonatal unit and continuing at home immediately post-discharge. The home environment was the most recommended however, parents were seen as a protective environment. The timing and frequency of intervention were too varied across the studies however, targeting intervention at a critical time of brain development was seen to be more crucial than frequency of sessions.

Conclusion

Initiating intervention as early as possible; involving parent-infant interactions as a protective factor along with a triad of relationships including the infant, parent and professional interconnected and interdependent are needed to support the best outcomes of the infant, parents and families.

Preterm infant negative affectivity: the relation with severity of prematurity, parental depression and dyadic adjustment

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Preterm birth, especially if severe, could negatively influence parents' perception of their baby. Indeed, parents often report a difficult temperament, with high level of negative affectivity (NA). When parental perception of infant NA was investigated, most studies focused on mothers, and possible influences of their affective states. Conversely, paternal perceptions are less considered as far as the role of fathers' or family variables.

Aim

To explore the parental perceptions of preterm infant NA in a family perspective, considering the possible contributing factor of birth weight (Extremely Low Birth Weight infants-ELBW, < 1000 gr.; Very Low Birth Weight-VLBW, 1000-1500 gr.), parental role (mothers; fathers), depressive symptoms, and couple satisfaction.

Material and Methods

The sample included 42 preterm infants (16 ELBW, 26 VLBW) and their parents (42 mothers, 42 fathers). At 12 months (corrected age), parents completed the Infant Behavior Questionnaire-Revised (IBQ-R): specifically, we considered NA factor, including Sadness, Distress to limitations, Fear, Falling reactivity subscales. The Edinburgh Postnatal Depression Scale (EPDS) and Dyadic Adjustment Scale (DAS) were also administered to investigate parental depressive symptoms and quality of parental relationship, respectively.

Results

Analyses showed higher levels of NA in VLBW infants compared to ELBW ones ($p < .001$); conversely, no differences between mothers and fathers emerged. Hierarchical regression showed that infant NA was predicted: in step 1 by VLBW condition ($\beta = .36$; $p < .001$); in step 2 by own EPDS scores and their partners' ones ($\beta = .21$, $p < .05$; $\beta = .36$, $p < .005$), even controlling for birth weight; in step 3 DAS scores did not show any effect, and only partner's EPDS effect remained significant ($\beta = .34$, $p < .005$).

Conclusions

Findings showed that, in the context of prematurity, both individual and relational-level risk factors predicted infants' affective regulation difficulties, suggesting the need for intervention at individual, dyadic, and family level.

Measuring Mother-Infant Interaction Patterns Across Time in the Neonatal Intensive Care Unit

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

The NICU is a high-risk context for mother-infant relationship development, yet few studies have examined mother-preterm infant interaction patterns during the NICU hospitalization.

Aim

This study aimed to identify the variations in frequency and duration of mother-infant communication patterns in the NICU.

Method

This study used a within-subjects repeated time series design to observe changes in frequency and duration of interaction patterns in 12 mother-preterm infant dyads hospitalized in the NICU. Beginning when infants were 32-weeks gestational age, dyads were video recorded across three time points in three social situations (27 total minutes/dyad). Using Observer XT software, maternal and infant behaviors were coded using frame-by-frame microanalysis. Codes included maternal communicative behaviors (task touch, nurturing touch, vocal, gaze, and vestibular stimulation) and infant communicative behaviors (touch, gaze/eyes open, vocalization, and movement). One-way repeated measures ANOVA with pairwise comparisons were performed for each coded behavior to identify differences in interaction patterns across the three time points. For mothers, results across time showed a significant increase in their duration of task touch behaviors, $F(2,22) = 5.48$, $p = .012$. We also detected a decreased trend in duration of nurturing touch behaviors over time. No changes in other maternal behaviors were found. For the preterm infants, results showed a significant increase in duration of non-distressed vocalizations, $F(2,22) = 12.84$, $p < .001$, and a significant decrease in touch behaviors, $F(2,22) = 3.60$, $p < .05$, over time. The decrease in touch may be explained by increased bottle feedings and increased swaddling observed during later time points. We also observed a trend upward for duration of time infants' eyes remained open.

Conclusion

This study furthers our understanding of early relational communication patterns between mothers and preterm infants in the NICU and the importance of enhancing these dyadic interactions for positive developmental outcomes.

Infant-Directed Speech to preterm infants: the influence of severe prematurity and maternal depressive symptoms.

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Severe preterm birth represents a risk factor for maternal perinatal depression and the quality of early dyadic interactions in the first year postpartum (Agostini et al., 2014; Neri et al., 2015). However, only few studies explored the effect of preterm condition on interactive exchanges, including maternal verbal input (Herrera et al., 2004; Suttora & Salerni, 2011), and no one considered the role played by severity of prematurity.

Aim

The study aimed to explore the influence of prematurity and maternal depression on functional and morpho-syntactic features of maternal Infant-Directed Speech, comparing dyads of Extremely Low Birth Weight (ELBW; <1000 gr.), Very Low Birth Weight (VLBW; 1000-1500 gr) and Full-Term (FT) babies.

Material and Methods

Sixty mother-infant dyads (15 ELBW, 15 VLBW, 30 FT) were recruited and participated in a 5 min free interaction session at both 3 and 9 months postpartum. Lexical, syntactic, and functional features of maternal input during the interaction were analyzed using the CHILDES software. All mothers completed Edinburgh Postnatal Depression Scale (Cox et al., 1987) to assess depressive symptoms. At 3 months, maternal IDS in high-risk condition (ELBW preterm condition and depression) was characterized by a lower frequency of affect-salient speech and a higher proportion of information-salient speech and questions. At 9 months, IDS of depressed mothers was characterized by a lower verbosity and a higher frequency of attention-getter utterances.

Conclusions

Despite preliminary, these findings highlight that maternal IDS might be influenced by both the presence of depressive symptoms and severe prematurity. Moreover, IDS features seemed to change during the first year postpartum, suggesting the need to monitor the influence of severity of preterm birth and its interaction with postnatal depression on the features of maternal input directed to the infant.

INFANT PSYCHIATRIC UNIT PROMOTING PARENT-INFANT EMOTIONAL RELATIONSHIP AND ATTACHMENT IN NEONATAL INTENSIVE CARE UNIT

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

Being in the Neonatal Intensive Care Unit (NICU) is highly distressing and often traumatic for both infants and their parents (1,2). Interventions that focus on early relationships can be essential to buffer the impact of the medical stress and support the parental nurturing and attachment (2,3). In Kuopio University Hospital's (KUH) NICU parents stay in family rooms with their preterm or severely ill infants and are encouraged to nurture them. However, many parents feel disconnected with their infants in a specialized medical environment.

Aim / Purpose

The purpose of the infant psychiatric work in the NICU is to help the parents connect with their infants, relieve the psychosocial and physical stress of the infant and the parents, enable the parents find confidence in parenthood and promote early attachment.

Description

The infant psychiatric unit is part of the psychosocial team of the NICU. Infant psychiatric professional meets the family alone or together with NICU professional, offering a therapeutic relationship to support the parents and the infants. Appointments include being together by the infant, watching and wondering him/her and his/her signals and discussing with the parents to build a realistic, emotional narrative of their parenthood and the baby.

Conclusion

In our clinical work we have seen parents "finding the infant" as an individual behind all the medical device and starting to bond and feel more secure when nurturing their babies.

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Relationship between birth conditions and maternal influence in the language development of premature children

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Preterm birth is an urgent situation that causes trauma to both mothers and babies. The functioning of preterm newborns is complex, and several interventions occur during hospitalization, generating a condition of psychic vulnerability among mothers. However, when interacting with their children, maternal behaviors serve as moderating variables of the biological risk of birth as they exert a differential effect on vulnerable children. They can attenuate and worsen the adverse effects. Delay in language acquisition is one of the disorders reported in the literature on premature children. Preterm babies' frequency and extent of verbal behavior are reduced compared to the typical pattern, especially in expressive aspects (i.e., expressive vocabulary, oral speech, and acquisition of speech phonemes) and communicative skills, compared to children born at term. Purpose: To verify the birth conditions and maternal influence on the language development of premature infants.

Method

Participants included 69 mothers and their children, preterm at birth and from 0 to 24 months of corrected age. Anamnesis was carried out with the parents, and Early Language Milestone Scale was applied through questioning and observing the children's language behavior. The protocol Early Language Milestone results were analyzed separately and in association with the results of the participants' anamnesis (information collected regarding pregnancy, birth data, hospitalization, and mother-child interactions). For this purpose, descriptive percentages and tests, such as Chi-square, Spearman, and Mann-Whitney, were conducted.

Conclusion

This study contrasted with the existing literature because most children were within the expected performance range for their corrected age. Biological and environmental risks can exacerbate development. However, the mother's role as a primary caregiver and a multidisciplinary team monitoring may have minimized the risks associated with prematurity, assisting in the children's language development.

Early signs of social development in extremely preterm infants

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Extremely preterm birth is an environmental factor for autism spectrum disorder (ASD). Data shows that 7.1% of extremely preterm infants have been diagnosed with ASD at age 10 years (Josepf et al., 2017). However, half of extremely preterm infants diagnosed with ASD had no early signs of ASD such as “difficulty with eye contact” by the age of two (Kim et al., 2016).

