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W1-BOP16.1

«Unfit» fathers? Paradoxical posture of street youth becoming parents.

Dr Sophie Gilbert¹

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W1 - BOP16: The role of fathers matters, Liffey Meeting Room 2B, July 19, 2023, 14:00 - 15:30

Our study explores the experience of young fathers (18-30 years old) living in precarious conditions, such as residential instability, substance abuse, run ins with the law, etc., now identified as at risk of mistreating their offspring after having been themselves under the care of youth protection services often since infancy.

To address this issue of transgenerational reproduction of high risk parenting, we conducted in a Montreal community organization (Dans La Rue) individual in-depth interviews (2 per participant) with 16 fathers having lost or being on the verge of losing the custody of their young children (most of them are under 2 years old). For two of them, interviews were conducted with the use of a concomitant "free genogram" (meaning that a projective dimension is added). All data was submitted to qualitative conceptual analysis, allowing a conceptualization of the phenomenon of paternity within this population.

So-called "accidental" births are in fact the result of pre-existing unconscious conflictual concerns which will ultimately affect every step of caring for the new-born and subsequent phases of child-rearing. Salient themes of filiation, transmission, wish for a child, obsessive questioning (unsolved conflicts), and affective expectations, highlight the particular cathexis of their offspring and their function within their own life trajectory. At work in the paradoxical desire to invest their child while reproducing a distance once experienced as deleterious to themselves is a complex interplay of representations of fatherhood in terms of social roles, paternal function and physical absence. The current quasi exclusive focus on mothers at risk may unwittingly contribute to the ongoing reproduction of the absentee or «unfit» father, depriving generation after generation of new-borns. Our study is a first step towards identifying components of transgenerational transmission which can be addressed in clinical work with young fathers.

W1-BOP16.2

BRAC 0-2 Father's Engagement Model: Patriarchal values of Fatherhood to Establish Support for Child Development

Ms Nadya Khan¹, Md Taifur Islam¹, Ms Pooja Bhattacharjee¹

¹BRAC, Dhaka, Bangladesh

W1 - BOP16: The role of fathers matters, Liffey Meeting Room 2B, July 19, 2023, 14:00 - 15:30

We know that children thrive within safe, nurturing spaces which allow them to be curious and explore. Fathers play a vital role in fostering such an environment. In Bangladesh, as in many other countries in South Asia, fathers are considered 'the head of the family and the primary decision makers who play very little part in caring for or spending time with their children. Rohingya communities are strongly patriarchal and these beliefs about fathers are firmly rooted.

Rohingya fathers living in humanitarian camps in Bangladesh have experienced and witnessed violence and brutality before fleeing their homeland. Patriarchal notions of fatherhood and masculinity have forced many Rohingya fathers to internalize their trauma and grief. Unresolved and unacknowledged feelings often manifest in harmful and dangerous ways, often towards themselves and towards their spouses and children. Gender-based violence, outbursts of anger towards children, and polygamy are common. BRAC recognizes it is essential to attend to the emotional care and wellbeing of fathers in programs of support for mothers and children. The Fathers' Engagement intervention for fathers of children aged 0-2 years, is now an important component of BRAC's Play to Learn Model.

BRAC's 0-2 years Fathers' Engagement intervention promotes the importance of fathers' well-being in creating a safe, secure family environment in which their children can grow and thrive. The intervention encourages engagement and playful father-child interactions. It aims to demonstrate how in their role as fathers, these men can play an important role in fostering their children's healthy development. The stories of the experience of some of the courageous fathers who have been involved will be shared.

W1-BOP16.4

One Dad at a time; uncovering the nurturer to foster father-infant relationships.

Suzanne Rigby¹, Ms Katherine Manley¹

¹Lets Grow Together, Knocknaheeny Cork, Ireland

W1 - BOP16: The role of fathers matters, Liffey Meeting Room 2B, July 19, 2023, 14:00 - 15:30

Let's grow Together! Infant & Childhood Partnerships works with parents and infants living in the North-West of Cork City since 2015 using a prevention and early intervention approach. A central aspect of our work involves the provision of a free one-to-one home visiting service centred around the Michigan Infant Mental Health framework and delivered by a multidisciplinary team (Michigan AIMH, 2020). This programme is a universal service delivered within a disadvantaged and intergenerationally traumatised community. In Let's Grow Together we believe that a father is an attachment figure, a love object, and has a central place in child development therefore in parent infant work. It is our clinical experience that fathers can play a critical role in families, especially in those families where there may be trauma in the mother-infant relationship. An emotionally available father who can hold the baby in mind, may offer the emotional and physical holding that we might ordinarily associate with maternal care. (Winnicott, 1960). Since 2015, 467 families have engaged in the home visiting service. In 2020 through a review, it was collectively noted that fathers weren't engaging in the home visiting service as readily as mothers. Using a variety of practitioner methods, the team made a conscious effort to try to engage more fathers. This presentation will incorporate an anonymised composite case study reflecting live clinical material. Through this presentation we hope to show that, an infant's social and emotional outcome can be improved through supporting and respecting the capacity of fathers. With reference to clinical material and our observations we will discuss the parental couple relationship and its potential determining influence on the emotional climate in which the infant grows and develops. Taking three key practitioner methods for enhancing our engagement with fathers in our community this presentation will consider how these methods for engagement with fathers has improved our retention and ongoing relationship with fathers in this community. We will explore some of the successes and barriers associated with engaging fathers in a community based Infant Mental Health home visiting programme.

W1-BOP24.1

An illustration of how Child-Parent Psychotherapy (CPP) works with under-5s in proceedings, using case examples

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W1 - BOP24: Supporting infants and young children in contacts with the child protection system, Liffey Hall 2, July 19, 2023, 14:00 - 15:30

Introduction

The London Infant and Family Team (LIFT) is an innovative service, based on the New Orleans Intervention Model, that targets the mental health needs of children aged 0-5 in care proceedings, and provides evidence-based assessments and interventions for infants, their parents and foster carer's within the framework of the Family Court in England.

The children we see have typically experienced significant trauma and neglect, and show symptoms such as hypervigilance, emotional dysregulation, developmental delay, attentional difficulties, and miscuing of emotional needs.

Aim

The presentation will describe the progress and Child-Parent Psychotherapy (CPP) treatment of some of the children we have seen in LIFT who have been unable to return to their parent's care and have been placed with alternative carers.

Description

Key themes will be explored in the presentations such as; supporting transitions (within and outside of sessions), developing a shared narrative, speaking the unspeakable, building trust in the carer-child relationship to enable the child to cue rather than miscue their needs, emotional expression and regulation.

The dyadic relationship is key to the CPP intervention - helping to establish safety for the child, and strengthen the caregiver-child relationship, enabling the child to make sense of past experiences and learn new ways to express feelings. Exploration of trauma takes place through a combination of play and interpretations made by the clinician, who supports and holds in mind the experiences and history of both child and carer, with an understanding of the child's age and stage of development.

Conclusion

Children of this age rarely have access to mental health treatment. CPP offers the child a space to play and talk through what has happened, helps to name and contain emotions, and helps the dyad to understand each other.

W1-BOP24.4

What adversities do infants experience before they enter care and how best to measure these?

Mrs Karen Crawford¹

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W1 - BOP24: Supporting infants and young children in contacts with the child protection system, Liffey Hall 2, July 19, 2023, 14:00 - 15:30

Introduction:

Approaches to classifying and measuring early childhood adversity vary, and there are difficulties in using different approaches. It is important to be able to measure exposure to different types of childhood maltreatment in order to fully understand their associations with health and mental health outcomes. This will help policymakers and practitioners to develop and target support.

Aims:

This study collected maltreatment data using two instruments which measure abuse and neglect entering an episode of care using in a sample of children in foster care aged 0-5 years old living in Glasgow. It aimed to comparatively assess the data collected by each to consider future approaches to collecting contemporaneous maltreatment data.

Materials and Methods:

Detailed Standardised Social Work Reports were used to obtain each child's maltreatment history. These reports contain free text descriptions of the child's experiences under set headings. The Adverse Childhood Experiences Questionnaire (ACE-Q) and the modified Maltreatment Classification System (MCS) were then used to record trauma/ neglect exposure, prevalence, and in the case of MCS, severity, from these documents for 101 children.

Conclusions:

There was a high degree of overlap between instruments which both demonstrated comparable prevalence of physical neglect in the cohort. However, there are certain factors only measured by one of the instruments. For example, only the ACE-Q measured exposure to domestic abuse. The MCS measured severity whilst the ACE-Q only measured prevalence which led to differing responses due to the differing criteria for each scale. The MCS picked up more adversities due to it being a more sensitive scale than the ACE-Q. The main trial continues to use both to ensure capturing the fullest picture of maltreatment in its sample. This will enable future analysis on understanding how patterns of adversity predict outcomes.

Placement Duration and the Impact of the Law

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W1 - BOP24: Supporting infants and young children in contacts with the child protection system, Liffey Hall 2, July 19, 2023, 14:00 - 15:30

Introduction:

Permanent, committed care is considered crucial for optimal child development. The preferred outcome for children in temporary foster care is permanent reunification with birth family. Where this is not possible, permanent alternative care is recognised as being the optimal caregiving environment. The length of time spent in temporary care is considered a risk factor for poor mental health outcomes.

For many children in temporary state care, a legal order underpins the governance and careplanning for the placement. Thus, changes in the legislation or in the interpretation of the legislation may have consequences for the for children's outcomes.

Aims:

1. To investigate how long children remain in temporary care and assess the impact of gender, number of placements and age of entry to care on the likelihood of being placed in a permanent placement.
2. To assess the impact of change in the law.

Methods:

We analysed the placement data from a sample of 198 children from the BeST? Services Trial to ascertain the likelihood of being placed in a permanent placement. We then conducted a multivariate Cox Proportional Hazard analysis to interrogate the association between three variables (age at entry to care, gender and number of placements) and the likelihood of being placed in a permanent placement.

Survival curves before and after the legal change were then compared using a Mantel-Cox Log Rank test.

Conclusion:

The probability of being placed in a permanent placement peaked at around 60% after 7.6 years. Age at entry to care was the only variable in the model to return a statistically significant difference. There was no difference in the time taken to reach permanent placement before and after the legal change.

We discuss our findings with reference to the current practice context and outline the implications for young children in care.

W1-BOP24.6

The effects of foster carer commitment on attachment disorders and mental health problems over time

Professor Helen Minnis¹, Dr Fiona Turner¹

¹University Of Glasgow, Glasgow, United Kingdom

W1 - BOP24: Supporting infants and young children in contacts with the child protection system, Liffey Hall 2, July 19, 2023, 14:00 - 15:30

Introduction:

Whilst we know that foster care is better than institutional care for abused and neglected children, we know less about the specific qualities of foster care that are important for their development and recovery from maltreatment effects.

Aims:

This is the first study to investigate the effects of foster carer commitment on symptoms of Attachment Disorders (AD) and mental health problems in young children post-maltreatment.

Methods:

144 children from BeST? were assessed using the Disturbances of Attachment Interview and the Strengths and Difficulties Questionnaire, then followed up 15 months and 2.5 years thereafter. Commitment of the foster carer was measured by 'This Is My Baby' interview. Multiple regression was used to analyse the data.

Conclusions:

This study highlights the complex and non-linear development of children in committed foster care, underscoring the need to examine multiple time-points and to consider symptoms of Attachment Disorders separately from those of other mental health problems: Higher initial foster carer commitment, measured shortly after entry to care, was associated with a reduction in Reactive Attachment Disorder symptoms 15 months after placement, with a modest (non-significant) association persisting 2.5 years later. Initial commitment was not associated with symptoms of Disinhibited Social Engagement Disorder at any follow-up time point, nor with symptoms of mental health problems at 15 months. However, higher initial commitment was unexpectedly associated with higher mental health symptom scores at 2.5 years post-accommodation. We discuss potential explanations for these trends and present hypotheses to be tested in future studies.

W1-BOP24.7

How does foster carer commitment relate to short-term foster care following abuse and neglect?

Dr Fiona Turner¹

¹University Of Glasgow, Glasgow, UK

W1 - BOP24: Supporting infants and young children in contacts with the child protection system, Liffey Hall 2, July 19, 2023, 14:00 - 15:30

Introduction:

Foster carer commitment to the child has been shown to be of paramount importance in young children's recovery and development following abuse and neglect. In Dozier's definition of commitment in the US, there is a focus on both emotional investment in the child and committing to an enduring relationship with the child. How this relates to the routine practice of short-term, temporary, foster care in the UK had not been studied until now.

Aims:

This is the first qualitative study to explore the drivers of, and barriers to, commitment in short-term foster care within the broader aim of examining whether short-term care is meeting the needs of maltreated young children

Methods:

Fourteen foster carers took part in research interviews and five focus groups were conducted with infant mental health professionals. Interviews and focus group data were subject to qualitative thematic analysis in order to identify patterns of commonality in relation to our research questions.

Conclusions:

The emotional investment facet of commitment is more alive in the 'psyche' of short-term foster care than commitment to an enduring relationship. We suggest that a long-term outlook for the child may be an undefined facet of commitment that is more akin with short-term placements.

Three broad themes pertain to commitment and the meeting of young children's needs in short-term foster care: Influence, Timescales and Choice in the fostering role. These themes were found to house both drivers of, and barriers to, commitment in short-term care, which are influenced by systemic normalisations of fostering practices.

W1-BOP24.8

Measuring maltreatment, foster carer commitment and placement duration: Understanding the journeys of infants in care.

Dr Fiona Turner¹, Mrs Karen Crawford¹, Mr Gary Kainth¹, Professor Helen Minnis¹

¹University Of Glasgow, Glasgow, UK

W1 - BOP24: Supporting infants and young children in contacts with the child protection system, Liffey Hall 2, July 19, 2023, 14:00 - 15:30

The BeST? Services Trial is a Randomised Controlled Trial measuring the effectiveness and cost effectiveness of an IMH approach, compared with social work (services as usual) on the outcomes of infant mental health and time to permanent placement. 488 children under the age of five who were removed from parental care in two sites in the UK were recruited.

The focus of this symposium is on 4 strands of work from trial data characterising aspects of the child's journey through care:

Presentation 1: Crawford et al compared two methods of measuring child maltreatment prospectively in a sample of 101 infants entering foster care, the ACE Questionnaire and modified Maltreatment Classification System. This suggests that each instrument highlights particular types of maltreatment and concludes that the use of both instruments may provide better data for understanding how certain types of maltreatment may predict outcomes.

Presentation 2: Turner et al qualitatively explored the fit between the UK short-term system of foster care with infant mental health needs and Mary Dozier's construct of foster carer commitment using interview and focus group data from foster carers and infant mental health professionals. Drivers and barriers to committed foster care are identified.

Presentation 3: Turner et al measured foster carer commitment against the outcomes of infant mental health and symptoms of attachment disorders from 144 children. Whilst some attachment disorder symptoms improved after 1 year, mental health problems unexpectedly increased after 2.5 years. We discuss possible causal mechanisms for these trends.

Presentation 4: Kainth et al measured the time taken for 198 children within the BeST? cohort, initially placed in foster and kinship care, to reach a permanent placement (either permanent reunification with family, or adoption). Age at entry to care was the only factor to be significantly associated with the probability of permanent placement.

Therapeutic Change and mentalization in depressed mother in an online mentalization-informed intervention using video-feedback

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W1 - BOP54: Telehealth and online intervention, Wicklow 2A, July 19, 2023, 14:00 - 15:30

Specific treatment to address PPD are focused on mother-infant relationship aiming to improve mother's subjective change and her abilities to relate with her baby. In particular, research on the effectiveness of mother-infant treatments demonstrates improvements in mother-infant relationships as well as lowering depressive symptoms. Psychotherapy process research has been increasing during the last decades, although, child and dyadic psychotherapy have been scarcely investigated from this perspective. Thus, content and mechanisms related to therapeutic change have been overlooked by research, as well as mentalizing manifestations during the psychotherapy process.

The applicability of the Generic Change Indicators (GCI) model to identify moments of change in the parent during dyadic interventions (Sieverson et al., 2022), as well as the observation of mentalizing during psychotherapy (OMP) has been tested (Morán et al., 2022). This study aims to explore, describe and illustrate the therapeutic process through a brief mentalization-informed intervention with depressive mothers and their babies (N=24), using video-feedback as its main strategy, which has ample evidence about its effectiveness.

We will conduct a qualitative study using the GCIs and OMP models. Mothers' ongoing change will be determined by identifying Episodes of Change (EC) and Moments of Change (MC). Each MC was then labeled with one of the 19 GCIs. Mentalization was identified and coded by an observational system with 6 dimensions of mentalizing ability and labeled in 5-point scale.

We expect to observe GCIs in every intervention process as well as an increment over each intervention, in association with the mentalization manifestations in both the therapist and the mother, especially during the video-feedback.

W1-BOP54.1

Online intervention to prevent postnatal depression and anxiety in Chilean first-time mothers: A feasibility trial

Dr Soledad Coo¹, Ms María Ignacia García¹, Dr Carola Pérez^{1,2}, Dr Olga Fernández², Dr Nicolle Alamo², Dr. Marcia Olhaberry², Dr Pamela Franco², Phd Francisca Pérez Cortés², Prof Jane Fisher³, Dr Heather Rowe³

¹Universidad Del Desarrollo, Santiago, Chile, ²Millennium Institute for Research on Depression and Personality, Santiago, Chile, ³School of Population Health, Monash University, Melbourne, Australia

W1 - BOP54: Telehealth and online intervention, Wicklow 2A, July 19, 2023, 14:00 - 15:30

Introduction and Aim

Internet-based, preventive interventions targeting postnatal women may reduce the risk for developing symptoms of depression and anxiety. The goal of this study was to assess the feasibility, acceptability, perceived usefulness and preliminary effectiveness of the m-Health adaptation of “What Were We Thinking” (WWWT). This is a psychoeducational, preventive intervention that targets modifiable risk factors for the development of postnatal symptoms of depression and anxiety in first time mothers, which has previously showed effectiveness.

Material and Methods:

A mixed-methods design was used. 116 first time mothers to a healthy infant between 4 to 10 weeks old, who received health care in the primary public health system were randomized into the experimental (EG) or control (CG) groups. All participants completed questionnaires on mental health, social support, and maternal self-efficacy upon recruitment and 4 months later. For the qualitative component, 12 women from the EG were interviewed.

Results:

Our results show high feasibility and acceptability due to the high integrity of the intervention delivered, high perceived usefulness, low attrition rates and high follow up rates. Mixed-ANOVA didn't show significant differences in depression, anxiety, perceived social support and maternal self-efficacy between groups. Results must be interpreted with caution due to the small sample size and the vulnerable profile of our participants.

Conclusion:

Internet-based, mental health interventions targeting new mothers are promising, m-WWWT can be effectively delivered in the Chilean primary care system. This preliminary results may inform a larger RCT to examine the effectiveness of this m-Health intervention.

eHealth screening for paternal perinatal mental health in Australia

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W1 - BOP54: Telehealth and online intervention, Wicklow 2A, July 19, 2023, 14:00 - 15:30

eHealth screening for paternal perinatal mental health

Introduction and Aim of the study:

Although up to one in five mother and one in ten fathers may experience clinically significant levels of depression or anxiety before and after the birth only a limited number will seek treatment. In high income countries, mental health screening by health professionals has been established as part of routine care of mothers. However, screening fathers for depression and anxiety is not currently included as part of regular health care. Screening measures to detect fathers' depression and anxiety have been developed but there has been little attention paid to the mechanism for conducting the screening. Since fathers, unlike mothers, do not routinely attend antenatal or postnatal health checks there is no equivalent face-to-face clinical setting where paternal mental health screening may be conducted.

Materials and methods:

The SMS4dads text-based perinatal support program has enrolled over 10,000 fathers across Australia. The program provides 3 text messages per week from 16 weeks gestation until the infant reaches 48 weeks. The K10 distress scale, completed at registration, identifies distressed fathers and links them to a national perinatal mental health telephone line. Regular 'mood checker' interactive texts also offer connection to an online mental health service. The tracked behaviours of 3,261 fathers over 12 months are analysed to describe a screening pathway tailored to expectant and new fathers. Message delivery costs are calculated.

Results:

Of the 3,621 fathers enrolled 29% reported moderate (16-21) distress, 12% (22-29) high and 4% (30-50) very high distress. Over this period 219 (6.7%) were escalated to mental health support. Feedback indicates high program acceptance and message delivery costs are approximately \$24 (AUS) per participant.

Conclusion:

Utilising an eHealth approach may enable cost-effective screening to identify and refer fathers with perinatal depression or anxiety.

W1-BOP54.4

Using Technology to Provide Infant and Early Childhood Mental Health Education and Consultation

Dr. Joyce Harrison¹, Dr Tessa Chesher², Dr. Amy Huffer³

¹Kennedy Krieger Institute/Johns Hopkins, Baltimore, United States, ²Oklahoma State University Center for Health Sciences, Tulsa, United States, ³Zero to Three, Washington, United States

W1 - BOP54: Telehealth and online intervention, Wicklow 2A, July 19, 2023, 14:00 - 15:30

Introduction:

There is a critical shortage of specialists to address infant and early childhood mental health (IECMH) and developmental concerns. Technology is one of the strategies to expand the reach of IECMH consultation and education, increasing access to quality services and training, and creating learning communities.

Aim:

Speakers will present data from two tele-education programs in the United States which provide innovative training and consultation in infant mental health and early childhood mental health, emotional, developmental and behavioral (MEDB) problems.

Method:

This symposium will look at how technology is being used at two programs in the United States to expand the workforce and positively impact the mental health care of infants, young children, and their families through Project ECHO (Extension for Community Healthcare Outcomes). Dr. Harrison will present data from the Kennedy Krieger Institute Network for Early Childhood Tele-Education which brings together medical providers and early childhood professionals through education and case consultation on MEDB needs of young children in their care. Participants showed statistically significant improvement in confidence, knowledge and skills in management of very young children with MEDBs. Drs. Chesher and Huffer will present lessons learned from Oklahoma State University's Infant Mental Health ECHO which focuses on the needs of infant mental health (IMH) clinicians, including IMH modalities, IMH therapeutic assessments, and IMH diagnoses. They will discuss data on the growth of the program including the large increase during the COVID-19 pandemic. In addition, qualitative data regarding the experience of the participants will be discussed.

Conclusions:

Technology, specifically Project ECHO, is a solution to the barriers to providing high quality IECMH and developmental care by increasing access to IECMH experts. Through training and case-based consultation in regular meetings, it creates local experts and a supportive infant and early childhood mental health community.

W1-BOP54.5

The Doctor will Zoom You Now: Reaching clients via telehealth in a post-Pandemic world

Dr Kelly Elliott¹, Dr Dhara Meghani, Professor Beth Troutman, Dr Tracy Vozar, Dr. Burgundy Johnson
¹University Of Denver, ,

W1 - BOP54: Telehealth and online intervention, Wicklow 2A, July 19, 2023, 14:00 - 15:30

INTRODUCTION:

Virtual services, once viewed with skepticism by even the presenters, are now woven into our clinical fabric thanks to the Pandemic. The question is no longer will virtual services work, but who prefers virtual services, how to increase access, and how can we best provide relational approaches over telehealth.

DESCRIPTION:

The presenters have created and adapted a variety of perinatal through five (P-5) mental health approaches to be offered over telehealth and social media platforms. One approach, Parentline, developed pre-Pandemic and became a staple post, through requests from participants at workshops provided in the community. With a shortage of trained P-5 providers and numerous barriers to accessing care, now including COVID-19, there is continued need for easily accessible services available to parents during this sensitive period to support their worries and psychological distress, provide information regarding developmental concerns, and support parent-child relationship development.

AIMS or PURPOSE:

Numerous lessons learned over the last three years regarding how to modify practices including social support groups, parent-child observation tools including the Crowell Procedure and Dyadic Parent-Child Interaction Coding System (DPICS), Parent Child Interaction Therapy (PCIT), and other dyadic interventions will be shared. In addition, presenters will discuss modifications made to Parentline, a brief strategic telehealth service in P-5 mental health, have improved the accessibility and experience of the service for English and Spanish-speaking clients.

CONCLUSIONS:

Our field has learned so much from the fast pivot to offering virtual services. Now that options to return to in-person as well as offering telehealth are opening, the presenters hope to reflect on what we have learned, where we are headed (perhaps back to community?) and hear ideas from the audience.

Pinch, S., Jacobs, J., & Moran Vozar, T.E. (2020). At Home with COVID-19: Hope and Resources for Perinatal Families. Retrieved from: <https://societyforpsychotherapy.org/at-home-with-covid-19/>

W1-BOP54.6

Learning to build responsive partnerships with families through an online toolkit

Dr Jon Korfmacher¹, Allison West², Mariel Sparr³, Kay O'Neill², Mary Frese⁴

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W1 - BOP54: Telehealth and online intervention, Wicklow 2A, July 19, 2023, 14:00 - 15:30

INTRODUCTION

The helping relationship is recognized as an active ingredient across many different forms of early childhood treatment and support services, including parent support home visiting. Despite recognition of the centrality of the alliance between home visitors and families, existing professional development and training for home visitors often provides only generalities for how partnerships are developed (e.g., encouraging home visitors to be “warm” or “reflective”), without guidance for specific partnership-fostering techniques.

AIMS & PURPOSE

This presentation will describe the development by a national applied research network in the US of a self-guided, free, online toolkit with interactive modules to help home visitors (1) learn, (2) identify, (3) practice, and (4) apply specific communication techniques to promote responsive partnerships with families.

DESCRIPTION OF WORK

The toolkit focuses on the use of eleven primary communication techniques to be incorporated into everyday interactions between the home visitor and caregiver and that have been shown to increase caregiver engagement in visits. Emerging initially from extensive literature review and examination of home visit recordings, the toolkit was developed using participatory methods in a collaboration with home visitors through ongoing working groups and piloted in a community of learning. Home visitors recorded visits while focusing on use of the techniques and then shared these recordings with their supervisor and home visiting peers. This work with front-line staff helped ensure the techniques, supporting materials, and examples (vignettes, role plays and video clip examples from real home visits) were grounded in practice. Additional toolkit refinement focused on reviewing its appropriateness across work with diverse families and enhancing the online design to maximize utility for home visitors and supervisors.

CONCLUSION

Service engagement depends upon families feeling heard and understood. The toolkit promotes this through acknowledgement and honoring of family beliefs and priorities as part of typical conversations.

User-Engaged Design in the Adaptation of VID-KIDS Home Visiting Program for Virtual Delivery

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W1 - BOP54: Telehealth and online intervention, Wicklow 2A, July 19, 2023, 14:00 - 15:30

INTRODUCTION:

VID-KIDS (Video-Feedback Interaction Guidance for Improving Interactions between Depressed Mothers and Their Infants) is a positive parenting program designed to promote maternal-infant interaction quality in the context of postpartum depression (PPD). Initially designed and tested as a home-visiting program, the pandemic halted the in-person VID-KIDS study leaving vulnerable families without support for their mental health and parenting needs—thus providing the impetus for online adaptation.

AIM of the study:

Using participatory design approaches, our multidisciplinary team (nurses and software engineers) worked collaboratively with mothers, VID-KIDS nurse interventionists, and administrators to develop and usability-test the VID-KIDS Virtual platform.

MATERIAL and METHODS:

We undertook a four-phase study to co-design and pilot test VID-KIDS virtual platform. Phase 1: mothers (n=6), nurse-interventionists (n=4), and administrators (n=3) took part in virtual focus groups to explore recommendations about user needs and preferences. Key design elements were identified and incorporated into interface prototypes of the web-based application. Phase 2: nurse-interventionists (n = 4) and VID-KIDS administrators (n=3) took part in user interface design (UID) sessions with a software development team to design the VID-KIDS virtual wireframe prototype. Usability testing sessions followed to refine the prototype. In Phase 3, an agile, iterative software design approach was used to integrate user feedback (i.e., UID and usability testing) into an alpha prototype that underwent acceptance testing over additional design sessions. This process resulted in a minimal viable product (MVP) or beta prototype tested in Phase 4.

CONCLUSIONS:

Most virtual health programs are designed with minimal input from target users, resulting in cumbersome applications that fail to address users' specific and dynamic needs. VID-KIDS Virtual was designed based on user feedback at every phase of development, thus optimizing user-friendliness, acceptance, and uptake. VID-KIDS Virtual is responsive to current and emerging trends in mental health interventions and web-interface design.

Promoting IMH through Pediatric Primary Care: the TREE and TREEHOUSE Projects

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W1 - BOP55: Paediatric primary care, Wicklow 2B, July 19, 2023, 14:00 - 15:30

Introduction

The Grow Your Kids: TREE (Teach Read Engage Encourage) and TREEHOUSE developmental coaching programs are promising practices that train and coach primary care pediatric providers to promote parent-child interactions for children ages 0-2. By focusing on teaching, reading, engaging, and encouraging, TREE and TREEHOUSE use the pediatric provider relationship to promote early attachment and relational health between caregivers and their young children. This aligns with infant mental health foundational principles and the American Academy of Pediatrics 2021 Policy Statement on the critical importance of supporting relational health within pediatric care. TREE has been piloted in several urban primary care clinics. During the COVID-19 global pandemic TREEHOUSE was developed as telehealth adaptation, reaching families in their homes. TREEHOUSE is currently being implemented in one state, funded by the Health Services Research Administration.

Purpose

This workshop will educate participants about the components of TREE and TREEHOUSE and how they can be implemented during well-child pediatrics visits and individual telehealth developmental coaching visits.

Description

TREE components will be reviewed including training content and processes. The TREEHOUSE model will be reviewed, which includes six virtual didactic teaching sessions with video analysis and discussion. Outcomes of initial pilot studies will be shared focusing on changes made through continuous quality improvement cycles, use of a statewide advisory board, and inclusion of parent feedback. Data from both projects reveal high provider satisfaction with the program. TREE caregiver results indicate a positive impact on self-reported parenting behaviors with significant increases noted in parental verbal responsiveness and play. Access will be given to free, online materials.

Conclusions

TREE and TREEHOUSE are promising practices that operationalize the promotion of infant mental health and relational health in young children within the pediatric primary care setting. This workshop will share program content, training processes, lessons learned, and free implementation materials.

W1-BOP55.4

Infant and early childhood mental health consultation in pediatric primary care

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W1 - BOP55: Paediatric primary care, Wicklow 2B, July 19, 2023, 14:00 - 15:30

Objective:

To present the rationale of early childhood-focused child psychiatry access programs and practice-specific consultation to pediatric primary care and demonstrate the potential of collaborative primary care mental health collaboration to increase access to children's mental health, using the CHECC model as an example.

Methods:

We provide an overview of the child psychiatry access models and the CHECC model of consultation as an example of practice-specific consultation.

Results:

In the U.S., population-focused child psychiatry access programs and perinatal consultation programs provide phone support and education to primary care providers serving pregnant patients and children. While the child psychiatry programs focus on all ages, at least 5 now focus specifically on young children. Over two and a half years, the CHECC program has provided over 350 consults to pediatric primary care providers. The mean age of children about whom consults have been requested is 4 years 4 months. More than half of consults are focused on the needs of children of color, a rate significantly higher than the population served. Nearly 90% are covered by public insurance and the majority focus on boys. The pediatricians endorsed 4 or greater on a 5 point likert scale that the program improves mental health access, helps them care for patients, and that patients appreciate the consults. From year 1 to year 2, rates of formal screening for early childhood mental health concerns increased significantly. Rates of medication use before consult did not change in the first two years.

Conclusions:

This presentation will offer the rationale and specific examples of the value of early childhood mental health consultation in primary care.

W1-BOP55.6

Innovation and collaboration: Bringing the baby into Primary Care Psychology Services. Two Approaches

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W1 - BOP55: Paediatric primary care, Wicklow 2B, July 19, 2023, 14:00 - 15:30

Psychologists in Primary care are uniquely placed to intervene early, to promote Infant Mental Health (IMH) within communities, and prevent disruptions in relationships that can negatively impact on a child's development. As well as direct intervention, Psychologists at Primary care can also contribute to IMH by capacity building across health sectors and disciplines.