Aim

We examined early signs of social development in extremely preterm infants.

Material and Method

Eleven extremely preterm infants (week of conception: M = 25w1d (SD = 8.00d) and birth weight: M = 686.18g (SD = 127.50g)) were included. We assessed M-CHAT at the modified 1.5-year point and ADOS-2 at early 2 years (CA: M = 25.82months, (SD =1.60)). A clinical psychologist who interviewed the parents assessed M-CHAT.

Conclusion

Of the infants, 30.77% were positive for ASD on M-CHAT, whereas 63.64% were concerned about ASD on the ADOS-2. Three of the infants who were negative for ASD on the M-CHAT were positive for ASD on the ADOS-2. Most children passed the M-CHAT for pointing to requests (pass rate: 90.91%) and pointing to interests (pass rate: 90.91%); in the ADOS, most children passed “pointing: pointing to objects at a distance/coordinating gaze” (pass rate: 45.45%) and “requests: gaze and integrating and requesting other behaviors” (pass rate: 63.64%) and “integrating gaze with other behaviors during interpersonal outreach” (pass rate: 27.27%) were less likely to pass. The results suggest the need to focus on whether pointing is simply present or absent in the social development of extremely preterm infants, accompanied by gaze and vocalization, and whether gaze is accompanied by other behaviors and vocalizations. In addition, a need exists to support the development of joint attention and engagement with others from an early stage.

Mothers' values and mother-child emotional dialogues: A study of Druze families in Northern Israel

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

Studies show that parents contribute to children's socio-emotional development through open and accepting emotional dialogues, and by avoiding dialogues that disregard or minimize children's emotions. Yet, most research was conducted in Western cultures and did not examine the role of values.

Aim

We aimed to begin and close this gap by examining the associations of mothers' values and goals in raising children with mothers-preschoolers' emotional dialogues among Druze families. The Druze culture is regarded as collectivist, emphasizing the needs and goals of the group over the needs and desires of the individual.

Material and Methods

Participants were 54 Druze mothers and preschoolers (average age = 5.01 years, SD = 0.63) residing in Golan Heights, Northern Israel. 19 mothers self-identified as secular, 13 self-identified as traditional, and 22 self-identified as religious. Mothers completed The Portrait Values Questionnaire and a questionnaire we developed tapping their goals in raising children. Mother-child emotional dialogues were observed and coded using the Autobiographical Emotional Events Dialogue procedure.

Results

Mothers' degree of religiosity was associated with their values and goals; religious mothers' values were characterized with conservatism, and they tended to less endorse self-enhancing values compared to secular mothers. Religious and traditional mothers tended to choose goals in raising children that reflected less openness to change and that were in favor of social conformity with the group, compared to secular mothers. Significant associations were found between mothers' values and goals and the coherence of the emotional dialogues, which is considered a central aspect of its quality. The more mothers held conservative values and goals that favored social conformity, mother-child emotional dialogues were less coherent.

Conclusions

Values may shape mother-child emotional dialogues. It is important that practitioners consider families' values, and not assume that there is only one way to conduct an ideal parent-child emotional dialogue.

Prenatal predictors of parental reflective functioning

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Parental reflective functioning (PRF) is central to parental functioning, child development, and the parent-child relationship. Given the recent evidence suggesting that the determinants and correlates of psychopathology and reflective functioning would not be the same in trauma-exposed adults than in adults who did not face such adverse life events, the present study aimed to evaluate whether the prenatal predictors of postnatal PRF were distinct among trauma-exposed mothers and mothers who have not experienced childhood trauma.

A sample of 253 pregnant women (M_{age} = 28.54, SD = 3.53) was recruited at pregnancy-related medical appointments and on social media and followed-up between 3 and 15 months postpartum. Participants completed questionnaires assessing anxiety-depressive and post-traumatic symptoms (Kessler Psychological Distress Scale; PTSD Checklist for DSM-V), personality dysfunctions (Self and Interpersonal Functioning Scale), and reflective functioning (RFQ; Reflective Functioning Questionnaire) during the 2nd trimester of pregnancy. PRF was assessed using the Curiosity subscale of the Parental Reflective Functioning Questionnaire (PRFQ) at the longitudinal follow-up.

Stepwise multiple regressions revealed that higher scores on the certainty scale of the RFQ predicted higher scores on the Curiosity scale of the PRFQ in women reporting no trauma ($n = 164$), $b = .27$, $p = .003$, $R^2 = 0.05$, whilst personality dysfunctions ($b = -0.60$, $p < .001$) and hypomentalization ($b = 0.59$, $p = .005$) were associated with Curiosity about mental states in women with childhood trauma ($n = 89$), $R^2 = 0.17$. In both groups, prenatal psychological symptoms did not contribute to PRF.

Prenatal predictors of PRF in women having been exposed to trauma differed from those of women reporting no trauma. Our findings call for further studies investigating the distinct developmental mechanisms of reflective functions in trauma-exposed and non-exposed individuals and suggest that both subgroups may have different needs and respond to different interventions.

Dialogues with Parents - welcoming, listening, empowering

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

This presentation is based on the three axes that support our view of the child and family today: placing contemporary evidence-based knowledge at the centre of our understanding of development and learning; knowing the reality of the life of families and children in Portugal; and being able to translate this knowledge into concrete action, given the uniqueness of each context. Having these axes as a framework in the creation of proposals to support families, namely the most vulnerable and multi challenged, the Project "Dialogues with Parents - Welcoming, Listening, Empowering" will be presented. This is a project of the Brazelton Gomes-Pedro Foundation for Baby and Family Sciences supported by the BPI "la Caixa" Foundation Children's Award. Aimed at enhancing the relationship between parents and children and promoting the integral development of children based on the Touchpoints Model, the main goal is to empower parents to exercise a positive parenting, supporting them and widening their knowledge and skills, in order to enhance parents/child interaction. Touchpoints assumptions underpin the relationship with families, strengthening their well-being, development and learning in a systemic and lasting way. With a modular structure, from Prenatal-Newborn to 6 years, it offers two types of workshops, both with 10 modules - one in which the same group of parents carries out the complete training, accompanying the development process from prenatal to 6 years; a second modality in which parents/families select one Touchpoint according to their needs, namely the age of their children. We bring results of project, particularly highlighting families voices, as this is what best translates the impact of the project, illuminating the challenges of being a family today and the importance of the way in which families are welcomed, listened, and empowered by professionals and communities.

Exploring the arc of postpartum mood symptoms before, during, and after the COVID-19 pandemic

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

The COVID-19 pandemic was very difficult for new parents. Due to the increased prevalence of social risk factors during this time, postpartum women may be at increased risk of post-partum mood disorders. Prior to the pandemic, an estimated 8 to 25% of mothers experienced post-partum mood symptoms. Recent literature examining changes in post-partum mood symptoms before and during the pandemic have found mixed results.

Purpose

This presentation will review three years of data from a large pediatric primary care clinic in the United States where post-partum mood disorders are universally screened for and addressed. Description of the work: Data were collected from electronic medical records of patients seen at an urban pediatric primary care residency training clinic where integrated behavioral health services are provided. The study includes data from 2019 to 2022, with 2019 representing “pre-pandemic”, 2020-2021 representing “during pandemic”, and 2022 representing “post-pandemic”. The Edinburgh Postnatal Depression Scale (EPDS) was used to assess elevations in postpartum symptoms and was administered to mothers at all newborn through 4-month visits. Chi square analyses were conducted to determine differences in postpartum mood symptoms across each year. Preliminary analyses indicate significantly more elevated EPDS screeners during the pandemic than pre-pandemic. Parents who gave birth during the pandemic were at greater risk of an elevated EPDS screener (95% CI: 1.15 – 1.49, $p < .001$) than parents who gave birth before the pandemic. Data from 2022 will be examined to determine whether mood symptoms continue to be more prominent into the third year of the pandemic or have returned to baseline levels.

Conclusion

The needs and challenges faced by new parents have changed dramatically since the start of the pandemic. The present study highlights how primary care practices must provide additional support in the face of new or exacerbated needs.

The centrality of the minor in taking care of troubled families

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Adoptive Families: A Complex Reparative Process

The adoptive family, although it is one whole system in itself, can encounter a series of adverse complex family experiences which have impacted and will go on having an impact on the adoptive family life.

Being aware of the profound difference among the many possible kinds of contexts the child experienced before his new adoptive experience, is of crucial importance for adoptive parents: it offers them a chance to realize how and how much their child will have to adapt to such a different world compared to the one he or she is used to and was once part of.

The same holds true for the adopted child: it will be hard for him/her to understand what is now asked of him in this new world, what way he/she needs to behave and what to do. Often his/her background experience and knowledge turn out not to be neither useful nor appropriate to the new context.

Another aspect the adoptive family needs to consider is the fact that all the previous family and institutional systems encountered by the child although physically absent seem to be completely present in the child's heart and mind.

Somehow, in ways which are absolutely personal, and their own, adoptive family systems must become aware of and put in action its multisystematic nature.

That child who already owns a past life dense with painful and profound attachment fractures, holds in him/herself his/her own invisible loyalties which bond him to his/her past, giving meaning to his/her current life story and as such, cannot be forgotten nor betrayed.

A web-delivered group intervention supporting parental sensitivity and self-efficacy: an Italian pilot study

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

Principal parenting programmes aim to improve parenting practices since the early infancy (Cook et al., 2021). Due to pandemic, the access to clinical programs has been often impeded. To continue ensuring psychological support and sustaining relational aspects of parent-infants bond along infancy in a time of great weakness, throughout a web-delivered intervention appeared a considerable resource.

Aim

The present pilot study aims to provide a description and an initial evaluation of the brief web-delivered “Con i Genitori” (CiG) Intervention, aimed to enhance parental sensitivity, self-efficacy and reduce stress in parents of typically-developed children (0-6 years).

Material and Method

Four interactive group sessions, based on well-known empirically-based programs' assumptions (Videofeedback Intervention to promote Positive Parenting: Juffer et al., 2014; Circle of Security: Powell et al., 2014) were delivered. Twelve parents (10 mothers, Mage=43, SD= 6.2; children Mage=3.3; SD=1.4) completed some self-report measures at baseline/after CiG. The assessment included: a weekly “ad-hoc” parental sensitivity questionnaire, the Tool to measure Parenting Self-Efficacy (Kendall & Bloomfield, 2005), the Parenting Stress Index-SF (Abidin, 1995), the The Emotion Regulation Checklist (Shields & Cicchetti, 1997) for children's emotional regulation and the Social Provisions Scale (Cutrona and Russell, 1987) for social support. A semi-structured interview measured satisfaction and acceptability with the intervention.

Conclusion

After the intervention, some improvements were detected in parental sensitivity but not in self-efficacy. Main results showed statistically significant decrease in parental distress [T0 mean = 2.7, SD=0.4 to T1 mean=2.3, SD=0.3 ($p = .028$)] and increased social support (T0 mean= 2.9; SD=0.6 to T1 mean= 3.5; SD=0.4 ($p = .042$), after CiG. Our findings confirm the potential value of online-delivered interventions supporting parent-infant relationship and parental sensitivity from early infancy in a public health community approach.

Abuse and affection: Implications of parenting on perceived control in adulthood

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Research has demonstrated a strong link between perceived control and academic, interpersonal, and health outcomes. Perceived control is lastingly shaped during childhood, and parenting is one of the most formative influences of that time. Research has identified two main dimensions of parenting - affection and control. Research on parental affection has shown affection to have a number of protective effects on emotional wellbeing that counteract other potential negative outcomes. On the flipside, the negative impacts of poor parenting, particularly abuse, is also well-documented. In the present study, we thus investigate the impact of parenting on subsequent levels of perceived control, specifically through the lens of parental affection, discipline, and abuse.

Materials and Methods

An adult sample (N = 7,108) from the first wave of the Midlife in the United States Study provided data on parental affection, discipline, and abuse as well as perceived control. Perceived control was also measured in the second and third wave. A latent class analysis examined distinct patterns in parental behavior. Classes were then used to predict 10-year development of perceived control levels. For each class, longitudinal patterns of change in perceived control were examined.

Results

Five classes with distinct parental affection, discipline, and abuse emerged. The class characterized by high levels of both affection and abuse exhibited the highest levels of perceived control across all time points.

Conclusions

Parental affection, discipline, and abuse have long-term impacts on levels of perceived control. The complex combination of abuse and affection is associated with higher levels of perceived control across three decades. Maternal affection may have an additional protective effect that encourages development of perceived control despite paternal and maternal abuse. Considering the various outcomes of perceived control, the implications of our findings for theory and practice will be discussed.

An Exploration of Gender Differences in Parent Socialization Goals and Values

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Studies have shown that parenting values predict parenting behavior and styles (Pearson & Rao, 2003). Importantly, parenting styles and behavior contribute meaningfully to variation in child socioemotional and behavioral outcomes (Dooley & Stewart, 2006). While some studies have investigated cultural variation in parenting values by race and ethnicity (e.g., Richman & Mandara, 2013), fewer studies have examined how parenting values vary by parent or child gender.

Aim

The aim of the present study is to investigate whether socialization values and goals vary meaningfully as a function of parent or child gender.

Materials and Methods

Data from 269 parents (71.4% female) of children ages 2-5 (inclusive, 44.2% female) in the US and UK were collected via online survey. The majority of parents (68.0%) identified as non-Latino/a White. Parents ranked 12 socialization goals/values in terms of their relative importance.

Conclusions

Socialization goal/value ranking did not vary significantly by child gender. However, significant differences emerged in rankings based on parent gender. Male parents rated “honoring family” and “obeying parents and elders” significantly higher than female parents (p values $< .01$), while female parents rated “helping others, being kind” and “maintaining close family relations” significantly higher than male parents ($p = .01$ and $p < .05$, respectively). Given associations between parenting values and behavior, parenting interventions should be mindful of these variations in meeting parents where they are.

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Mothers' and Fathers' Feelings of Judgment in the Parental Role, Parenting Perfectionism, and Parental Burnout

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Parents' emotions and cognitions contribute to parenting processes, and discussions of parental roles and identities highlight the connection between society's value on parenting and judgements of parenting competence (e.g., Schoppe-Sullivan & Altenburger, 2019). Although parents may report feeling judged in the parental role, little research has explored psychosocial correlates of parents' feelings of judgment during the infant's first year, a time of heightened stress.

Aim

Three research questions were addressed:

- 1) Do parents of infants feel judged and if so, by whom?
- 2) Do mothers and fathers report similar feelings of judgment?
- 3) How do feelings of judgment relate to multiple indices of parental well-being?

Material and Method

Parents (67 mothers; 61 fathers) of 3-12-month-olds within the USA completed an online survey. Respondents were predominantly white, non-Latino; 91% worked full-time and 88% were married. Parents reported on feelings of judgment in the parental role, parenting perfectionism, mental health symptoms, and parental burnout.

Conclusion

Almost all parents reported feeling judged; only 3% never felt judged. Over half the sample reported that they judged themselves. They also felt judged by their own mothers (44.5%), fathers (33.6%), and in-laws (21.9%). Parents felt most judged for their level of involvement, followed by their feeding and sleep practices with their infants. Mothers and fathers differed somewhat in the domains they felt judged on and in perceptions of who was judging them. Parents' feelings of judgment were significantly associated with greater parenting perfectionism ($r(126) = .42, p < .000$) and parental burnout ($r(128) = .38, p < .001$), but not with parental depression or anxiety. Findings suggest that parents may benefit from additional support to explore how feelings of judgment may contribute to the parenting experience.

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Personality traits and post-partum depression: Interpretation bias as a mediator

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Childbirth is a significant positive life event for many parents. However, meta-analyses suggested 10 to 15% of parents report post-partum depression [1]. Certain personality traits seem to increase vulnerability to postpartum depression [2]. For example, considering a dyadic perspective, higher actor neuroticism and lower partner agreeableness predicted higher levels of depressive symptoms in actor [3]. Moreover, the effect of personality traits on postpartum depression would be explained by cognitive processes, such as attentional bias towards the baby's negative emotions [4]. To our knowledge, no study focused on the interpretation bias as a mechanism underlying the effect of personality traits on postpartum depression. Yet, working like a pair of glasses through which parents see their parental environment as a threatening and negative place, interpretation bias would negatively affect parents' mental health and lead to higher levels of post-partum depression.

Aim

The aim of the current study was to evaluate the effect of personality traits on postpartum depression, with the interpretation bias as a mediator within a dyadic perspective.

Material and Method

In study 1, a short questionnaire (i.e., 11 items) on perinatal interpretation bias has been developed and validated. In study 2, the proposed mediational role of the interpretation bias was investigated in a parental sample, using the Actor-Partner Interdependence Mediational Model.

Conclusion

Actor and partner personality traits would influence post-partum depression in actor, with interpretation bias as a mediator.

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The experience of receiving warm care and the attentional bias toward infant faces in adults

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Early experiences with their own caregivers guide the development of a relationship model in children, which regulates interactions with significant others. The quality of early experiences of care proved to influence adults' automatic attention to infant cues, that is one of the antecedents of caregiving behaviors. However, no studies investigated how attentional bias toward infant faces is shaped by the perceived quality of care in the theoretical framework of the PARTheory.

Aim

We examined the attention bias to infant and adult faces in a sample of parents (N=97; 51 females; 46 males) and non-parents (N=91; 49 females; 42 males), and whether the attention bias varied in relation to both parental status and sex of participants. Furthermore, we examined whether past experiences of parental acceptance-rejection modulated the attention bias to infant faces.

Material and Methods

A modified Go/no-Go task was used to compare the effect of emotional faces in retaining attention. Past experiences of maternal and paternal care were collected using the short-version of the Parental Acceptance-Rejection scale. Overall, infants recruited more attention compared to adult faces, eliciting slower response times ($p < .01$). Parents, as compared to non-parents, were more engaged by faces ($p < .01$), and they allocated more attention to infant versus adult faces ($p < .05$). The effect of age was controlled for in the models. The attentional prioritization of infant faces varied in relation to early experience of maternal care, that is, those who remembered an experience of maternal acceptance were more engaged with infant faces ($p < .01$).