The workshop facilitators will describe their experience of developing two different but complimentary models of IMH practise within Primary Care Psychology. It is hoped their learning in collaboration with audience participation may serve to inspire and enable further IMH service development

Having moved to a green field site to develop an Adult Psychology Service at Primary Care level, Dr Garavan will share her rationale, both professionally and personally, for prioritizing IMH. She will describe her journey to date in terms of service initiatives and strategic developments whilst reflecting on critical junctures along that journey: the importance of relationships & collaboration; finding your secure base and the challenge of holding uncertainty in face of an evolving process.

Ms Fionnuala OShea will outline how the promotion, prevention and treatment of infants' mental health was incorporated into a Primary Care Child and Family Psychology Department. Vignettes will illustrate infant parent psychotherapy in action and the role of reflective consultation in supporting these efforts.

This workshop will offer insights into Psychology's role as a resource for others, in effecting organisational change, and direct clinical work. It is hoped this will provide other Practitioners with a roadmap for IMH practice.

Family wellbeing – trial of a web-based intervention to improve psychosocial resilience

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W1 - BOP55: Paediatric primary care, Wicklow 2B, July 19, 2023, 14:00 - 15:30

Background:

Early childhood social, emotional and behavioural problems are associated with increased risk of many poor outcomes. Some of these early problems are founded in early parent-infant relationships and could potentially be prevented. Primary health care has a central role in preventive care during pregnancy and the early years of the child's life. Scheduled antenatal care and child development assessments in Denmark are carried out in general practice and provide opportunities to identify vulnerability in parents, in their children and in the relationship between parent and child.

Aim:

In the context of standardised antenatal and child development assessments focused on parental emotional wellbeing and family relationships, we investigate whether a web-based mentalisation resource signposted by GPs will improve parental mental health and child socio-emotional and language development.

Method:

70 General practices in two Danish administrative regions were invited. Practices were randomised to intervention or control arms. Each practice recruited up to 30 women consecutively at their first scheduled antenatal assessment. Both groups received one day training in structured consultations with a focus on parental psychosocial well-being, social support and parent-child interaction. Intervention arm clinicians received additional training enabling them to signpost patients towards a web resource ("robustbarn.dk") designed to improve mentalisation skills at scheduled preventive consultations.

Results:

807 pregnant women were included from Nov 2019 to July 2021. Baseline characteristics and intervention content will be described.

Between Policy and Practice - a South African primary health care perspective

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¹Child and Adolescent Mental Health Services Strengthening Team , , South Africa

W1 - BOP55: Paediatric primary care, Wicklow 2B, July 19, 2023, 14:00 - 15:30

Introduction:

A Child and Adolescent Mental Health Services (CAMHS) strengthening project initiated by the Department of Health aims to identify and address gaps in the provision of mental health services to infants, children and adolescents in the Western Cape province of South Africa (SA).

Despite progress related to a provincially adopted 1st 1000 Days Programme within the health sector, there have been challenges related to the implementation of scaled up maternal, child and infant mental health services at primary levels of care. Routine perinatal care services in S.A provide points of contact for mothers and infants with clinical services that are potential opportunities for IMH interventions to be delivered. Perinatal mental health at the primary care level is currently largely the remit of the non-governmental organisation sector, with locally trained community health workers (CHWs) working within or alongside government run clinical services.

Aim or Purpose of the project or work described:

The provision of perinatal, maternal and infant mental health services in an impoverished peri-urban area in South Africa will be described, with the identification of current strengths and weaknesses. Models of care and elementary interventions that are locally applicable, affordable, achievable and effective will also be identified.

Description of the work or project:

An audit of existing primary care level early intervention and prevention programmes for maternal, child and infant mental health will be undertaken, with areas of strength and weakness in existing services identified, and current training and implementation models examined. Identifying core competencies for clinicians delivering psychological care in the community will form part of the remit.

Conclusions

This paper will describe existing services, examine the training of local CHWs, the type of interventions delivered and how IMH interventions could be strengthened and enhanced.

W1-BOP56.1

How do visually impaired infants (and their mothers) respond to the Face-to-Face Still-Face?

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W1 - BOP56: Sensory issues in early mother infant interactions, Wicklow 3, July 19, 2023, 14:00 - 15:30

- Introduction:

Socio-emotional stress regulation (SESR) is key to infants' development and mental health. Previous research used the Face-to-Face Still-Face (FFSF) procedure to assess SESR and highlighted how maternal voice and touch support infants' capacity to respond to stress. Less is known on SESR in visually impaired (VI) infants. VI infants can present partially unclear emotional cues; thus their mothers may be challenged in responding contingently compared to mothers of typically developing (TD) infants.

- Aim of the study:

(1) comparing TD and VI infants' SESR in response to the FFSF and (2) exploring the role of mothers' voice and touch on infants' SESR in both groups (3) compare observational patterns of VI and TD infants' mothers during a task of child's emotion recognition.

- Material and Methods:

9-to-12-month VI and TD infants and their mothers participated in a videotaped FFSF session. Subsequently, mothers were shown videos of their infant expressing positive or negative emotions on a Tobii TX300 eye-tracker. Infants' negative emotionality and avoiding gaze orientation, mothers' verbal and touching behaviours were micro-analytically coded. Preliminary data showed higher negative emotionality and avoiding gaze during still-face phase in both groups. Mothers of TD infants increased mind-oriented verbal comments and decreased the use of playful touch after the still-face phase, whereas mothers of VI infants did not. Looking times proportions to the child's body-vs-face and eyes-vs-mouth resulted to be similar between groups.

- Conclusions:

The study suggests that VI and TD infants are similarly sensitive to maternal unresponsiveness. Mothers of VI infants seem to use similar observational patterns to read their infant's emotional needs. Mothers of VI infants tend to use less mind-oriented caregiving when regulating their infants' SESR. These data offer potential targets for early interventions aimed at supporting infants' socio-emotional development and mental health through early dyadic interaction.

W1-BOP56.2

Tiny Hearts & Hands: Nature-based Sensory Play Interventions to Promote Parent-Infant Attachment & Bonding

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W1 - BOP56: Sensory issues in early mother infant interactions, Wicklow 3, July 19, 2023, 14:00 - 15:30

Interest in the relationship between young children's mental well-being and the exposure to green spaces has garnered attention across the globe. This workshop will address the importance of early contact with nature to promote infant mental health through sensory infant play therapy approaches. In this, children need a wide range of sensory experiences to wire healthy brain development. Nature play gives infants and their parents (caregivers) the opportunity for direct contact with varied sights, touches, smells, and sounds. At the same time, they are developing their essential vestibular, proprioceptive, interoceptive senses. Nature-based case examples that support the parent-infant attachment relationship will be discussed to demonstrate nature sensory play in action. Attention to diversity and equitable access to nature for all will be highlighted.

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Shared Pleasure in Mother-Infant Interactions in LMIC settings

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W1 - BOP56: Sensory issues in early mother infant interactions, Wicklow 3, July 19, 2023, 14:00 - 15:30

Positive shared emotions in infant–caregiver relationships build social, intellectual and psychological resources for the infant, which facilitates optimal growth and development.

Aims

The aims of the study were to determine the frequency and duration of SP moments in infants born to mothers with and without mental illness, to correlate SP with infant toddler development and the presence of sustained infant withdrawal.

Methods

Shared pleasure (SP) moments are defined as “the parent and the child sharing positive affect in synchrony”. SP sequences are analysed from free play video recordings of mother–infant interaction situations.

Results

The first study in a clinical setting (n=91) showed an overall low occurrence of SP moments (20%), although significantly more SP moments ($p = 0.02$) were recorded in mothers with no mental illnesses. There was a significant correlation between low occurrence of SP and higher rates of Infant withdrawal ($p = 0.0002$) using ADBB. Interestingly, in this sample of high-risk infants, those who experienced SP moments with their mothers at 6 months showed an improvement in cognitive ($p = 0.052$) and motor (0.007) scores at 18 months. In a study of SP in a community-based setting, 291 infants and mothers showed a much higher occurrence (82%) of SP. There were no associations with SP and any risk factors, including on- screens of substance use, intimate partner violence, or postpartum depression.

Conclusions

The high frequency of SP in a sample of high exposure to risk factors may suggest that SP in reciprocal interactions may only be disrupted in extreme cases (such as severe mental illness) and so may serve as an early red flag for screening if absent early in the interaction. In a LMIC such as South Africa, SP may be considered as a potential screening tool for early, culturally appropriate social connectedness.

W1-BOP56.4

Bio-behavioral synchrony during mother -infant face-to-face interactions at 6 and 9 months of infant age

PhD Maria Grazia Mada Logrieco¹, PhD Francesca Lionetti¹, PhD Giulio D'Urso¹, ordinary professor Mirco Fasolo¹, Professor Maria Spinelli¹

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Introduction

Parent–child positive synchrony refers to a type of interaction that is mutually regulated, reciprocal, and harmonious, a fundamental experience for infants to promote several developmental goals. Synchrony reflects an attunement between infants and mothers that facilitates active regulation of distress; in this way, it may build a repertoire for regulating stress that facilitates the transition from mutual regulation to self-regulation. Synchrony between mothers and infants during social interactions occurs at a behavioural, physiological and neural level, all levels concurring to a process of co-regulation. While the effects of each level of synchrony separately were previously explored, no studies examined all the three levels simultaneously and their interplay.

Aim of the study:

We aim to present a way of examining dyadic bio-behavioural synchrony during spontaneous face-to-face mother-infant interactions at 6 and 9 months of infant age.

Materials and methods:

Thirty mother-infant dyads were videotaped during the Still-Face Procedure (3 minutes interaction, 2 minutes still-face, 3 minutes reunion). Behavioural synchrony was examined by coding patterns of co-regulated attention and affect. Physiological synchrony was examined by computing and correlating infant and mother Respiratory Sinus Arrhythmia values. Neural synchrony was computed by correlating each partner frontal EEG activity. Patterns of synchrony were examined each 20 seconds interval to describe dynamical changes during the interaction. Mothers completed a set of questionnaires to assess maternal well-being.

Conclusion:

Dyads exhibited bidirectional neuro-physiological synchrony during the interaction and the still-face phases. Physiological synchrony changed over time during the phases, and was not associated with levels of behavioural synchrony. Quality of physiological and behavioral synchrony was influenced by maternal individual factors. Methodological and empirical implications for the study of synchrony during mother-infant interactions are discussed.

To touch and be touched: The Touch through photography

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W1 - BOP56: Sensory issues in early mother infant interactions, Wicklow 3, July 19, 2023, 14:00 - 15:30

- Introduction:

The body "speaks", but this language is not necessarily read with the eyes - it is also full of smells, tastes, sounds and touches. Although perceived primarily with vision, we can mentally translate information received through other senses.

-Aim of the study:

Assessment of the effects of skin-to-skin contact between parents and babies: "What it was like to touch and be touched" through photographs.

-Material and Methods:

Analysis of the effects of skin-to-skin contact, through photographs and statements of parents telling of their perception of skin-to-skin contact with their newborn children. Ten newborns were evaluated together with their parents at birth, in the neonatal unit and at the return on the fifth day of life during the year 2020 and 2021. The parents were later asked to make an audio and send it reporting what this meant. moment of skin-to-skin contact for them, based on the guiding question as the basic axis: "What was it like to touch and be touched?". The material obtained from the audios was submitted to content analysis and subsequently to thematic analysis of the data.

-Conclusions:

The testimonies show how much skin-to-skin contact brings parents to this role of caring, as it ignites the bond, it envelops. The speeches bring common points such as the feeling of feeling called to take responsibility for the care of the baby at that moment. It seemed common among the speeches that this sensation came from the impression that the baby felt safe in skin-to-skin contact. This makes it clear that not only the environment provides resources to the baby, but also that the baby communicates with the parents, awakening affection in them.

Infant Multimodal Coordination of Gaze and Smile with Familiar and Unfamiliar Partners in Real Time

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W1 - BOP56: Sensory issues in early mother infant interactions, Wicklow 3, July 19, 2023, 14:00 - 15:30

Infant social communication is organized in time. However, little is known about its development in the first year of life, and the role of the infant's interaction partner in this coordination. We go beyond previous event-based conceptualization of early infant communication to ask how infant action in one behavioral modality influences infant action in another modality in real-time. We examined the development of infant gaze and smile coordination longitudinally at 4 and 8 months in a sample of 58 families. Infants were observed during 2-minute home-based face-to-face interactions with mothers, fathers, and strangers. Behaviors were coded every second to characterize infants' gaze direction (at or away from the partner's face) and infant smiles (present/absent). Multilevel Poisson survival regressions indicated that the probability of a transition from no smile to smile –smile initiation– was higher when gazing at the partner's face while the probability of a transition from smile to no smile –smile termination– were higher when looking away from the partner's face. This effect varied as a function of infant age. The dependence of smile initiation on gaze state declined from 4 to 8 months. Specifically, the probability of smile initiation in the absence of gazing at the parent's face were higher at 8 than 4 months.

The probability of a transition to gazing at the partner's face was higher than the probability of gazing away at 4 but not at 8 months. The dependence of gaze on smile presence was stronger at 4 than 8 months. Specifically, the probability of gaze away from parent while smiling increased at 8 months. Differences were most accentuated when infants interacted with mothers, and less accentuated when interacting with father and stranger.

Findings provide new insights into infants' organization of social behavior across behavioral modalities, and suggest the importance of the interactive partner.

Maternal postnatal anxiety affects neural responses to the still face paradigm: a dual-EEG study

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W1 - BOP56: Sensory issues in early mother infant interactions, Wicklow 3, July 19, 2023, 14:00 - 15:30

Introduction

Frontal alpha asymmetry (FAA) is a physiological correlate of emotion regulation and a potential marker of risk for psychopathology. FAA can be affected by various factors, including maternal responsiveness in emotionally challenging situations. Individual differences in FAA may provide information to identify neural biomarkers to pinpoint mother-infant dyads who are at risk. A recent development in electroencephalography (EEG), called hyperscanning, allows for simultaneous assessment of FAA in mother-infant dyads during real-time, stressful events, such as the Still-Face Paradigm (SFP). This study aimed at identifying the neural bases of mother-child interactions in the context of maternal postnatal anxiety.

Methods

Dyadic EEG and behavioral data were collected from 38 mother-infant dyads. FAA was measured during smartphone-adapted SFP (Figure 1A). Information on maternal anxiety was collected using SCL-90, Postpartum Specific Anxiety Scale (PSAS) questionnaires. EEG data were preprocessed and mother and infant FAA were computed for each phase of the SFP. We assessed differences in dyadic FAA across SFP and examined how maternal anxiety associated with infant's and maternal FAA. We also analyzed sex differences.

Preliminary Results

Behavioral data showed less positive affect and more negative affect during the still face episodes. On average, we observed a (non-significant) rightward shift in infant FAA during the first and second still-face episodes (Figure 1B). Inspection of maternal FAA showed that mothers had lower FAA scores during still-face episodes, in comparison to other episodes (non-significant; Figure 1C). We did not observe any significant correlation between mother and infant FAA scores. Regarding maternal anxiety, Spearman correlations showed a significant association between maternal postpartum anxiety and maternal FAA for the first still face episode. Looking at sex differences, FAA scores for the whole SFP were more negative for girls than boys. Maternal FAA scores also differed between mothers of girls and mothers of boys, with mothers of boys having more right frontal activity during the first still-face episode.

Conclusion

While the behavioral data showed a clear still face effect for the smartphone-adapted SFP, this was not reflected in the neural data. Still, the neural data did reveal that mothers with higher postpartum anxiety showed more right frontal alpha asymmetry during the first still face episode, suggesting negative affectivity and a need to redraw from the situation. Additionally, mother's brains seemed to respond differently to the still face paradigm depending on infant sex.

Parent-infant interactions are related to preterm status and sensory processing

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W1 - BOP56: Sensory issues in early mother infant interactions, Wicklow 3, July 19, 2023, 14:00 - 15:30

Introduction and Aims:

Preterm birth can have a substantial impact on the quality of parent-infant interactions. Sensory processing difficulties, common in preterm infants, are associated with poorer parent-infant interaction quality. However, there is a paucity of research examining the links between the quality of parent-infant interaction, preterm birth, and sensory processing difficulties. This study aimed to examine the associations between parent-infant interaction quality, preterm status, and infant sensory processing.