Conclusion

This study suggests that the experience of receiving care from one's own mother during childhood may regulate adults' attention bias to infant cues. Overall, mental representations constructed from significance experiences of care may shape implicit responsiveness to infant cues in parents and non-parents.

Satisfaction with early motherhood: associations with maternal and infant characteristics in the postpartum period

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

The postpartum period goes along with substantial changes in a parent's life, and adjustment to motherhood is not always easy. Feelings of frustration, loneliness, or resentment are common maternal experiences. Nonetheless, these feelings are rarely addressed. Lower satisfaction with the maternal role has been associated with shame, guilt, depressive symptoms, caregiving behavior, and the perception of child behavior as difficult. However, still more research is needed to fully understand postpartum dissatisfaction with the maternal role and parenting and its influencing factors.

Aim

We investigated the relevance of the experiences of motherhood and other child and maternal characteristics in the first weeks after birth for the satisfaction with motherhood at seven months postpartum.

Material and Methods

Data of this analysis stems from two longitudinal studies (total n=192). In both studies, mothers answered comparable self-report questionnaires about their perception of motherhood from an adult perspective and in relation to their child, their depressive symptoms and perception of child irritability at three weeks, as well as their parenting satisfaction and depressive symptoms at seven months postpartum.

Results

Multiple regression analysis revealed that a dissatisfying experience related to the maternal role and to their child at three weeks predicted satisfaction with parenting at seven months postpartum, even beyond the effects of depressive symptoms at three weeks and seven months postpartum. The included variables explained 30% of the variance in parenting satisfaction at seven months.

Conclusion

The influence of an early dissatisfying maternal experience on later parenting satisfaction and the associations with depressive symptoms highlight the relevance of paying attention to these experiences early on. Addressing frustrating aspects of motherhood is not only important for direct emotional support for mothers struggling with their new role and everyday life postpartum, but also helps normalize these experiences and by this reducing negative self-evaluation and negative emotions.

Quality Time in Quarantine: The Buffering Effects of Family Time on Outcomes Associated with COVID-19

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

COVID-19 negatively impacted families across a variety of areas, including economic hardship, social disruption, and family well-being. Previous research has illustrated the importance of family relationships in ameliorating the consequences of prolonged adversity (Hamby et al., 2020).

Aim

Considering the notable importance of family factors in previous research, the current study focuses on understanding the impact of increased quality time spent with close family members and children in modifying the relationship between various negative home and social life consequences of the current pandemic and various social and health outcomes.

Material and Methods

Caregivers of young children across five states (N=67) were identified through clinics, social media, previous studies, or substance use disorder programs. A series of surveys and semi-structured interview guides were designed to understand experiences of low- and at-risk families during COVID-19. Interviews were conducted by phone with trained qualitative interviewers with data being analyzed using NVivo12 and SPSS software.

Conclusions

Results from three hierarchical multiple regressions indicated that associations between negative home and social life consequences of the pandemic (e.g., increased parent-child conflict; being separated from family and friends) and subsequent negative outcomes (e.g., increases in child behavior problems; increased verbal partner conflict; increased sleep problems) were modified by increased levels of quality time spent with family/children. Model results and interaction plots for each analysis indicate the presence of buffering effects, as adverse outcomes decreased across increasing levels of the moderator variables. These findings suggest that increased quality time spent with close family and children modifies the relationship between negative home and social life consequences of COVID-19 and subsequent social and health outcomes.

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Maternal Childhood Experiences Relate to Depression in New Mothers

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Maternal depression is a well-documented risk factor for young children and infants. Adverse childhood experiences (ACEs) have been found to account for many negative life trajectories, including a risk of mental illness in adulthood. Previous research shows that positive experiences in childhood may protect against hostile parenting attitudes in the presence of high ACEs (Morris et al., 2021). Similarly, positive childhood experiences may protect against later mental illness.

Aims

This investigation aimed to uncover the relationship between maternal early life experiences and depression postpartum, with a focus on the mother's new infant experiences.

Materials and Methods

113 mothers of newborn children (Mage=4.6 months, SD=1.9) were asked to complete measures of maternal depression and their own adverse and protective childhood experiences. Childhood adversity was measured through the ACEs questionnaire to retrospectively assess negative experiences before the age of 18. Protective experiences were measured through the Protective and Compensatory Experiences (PACEs) to assess protective factors before the age of 18.

Conclusions

As expected, ACEs correlated positively with depression ($r=-.47$, $p<.001$) and negatively with PACEs ($r=-.39$, $p<.001$). PACEs were also negatively associated with depression ($r=-.19$, $p=.040$). Mothers with a history of PACEs may be better protected against the negative effects of depression, postpartum. In turn, this may provide an intergenerational link between maternal factors and infant experiences. Investigating maternal PACEs is a new link in the intergenerational transmission of newborn development.

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Positive Experiences in Childhood Promote Flourishing, Even Amid Adversity

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Early life positive and adverse experiences shape us. Positive childhood experiences (PCEs) are associated with flourishing in childhood and adulthood. Our species' evolved developmental niche (EDN) provides positive experiences, matching the maturational needs of a child, promoting optimal development and including positive touch, a welcoming social climate and responsive care from multiple nurturers, and self-directed play. PCEs can be intentionally created and interrupt the traumatic impact of adverse childhood experiences (ACEs).

Aim

This workshop presents three research programs that address the promotion of flourishing in children. Participants will learn implementation strategies and measurement possibilities for their work.

Dr. Bethell presents published population-based studies examining the impact of parent-child connection on child flourishing and school engagement for children across levels of ACEs exposure. She presents validation of a PCEs measure and protective impacts of PCEs on adult mental and social well-being, even amid high levels of ACEs. Implications for public health policy, practice and culture are discussed. Dr. Narvaez presents published measures and studies demonstrating associations of childhood evolved developmental niche experience on child and adult well-being (e.g., the Evolved Developmental Niche Provision Report associates with positive social development in young children; Narvaez et al., 2019). Dr. Jump Norman discusses the impact on parenting and child/adult well-being of an intervention focused on increasing positive childhood experiences.

Conclusions

Positive relational experiences and nurturance are essential to promote early and lifelong health of children and can be promoted even amid adversity by building the caring capacity of families and communities.

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<https://doi.org/10.1177/2158244019840123>

Mentalizing relationships: Associations between attachment, parental reflective functioning, and sensitivity in parents of preschoolers

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Parents with high levels of parental reflective functioning (PRF) are able to reflect upon their child's mental experiences and give meaning to their behaviour. Previous studies found PRF to be affected by parents' attachment representations and in turn to affect parenting behaviour. Still, most studies in the field are limited to mother-child dyads and/or parents of infants.

Aim

We investigated the triangular association between parental attachment, PRF and parental sensitivity in parents of preschoolers combining narrative and observational methods. These methodological advantages also make it possible to further validate the Parental Reflective Functioning Questionnaire (PRFQ, Luyten et al., 2017) as an economic measure of PRF.

Methods

115 parents (59 mothers) were administered the Adult Attachment Interview (George et al., 1985) to assess parental attachment representations. PRF was assessed via the PRFQ (Luyten et al., 2007). We further observed parents and their preschool-aged children during a semi-structured interaction and coded parental sensitivity using the NICHD scales.

Results

We found significant relations between attachment representation, PRF and sensitivity. More precisely, parents classified as dismissing reported less interest and curiosity in their child's mental state and showed sensitive behaviour during interaction than those classified as secure (and preoccupied). As predicted, PRF was also associated with parental sensitivity. Interestingly, as dismissing attachment status appeared to be crucial for PRF as well as parental sensitivity in our sample, we tested a mediational model and found parents' interest and curiosity to partially mediate the relationship between dismissing attachment status and parental sensitivity (i.e., supportive presence).

Conclusion

These findings enlarge our understanding about intergenerational effects of parenting and specifically highlight the role of dismissing attachment in PRF as well as parental sensitivity. They further suggest that promoting parents' interest and curiosity in child's mental state could be of special importance to parenting interventions.

From good providers to sensitive interaction partners: How paternal stress and involvement affect fathers' sensitivity

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

The paternal role appears to be subject to an ongoing evolution. Today, most modern societies agree that fathers' involvement in childrearing is important to family functioning and it is widely recognized that the quality of the father-child relationship impacts children's socio-emotional development. However, less is known about specific factors on the father's side, i.e. father involvement and parenting stress, that may affect his capability of being a sensitive interaction partner to his child.

Aim

The aim of the present study was to examine father involvement, parenting stress as determinants of paternal sensitivity.

Methods

Current data are part of two studies examining sensitivity in fathers. Samples consisted of 40 fathers and their 0-2 aged children (study 1) and 60 fathers and their 5-6 year old children (study 2). Paternal sensitivity was assessed in a semi-structured videotaped observation and rated using a set of scales. Parenting stress and different aspects of father involvement (fathers' roles and responsibilities in parenting, fathers' time investments, etc.) were assessed using questionnaires. Data collection is completed while analyses are still in progress.

Results

Preliminary findings indicate that fathers reporting higher stress levels show less positive affect towards their infants during interaction. In the preschool sample, self-reported parenting stress was not associated with paternal sensitivity, however, fathers' attitudes regarding their parental role was associated with increased sensitivity during the father-child interaction. Further analyses will investigate these associations in more detail and additionally focus on possible effects of child gender.

Conclusion

These findings enlarge our understanding regarding determinants of sensitive fathering. Implications for adequate support will be derived.

Maternal ambivalence as a powerful and healing force in mothering

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

The notion of maternal ambivalence addresses the idea of a mother integrating rather than splitting her feelings about her mothering. This comes with her ability to acknowledge and struggle with all her feelings, both positive and negative, welcome and unwelcome. These include feelings such as delight, enjoyment and warmth which are light and loving, together with those that are dark and disturbing like fear, anger and despair. This is explored, together with the idea that an awareness and engagement with, rather than a neglect or rupturing of her disturbing feelings fuels and renews the mother's love and enables the continuation of the tremendous investment in loving and sensitive care of the infant.

Aim

To reframe and clarify the understanding of maternal ambivalence as a valuable and everyday part of the lived experience of mothering which is crucial to the mother's and in turn her infant's mental health.

This disrupts the traditional maternal narrative by highlighting the division between reality and the illusions of mothering.

Description

The research draws on the psychoanalytic thinking of Melanie Klein, D.W. Winnicott and W.Bion and modifies Rozika Parker's work to construct a new way to think about maternal ambivalence. Contemporary film and personal maternal experiences are the research tools which illustrate the lived experience of mothering.

Conclusion

The research supports the idea that ambivalence is a natural and positive part of mothering and contributes to maternal well-being. This research rejects the notion of rigidity in mothering while promoting it as a fluid process that relies on creative functions such as humor, self-forgiveness, reparation and learning from experience.

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Parker, R. (2005). *Torn in Two: The experience of maternal ambivalence (Revised ed.)*. London, UK: Virago.

Virtual Collection of the Home Observation for Measurement of Environment (HOME) Inventory

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

The COVID-19 pandemic has accelerated movement from in-person to virtual implementation of services and research (Sampaio et al., 2021). The rapid transition has afforded opportunities to connect with underserved populations, but it also presents challenges and it cannot be assumed that in-person and virtual data collection modalities are equivalent as it pertains to all types of information, particularly in cases where the information being collected is nuanced and complex (Mohammed et al., 2021).

Aim

This study examined the feasibility and the usefulness of a virtual assessment of the home environment using the widely used measure of the home environment, the Home Observation for Measurement of the Environment (HOME) Inventory (Bradley, 1994).

Material and Method

A convenience sample of 53 families living in two states in the U.S. were assessed with the virtual and in-person HOME, counterbalanced by order with different interviewers. The mean age of child participants was 17.4 months (SD=8.3) and gender was roughly balanced (male 46.9%, female 53.1%). The sample was White (74.5%, Black 17.0%; multiple races 8.5%). Interviewers reported that technology complications did not interfere with 36 (67.9%) of the virtual visits.

The counterbalance was implemented successfully with a 54% and 46% split in order of the first visit. HOME scores on each dimension were similar (see Table 1) with the exception of the Acceptance Dimension where the score for the in-person score was higher (M=6.53, SD = .61) than the virtual assessment (M=6.32, SD = .80, $t(1)=2.39$, $p = .01$). After having received both an interview in-person and virtually, a majority parents reported preferring the virtual (63.3%) over the in-person interview (36.7%).

Conclusion

Results from this study indicate that the HOME Inventory can be administered virtually for many families and that the data collected would be useful for research and applied purposes.

Does the link between parent-child mutuality and child executive function depend upon household order?

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Warm and sensitive parenting facilitates children's executive function (EF) (e.g., Fay-Stambacch et al., 2014), but this effect may be constrained by aspects of the home environment. For example, positive associations between maternal sensitivity and child theory of mind are only observed at low levels of household clutter and crowding (McCormick et al., 2022).

Aim

Using a behavioural measure of early parent-child mutuality, we aim to examine whether associations with toddlers' later EF are attenuated in the context of household chaos (e.g, Marsh et al., 2020).

Material and Method

A socially diverse sample of 145 British families with toddlers were seen at ages 2 and 3; toddlers completed four EF tasks at each timepoint. At age 2, mother-child mutuality (indexed by responsiveness, reciprocity, and cooperation) was assessed in 20-minutes of structured and unstructured lab-based play, coded using Deater-Deckard et al.'s (1997) Parent-Child Interaction System. In addition, both maternal report (Coldwell et al., 2006) and researchers' home-visit ratings (Gregory et al., 2012) were used to index household chaos. Hierarchical regression was used to examine whether household chaos undermines the beneficial effects of mother-child mutuality.

Conclusion

controlling for the effects of EF at age 2, mutuality positively predicted child EF at age 3 ($\beta = .208$, $SE = .252$, $p < .05$). No other main or interactive effects were observed. The overall model explained 15% of the variance in child EF at age 3. The results suggest that early mutually responsive parent-child interactions are important for child's later EF regardless of the state of the home environment.

Citations & References available on demand.

Being Dad: An exploration of fathers' voices on the hopes and struggles of fatherhood.

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction and Aim

Societal expectations regarding the role of fathers in the lives of their children from pregnancy, post-birth and throughout childhood have increased significantly. A large body of evidence identifies the positive impact for children of supportive and engaged fathers, with key benefits for children in the future in terms of social, emotional and academic factors ((Opondo, Redshaw, Savage McGlynn and Quigley, 2016) However, despite the shifting societal discourse on involved fatherhood and the benefits that accrue for the whole family, some men are struggling to be involved and engaged as equal caregivers to their children and are encountering a myriad of obstacles, including economic, structural, psychological, and interpersonal.

Methodology

This paper presents an exploration of the experiences of eleven Tallaght based Dads, capturing their voices and seeks to gain an in depth understanding of their experience in relation to their caregiving roles. A qualitative framework was utilised to allow for an in-depth, nuanced exploration of fatherhood. The research is based on one-to-one interviews and a short sociodemographic questionnaire.

Results

Thematic analysis identified the three major themes as embracing fatherhood, the desire for greater equality in caregiving and seeking parity of esteem in encounters with health care professionals.

Conclusion

Findings suggest the importance of further research on father engagement and the need for systematic data collection and analysis. Supporting the transition to fatherhood with resources and supports specifically developed for fathers is recommended. The paper also concludes that to achieve positive structural change in fathers' experiences of interactions with health care professionals, a structured broad-based systemic approach to father inclusion training is required.

Reference

Opondo C., Redshaw M., Savage-McGlynn E. Quigley, M.A. (2016) Father involvement in early child-rearing and behavioural outcomes in their pre-adolescent children: evidence from the ALSPAC UK birth cohort. *BMJ Open* 6:e012034. doi: 10.1136/bmjopen-2016-012034

Paternal peripartum distress and loneliness : the roles of perceived stress and social support

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

The peripartum period is a time of increased stress for fathers (Philpott et al., 2017). Paternal peripartum stress is associated with postnatal anxiety, depression, and loneliness (Wee et al., 2015). According to the stress buffering model of social support, social support protects individuals from the adverse effects of stress (Cohen & Wills, 1985).

Aim

To explore fathers' mental health during the peripartum period, how stress contributes to psychological distress and loneliness and the ways in which social support moderates these outcomes.

Material and methods

For the quantitative element of the research, a questionnaire was administered to participants during the third trimester of the prepartum period and again at three and six months postpartum. The questionnaire consisted of demographic questions, The Cohen Perceived Stress Scale, The Edinburgh Postnatal Depression Scale, The DeJong Gierveld Loneliness Scale and The Multidimensional Scale of Perceived Social Support. One-to-one semi-structured interviews were also conducted to explore fathers' experiences with loneliness and social support during the postpartum period.

Conclusions

Obtained findings from the qualitative and quantitative elements of this research will be presented. Clinical implications and future directions for research will be discussed.

Subsequent Children trial - recruitment, retention reconnection and co creating a different future.

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Developmental approach we took to understanding the group of parents, their motivation, needs & aspirations in order to co-create a different future for them & their children, & their relationships they had with people in positions and processes that impacted their relationships, will be described. We undertook to ensure parents were able to build trust in our team & this project which included rebuilding relationships with their children in care. We were interested in strengthened core capabilities, eg self-regulation and executive functioning that are fundamental to parenting, & job training and employment, both goals the parents articulated...acknowledging that the key to achieving breakthrough outcomes for children facing significant adversity is to support the adults who care for them, to transform their own lives.

Hoki ki te Rito-Oranga Whānau/Mellow Parenting programme personal group & parenting workshops were the focus of group work, with extended supported goal setting & future planning over 20 weeks. Children develop in an environment of relationships & how the ability of parents to meet their own life goals is intertwined with the wellbeing of their children. We supported these parents reflect on their own life stories including their own experiences of being parented. They were encouraged to consider their own strengths & areas of need as they explored why, where & how change might happen.