Material and Methods:

67 parent-infant dyads (12-months; 22 preterm, 45 full-term) participated in a 15-minute play interaction. Parents completed the Infant and Toddler Sensory Profile-2 questionnaire. Interaction quality was rated using the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes.

Results:

Preterm and full-term infants differed in sensory processing and interaction quality. Infant prematurity was associated with visual ($r = 0.37$, $p = .005$), touch ($r = 0.39$, $p = .002$), and movement ($r = .32$, $p = .01$) sensory domains. Prematurity was also associated with parent interaction domains of responsivity ($r = .43$, $p = .001$), teaching ($r = .31$, $p = .02$), and interaction total score ($r = 0.34$, $p = .01$). Further, interaction quality was related to sensory registration ($r = .38$, $p = .008$), auditory ($r = .34$, $p = .02$), seeking ($r = .29$, $p = .05$) and sensory behavioural scores ($r = .52$, $p < .001$). Overall, interaction quality was predicted by infant prematurity and auditory scores, $R^2 = .15$, $F(1, 47) = 4.01$, $p = .02$.

Conclusions:

Preterm infants differed from full-term peers in their sensory processing and parent-infant interactions. Preterm status was associated with less responsivity and teaching and predicted overall interaction quality. Poorer infant sensory processing was associated with less parental teaching, affection, and responsivity during interactions. These findings support the further examination of the relationship between preterm birth, sensory processing, and parent-infant interaction quality.

Broadening the Scope of Perinatal Psychology in a Pediatric Setting by Integrating Research and Practice

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W1 - BOP57: Lessons learned and considerations in implementing services in community contexts, Wicklow 4, July 19, 2023, 14:00 - 15:30

INTRODUCTION:

The Developing Brain Institute's (DBI) interdisciplinary team at Children's National collaborates across prenatal and neonatal departments and includes three psychologists who work with perinatal adults while supporting infant development, bonding, attachment, and health. Developing and implementing psychology programming serving adults in a pediatric hospital setting comes with unique opportunities and issues.

AIMS or PURPOSE:

Our objective is to provide an overview of the experiences of psychologists on a multidisciplinary team developing a perinatal mental health (PMH) program within a pediatric tertiary care setting. Furthermore, we reflect on our experience balancing clinical research, program development, and patient care in an interdisciplinary academic medical center setting.

DESCRIPTION:

The team's psychologists work in three hospital-based clinics/services: the Neonatal Intensive Care Unit, the Prenatal Pediatrics Institute, and the DC Mother-Baby Wellness program. There are numerous considerations in building novel PMH programming in a pediatric setting, including financial (billing, CPT code limitations), institutional (credentialing, EMR access), physical (ethics of treating grieving mothers in pediatric spaces), clinical (documentation, medical records, managing suicidality without adult emergency services), and legal/regulatory aspects. Our presentation will describe how our team surmounted these challenges, lessons learned, implications for best practices, and resulting innovative research. The 670+ referrals we received from 10 DC-area partners enable us to highlight a citywide study of PMH prevalence across sites, social drivers of health as well as clinically applied research with PMH populations examining patient symptomatology, screening practices, treatment effectiveness, and accessibility.

CONCLUSIONS:

Psychologists embody multifaceted and collaborative roles on successful interdisciplinary teams. By demonstrating the clinically applied research and practices of psychologists on this PMH-focused, hospital-based team, we will reflect on the broadening scope of psychology in hospital and community settings as well as emerging best practices.

Connecting Perinatal Mental Health and Pediatrics: Initial Reflections of DC Mother-Baby Wellness Program at THEARC

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W1 - BOP57: Lessons learned and considerations in implementing services in community contexts, Wicklow 4, July 19, 2023, 14:00 - 15:30

INTRODUCTION:

The DC Mother-Baby Wellness (DCMBW) program provides no cost PMAD screening, prevention, and treatment with a primary focus on under-resourced women of color. Washington, D.C., is divided into eight wards. Historically, Ward 8, the far southeast section of the city, has been home to mostly lower-income and Black residents. For generations, systemic racism has erected barriers to residents accessing city resources. DCMBW's physical presence in Ward 8 is particularly vital for this community because resources are withheld in this area, with no birthing facility and limited access to other essential elements of wellness (e.g., full-service grocery stores, safe and reliable public transportation).

AIMS or PURPOSE:

The DCMBW's program at THEARC embeds evidenced-based therapy, care coordination, psychoeducation, and screenings in an under-resourced pediatric clinic. Initial referral sources included obstetric providers from local hospitals and OB/GYN practitioners.

DESCRIPTION:

In May 2022, DC Mother-Baby Wellness co-located and began accepting referrals from providers at Children's National at THEARC, a clinic located in Ward 8. To date, 24 patients from THEARC have engaged with DCMBW, all are Black and postpartum. The prevalence of PMADs is higher (80%) compared with women referred from hospitals or OB/GYNs (68%). Associated social drivers of health include interpersonal violence (29%), housing instability (33%) and food insecurity (67%). Some 77% had taken medications for mood, anxiety, or sleep problems prior to enrollment in DCMBW. Challenges encountered included treatment barriers and the need to make services more accessible by embedding them in community sites to meet patients where they are, both geographically and emotionally.

CONCLUSIONS:

Our initial data and experiences suggest that embedding perinatal mental health services opens a unique opportunity to monitor postpartum maternal mental health during pediatric well-baby visits. We will discuss opportunities and issues we experienced and will share strategies to increase collaboration, partnership, and patient engagement.

Lessons Learned about Infant and Early Childhood Mental Health Consultation Delivered Virtually During the Pandemic

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W1 - BOP57: Lessons learned and considerations in implementing services in community contexts, Wicklow 4, July 19, 2023, 14:00 - 15:30

Introduction:

During the COVID-19 pandemic, many Infant and Early Childhood Mental Health Consultation (IECMHC) programs serving early care and education (ECE) settings adapted to a virtual delivery model, offering an opportunity to explore the feasibility and efficacy of virtual services.

Aim of Study:

The purpose of this study was to explore the perception of mental health consultants (MHCs) of the feasibility and effectiveness of consultation services provided virtually, including various types of consultation services (e.g. programmatic, child-focused consultation) and specific consultation activities (e.g. meetings, observations) provided under various circumstances (e.g. to existing consultees vs new partners). We also explored the degree to which technology related issues posed a barrier to virtual IECMHC.

Materials and Methods:

A panel of experts in IECMHC developed an electronic survey and distributed it to MCHs through a network of IECMHC program leaders nationally. The survey focused on provision of virtual services to ECE settings during July through December of 2020. The survey received 119 responses, of whom 94 MHCs met the eligibility criteria. Respondents were from 15 states and the majority were female (93.6%), white (55.5%) and were licensed or licensed eligible mental health professionals (89.4%)

Conclusions:

The proportion of MHCs who reported consultation was as, or more, feasible virtually compared to in-person varied widely based on the type of consultation, ranging from 69.1% for programmatic consultation to 31.2% for child-focused consultation. There was also wide variation in the extent to which MHCs reported that specific activities were feasible and effective when delivered virtually. Child or classroom observation, child screening and coaching/modeling were activities rated by less than 25% of MHCs as being as or more feasible/effective virtually compared to in-person. These findings, as well as reported technology barriers, provide insights to guide expansion of IECMHC to distant locations through virtual means.

W1-BOP57.4

Risk, poverty and diversity: Creating conditions for relating in parent-toddler groups within community settings

Ms Tracie Lane¹, Ms Clíona Twohig¹

¹Let's Grow Together! Infant & Childhood Partnerships CLG, Knocknaheeny, Ireland, ²University College Cork, Cork, Ireland, ³The Peeple Centre, Littlemore, United Kingdom of Great Britain and Northern Ireland

W1 - BOP57: Lessons learned and considerations in implementing services in community contexts, Wicklow 4, July 19, 2023, 14:00 - 15:30

Let's grow Together! Infant & Childhood Partnerships works with parents and young children living in the North-West of Cork City since 2015 using a prevention and early intervention approach. A central aspect of our work involves the provision of free universal parent-toddler groups to families in our community. Since 2015 over 500 parents and children have engaged with these groups with an average of twenty new families registering monthly. This presentation will describe the delivery and impact of the Peep Learning Together Programme which involves the provision of a shared space for parents and young children to explore and relate together in a safe and respectful space. For those parents who engage with Let's Grow Together! this is often the first time they experience a supportive group with their toddler, amongst their peers. Parents report a growth in confidence, an increase in interactions with their toddlers and a wish to attend more groups. The groups are regarded as a site that fosters attachment, where parents and toddlers develop a sense of belonging and can practice relating together. Consistency in facilitation, setting and time fosters containment; predictability, and provides a strong model for reliable, secure relationships that are the foundation of good-enough parenting (Winnicott, 1960). Group facilitators offer a reflective stance towards the inner worlds of parents and toddlers (Fonagy and Target, 1997). Following evaluation of this group with parents several findings emerge which reflect; the impact of this group on ongoing parent child relating; barriers to accessing and sustaining engagement in the group, and supportive conditions that support access and sustainment of the group. Using anonymised composite clinical material this presentation will contextualise the above findings.

S4-BOP61.8

Be Well. Care Well: Parallel benefits of caregiver well-being and the social-emotional health of children.

Ceo Kerrie Schnake¹, Jamie Ward²

¹South Carolina Infant Mental Health Association, , United States, ²Be Well Care Well, , United States,

³Medical University of South Carolina, Charleston, United States

S4 - BOP61: IMH Services 4, Liffey Meeting Room 1, July 16, 2023, 16:30 - 18:00

Introduction

The impact of caregivers' emotional and mental health on the development of their children has long been studied in mother-child dyads. More recent research has drawn attention to concerns regarding the well-being of professional caregivers working in early care and education settings in the U.S and the implications it has for the children in their care. (Gilliam & Shahan, 2006, Jeon et al. 2014, Whitebook & Howe, 2014). Evidence shows childcare teachers who report elevated levels of job stress and/or depressive symptoms are more likely to expel preschool children than those who reported no symptoms (Gilliam & Shahan, 2006). Children cared for by more-depressed teachers are more likely to exhibit behavior problems (Jeon et al. 2014).

Purpose and Description

Despite the growing body of research illuminating the implications that poor childcare teacher well-being has on the social and emotional health of children, there have been few coordinated responses. Be Well Care Well, a 12-month well-being intervention, focuses on supporting caregivers so that they can be emotionally healthy and provide emotionally supportive caregiving. A multi-year program evaluation led by researchers at the Medical University of South Carolina shows program participation leads to significant improvements in caregiver stress, job satisfaction, and resilience. Additionally, participating early childhood teachers had improved scores on the CHILD: Climate of Healthy Interactions for Learning & Development (Gilliam & Reyes, 2017), an observation tool that assess the quality of the social and emotional climate in early childhood care and education settings.

Conclusion

The presenters will describe how the program works, highlight evaluation results, and discuss the benefits of providing well-being services to early care and education providers. The presenters will also discuss program applicability and potential impact in other early childhood caregiving professions such as child welfare, early intervention, home visiting, and pediatric nursing.

0-2 month infants brain network function, mother–infant bonding and care model: a fNIRS study

Ms Chengyin Dou², Ms. Chenxi Ding¹, Mr. Jinfeng Chen³, Ms. Dan Zhang², Ms. Ziyu Zhang², Prof Zhongliang Zhu³, **Prof Hui Li**¹, 女士 Lin Wang²

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W1 - BOP58: Bonding, Wicklow 5, July 19, 2023, 14:00 - 15:30

Introduction:

Mother-infant bonding, an innate physical, psychological and emotional bond between mothers and infants, reflects maternal feelings toward their infant. The infant's brain development is characterized by synapse overproduction and subsequent pruning. During this period, the infant's early experiences play a significant role and are mostly derived from caregivers, especially from the mother. Mother-infant bonding development is an important process for postpartum mothers. If affected, it will disturb the infant's emotional and cognitive development and subsequently impact brain development. However, whether impaired bonding or different care models can affect the infant's brain network function and its neurological mechanisms remain unknown.

Aim of the study:

To investigate the brain-environment-care model relationship during the infant's brain function development, we employed functional near-infrared spectroscopy (fNIRS) to examine development characteristics of functional brain networks in 0-2 infants, and the relationship between brain network connection nodes, mother-infant bonding and care models.

Material and Methods:

129 mother-infant pairs (healthy, full-term infants aged 0-2 months) were included. The mother-infant bonding (using the Postpartum Bonding Questionnaire, PBQ), maternal anxiety (using the Self-Assessment Scale for Anxiety, SAS) and depression (using the Edinburgh Postnatal Depression Scale, EPDS) of all mothers were assessed. The functional connectivity of 73 infants in resting state was measured by fNIRS. Data were analyzed based on six functional networks: Default Mode Network (DMN), Frontoparietal Network (FPN), Ventral Attention Network (VAN), Dorsal Attention Network (DAN), Somatomotor Network (SEN), and Visual Network (VIS).

Conclusions:

Different care models affected the mother-infant relationship and connectivity strength within networks. Mother-infant bonding was related to the time mothers spent holding their infant, the time infants were exposed to sunlight, maternal anxiety and depression. Maternal age and education primarily influenced frontoparietal network connectivity. Furthermore, we observed better mother-infant bonding was associated with increased functional connectivity, especially in Infant-focused anxiety affected frontoparietal network connectivity.

Coordination - about the role of the child's response inhibition in the mother-infant interaction

M.A. Magdalena Hardt¹

¹Adam Mickiewicz University, Poznan, Poland

W1 - BOP58: Bonding, Wicklow 5, July 19, 2023, 14:00 - 15:30

For many years the infant's role in the mother-child interaction was undervalued. The infant was perceived as the passive subject. After important works revealing the social competencies of infants (e.g. Brazelton et al., 1974; Stern, 1985; Trevarthen, 1979) the child's active role became broadly accepted. It is reflected in the current definition of the interaction - the coordinated behaviors exchange shown by two active partners (Shugar, 1982).

However, in the research, there is still a tendency to emphasize the role of parents' characteristics and practices in the quality of interaction. The aim of the presented study was to understand the importance of the infant's response inhibition (Diamond, 2013) in this dyadic process. This is a psychological function that enables the child to override the impulsive reaction and instead take intentional actions.

The total of 48 dyads of mothers and infants between the age of 9-12 months (50.0% girls) participated in the laboratory study. The A-not-B task (Diamond et al., 1997) was carried out to set the level of the infant's response inhibition. The quality of the interaction was assessed during the free-play observation. The video was coded in Noldus Observer XT software.

The correlational analysis was used to evaluate the results. It showed the connections between the level of infant's response inhibition and aspects of mother-infant interaction which were its time structure and the regulation of mutual behaviors.

The current findings give a new perspective on analyzing the factors crucial for the quality of the mother-infant interaction. It underlines the importance of infants' characteristics. There is also evidence that the response inhibition has the meaning in coordinating the behaviors exchanged.

Nurture and Play intervention pre- and postnatally, a workshop

Mrs Hanna Lampi¹, Mrs Anna-Elina Leskelä-Ranta¹

¹Terapialampi, Espoo, Finland

W1 - BOP58: Bonding, Wicklow 5, July 19, 2023, 14:00 - 15:30

Early parent-child interaction has long been associated with a child's later cognitive and socio-emotional development and well-being. Attachment theory and related empirical evidence have demonstrated the importance of continuity and sensitive responses to parental care, especially in stressful situations in forming the internalised models of secure (or insecure) relationships by the end of the first year of life (Ainsworth, Blehar, Waters, & Wal, 1978). Emotional connection with the baby forms during pregnancy and creates a ground for a later relationship. Mood disorders and stress during pregnancy expose the child to developmental disturbances, psychiatric disorders and somatic illnesses in childhood and adulthood. There is a need for interventions that start prenatally and are targeted to impact the known risk factors of emotional parenting; the capability to bond and be in emotional contact with the tummy baby, the ability to regulate own negative experiences, and the capacity to imagine future parenting (reflective ability).