We noticed parents, reduced anger towards child welfare as they shared & processed the trauma of their children's removal, increasing engagement with services, as self-care became a priority, increased optimism that things can change for the better, building reflective capacity as they told their life stories, identified the losses they have endured & the impact on themselves, articulate a feeling of 'belonging' to this new 'family', relaxing and building friendships with one another, & beginning the process of positively re-engaging with their children

Dismantling the idealization of motherhood - Working with maternal ambivalence in parent-infant psychotherapy

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

When becoming mother for the first time, woman has to go through one of the most central transitional phase of her life. It is very common that this transition evokes uncertainty and a range of emotions. Accepting ambivalence, towards both motherhood and the baby, helps the mother to proceed in this growth crisis of becoming a mother. If counter-emotions cannot be faced and processed, it can lead to the activation of psychological protection mechanisms such as idealization. Within safe relationships the mother can get the support she needs to face and work with these difficult feelings. Parent-infant psychotherapist, utilizing the transference of a good grandmother, can come to help the mother with this.

Aim

In this thesis I studied how the experience of motherhood was developing for this woman becoming mother for the first time.

I wanted to find out how she was able to deal with the ambivalence related to pregnancy, the baby and motherhood. I was also interested in how the parent-infant psychotherapy possibly helped this mother to work with ambivalence and if therapeutic work helped the mother with the idealized image of motherhood.

Description

During our psychotherapy sessions this mother expressed strong insecurity about coping as a mother and tried to get support for her self-esteem from the model of an idealized mother. Within psychotherapy, an effort was made to make room for the mother to experience ambivalence, in an effort to ease the idealization related to motherhood.

Conclusions

Towards the end of the psychotherapy it was visible that the mother had found a way to fulfill her motherhood in her own way. The relationship between mother and baby had started to develop in a way that satisfied both sides of the relationship.

Motherhood and attachment changes

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

All the upheavals induced by the perinatal period on the psychological level are so important that they must necessarily influence the attachment strategies of woman who is expecting her first child. However, it is accepted by researchers that attachment relationships in childhood find a concordance in the bonds established as adults (Hazan and Shaver, 1987) and that the style of attachment is transmitted from generation to generation (Airi Hautamäki , 2010; Benoît, 1994).

Aim

To show the results of a research on the modifications of attachment in ante and post natal, in a population of primiparous women.

Material and methods

Research is proposed to 30 women from an all comers population going to the CHU Center Hospitalier Universitaire. The subjects are met during 4 different times at their home from the start of pregnancy until the baby is three months old.

The Relationship Scale Questionnaire (R.S.Q.) tool measuring attachment style strategies (secure, fearful, preoccupied, detached) (Griffin and Bartholomew, 1991, French version N. Guédénéy, 2010) is proposed.

Conclusions

Attachment strategies, which are usually considered immutable in adulthood, vary significantly in women during the perinatal period : 53.84 percent of them have an attachment that will remain stable throughout pregnancy and postpartum. On the contrary, 46.15 percent of them present strategies of attachment which fluctuate and modify during the various times of their maternity. These attachment strategies have an impact on the occurrence of postpartum psychiatric pathologies and are undeniably highlighted in the scientific literature. Its study can constitute a certain means of prevention.

Parental sensitivity and family alliance: Influences of early family interactions on infants' vagal tone

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Background. The quality of early parent-infant interactions can influence infants' vagal tone, which is an indicator of emotion regulation. Physiological studies have been mainly conducted on mother-infant interactions and more rarely on father-infant or mother-father-infant interactions. The first aim of the present study is to investigate the associations between parental sensitivity and vagal tone during dyadic interactions and between family alliance and vagal tone during triadic interactions. Moreover, as the dyadic and triadic interactive contexts are not independent from one another, the second aim of the study is to investigate the possible moderation effects (1) of family alliance on the association between parental sensitivity and infants' vagal tone and (2) of parental sensitivity on the association between family alliance and vagal tone. **Method.** This study includes 82 parents with their 3-month-old infants. Dyadic and triadic interactions were recorded in a standardized laboratory situation to assess parental sensitivity and family alliance. Infant's ECG was recorded to obtain vagal tone. **Results.** Results showed that maternal sensitivity and family alliance predicted infants' vagal tone, whereas it was not the case for paternal sensitivity. No significant moderation effect was found, however there was a marginal moderation effect of family alliance on the association between paternal sensitivity and infants' vagal tone. **Discussion.** Maternal sensitivity and family alliance are associated with infants' vagal tone and are not moderated by the quality of other contexts of interaction. However, the association between paternal sensitivity and infants' vagal tone seem to be more influenced by family functioning. This could be explained by societal factors, since fathers in Switzerland almost no paternity leave and therefore have spent much less time alone with their infant in the perinatal period than mothers.

Integrating Infant Mental Health Tenants into a Logic Model for Family Resilience Interventions

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

The majority of families going through separation or divorce involve young children, with a large number dissolving before a child's third birthday (Anderson, 2014; Carlson, M.J., McLanahan, S.S., & Brooks-Gunn, J., 2008). Unresolved parental conflict threatens children's developmental needs and overall well-being (McIntosh, 2003). Preventative models leveraging family strengths through the lens of infant mental health capacities are lacking. This poster provides guidance for transdisciplinary teams to integrate tenants such as reflective functioning, and in turn, build resiliency to weather changes in family structure.

Aims

The poster describes how transdisciplinary teams can use program design and iterations to support parents in building reflective capacity, as they navigate separation/divorce. The presentation describes a developed theory of change and logic model consistent with best practices to evaluate intended outcomes of family resilience.

Description

The poster focuses on curriculum development founded on key change mechanisms and adaptation processes to support clinical objectives through the lens of family systems theory. Curriculum was shaped and edited to include infant mental health tenants of reflective capacity and family resiliency. The intention is to provide transdisciplinary clinicians a program development framework for supporting family resiliency into pre-existing or yet to be developed models of intervention.

Conclusion

This model is useful to clinicians looking to develop best practice iterative processes for fine tuning logic models to incorporate Infant Mental Health tenants and family systems concepts. Clinicians trained in Infant Mental Health models are likely integrating aspects of reflective functioning into their work already. This project seeks to enhance their ability to do so through a fully formed logic model and integration of evaluative feedback.

Jealousy of the Partner-Infant Relationship and Observed Conflictual Coparenting Dynamics

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Conflictual coparenting, characterized by undermining and competition between parents, is a risk to young children's social-emotional development (Teubert & Pinquart, 2010). Uncovering why some new coparents experience greater conflict than others is important to understanding the development of coparenting and to inform prevention and intervention efforts.

Aim

The aim of this study was to examine relations between new mothers' and fathers' jealousy of the partner-infant relationship and observed conflictual coparenting dynamics.

Material and Method

Data were drawn from a longitudinal study of 182 dual-earner different-sex U.S. couples at the transition to parenthood. Parents were predominantly married (86%), white, non-Latino (85%), and of middle-to-high socioeconomic status. Parents reported their jealousy of the partner-infant relationship (adapted from Wilson et al., 2007) and conflictual coparenting (competition, displeasure; see Altenburger et al., 2014) was observed for 10 min at 3 and 9 months postpartum in both play and childcare contexts.

Conclusion

Correlation analyses indicate that when fathers experience greater jealousy of the partner-infant relationship they demonstrate greater displeasure in coparenting. When mothers experience greater jealousy of the partner-infant relationship, they not only show greater displeasure, but fathers also show greater displeasure, and coparents show greater competition. Thus, mothers' jealousy may have broader implications for conflictual coparenting dynamics. Further analyses will examine longitudinal associations in an SEM framework.

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Wilson C. L., Rholes W. S., Simpson J. A., Tran S. (2007). Labor, delivery, and early parenthood: An attachment theory perspective. *Personality and Social Psychology Bulletin*, 33(4), 505–518.

Examining links between maternal history of childhood sexual abuse, parental reflective functioning, and parenting stress

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

Extant literature suggests that survivors of childhood sexual abuse (CSA) may be particularly at risk of experiencing high levels of parenting stress when taking care of their own children (Hugill et al., 2017). Research also points to the importance of examining indirect pathways from CSA to subsequent parenting stress (Hugill et al., 2017). In particular, parental reflective functioning (PRF), i.e., the ability to reflect upon one's own and one's child's internal experience (Slade, 2005), could contribute to explaining how CSA leads to increased parenting stress: Maternal history of CSA has been shown to be negatively associated with the mother's ability to conceive of her child's inner world (Koren-Karie & Getzler-Yosef, 2019) and poorer PRF is related to increased parenting stress (Nijssens et al., 2018).

Aim

This ongoing study aims at examining (1) whether severity of maternal CSA is related to parenting stress and (2) whether this link is mediated by PRF.

Material and methods

Thirty-two mothers of children (12 girls; 1 to 7 years old, $M = 3.4$) followed by child welfare services completed the Childhood Trauma Questionnaire, the Parental Reflective Functioning Questionnaire, and the Parenting Stress Index.

Conclusions

Results of Partial Least Squares Path Modeling failed to provide evidence for an association between maternal history of CSA and parenting stress ($\beta = 0.20$, [bootstrap 95% CI: -0.29, 0.30]). However, less optimal PRF was associated with more parenting stress ($\beta = 0.73$, [bootstrap 95% CI: 0.57, 0.88]). The model explained 55 % of the variance in parenting stress. These findings highlight the importance of interventions aimed at enhancing PRF in high risk contexts.