Nurture and Play – intervention focuses on building a template for a positive way of relating with the child by utilising Theraplay-based activities and enhancing the mother's mentalisation capability during pregnancy and after the baby has been born. We are presenting prenatal and postnatal Nurture and Play group and Family Nurture and Play, and the presentation will include video material of the actual group sessions.

Profiles of parenting orientations that predict timing of parenthood, parenting behaviours and bonding

Dr Jacqui Macdonald¹, Dr Sam Collins², Dr Chris Greenwood¹, Dr George Youssef¹, Dr Kimberley Thomson³, Dr. Primrose Letcher¹, Dr Elisabeth Spry¹, Professor Craig A Olsson¹

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W1 - BOP58: Bonding, Wicklow 5, July 19, 2023, 14:00 - 15:30

INTRODUCTION:

In prior research, the existence of ‘a reproductive orientation’ that marks a predilection to procreation has been proposed. We extend on this positing a ‘parenting orientation’ that motivates both reproduction and nurturant caregiving. We suggest that, at least in part, this orientation emerges from the development of individual characteristics and interpersonal ecologies that are advantageous for sensitive and supported parental caregiving. AIM: Using rare longitudinal data from preconception in early adulthood to one year postpartum, we aimed to: (1) distinguish profiles of individual and interpersonal resources in young adults that may orient them toward parenthood; and (2) investigate whether profiles predicted timing of entering parenthood, postpartum parenting behaviour, and parent-infant bonding.

METHODS:

Data were from the 39-year Australian Temperament Project Generation 3 study. At 23-24 and 27-28 years, participants (n=1,429; 53% female) and their parents provided data on 20 intra- and interpersonal variables theoretically aligned to future nurturant parenting. These were examined in Latent Profile Analyses. In regressions, we investigated if profiles predicted parenthood timing (‘early’ ≤ 25 years; ‘on-time’ > 25 years; ‘not a parent’ by 37 years). In those who became parents (n=684 of 1,144 children), we investigated associations with parenting warmth, anxiety, hostility, and bonding with infants at 12 months postpartum. RESULTS-CONCLUSIONS: We identified four profiles: ‘connected’ (n=463, 32.4%; 24% male), ‘constricted empathy’ (n=461, 32.3%; 77% male), ‘insecure’ (n=343, 24%; 36% male) and ‘disconnected’ (n=162, 11.3%; 54%, male). Connected young adults had close ties to family of origin and peers, strong identity clarity and high empathy. They were more likely to be parents by 37 years than insecure and disconnected profile participants, and more likely to enter parenthood ‘on-time’ compared to ‘early’ parenthood in the constricted empathy profile. Connected participants reported the strongest bonds and warmest parenting and the least anxiety and hostility with infants.

Early separations in French caregiving contextes

Professor Denis Mellier¹

¹Waimh-france, Lyon, France, ²University of Franche-Comté, Besançon, France

W1 - BOP58: Bonding, Wicklow 5, July 19, 2023, 14:00 - 15:30

Due to the current parental leave situation, in France a 2 and a half month old infant can be separated from his main attachment and entrusted to a crèche or a "nanny" (for a period of up to 10 hours a day , 50 hours per week). The purpose of this brief presentation is to warn about this situation and to give arguments to manage it.

This heritage of French history is profoundly out of step with current data on infant psychology, and with the practices of many other European countries. From the point of view of development, psychoanalysis or neuroscience, all currents in psychology recommend a stability of his relational situation when the baby is so young. This has a very significant psychological, social and economic cost, but there is a lot of resistances to considering a change in this situation. The resistances are to be related to the violence of norms deeply rooted in French society : the deny of very early suffering of baby, the definition of the roles between mother and father inside the family, and the institutional gap between antenatal and postnatal services. The evolution of this institutional violence will thus pass by a new regard of the whole of the perinatal field. For that, four very different dimensions would have to be taken into account simultaneously: better knowledge of baby suffering and infant development, better work/family balance, improvement the perinatal institutional network and evolution of social representations of the roles of each parent.

This problem concerns also other countries, so this reflection should help professionals and public authorities

MATERNAL BONDING MEDIATES BETWEEN MATERNAL DEPRESSIVE AND ANXIOUS POSTPARTUM SYMPTOMS AND PERCEIVED PARENTING STRESS

Professor Chiara Pazzagli¹, Dott Livia Buratta², Dott. Elena Coletti¹, Prof Claudia Mazzeschi²

¹Department Of Dynamic And Clinical Psychology, And Health Studies - Faculty Of Medicine And Psychology - Sapienza Univ., Rome, Italy, ²Department of Philosophy, Social Sciences and Education - University of Perugia, Perugia, Italy

W1 - BOP58: Bonding, Wicklow 5, July 19, 2023, 14:00 - 15:30

The bond between mother and infant is a central concept in postpartum research. It concerns the emerging relationship between mother and infant. This maternal bond means that the mother goes to great lengths to meet the infant's needs.

Evidences from research studies suggested that anxiety and depression are factors which can significantly impair maternal–infant bonding as well as impact on parenting stress.

Very few studies have explored the relationship between anxiety and depressive experiences, maternal bonding to the child and parenting stress, showing an association between these factors. Aims of the study are: (1) to investigate the relationship between these factors and (2) the possible mediating effect of bonding to the child between maternal anxiety and depression reported symptoms and parenting stress.

Maternal bonding (MPAS), depressive and anxious symptoms (EPDS; STAI) and parenting stress (PSI) were assessed in a community sample of 111 women (M [SD] = 32.70 (4.34) yrs old) at three months postpartum.

Pearson's correlation analyses showed from moderate to high relationships between all investigated factors. The three mediation models conducted separately showed that MPAS partially mitigates the effects of EPDS ($b = .729$; $SE = .207$; $95\%CI = .330 - 1.14$) and STAI State ($b = .396$; $SE = .106$; $95\%CI = .197 - .616$) on PSI, and totally mediated the relationship between STAI Trait and PSI ($b = .609$; $SE = .153$; $95\%CI = .327 - .919$). Results highlighted the key role of the maternal bonding as protective factor for the negative impact of postpartum depression and anxiety reported symptoms on parenting stress.

The finding that maternal bonding partially mediates the relationship between perceived maternal anxiety/depression symptoms and parental stress is indicative for the development of interventions

W1-BOP59.1

Traumatic birth: The parent and infant experience

Dr Rachel Bushing¹

¹Three Little Birds Perinatal Psychology, Brisbane, Australia

W1 - BOP59: Supporting the parent-infant relationship through pregnancy and birth, Liffey Meeting Room 1, July 19, 2023, 14:00 - 15:30

Introduction

A third of women describe their birth as traumatic, and 1 in 10 will go on to develop PTSD. There is emerging interest and research into the psychological repercussions for the mother, and the effect upon parent-infant bonding, but what do we know about the infant's experience of traumatic birth?

Aim or Purpose

This workshop will put a spotlight on the antenatal and parturition experiences of the infant, canvassing what is known about how birth may impact upon an infant's early physical and psychological development.

Description

From a practical and clinical standpoint, the workshop aims to equip infant mental health clinicians with the information and tools to consider birth, and birth experiences, as part of their every day care with infants and families. Practical ideas for how to work with families will be presented, including tools for assessment, case conceptualisation, treatment, and evaluation. The workshop will integrate information coming from midwifery and obstetrics, canvas what is known about the neurobiological impacts on early infant development, consider family dynamics and parental mental health, and explore how attachment experiences might interplay with early traumatic disruption stemming from antenatal and birth experiences. Because this is a new area of interest, the workshop will also highlight what remains unknown, instigating further topics for future exploration and research.

Conclusions

Participants will come away with increased knowledge and skills in working with families in infant mental health.

W1-BOP59.2

The Prenatal Visit- An Opportunity for Beginning Relationships- Voices from the Field

Dr Nancy Deacon¹

¹Brazelton Institute, Boston, United States of America

W1 - BOP59: Supporting the parent-infant relationship through pregnancy and birth, Liffey Meeting Room 1, July 19, 2023, 14:00 - 15:30

Introduction:

The prenatal period provides a unique opportunity for providers to begin their support of the infant and family. Expectant parents are eager to prepare themselves to care for their baby and are often learning quite a bit about their developing unborn baby. Current medical advances can reveal possible abnormalities through blood tests, ultrasounds, etc. Some will emerge as serious defects. Some will not, and even resolve. Either way, considering possible defects in their baby can result in expectant parents imagining raising a challenging child. Fortunately, ultrasounds have also helped us understand emerging fetal capabilities, presenting us, as providers, with an opportunity to collaborate with parents to begin to know and bond with this baby. Providers have the opportunity to begin the relationship with parents, meeting them when they are looking for whoever can support them in their desire to become the best parent that they can be for this child.

Aim:

My aim for this workshop is to explore with participants the opportunities a prenatal visit has for relationship building between parents, parents and providers, and most importantly between parents and their baby. I want to consider with participants how we can use this encounter to help parents build confidence in themselves and help them feel more ready and equipped to care for this coming baby.

Description of workshop content:

Presenters will discuss what has been learned about fetal capabilities and their experience sharing this knowledge with parents. Presenters will share experiences using the Newborn Behavioral Observation(NBO)when talking with expectant parents about their unborn child's unique behaviors. Opportunities for relationship building and boosting parental confidence will be highlighted. Then presenters will facilitate a discussion with participants about their experiences with prenatal encounters and consider with them additional opportunities within their fields of practice.

W1-BOP59.3

Improving Outcomes—A model of integrating Doula Services in a Community Mental Health System of Care.

Doula Project Program Coordinator Maria Rossi¹, Ms Kathryn Wolfe², Dr. Kaylin Gregory-Davis³, Ms. Maria D'Haene¹

¹Washington County Mental Health Services, Barre, United States, ²State of Vermont Department of Mental Health, Waterbury, United States, ³University of Vermont Medical School, Burlington, United States

W1 - BOP59: Supporting the parent-infant relationship through pregnancy and birth, Liffey Meeting Room 1, July 19, 2023, 14:00 - 15:30

The United States has one of the highest maternal mortality rates among developed countries. Studies suggest that access to Doula services improves health outcomes for mothers and babies, reduces Cesarean deliveries, decreases maternal anxiety and depression, decreases instrument-assisted births, increases breastfeeding, reduces the need for healthcare specialists, improves communication between pregnant women and their health care providers, and lowers healthcare costs.

This workshop will address:

A rural Doula program embedded in a rural Community Mental Health System of Care.

Provide participants in this workshop an overview of the Doula program supports (outlining prenatal, birth doula, and postpartum supports).

Will highlight who we serve, how we increased access with the help of a federal grant.

An overview of specialized training for staff development.

In addition, we will provide reflections on the work to date, including a research study conducted by Dr. Gregory Davis exploring the participant's feelings about the care they received, birth outcomes, and a doula's perspective of the work.

W1-BOP59.4

Evaluation of a child-centred psychosocial healthcare intervention (KID-PROTEKT) for pregnant women and families with infants

Désirée Sigmund¹, Philipp Wolkwitz¹, Gerhard Schön¹, Sönke Siefert², Silke Pawils¹

¹University Medical Center Hamburg-Eppendorf, Hamburg, Germany, ²Catholic Children's Hospital Wilhelmstift, Hamburg, Germany

W1 - BOP59: Supporting the parent-infant relationship through pregnancy and birth, Liffey Meeting Room 1, July 19, 2023, 14:00 - 15:30

Introduction:

Many pregnant women and families with infants are burdened by psychosocial risks that can have detrimental effects on children's health and development. Increasingly, psychosocial screening and counselling are considered in gynaecologic and paediatric healthcare. KID-PROTEKT was developed as a child-centred psychosocial healthcare intervention in gynaecologic and paediatric practices to enhance the referrals of families with psychosocial needs to early support services.

Aim of the study: The aim of this study was to evaluate the effectiveness of KID-PROTEKT compared to the regular gynaecologic and paediatric outpatient healthcare. The main outcome was the referral rate to support services. We also examined the utilization of support, acceptance and feasibility of KID-PROTEKT.

Material and Methods:

We conducted a multicentre, cluster randomized-controlled trial with three study arms, in which two variants of KID-PROTEKT were compared to the regular healthcare (treatment as usual). Qualified treatment comprised a qualification of healthcare providers (e.g. nurses, midwives, physicians) and the psychosocial assessment, whereas in supported treatment additionally a social worker was integrated into the practice. In total N = 24 gynaecologic and paediatric practices were randomized to one of three study arms and N = 8,458 pregnant women and families were enrolled in the study.

Conclusions:

The findings of our study show that both versions of KID-PROTEKT are related to a higher proportion of referrals (8%) than the regular healthcare (3%). Next to a high acceptability by patients, healthcare providers and social workers, KID-PROTEKT appeared feasible in both gynaecologic and paediatric setting. Thus, the qualification of healthcare providers and a systematic psychosocial assessment can improve the identification of psychosocial needs and promote the access of children and their families to help. A social worker should be involved in cases with complex psychosocial needs.

The Role of Adult Attachment Style and Subjective Birth Experience in Psychological Trauma Following Birth

Dr Audrey Lonergan^{1,2}, Dr Anne Marie Coffey^{3,4}, Dr Margaret Hennessey^{5,6}, Ms Monika Pilch^{3,8}, Dr Kiran Sarma⁷

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W1 - BOP59: Supporting the parent-infant relationship through pregnancy and birth, Liffey Meeting Room 1, July 19, 2023, 14:00 - 15:30

Introduction

Childbirth is typically a joyous occasion, but it can also place overwhelming demands on women. While the majority cope well, Psychological Trauma Following Birth (PTFB) can occur. Many vulnerability and risk factors have been identified; however, not enough is known about the interaction between these factors.

Aims

This study sought to examine if adult attachment style interacted with womens' subjective birth experience, including peritraumatic factors, to predict levels of psychological trauma following birth. The association between antenatal anxiety and depression was also explored.

Materials and Method

Using a longitudinal research design, this study (n=147) used data collected at T1 (during pregnancy) and T4 (24 months postpartum). Correlational and hierarchical multiple regression analysis were used to explore the relationships between adult attachment style, the subjective birth experience including peri-traumatic factors, in predicting levels of PTFB.

Results

7% of the sample had clinically significant symptoms of PTFB. Predictive models indicated that the subjective birth experience of feeling supported, levels of distress during the birth, and an insecure attachment style all predicted levels of PTFB, over and above the effects of mode of delivery. The model accounted for 61% of the variance in PTFB symptoms ($F(8,138) = 25.5, p < .001$). Attachment style moderated the links between all aspects of the subjective birth experience and PTFB. It did not interact with peri-traumatic distress. Antenatal anxiety and antenatal depression were also associated with higher levels of PTFB.

Conclusions

PTFB is a significant issue for women giving birth in Ireland. There is potential to lower the risk of PTFB by identifying the vulnerability and risk factors antenatally or immediately after birth. The findings also underscore the importance of the interpersonal environment during labour and delivery. For those who develop PTFB early identification and perinatal follow up should be arranged without delay.

W1-BOP59.6

Mind in Labour Mind in Life-A mindfulness based antenatal education program

Dr Ros Powrie¹

¹Womens And Childrens Health Network, Adelaide, Australia

W1 - BOP59: Supporting the parent-infant relationship through pregnancy and birth, Liffey Meeting Room 1, July 19, 2023, 14:00 - 15:30

Introduction:

Early intervention of maternal depression, stress and anxiety in pregnancy also has the potential to reduce the risk to the developing foetus (including the epigenetic effects of maternal stress), improve parent- infant attachment and infant development and mental health. There is a growing body of evidence showing the effectiveness of mindfulness programs in reducing stress, anxiety and depressive symptoms in pregnant women with some studies also showing positive impacts on infants stress regulation. Mind in Labour Mind in Life is an adaptation of one such program -Mindfulness Based Childbirth and Parenting (1)

Aim:

Mind in Labour Mind in Life aims to reduce perinatal stress, anxiety and depressive symptoms in birthing women, reduce fear of childbirth and increase confidence, in managing the pain of childbirth, breastfeeding and parenting the newborn and improve communication between partners.