Coparenting Conflict and Parental Responses to Negative Toddler Emotions: An Actor-Partner Interdependence (APIM) Model

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

How parents respond to their children's emotions is a direct form of emotion socialization. When parents are faced with stress from coparenting conflict, it can become more difficult to provide supportive responses to children's emotions. Coparenting conflict contributes to spillover in which conflict impacts parent's own and each other's responses to children's emotions. Hence, the coparenting relationship could be an important contributing factor to emotion socialization practices. The majority of research is focused on coparenting within divorced couples, leaving a gap in the literature relative to associations between coparenting and coupled parents' emotion socialization practices.

Aim

I will test a dyadic model of parents' reports of coparenting conflict as a predictor of parents' responses to toddlers' negative emotions.

Materials and Methods

Participants were 112 U.S. mothers and fathers (N=56; 12% Black, 74% White, 12% other) and their toddlers (N=81, 40 boys, 41 girls). The majority of parents have a Bachelor's degree or higher (78.3%) and were employed full time (54.2%). Most mother-father dyads were married to each other at the time of this study (91.6%). Participants were recruited from a childcare center in the U.S. through flyers sent home with their child. Families came to a laboratory setting to complete the study. The Coping with Toddlers' Negative Emotion Scale was used to assess parents' responses to their toddler's negative emotions (anger, fear, sadness). The Coparenting Questionnaire was used to assess spouses' perceptions of one another as coparents.

Results

An Actor-Partner Interdependence Model will be used to test the hypotheses. Mplus will be used to test for model fit. Results are expected to be completed in January of 2023.

Conclusions

It is expected that an increase in parents' own and their partners' unsupportive responses when faced with children's anger, sadness, and fear.

The centrality of the minor in taking care of troubled families

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

TAKING CARE OF FAMILY BONDS, A PERSON CENTERED CLINICAL WORK

Each year Italian public health care services have to face a large number of situations which bring to the forefront all dimensions related to profound suffering and fragility and their task is to accompany and deal with entangled events which originate both from complex stories and from unpredictable life events.

Local services welcome families experiencing financial insecurity where psychological distress is combined with both material and cultural poverty, where disfunctional thought and behaviour are transmitted through generations and chronic need of assistance turns into a status and a lifestyle and where children as first representatives of this system become silent heirs and active transmitters

Helping these children and the bonds they belong to imposes itself as necessary.

The most complex requests these families make often have to do with bitter conflicts in the family and destructive separations which nowadays represents a critical issue many children are forced to experiment. Neglect and domestic violence as well as interrupted parents/children relationships after disastrous legal conflict or clumsy punitive actions often add up to all this.

In order to manage this kind of situations, what is needed is thinking of new ways, experiencing helpfulness, finding new language, building new interdisciplinarity, avoiding simplistic reductionism to medicalization. All these situations share the need to deal with requests using a variety of professional figures and activating many different institutions and services because only cooperation work and developing shared thinking can become a healing element.

Healing this kind of situations is necessary and it becomes possible

The centrality of the minor in taking care of troubled families

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

BUILDING THERAPEUTIC ALLIANCE WITH FAMILIES WITH MANDATORY REFERRAL

This poster is meant to represent peculiarities and complexity of the construction of a work alliance with families referred to professionals by local services for the benefit of the rights of the child.

These clients often exhibit wounds and in turn wound care and protection needs, as well as exhibiting distinctive features such as limited motivation, limited sense of responsibility towards the work being carried out, limited experience of personal power, therefore they need additional work focused on activating their autonomous motivation to start a new possible path towards growth.

Our basic belief is that by considering and including in the work of building an alliance all the relations among all the actors involved in the child's protection is already in itself an action of protection towards the child.

In this respect, a fruitful and shared reflection upon the mandate is the first step towards defining a set of actions meant to guarantee when possible the recovery of caregiving and belonging bonds of the children involved.

After defining working goals, the attempt is to promote complex intervention strategies functional in putting together and when possible, making different needs meet.

Empathy and Acceptance during the initial phase can help alleviate the other's possible fears of being threatened and judged and welcoming their defenses and their feelings of confusion can prevent meeting their consequent negative expectations in the moment of actual meeting with health care structures and facilities professionals.

This congruence allows to build a relationship based on trust and directness, which allows to include and give meaning to even the most critical aspects of the specific context and path.

The centrality of the minor in taking care of troubled families

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

LGBT ADOLESCENTS AND HOMOPARENTAL FAMILIES

Consultance and therapeutic work with gay couples, LGBT adolescents and homoparental families need a kind of listening and a view which take into consideration features from both clinical work with any adolescent, couple or family and, on the other hand, specific themes, experience and feelings related to non heterosexual orientation and gender identities.

Among which issues related to invisibility, disavowal of founding parts of the self, Delegitimization of one's own emotions or identity, and consequent feelings of inadequacy, inferiority, shame, up to, in some cases, despise and self-hatred

All issues which need particular care during adolescence, when working with the whole family is essential in order to express, comprehend and integrate both individual aspects and aspects belonging to the whole family system and experienced as unacceptable, unspeakable and therefore often acted out or dissociated,

Issues that have been faced during adolescence can show up again during couple bonding in adulthood or with a growing desire to become a parent.

Unequal civil rights for gay couples and the lack of legal recognition for homoparental families, besides creating practical difficulties, actualize delegitimization of relationships, bonds and projects

Therapeutic space can provide a chance to express and process fears, uncertainties, worries and doubts, it can facilitate emerging of resources, the opening up for possibilities, and provide support for paths which often turn out to be long and hard to endure.

All these diverse situations do not need special therapeutic work as much as, instead, respectful listening which is possibly free from judgement as much as adequate training and scientific update about issues related to sexual orientation, gender identity, homoparental families.

The centrality of the minor in taking care of troubled families

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

DIVIDED FAMILIES AND CONFLICTS DURING SEPARATION

Family Separation is considered to be a Paranormative event in a family's life cycle where some conflict is normal. Yet, in some cases, conflict can become chronic "during and after" separation, getting to the point of compromising parents' ability to guarantee their children's well-being.

High conflict families usually adopt rigid, destructive relational styles, getting their children involved in their conflict.

High conflict is considered to be a risk factor when it comes to harmonious children's growth

Conflictual separations can turn into long trials where the Court can intervene to detect risk factors and to order interventions aimed at supporting the family or other kinds of intervention in order to guarantee children's protection and custody.

Professionals who accompany families along these paths ordered by the Judge must be aware of how mandatory acts influence people, must be able as well to appreciate the weight of prejudice that hovers over some of these helping professionals' environments and, at the same time, must be able to help these services users to see these mandatory referrals as opportunities.

Professionals cannot do without their connection to their own inner experience, considering the impact certain mandates have on their own internal setting.

It's very important to be able to distinguish high conflict situations from situations where domestic violence could be present.

The most effective intervention settings entail multidisciplinary work both with families and services networks.

The team represents a resource capable of neutralizing a tendency to take sides during conflicts.

Shared reflection appears to be an effective tool against an impulse to act and to fragmentate Services' interventions in reply to urgent "requests" from families.

Professional interventions share their aim of protecting children against risks which could compromise their wellbeing.

Holding the Families who Lost their Babies and Guiding them into the Future

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Keio University Hospital is one of Japan's university hospitals with advanced medical care. The Pediatrics Department, where we work, have 600 to 700 newborn babies each year. Our Pediatric Mental Health Team, working with the Neonatal Team, has been providing intensive mental health care for newborns in the NICU and their families.

I have been participating in an Infant-Parent Psychotherapy training course (IPP) in Toronto since 2018 and have learned about the importance of focusing on (1) how parents feel about their infants, their partners, (2) how infants feel about their parents and their parents' relationship, (3) how the parents' past effects their parenting, and (4) how the parents' present effects their past. I have experienced through my own cases the importance of the therapist intersubjectively feeling the emotions that arise the infant, the parents, and the therapist self, and intervening in the family relationship.

This time, I took the concept of Infant-Parent Psychoanalytic Psychotherapy and worked on the mourning process of the parents of five babies who were born and died at Keio University Hospital from 2016 to 2022. The five babies' weeks of gestation ranged from 22 to 39 weeks, and parents lost their babies at day 24 to 1 year old. In two of the cases, we provided mental health care to the parents before the babies' births, one, I presented at the last WAIMH conference. The parents' backgrounds varied in terms of their family history, pregnancy history, marital relationships, and hopes for welcoming a new family member. I learned how important it is to hold and contain the devastating grief of the parents who lost their babies, and that the process would help parents overcome the mourning process and take the next step toward the future family.

Adverse Childhood Experiences and the Motherhood Constellation in Mothers with Newborns.

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Sunday Lunch - Poster Session 1, The Liffey, 16 July 2023, 12:15 - 13:15

Introduction

The transition to motherhood is a major life event for most mothers. Daniel Stern (1995) described the maternal transition phase as “motherhood constellation”, a unique mindset held by the mother prior to the infant’s arrival and sustained after birth. This unique mindset places the mother’s main focus on her new identity as a mother. The constellation consists of four main themes that preoccupy the mother’s thoughts. Although all mothers experience this constellation to some extent, we expect the presence of these themes to be related to mother’s adverse childhood experiences. Mothers might adapt less easily to the challenges of motherhood when they had adverse experiences in their own childhood.