Description:

A pilot was conducted to demonstrate the feasibility of running Mind in Labour Mind in Life in a major public maternity hospital. The program was initially taught in 8 weekly sessions of 2.5 hours face to face, the third program being conducted online due to pandemic restrictions. All topics are taught through the lense of mindfulness with the expectation of daily practice for 30 minutes or more per day. Pre and post measures showed reduction in stress and depression scores in both face to face and online groups. The program was shortened to 5 weeks online with a weekend intensive when restrictions started to lift and remains in this format. Qualitative data reflects significant positive impacts on women, their partners and their childbirth and parenting experience.

Conclusions:

Further research using a comparison group or RCT with longer follow up and measuring impacts on infant wellbeing, parental sensitivity and genomic effects beckons.

References:

1. Mindfulness Based Childbirth and Parenting <https://www.mindfulbirthing.org/about>

W1-BOP59.7

"Positioning of the newborn" and innovative practices at birth : a challenge for early development

Miss rose-marie toubin¹

¹Chu Montpellier, Montpellier, France

W1 - BOP59: Supporting the parent-infant relationship through pregnancy and birth, Liffey Meeting Room 1, July 19, 2023, 14:00 - 15:30

Health actors in the perinatal period are now confronted with the need to integrate the multiple registers at stake in the development of the future child based on recent knowledge of brain plasticity and the sensitive periode of the firs two years of life. The objective of the study are to optimize the conditions for the newborn's reception and to focus our attention on early development of the babywhen the mother presnt a major psychic vulnerability. The midwife or the doctor made an orientation to the pedopsychiatrist consultation for anticipate these sensitive period at 7 month of growth.when the couple or the professionals are very anxious on the future of the baby. The experimental method of positioning the newborn was conceived at this climate of pluridisciplinary collaboration: simple and reproducible, based on common sense, il allows the baby to feel a sense of continuity in the time of birth. The father are present at this consultation and ask a lot of questions. We use a diaporama with video and photo of baby at the different phase of development to create the conditions of the echange with the parents. We meet betwen 100 and 150 couple /year since 12 years. This experience create the favorite conditions to a alliance for the follow-up of the baby which necessite specific approach. A transmission to the other professionnall is systematic to not expose the parents at divergent evaluation. The parents become co-actors in the developement of their child and the good compliance to the orientations offer the hope to response to the pasticity brain.

W1-BOP62.1

Supporting new families: Contextual challenges and successes

Dr Paula Zeanah¹

¹University of Louisiana at Lafayette, Lafayette, United States

W1 - BOP62: Supporting new families: Contextual challenges and successes, Liffey Meeting Room 3,
July 19, 2023, 14:00 - 15:30

Introduction:

Numerous studies demonstrate the value of support for new parents, especially those who are vulnerable because of social, health, or mental health concerns. However, when providing services to new families, it is important that challenges faced by parents, particularly those that impact infant caregiving, are addressed within the contexts of service provision, including the community's health care resources, specific needs of the client population served, and program goals and implementation approaches. By virtue of their roles in health care and home visiting, nurses are a primary resource for new parents.

Aims of the session:

In this session of brief oral presentations, nurse-led research examines the experiences of new parents and families representing a variety of contextual settings. The specific aims of the session include:

- 1) Describe the impact of social support and parenting self-efficacy in the transition to parenthood.
- 2) Discuss approaches to addressing parental mental health, including depression and anxiety symptoms, in universal and targeted home visiting.
- 3) Examine the perspectives of clients as well as nurse home visitors as they navigate the challenges faced by new parents and their infants.

Materials/methods

Studies from Ireland, Norway, and the US examine the needs of new families, perspectives of nurse home visitors and parents, and approaches and interventions aimed at reducing depression and anxiety symptoms in vulnerable families.

Results and Conclusions

Across Euro-western service settings, many new families face difficulties with social support, developing parenting self-efficacy, and the effects of mental health symptoms. Research examining the impact of nursing interventions considers the contextual advantages and limitations of program development and implementation

Conclusions

Nursing research contributes important perspectives relevant to addressing the psychosocial, mental health, and social needs of new parents across a variety of settings. Challenges in conducting research in complex service environments such as home visiting are discussed.

Social support, maternal parental self-efficacy and postnatal depression in the transition to motherhood

Professor Patricia Leahy-Warren¹

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W1 - BOP62: Supporting new families: Contextual challenges and successes, Liffey Meeting Room 3, July 19, 2023, 14:00 - 15:30

Introduction and Aim of study

Becoming a mother for the first time is a major developmental transition and previous research indicates that social support and mothers' own beliefs in their capabilities as new mothers facilitates the transition to motherhood. The aim of this study was to examine the relationships between social support (SS), maternal parental self-efficacy (MPS-E) and Postnatal depression (PND) for first-time mothers at 6 weeks postpartum

Methods:

A correlational cross-sectional study design was used. Data were collected from first-time mothers (n=410) using a five-part survey which included a demographic questionnaire, the Perinatal Social Support Questionnaire (PICSS) and the Perceived Maternal Parental Self-Efficacy Scale and the Edinburgh Postnatal Depression Scale.

Results

Demographic data revealed two-thirds of respondents were aged between 27 and 35 years with three quarters educated to University/third level. The majority of respondents were living with their husband (64%) or partner (23%) and the average stay in hospital was 3.6 days with a greater number of vaginal deliveries (68%) than caesarean sections (33%) reported. In terms of structural social support, the vast majority of respondents reported informal social networks as their main sources of support with fewer participants indicating receiving formal support. The mean total functional social support score was 68.3 (SD 8.9) (range 47–88), indicating that respondents received high levels of different types of support. The mean score for MPS-E was 65.9 SD 8.2 (range 32–80) indicating a high level of maternal parental self-efficacy. Results revealed statistically significant relationships between informal social support and MPS-E ($p < 0.001$); informal structural social support and PND ($p < 0.001$) and between MPS-E and PND ($p < 0.001$).

Conclusions

Nurses and midwives need to be cognisant of the importance of social support for first-time mothers in both enhancing maternal parental self-efficacy and reducing postnatal depressive symptomatology in the early postpartum period.

W1-BOP62.3

Fathers' views and experiences of their own mental health and well-being during the perinatal period

Dr Lloyd Frank Philpott¹, Professor Eileen Savage, Dr Serena FitzGerald, Professor Patricia Leahy-Warren

¹University College Cork, Cork , Ireland

W1 - BOP62: Supporting new families: Contextual challenges and successes, Liffey Meeting Room 3, July 19, 2023, 14:00 - 15:30

Introduction

Over the past 3 decades, addressing mental health needs has been identified as a priority by the World Health Organization and in European health and social agenda. Historically, research on perinatal mental health has focused on mothers; however, there is now an awareness that fathers face many of the same changes and stresses that mothers do, with potential negative consequences for their mental health and wellbeing.

Aim

To examine the views and experiences of fathers in relation to their own mental health and wellbeing during the perinatal period.

Material and methods

Thematic analysis of comments written by fathers who completed a study assessing stress, anxiety, and depression was undertaken. A total of 103 fathers were included in the analysis. Data were collected at large maternity hospital in Southern Ireland.

Results

Four themes emerged which were 1) An emotional time: positive, negative and mixed emotions; 2) Supporting and the need to be supported; 3) The father's role: a balancing act; 4) Paternal Mental Health: sources of adverse mental health and mechanisms for coping.

The majority of fathers in the study documented positive feelings towards fatherhood; however, some fathers expressed negative emotions that were generally connected to their partner and infant's health status. Fathers placed great emphasis on the need to support their partner. When it came to accessing support for their own mental health and wellbeing, fathers reported that there was a paucity of services available. Stress related to challenges balancing their work responsibilities with being a father was documented as the main area that impacted on their mental health.

Conclusion

Historically, fathers, as a population group, have tended to be overlooked at a global and national health policy level. Governments need to develop policies that support fathers to achieve optimum mental health and wellbeing during the perinatal period.

W1-BOP62.4

The New Families project – a universal home visiting program - content and research

Professor Kari Glavin¹, Miss Malene Brekke¹, Mrs Anne-Martha Utne Øy garden¹, PhD Candidate Kristin Sæther¹, Associate Professor Bettina Holmberg Fagerlund¹, Ph.D. fellow Beate L. Solberg¹
¹VID Specialized University, Oslo, Norway

W1 - BOP62: Supporting new families: Contextual challenges and successes, Liffey Meeting Room 3,
July 19, 2023, 14:00 - 15:30

Introduction:

The Child Health Services (CHS) in Norway are part of the Primary Health Care (PHC) service for children 0-5 years and their families. The service is used by 98% of the eligible population and is legally regulated as part of the PHC at a municipal level. The New Families program (NF) is an early universal intervention which includes home visits provided by Public Health Nurses (PHNs) during pregnancy and until the child is two years old. The same home visitors follow the families in the CHC clinics. NF was developed and piloted by the City of Oslo and supplements the regular CHS program. NF is based on a salutogenic perspective, focusing on resource mobilization and parental support. Aim: To present a universal home visiting program and the research design on this program.

Material and Methods:

A prospective non-randomized controlled study with parallel group design was conducted to evaluate the impact of NF. First-time parents in three city districts received NF in addition to usual care, and first-time parents in two city districts received usual care. Participants (parents) were recruited before pregnancy week 28 and were followed until 12 months postpartum. Data collection started October 2018 and continued until June 2021. Quantitative data were collected via self-reported questionnaires five times during the period. Qualitative data comprise in depth interviews with parents, and participant observation to explore parental experience of the NF. PHNs' reflection notes were analysed to investigate their reflections on implementing the NF.

Conclusions: A total of 425 parents, 228 mothers and 197 fathers participated in the study. All the qualitative data from the PHNs' reflection notes, the interviews with parents and the observational data from NF home visits have been collected and analyzed. Results from the research project are described in the proceeding symposium abstracts.

Quality of life in parents during pregnancy and the postpartum period

Miss Malene Brekke¹, Professor Kari Glavin¹, Ph.D. fellow Beate L. Solberg¹, Mrs Anne-Martha Utne Øygarden¹, PhD Candidate Kristin Sæther¹, Professor Milada C. Småstuen¹, Amin Amro¹, Trude Haugland¹

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W1 - BOP62: Supporting new families: Contextual challenges and successes, Liffey Meeting Room 3, July 19, 2023, 14:00 - 15:30

Introduction:

The transition to parenthood is characterized by physical, psychological, and social changes. Evaluating Quality of Life (QoL) of new parents during pregnancy and postpartum period can provide insights into health-related challenges and, thus, their need for professional support. The New Families (NF) home visiting program intends to improve the quality of the existing Child Health Service (including prenatal care and primary health care for children 0-5 years and their families) by offering a more tailored service.

Aim of the study:

to assess new parents' QoL during pregnancy and investigate selective predictive factors associated with QoL during pregnancy. Furthermore, to describe first-time mothers QoL at three months postpartum and the impact of NF home visiting program on it.

Material and Methods:

A prospective non-randomized controlled study with parallel group design that included 228 mothers and 197 fathers. Data collection was performed in pregnancy week 28, and at 6 weeks and 3 months postpartum. QoL was measured with the instrument WHOQOL-BREF, and selective predictive factors with the instrument EPDS (depressive symptoms) and two single items on the perception of sleep and complications during pregnancy. Preliminary analyses were conducted using descriptive statistics and linear regression.

Conclusions:

Our data revealed that the pregnant women reported diminished QoL in pregnancy, and significantly lower QoL scores than the male partners. In the pregnant women, higher QoL scores was associated with the perception of enough sleep and lower QoL with pregnancy complications and depressive symptoms. In the male partners during pregnancy, the perception of enough sleep was a significant predictor of higher QoL scores. Results regarding QoL in postpartum first-time mothers and the impact of NF home visiting program on QoL are currently being analyzed and the results will be presented at the conference.

Mental health focus among pregnant women and fathers.

Mrs Anne-Martha Utne Øygarden¹, Ph.D. fellow Beate L. Solberg¹, Professor Kari Glavin¹, Miss Malene Brekke¹, PhD Candidate Kristin Sæther¹, Professor Milada C. Småstuen^{1,2}, Associate professor Abdallah Abudayya¹, Associate professor Benedicte S. Strøm³

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W1 - BOP62: Supporting new families: Contextual challenges and successes, Liffey Meeting Room 3, July 19, 2023, 14:00 - 15:30

Background

The transition to parenthood is characterized as meaningful but also challenging for parents. The parent's mental health may be affected, and support is important. Evidence suggests that prepartum depression among mothers is a health problem as prevalent as postpartum depression. We know that depression symptoms lie a heavy burden on the family. The New Families program (NF) intends to improve the quality of existing Child Health Services (CHS) by offering tailored services and providing early intervention to families.

Aim

To estimate the prevalence and assess the strength of associations between antenatal depressive symptoms and selected possible predictive factors among women attending antenatal care for the first time at the CHS. To understand fathers' experiences of the NF intervention.

Method

Data is from (1) a cross-sectional study included a sample of 228 women participating in the NF research program answering questionnaire at week 28 of pregnancy. The EPDS was used as the outcome measure. (2) Qualitative data were collected from fathers through in-depth interviews.

Conclusions

The prevalence of depressive symptoms in this sample was 17.9%. Not sleeping enough resulted in significantly higher odds of having depressive symptoms. High satisfaction in the relationship acted as a buffer. Fathers experienced the program as an important contribution towards a more available and tailored service for men. The prevalence of depressive symptoms in this sample indicates that health personnel needs to be aware of depressive symptoms already in pregnancy. Identifying predictive factors may help health personnel support parents. Our results raise the question of whether pregnancy could be a feasible time to screen for depressive symptoms in the general population of pregnant women. The results underscore the importance of involving partners in antenatal care. Home visits during pregnancy can contribute to the parents' trust in CHS and prepare them for the postnatal period.

Parental self-efficacy and professional support - first-time parents' experiences with an extensive Child Health Service

PhD Candidate Kristin Sæther¹, Professor Kari Glavin¹, Associate Professor Bettina Holmberg Fagerlund¹, Associate professor Nina Jøranson¹

¹VID Specialized University, Oslo, Norway

W1 - BOP62: Supporting new families: Contextual challenges and successes, Liffey Meeting Room 3, July 19, 2023, 14:00 - 15:30

Background:

Becoming a parent for the first time is a major transition and parental self-efficacy is considered an important predictor of parenting functioning. Parental self-efficacy is defined as the parents' belief in their ability to perform the parental role successfully. According to self-efficacy theory, there are four information sources of impact: enactive mastery experiences, vicarious experiences, verbal persuasion, and physiological and affective states. Most expectant and new parents seek social support and information from various sources to facilitate their mastery in this transition, and appraisal and informational support are found to be significantly related to self-efficacy in infant care practices. One of the main objectives of the Child Health Services in Norway is to ensure that parents experience mastery in their parental role.

Aim:

The aim of this study was to gain knowledge of how the New Families home visiting program, integrated in the Child Health Services, support first-time parents' self-efficacy and mastery capacity during the first year postpartum.

Method:

Qualitative data were collected from parents through in-depth interviews. We interviewed 13 parents, six fathers and seven mothers, and explored their transition to parenthood and their experiences with the support.

Conclusions:

The four main themes "Unknown territory", "Mastery experiences and strategies", "Guidance and reassurance" and "Family focus" describe a dynamic development of parental identity and are discussed in the light of self-efficacy theory, Antonovsky's salutogenic theory and proportionate universalism. Both home visits during pregnancy and postpartum are experienced as positive if needed. However, to tailor parental support from the Child Health Services and be able to define parental needs, more proactive information about the Child Health Services seems to be needed. Health checks of the baby, patient and friendly public health nurses having enough time, peers and family seems to facilitate the parental self-efficacy.

The New Families program from the perspective of public health nurses and parents: preliminary results

Associate Professor Bettina Holmberg Fagerlund¹, Professor Kari Glavin¹

¹VID Specialized University, Oslo, Norway

W1 - BOP62: Supporting new families: Contextual challenges and successes, Liffey Meeting Room 3, July 19, 2023, 14:00 - 15:30

Introduction:

Norway has longstanding provision of extensive and freely available universal preventive health care at child health centers for under school aged children. Nearly all parents with small children use this service for regular consultations with public health nurses 14 times until school age. A supplement to these consultations, the New Families program was implemented in 2019 in the City of Oslo. This program, based on home visits from a public health nurse, primarily targets first-time parents and is based on proportionate universalism.

Aim of the study:

To investigate the implementation of the New Families program from the perspective of public health nurses and parents.

Material and Methods:

An interpretive description approach based on, first, 206 anonymized reflection notes by public health nurses becoming familiar with the New Families program collected in 2017-2020. Further, an observational and interview study was conducted in three districts of the City of Oslo. This study comprised eight participant observations of the public health nurses' home visits in the program and six qualitative interviews with parents about their experiences of the program.

Conclusions:

In home visits to prospective parents that addressed previous life and childhood experiences and parental role expectations, public health nurses experienced differences from what they were used to. Preliminary results indicate that parents experienced scant advance information regarding the reason and content of the first home visit in the New Families program. However, the prospective parents seemed receptive and open-minded during home visits before the child was born, sharing narratives on personal concerns. They experienced it as positive to have met their public health nurse before the birth. For public health nurses, the program's new focus required some training and guidance.

Preparing Nurse Home Visitors to Address Symptoms of Depression and Anxiety

Dr Paula Zeanah¹, Dr. Linda Beeber²

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W1 - BOP62: Supporting new families: Contextual challenges and successes, Liffey Meeting Room 3, July 19, 2023, 14:00 - 15:30

Introduction:

Nurse home visitors (NHV's) often work with mothers whose symptoms of depression and anxiety detrimentally affect their program participation and their ability to provide safe, responsive infant care. Many home visitors are not prepared to address these symptoms. Because they work with complex families in a comprehensive manner, educational efforts must provide sufficient knowledge, skills and resources, and also must fit within the scope of the home visitor's professional role and scope of the home visiting program.

Aim of the study:

To develop educational approaches and resources for a multicomponent Mental Health Intervention (MHI) to be integrated into a well-established nurse home visiting program, the Nurse Family Partnership (NFP).

Material and methods:

Selected evidence-based approaches that used the full scope of nursing practice were aimed at reducing maternal depression and anxiety symptoms. Four implementation strategies were created to educate, support, complement, and reinforce the work of NHV's and included online education modules, clinical resources, team meeting modules, and virtual consultation. Qualitative and quantitative data at NHV, supervisor, and agency levels were collected from 264 NFP agencies across the US.

Conclusion:

A strong academic-program collaboration led to development of a multicomponent model congruent with NFP approaches. Comprehensive, relevant, and flexible educational approaches were valued by the NHV's; content that received the highest uptake included nurses' legal liability and crisis prevention and management. NHV's with knowledge, skills, and resources to address anxiety and depression reported more confidence in addressing these symptoms, yet integration into practice was complicated by the complex nature of serving families with multiple needs, competing program demands, and the limitations of team and community resources.

W1-BOP63.1

Welcome (to your Health) Home: Addressing the well-being of young children in primary care

Dr Melissa Buchholz¹, Dr Abigail Angulo, Dr Bethany Ashby, Dr Verenea Serrano, Dr. Amy Ehmer, Dr. Kelly Glaze, Dr Jessica Kenny, Professor Ayelet Talmi

¹University of Colorado School of Medicine and Children's Hospital Colorado, Aurora, USA

W1 - BOP63: Welcome (to your health) Home: Addressing the well-being of young children in primary care, Liffey Meeting Room 2A, July 19, 2023, 14:00 - 15:30

Infant mental health (IMH) services are readily provided in community contexts leading to increased access to critical resources and reduction in barriers to care. In the US, families frequent primary care settings often in the first three years of life and IMH specialists integrated in these settings provide key prevention and health promotion strategies to children and families.

Purpose: The goal of this symposium is to highlight strategies for increasing access to infant prevention and health promotion in community settings, specifically in pediatric primary care. Brief presentations will highlight four enhancements to standard primary care practice that lead to higher-quality care for young children and families.

Description of the work: Infant mental health clinicians and a developmental pediatrician are integrated into three primary care clinics in a large hospital system (a residency training clinic, a clinic for serving children with medical complexity, and a clinic serving adolescent parents and their children). Key strategies include universal screening, brief consultation and short-term intervention, and evaluation. IMH specialists deliver the evidence-based HealthySteps model (www.healthysteps.org), which is adapted to meet the unique needs of the patient populations in the specialized clinics. The KICS (Kids in Care Settings) is a medical home for youth involved with child welfare and provides health promotion and prevention services to both foster and biological families with young children in the context of known trauma. The developmental pediatrician sees patients to determine if they meet criteria for autism spectrum disorder or other developmental delays and consults with medical providers when questions about development arise. Integration of the developmental pediatrician in the primary care clinic reduces significant wait times and all these interventions increase access to high quality care for young children.

Conclusions: Across these settings, hundreds of young children and families receive high-quality health promotion and prevention support yearly.

W1-BOP63.2

Welcome (to your Health) Home: Addressing the well-being of young children in primary care

Amelia Ehmer^{1,2}, Dr Bethany Ashby^{1,2}

¹University of Colorado School of Medicine, Aurora, USA, ²Children's Hospital Colorado, Aurora, USA

W1 - BOP63: Welcome (to your health) Home: Addressing the well-being of young children in primary care, Liffey Meeting Room 2A, July 19, 2023, 14:00 - 15:30

Introduction

Adolescent mothers and their children are at increased risk for adverse medical, educational, socioeconomic, and developmental and behavioral outcomes. Infant mental health (IMH) specialists offer protective factors to this population through health prevention and promotion strategies implemented during routine primary care visits.

Purpose

This symposium will describe enhancements made to a primary care practice to improve quality of care for adolescent mothers and their children.

Description

The Young Mother's Clinic (YMC) is a medical home for adolescent mothers and their children. The clinic serves a diverse population with 54.5% of patients identifying as Hispanic, 18% identifying as Black, 14.4% identifying as White, and 13% identifying as Other. About 30% of the mothers had less than a high school diploma or GED at the time of enrollment. YMC has made adaptations to increase access and reduce barriers to care for this vulnerable patient population, including utilizing a trauma-informed model of care, universal screening, and integrating IMH specialists who provide brief consultation and co-located psychotherapy. Co-located psychiatry services are also offered. IMH specialists implement the HealthySteps program with specific modifications for adolescent parents, including strategies such as universally enrolling all families in Tier 3 services rather than offering the program as an optional supplement to clinical care. Between July 1, 2021 – June 30, 2022, 436 children in YMC were seen by an IMH specialist for common or complex concerns. Sleep and feeding were the most commonly discussed topics at well-child visits. Contraception and healthy birth spacing are also regularly discussed.

Conclusions

Adaptations to care as usual for adolescent mothers and their children provide opportunities for health promotion and prevention for both teen mothers and their infants. Future program development in this clinic aims to create teen-friendly health promotion materials to enhance benefits to this population.

W1-BOP63.3

Welcome (to your Health) Home: Addressing the well-being of young children in primary care

Dr Abigail Angulo¹, Professor Ayelet Talmi¹

¹University Of Colorado, Aurora, USA

W1 - BOP63: Welcome (to your health) Home: Addressing the well-being of young children in primary care, Liffey Meeting Room 2A, July 19, 2023, 14:00 - 15:30

Introduction

With the relative paucity of developmental specialists and growing wait times for evaluation of autism spectrum disorder (ASD) and developmental delay (DD) in young children, new models of care are needed.

Purpose

Autism spectrum disorder and developmental delay diagnoses are more prevalent and have become a growing concern for parents of young children and contribute to health disparities. The relative paucity of experts in diagnosis of neurodevelopmental disabilities and time-consuming nature of a full developmental evaluation lead to a significant delay in diagnoses of ASD or DD. The time-sensitive nature of the diagnosis in this age group and subsequent access to supports require a new model of care to ensure that these children are accessing intervention and supports in a timely manner. Lengthy specialist waitlists ranging from 6 months to 2 years can delay diagnoses and subsequent intervention for children, which can have an impact on the child's future developmental potential.

Description

A new clinic model was developed in a large, urban, pediatric primary care residency training clinic associated with a large children's hospital. To address the potential delays in diagnoses, a Developmental Behavioral Pediatrician (DBP) is imbedded within the medical home, promoting team-based care. Strategies include primary care providers (PCP) directly referring patients to the DBP. Specialty consultation is provided to the PCP and patients are then evaluated within their medical home. Developmental diagnoses and recommendations are provided after history is completed and behavior is observed to support each child's specific needs. A portion of children seen require further developmental evaluation in a specialty clinic.

Conclusions

From July 2021-June 2022, 178 new patient appointments were seen within the medical home. This model of care has improved the attendance rate of the families who were referred and shortened delays in diagnoses as well as intervention recommendations.

W1-BOP63.4

Relationships and Resilience: Creating a Health Home for Young Children in Out of Home Placement

Dr Jessica Kenny^{1,2}, Dr. Amanda Bird Gilmartin^{1,2}, Dr. Maya Bunik^{1,2}, Professor Ayelet Talmi^{1,2}

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W1 - BOP63: Welcome (to your health) Home: Addressing the well-being of young children in primary care, Liffey Meeting Room 2A, July 19, 2023, 14:00 - 15:30

Introduction

Almost a third of abuse victims are under the age of 3, with those under a year having the highest rates of victimization (Children's Bureau, 2018). Up to 68% of preschoolers involved with child welfare have developmental delays and behavioral concerns (Johnson-Motoyama et al., 2016). Youth of color are disproportionately over-represented and more likely to experience negative outcomes when compared to white youth involved in child welfare (NCSL, 2021). Positive early life experiences with caregivers and health professionals can offset the negative effects of abuse or neglect (Chen et al., 2011). Integrating behavioral health in a medical home can reduce health disparities and increase access to mental health, behavioral, and developmental services (Talmi et al., 2016).

Purpose

The Kids in Care Settings (KICS) Clinic, housed within the University of Colorado School of Medicine, Kempe Center, and Children's Hospital Colorado, will serve as a medical home for youth in out-of-home placements, including substance exposed newborns.

Description

Families involved with child welfare are often required to navigate multiple systems of care to get their needs met. The multidisciplinary KICS clinic will provide trauma-informed, culturally responsive, and evidence-based psychological consultation and brief intervention to biological, foster care, and kinship families in collaboration with community partners. The clinic will also facilitate referrals and ensure connection to community services to address contextual and psychosocial factors including family substance use and mental health needs, housing, financial, and food insecurity, help with benefits, and support navigating the educational system.

Conclusions

A medical home focused exclusively on children involved in child welfare allows for targeted medical and psychological intervention to support foster, kinship and biological families caring for young children and allows for unique health promotion and prevention opportunities in the context of known trauma and relationship disruption.

Key Adaptations to Integrated Behavioral Health Services for Young Children with Special Health Care Needs

Dr Verenea Serrano¹, Dr. Jonna von Schulz²

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W1 - BOP63: Welcome (to your health) Home: Addressing the well-being of young children in primary care, Liffey Meeting Room 2A, July 19, 2023, 14:00 - 15:30

Introduction

Primary care is a viable place to deliver mental health services to young children and their families, and the provision of integrated behavioral health (IBH) services in this setting requires consideration of various system- and individual-level factors. However, compared to medically typical children, there is less research on IBH services for young children with special health care needs (SHCN) in primary care. Thus, more information is needed regarding how IBH services should be adapted to best meet the unique needs of children with SHCN in primary care.

Purpose

The goal of the symposium presentation is to describe clinical and programmatic adaptations to IBH service provision within a large, multi-disciplinary complex primary care clinic that specifically serves children with SHCN and medical complexity.

Description

Within the complex primary care clinic, the IBH team has provided services to over 2,000 unique patients, with patients aged 0-5 years old representing the largest proportion of patients served. Through early childhood health prevention/promotion to intervention services, five specific IBH service adaptations have emerged as important to providing high-quality, responsive, and individualized IBH services to young children with SHCN and their families. The adaptations are: (1) flexible format and timing for the universal offering of and the ongoing provision of IBH services, (2) screening for caregiver medical-related trauma and specific inquiry into the quality of psychosocial supports, (3) increased time inquiring into patient's developmental level and functioning, health status, and current services, (4) development of a medically- and behaviorally-integrated treatment plan in collaboration with the family and other care team members, and (5) recognition of the ongoing interaction between adjustment, stress, and resilience.

Conclusions

From the initial introduction of IBH services through the ongoing behavioral health content discussed and recommendations provided, there are important IBH service adaptations for young children with SHCN and their families.

Threat versus Deprivation in Mother's Childhood: Differential Relations to Infant Regional Brain Volumes and Cortisol Responses Over the First Two Years

Karlen Lyons-Ruth

State of the Art Lecture: Threat versus Deprivation in Mother's Childhood: Differential Relations to Infant Regional Brain Volumes and Cortisol Responses Over the First Two Years, The Auditorium, July 19, 2023, 09:15 - 10:15

In this talk, Dr Lyons-Ruth will overview emerging results of the Mother-Infant Neurobiological Development (MIND) Study, which is examining the mechanisms underlying the intergenerational transmission of maltreatment. One important cognitive-developmental framework posits that an individual's experiences of threat versus deprivation should have differential effects on limbic circuits versus cognitive competencies. This hypothesis will be examined in relation to the intergenerational transmission of differential effects of the mother's own childhood abuse versus neglect on her infant's cortisol responses and brain development during the first two years of life.

Increasing evidence suggests that differential effects on infant stress responses and limbic volumes may be present at birth, implicating gestational and epigenetic mechanisms. Additional evidence points to differential relations of childhood abuse and neglect to aspects of disrupted maternal interaction. These distinct forms of postnatal interaction are further associated with differential effects on infant behaviour and infant grey and white matter volumes, which implicate postnatal as well as prenatal mechanisms.

Results will be considered in relation to findings from controlled rodent studies which have presented evidence for a hypo-responsive period for cortisol responding in early life, but have also presented evidence for increased cortisol responding under conditions of low maternal care. An integrative theoretical framework will be presented for reconciling and revising these various theories in light of the new data emerging from human infancy.

Attachment and social-emotional development in challenging caregiving contexts

Julia Festini¹, Dr. Ina Bovenschen¹, Dr. phil. Sandra Gabler¹, Nino Jorjadze¹, Miss Raquel Corval¹, Gottfried Spangler¹

¹University of Erlangen-Nuremberg, Erlangen, Germany

W1 - SYM74: Attachment and social-emotional development in challenging caregiving contexts, Liffey Hall 1, July 19, 2023, 14:00 - 15:30

Disruptions in early caregiving and adverse childhood experiences are a substantial risk for attachment problems and maladaptive social-emotional development. In this symposium, we present findings from various samples with challenging caregiving conditions and focus on parental and child factors.

Firstly, Ina Bovenschen will report results from a longitudinal study of adopted children. The study examines the role of pre-adoptive adversity and post-adoption factors for symptoms of reactive attachment disorder (RAD) and disinhibited engagement disorder. Both early adversity and adoptive parents' stress regulation predicted symptoms of disordered attachment.

Subsequently, Nino Jorjadze presents results regarding the prevalence of and determinants for attachment security and reactive attachment disorder symptoms in Georgian foster children. The study compared two groups of foster children (one with preceding institutional care, and one with preceding home care) and a control group. Findings from both foster care samples indicated a heightened prevalence of attachment disorder symptoms and lower attachment security. Raquel Corval shows the contribution of genetic and environmental factors to RAD in institutionalized and family-reared preschool children. She investigated whether an oxytocin receptor (OXTR) moderated the effect of parental deprivation on attachment disorder symptoms. Julia Festini and Sandra Gabler will show findings from an adolescent sample with early adverse childhood experiences (including caregiving disruptions). Youths in foster families report diminished social support and elevated strain in social relationships compared to adolescents living in their biological families.

Lastly, Gottfried Spangler reports results from longitudinal studies examining specific consequences of proximal and distal risk factors in biological families (such as social-economic hardship or family conflict) with a focus on parenting behavior as a mediator. The discussion integrates the results and aims to highlight the crucial role of supportive caregiving environments in light of adverse childhood experiences. Potential implications for the promotion of resilience in adverse caregiving environments will be derived.