Aim

The main objective of this study is to explore the association between adverse experiences and the four motherhood constellation themes.

Material and Methods

Participants were 997 mothers (mean age 30.2) of newborns (mean age 11 weeks) that participated in the ‘Baby 2020 Cohort Study’ that was set up in June 2020 in the Netherlands and included mothers of infants born during the first peak and lockdown of the COVID-19 pandemic. Mothers filled in an online survey including several questionnaires about adverse childhood experiences and to which a mother deals with the ‘motherhood constellation’ themes (Van Bakel & Rexwinkel, 2020).

Conclusion

Correlational analyses indicated significant positive correlations between adverse experiences during childhood and the four themes of motherhood constellation.

This study is among the first to assess Stern’s (1995) motherhood constellation themes in mothers of newborns in a community based sample. Motherhood constellation is found to be related to maternal ACES, even after controlling for confounding factors. Implications for further research and to prevention and psychological intervention in relation to new motherhood will be presented.

Empowering Parents, Empowering Communities: A pilot trials of peer-led parenting program in Japan

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Introduction

Empowering Parents, Empowering Communities (EPEC) Being a Parent (BAP) is a peer-led, community-based, group-format parenting program for parents of children aged 2–11 years, delivered via eight 2-h sessions to small groups.

Aim

This pilot trial was designed to explore the feasibility and acceptability of the EPEC BAP program in the Japanese context and to examine the preliminary effects of this program.

Materials and Methods

This study adopted a quasi-experimental mix-method design without a control group. Six parents were invited to the program. Parental self-report questionnaires were administered before the first session (T1), after the final session (T2), and 1 month after the final session (T3). The outcome measures were (1) program acceptability and satisfaction, (2) concerns about child and parenting goals, (3) parenting style, (4) parental mental health, and (5) child's social-emotional and behavioral problems. Furthermore, a semi structured interview was conducted at T3. This study was approved by the Ethics Committee of the researchers' institution, and written consent was obtained from all enrolled parents.

Results

The participants were all mothers, and the mean age of their children was 5.7 years (range: 2–7 years). All participants completed the program (completion rate = 100%), and the participants reported high levels of overall satisfaction with the program (mean score: 3.7 of 4.0). After the intervention, parenting stress about role restriction and isolation significantly decreased ($p < .05$). The parents reported that they felt relieved in their peer relationships, could reflect on their selves as parents, and understood positive parenting through the program.

Conclusions

According to the findings of this study, the EPEC BAP program is a feasible and acceptable intervention for Japanese parents, which could enhance positive parenting and parental mental wellbeing. However, a larger-scale trial that considers more deeply the cultural adaptability of the program must be conducted.

Can fathers' parenting experience affect paternal readiness and infant emotional recognition in Japan?

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The father's role is fundamental in assisting the child to acquire a sense of identity in the first years of life (Greenacre, 1957; Loewald, 1951; Mahler & Gosliner, 1955). Thus, the importance of paternity in parenting has been discussed in previous studies. However, it remains unclear whether the fathers' parenting participation changes their mental processes. The purpose of the present study was to examine whether Japanese fathers' parenting experiences affect their paternal readiness and infant emotional recognition. We investigated two groups of Japanese adult males with children (fathers) and adult males without children (not fathers). The length of time spent and details of parenting were recorded as parenting experiences. Paternal readiness was measured from replies to questionnaires on the Readiness of Parenthood Scale in Japanese (Sasaki, 2007). We scored the results of the Readiness of Parenthood Scale using two sub-scales: affection toward infants and parenting drive. In addition, a Japanese version of the Infant Facial Expression of Emotions from Looking at Pictures (JIFP; Inoue et al., 1990) was used to investigate infant emotional recognition by fathers. The response words obtained from JIFP must show the bilateral relationship in the caregiver-child interaction scene (Nagaya, 2009). The response words were classified into seven categories based on the bilateral relationship: Deviated Responses, Object Seeking, Satisfaction/Frustration of Needs, Basic Emotions, Physiological State, Attentive/Concentrated States, and Simple Description of the Picture (Nagaya, 2009). The study was an exploratory analysis of the psychological changes in fathers through a comparison between the two groups of participants. We also studied the relationship between their psychological changes and the length of time spent or the details of parenting. In particular, we examined whether the fathers' paternal readiness and a variety of infant emotional recognition were enhanced by parenting.

Souls Shaped By Our Land: A Systematic Review of Adaptations to Rural IMH Services

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

Introduction

The paper I would like to present details the adaptations that rural communities across the globe have made to their emerging IMH services.

Aim

There is a growing acceptance of the need for specialist infant mental health services in Scotland, with the Scottish Government pledging to support health boards in delivering expert care. There is to be an additional focus on island, rural and more remote populations. To date, there is no available research about rural infant mental health services in Scotland.

This paper aimed to address the gap by conducting a systematic review of published literature about infant mental health services in rural communities.

Description of the work

Fifteen papers from across the globe were sourced from nine databases. A systematic review was conducted to ascertain how other rural communities have met the challenge of providing a service in remote or rural areas. Four models were identified, with home visiting being the most prevalent intervention, followed by a consultation model, interagency working, establishing a specialist clinic and finally the creation of an association for infant mental health.

Conclusions

There is some evidence that a consultation model, Child Parent Psychotherapy (CPP) or Video Interactive Guidance (VIG) would be an effective intervention in rural settings.

Consistent themes ran throughout the papers, with relationships, staff training/retention and landscape being the prevailing threads. More research is needed to understand how effective infant mental health services can be adapted to best meet the needs of a rural population.

Collateral effects of a mentalization-based intervention for pregnant women on the relationship with the partner

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An important body of literature documented a drop in marital satisfaction during the transition to parenthood. Such difficulties could lead to more childcare stress, reduced postpartum communication, and less couple intimacy (Bogdan, 2022). This study aims to evaluate the collateral effects of the STEP program, a prenatal mentalization-based intervention, on promoting partner relationship during the transition to parenthood.

One hundred and sixty-one pregnant women (61.6% primiparous) participated in the STEP program ($n = 37$; $Mage = 29.08$, $SD = 4.33$) or were assigned to a comparison group of women receiving usual prenatal care ($n = 115$; $Mage = 30.11$, $SD = 4.56$). Following the completion of the intervention, both groups self-reported on changes in the relationship with their partner (Changes in domains of functioning during pregnancy; Berthelot et al., 2020) and women from the intervention arm participated in a semi-structured interview on their appreciation of the program.

Women who participated in STEP identified greater positive changes in their relationship with their partner than women from the comparison group, $t(150)=-2.75$, $p=.007$. They reported higher satisfaction [$t(150)=-2.55$, $p=.01$] and better communication [$t(150)=-2.82$, $p=.01$] with the other parent and a greater interest concerning their partner's internal world [$t(150)=-3.22$, $p=.002$]. During the interview, which did not specifically address partner relationship, 12 women spontaneously identified that the intervention contributed to positive changes in their relationship with their partner. The qualitative analysis revealed that these women were more comfortable in communicating their needs to their partner, more inclined to involve them in their pregnancy and were more prone to discuss about their expectations concerning family life and their need for support during this period of transition.

Our findings suggest that prenatal mentalization-based interventions may have positive collateral effects on the relationship with the other parent, even in interventions not focusing explicitly on this relationship.

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Mother's experience of perinatal loss and her developing relationship with the subsequent child: Integrative review

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Sunday Lunch - Poster Session 1, The Liffey, July 16, 2023, 12:15 - 13:15

This presentation reports a systematic integrative review I conducted on the impact of the mother's experience of perinatal loss on her developing relationship with the subsequent child.

The review addresses the research question: "What has been investigated and understood about the impact of the maternal experience of perinatal loss on the developing relationship between the mother and the subsequent child?" Adopting the integrative review (IR) methodology, I identify 27 articles which are varied in methodologies and epistemological paradigms. I review the studies against three sub-questions: 1) How have the studies defined, measured and analysed the developing relationship between the mother and the subsequent child?; 2) Does the maternal experience of perinatal loss impact on the subsequent maternal-child relationship, and if it does, does it do so negatively?; 3) Is there a role the psychoanalytic approach can play in further research addressing the maternal experience of loss and the subsequent mother-child relationship?

The review concludes that the majority of the reviewed studies found the maternal experience of perinatal loss impacted on, or was likely to impact on, the subsequent mother-child relationship. Conversely, a small number of studies found no clear correlation between the loss experience and the subsequent mother-child relationship. The studies yielded mixed findings regarding how the relationship was affected and whether the consequences were adverse. The studies agreed that this complex question warranted a further investigation. The studies collectively identified the need for a methodology capable of capturing the complex emotional experience of both the mother and the subsequent child.

Following these findings, I name implications for future research around the experience of perinatal loss that supports development of a healthy relationship between the mother and the subsequent child, and stress the need for an ongoing, comprehensive and compassionate research to inform multidisciplinary clinical practice.

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