Early caregiving disruption and relationship qualities: A comparison between adolescents in foster and biological families

Julia Festini¹, Dr. phil. Sandra Gabler¹, Professor Gottfried Spangler¹

¹University of Erlangen-Nuremberg, Erlangen, Germany

W1 - SYM74: Attachment and social-emotional development in challenging caregiving contexts, Liffey Hall 1, July 19, 2023, 14:00 - 15:30

Introduction:

The placement in foster care in early childhood can result in a multitude of challenges for child development. Both adverse experiences in the birth family and multiple placement changes lead to increased social-emotional problems in foster children. Coincidentally, their ability to form and maintain new relationships can be impaired. To date, there is little research on the effects of early caregiving disruption on the mastery of developmental tasks in later life (i.e. adolescence).

Aims:

This study investigates the influence of early disruption in the caregiving environment through a placement in foster care on family and peer relationship quality in adolescence.

Methods:

The sample comprises 22 adolescents between 14 and 17 years of age. Half of them (n=11) were placed in foster care in early childhood. Adolescents reported experienced support and negative interactions in their relationship to parents, foster parents and peers in the Network of Relationships Inventory (NRI-BSV). The Adolescent Attachment Questionnaire (AAQ) measured attachment-adjacent qualities in adolescents' relationships to caregivers.

Results:

First analyses indicate that adolescents placed in foster care report diminished social support and elevated strain in social relationships compared to adolescents living in their biological families.

Conclusion: Results indicate that adolescents in foster care make detrimental experiences in their social life and are impaired in their ability to profit from social support. Hence, special attention to this developmental task should be paid in prevention and intervention for foster adolescents.

Parental deprivation and RAD: The moderating role of the OXTR gene

Miss Raquel Corval¹, Doctor Jay Belsky², Doctor Pedro Teixeira¹, PhD Ana Mesquita¹, Doctor Isabel Soares¹

¹Universidade do Minho, Braga, Portugal, ²University of California, Davis, USA

W1 - SYM74: Attachment and social-emotional development in challenging caregiving contexts, Liffey Hall 1, July 19, 2023, 14:00 - 15:30

Introduction

Reactive Attachment Disorders (RAD) is characterized by a consistent pattern of inhibited, emotionally withdrawn behavior, in which the child rarely or minimally directs attachment behaviors towards any adult caregivers, associated to persistent social and emotional disturbed behaviors. Etiological research on RAD has consistently indicated severe neglect and deprivation, such as institutionalization, as the major cause for the development of RAD. The role of individual factors remains underexplored.

Aim of the study

The current study examined the contribution of genetic and environmental factors to RAD in institutionalized and family-reared preschool children by investigating whether the oxytocin receptor (OXTR) SNP rs2254298 moderated the effect of parental deprivation (institutionalization) on attachment disordered behavior.

Material and Methods

One hundred and thirty-six (136) institutionalized and 219 family-reared preschool children were assessed using the Disturbances of Attachment Interview (DAI). OXTR genotypes were assessed by Fast Real-Time PCR System using DNA from children's buccal swabs.

Conclusions

We found that OXTR rs2254298 polymorphism significantly moderated the influence of parental deprivation on RAD. Children carrying at least one A allele (risk allele) demonstrated to be more susceptible to the influence of environment. These findings will be discussed contrasting the diathesis-stress and differential susceptibility models.

Additional research is needed into the role of genetic effects in attachment disorders exploring G × E interactions, adopting methodological approaches that include genome-wide analysis and epigenetic individual variations.

Symptoms of RAD and DSED in adopted children: the role of pre- and post-adoption factors

Dr. Ina Bovenschen¹, Fabienne Hornfeck¹, Selina Kappler¹, Dr. Heinz Kindler¹

¹German Youth Institute, Munich, Germany

W1 - SYM74: Attachment and social-emotional development in challenging caregiving contexts, Liffey Hall 1, July 19, 2023, 14:00 - 15:30

Introduction:

Due to early adversity and disruptions in caregiving, adopted children are at risk for developing disordered attachment. Emerging evidence indicates that the quality of caregiving conditions in adoptive families represents a protective factor that may buffer the negative effect of preadoptive adversity.

Aim of the study:

Recent studies have been investigating mainly intercountry adoptees, and the present study is the first study investigating symptoms of Reactive Attachment Disorder (RAD) and disinhibited social engagement disorder (DSED) in both domestic and intercountry adoptions longitudinally.

Material and Methods:

The sample comprises 118 adopted children between 0 and 104 months at placement and their main caregiver. Data assessments took place at around 29 months (wave 1) and 72 months (wave 2) after placement, respectively. Symptoms of RAD and DSED were measured using the Relationships Problem Questionnaire. Prenatal risk, pre-adoptive adversity as well as current relational experiences in the adoptive family were included as potential predictors of children's symptoms.

Conclusions:

The results show that 17.8% (wave 1) and 25.4% (wave 2) of adopted children had clinical scores of RAD and/or DSED indicating a significant increase from wave 1 to wave 2. Multiple regression analyses revealed that both early adversity and adoptive parents' stress regulation predict symptoms of disordered attachment at wave 1. Results also reveal a moderating effect of adoptive parents' stress regulation in that especially children who experienced early adversity and whose parents have difficulties in stress regulation are at risk. However, neither pre-adoptive adversity nor parental characteristics predicted the slope of RAD / DSED symptoms over time.

The present study confirms the results of international studies as early adversity was found to predict the occurrence of RAD and DSED symptoms. Moreover, our findings provide new insight into adopted children's development by highlighting the interaction between early adversity and family-related factors.

Attachment security and reactive attachment disorder symptoms in Georgian foster children: Prevalence and determinants

Nino Jorjadze¹, Dr. Ina Bovenschen^{2,3}, Gottfried Spangler³

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W1 - SYM74: Attachment and social-emotional development in challenging caregiving contexts, Liffey Hall 1, July 19, 2023, 14:00 - 15:30

Introduction:

Foster children are considered as a high-risk group due to experiences of abuse, neglect, and early deprivation. Studies show heightened attachment disorganization and symptoms of reactive attachment disorder (RAD), especially in late-placed children. Building of a secure attachment is a significant developmental milestone, which also can buffer against aversive factors. Therefore, investigating factors, which might affect the development of secure attachment in high-risk children is important.

Aim of the study:

To examine attachment security and reactive attachment disorder symptoms in foster children with different pre-placement backgrounds and their relation to associated factors: pre-placement experiences, parenting behaviour of foster parents and family characteristics.

Material and Methods:

The study sample consisted of two groups of foster children, one with preceding institutional care (n = 30), one with preceding home care (n = 31), and a control group of children from their biological families (n = 30). Data assessment included measures of attachment security (AQS), reactive attachment disorder symptoms (DAI) and quality of caregiving behaviour (NICHD scales), as well as additional risk factors.

Conclusion:

Findings from both foster care samples indicated a heightened prevalence of attachment disorder symptoms and lower attachment security scores. Attachment security was found to be associated with higher sensitivity of foster parents. Moreover, foster mothers of children with marked symptoms of RAD showed lower supportive presence and higher hostility in dyadic play situations.

W1 - SYM 74.6

High-risk caregiving environments: Longitudinal studies examining risk factors, parenting behavior and child socio-emotional competences.

Professor Gottfried Spangler¹

¹Freidrich-Alexander Universitaet Erlangen Nuernberg, Erlangen, Germany

W1 - SYM74: Attachment and social-emotional development in challenging caregiving contexts, Liffey Hall 1, July 19, 2023, 14:00 - 15:30

Modern developmental psychopathology proposes risk-protection-models to explain maladaptive psychological development or the development of children growing up under adverse circumstances. While a high-risk environment will heighten the risk for maladaptive development, protective factors may moderate this influence and support adaptive development. Findings from two different longitudinal studies with biological families will be presented, in which the influence of cumulative or specific risk factors on the development of attachment and emotional regulation was investigated with simultaneous examination of the role of parental behavior as a mediating or moderating factor. In a short-term-longitudinal study in early childhood we found that high family risk in biological families predicted child attachment insecurity and that this effect was mediated by maternal sensitivity which was also affected by family load. However, the effect was not detectable in families in which the mother was able to respond sensitively despite family load. Still running analyses will show whether we can find similar effects for other child characteristics, e.g. the child's problems in emotional regulation.

In a long-term longitudinal study we investigated effects of maternal psychopathological risk around the child's birth on attachment, emotional regulation and behavior problems in middle childhood. The findings show that child socio-emotional competences at school age can be predicted by prepartum maternal depression. The effects, however, were moderated by postpartum and current depression, current maternal sensitivity and the child's gender. Still running analyses will include maternal alcohol consumption as an additional risk factor.

The findings will be discussed from an attachment theory perspective and within the theoretical framework of risk-protection model.

W1-SYM76.1

Very early signs of autism in infants: from detection, to interventions assessment. Which new tools?

Dr Lisa Ouss^{1,2}, Dr Erika Parlato-Oliveira^{3,4,5}, Dr Catherine Saint Georges^{6,7}

¹Necker Hospital, Paris, France, ²Université de Paris, Paris, Brazil, ³Hospital São Geraldo – University Federal de Minas Gerais, , Brazil, ⁴Baby clinic Instituto Langage , , Brazil, ⁵Paris Cité University, Paris, France, ⁶Hopital la Salpetriere, Paris, France, ⁷Sorbonne Universite, Paris, France

W1 - SYM76: Very early signs of autism in infants: from detection, to intervention assessment. New tools?, Wicklow Hall 1, July 19, 2023, 14:00 - 15:30

Early detection is one of the key for effective taking care in children with ASD. The challenge is to detect as early as possible, in order to intervene before the installation of interactive vicious circle, leading to the aggravation of autistic behavior. Many tools have been developed, allowing early interventions, most of them after 12 months of age. But we know that the more early the intervention, better is the prognosis.

This symposium aims 1) to propose new tools to detect very early signs in at risks infants, in order to allow as early interventions as possible, 2) to propose new kind of assessments, focusing on the core of change processes in parent/child interaction, and respecting the uniqueness of each infant/parent dyad.

The research symposium will be organized in four steps

- To propose a very early tool to detect early first signs of interactive disengagement: The PREAUT (PREvention of AUTism) aims to identify first signs at 4 and 9 months of age.
- The early detection of Autism spectrum Disorder in China
- New tools to assess the process of change during very early interventions: the microanalysis of parent/infant interactions
- assesment of change during early interventions by Single Case Eperimental design : control groups are replaced by the subject as its own control, which allows to avoid the problem of the heterogeneity of assessed group

Assesment of change during early interventions in infants with autism by Single Case Eperimental Design

Dr Erika Parlato-Oliveira^{1,2,3}

¹Hospital São Geraldo – University Federal de Minas Gerais, , Brazil, ²Baby clinic Instituto Langage , , Brazil, ³Paris Cité University, Paris, France,

W1 - SYM76: Very early signs of autism in infants: from detection, to intervention assessment. New tools?, Wicklow Hall 1, July 19, 2023, 14:00 - 15:30

Introduction

Early intervention in young children with Autism Spectrum Disorder have recently changed. We have moved from models of intensive interventions, in ecologically irrelevant situations, centered on childrens' autistic behaviors, to less intensive interventions, within the dyad, in ecological contexts. They target parent / child interaction, including synchrony, parental sensitivity, language skills and child social communication. Various video feed-back techniques, particularly relevant in autistic children, have been developed: VIPP, PACT and Interactive Guidance Therapy (IGT). The challenge is to develop these techniques in a reproducible and measurable way, while respecting the specificity of each dyad.

Aim of the study

To meet these challenges, we propose to develop the single-case experimental design (SCED) in order to assess the effects of early interventions in children with autism. SCED focus on the process of change, allows descriptive clinical quantitative assessments that reflect the core processes of change.

Material and Methods

We will present the design of a SCED research assessing IGT in children with Autism Spectrum Disorder, less than 3 years. The child is its own control. The design will be described (6 groups of 4 patients = 24 patients).The principal criteria is the joint attention during the 10 min infant/parent play. The secondary criteria are the symptomatic changes assessed by ADOS, ADI R, CARS, and the developmental course assessed by VABS, IDE, MSEL.

Conclusions

The SCED method is a new and interesting way which principal advantage is to diminish the number of children necessary to show effects, in replacing the number of inter-assessment by intra-assessments. New ways to organize designs offer a feasibility of clinical trials in manageable settings.

THE EARLY DETECTION OF THE RISK OF AUTISM SPECTRUM DISORDER IN CHINA

Mme Jing AN^{1,2}, Mr Fei Ju², Dr Erika Parlato-Oliveira^{1,3}

¹Université Paris Cité, Paris, France, ²Tongji University, Shanghai, China, ³University Federal de Minas Gerais, Minas Gerais, Brazil

W1 - SYM76: Very early signs of autism in infants: from detection, to intervention assessment. New tools?, Wicklow Hall 1, July 19, 2023, 14:00 - 15:30

Introduction China has about 22% of the world's population. The recent national study reported an estimated autism prevalence of 0.70% (Zhou, H. et al., 2020). Early detection of autism risks plays an important role in making parent-baby care possible, in the hope of upsetting the prognosis. The literature about ASD detection in China mainly focuses on the introduction and comparison of screening tools. Among the 44 articles published in China in the last 10 years, children aged 2 to 6 years is the most mentioned, only 4 studies are focused on infants under 2 years. The most frequently used scales are CARS, ABC, Gesell and M-CHAT. Aims of the Study The implementation of the early screening (PREAUT-Olliac grid) in Health Public Chinese. Material and Methods In partnership with Tongji University, the Mental Health Center of Zhejiang University, and several PMIs in Beijing, Shanghai and Hangzhou, a large-scale, prospective and multicenter study will be launched. The PREAUT-OLLIAC grid will be administered with Chinese babies, hypothesizing early positive screening at 4, 9 months would predict positive screening at 18 months. Results and Prospects The training of 500 early childhood professionals to evaluate the signs risk of autism from the fourth month. Conclusions A study on early detection of autism risk in the first year of life seems essential in China, but training of early childhood professionals is also necessary.

Zhou, H., Xu, X., Yan, W. et al. (2020). « Prevalence of Autism Spectrum Disorder in China: A Nationwide Multi-center Population-based Study Among Children Aged 6 to 12 Years », *Neurosci. Bull.* 36, p.961-971.

Olliac, B., Crespín, G., & al. (2017). Infant and dyadic assessment in early community-based screening for autism spectrum disorder with the PREAUT grid. *PLoS ONE*, 12.

Screening autistic siblings to intervene with a very early transdisciplinary preemptive intervention: a clinical trial

Ms. Catherine Saint-Georges^{1,2,3}

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W1 - SYM76: Very early signs of autism in infants: from detection, to intervention assessment. New tools?, Wicklow Hall 1, July 19, 2023, 14:00 - 15:30

Today, searchers agree that despite initial risk factors, autism spectrum disorder (ASD) trajectory isn't predetermined and that a very early intervention, when cerebral plasticity is great, could modify their developmental trajectory. Very early interactive experiences should be crucial to shape the cerebral development in the social brain direction. Whitehouse (2021) showed that an intervention with 12-months-old infants clinically at risk changed the prognosis for some of them. PREAUT grid, the earliest screening tool for ASD, was assessed at 4 and 9 months in general population (Olliac 2017) and in a small sample of at-risk infants with West syndrome (Ouss 2014). Autistic siblings (recurrence risk of 20%) display in their first year a special misleading phenotype (lack of joint attention response), not predictive of ASD outcome, whereas the lack of joint attention initiation is predictive. Yet, PREAUT assesses infant's motivation to be an object of attention and pleasure for its care-giver, and specifically focuses on infant social initiative. Thus, PREAUT should be a good screening tool for siblings.

Our clinical trial project aims to determine how accurately PREAUT predicts outcome (ASD or developmental delay) in autistic sibling's infants and whether a very early preemptive intervention for those who screen positive will change their 3-year outcome.

225 siblings will be assessed for general movements and passed PREAUT at 2,5, 4, 6, 8 and 10 months, and receive 3-years outcome to assess sensitivity and predictive value at each age. Positive infants will be randomized to TAU or a very early transdisciplinary (relational, sensorimotor and osteopathic) intervention. Their functional adaptation at 3 years will be assessed with Vineland scale and their neurodevelopmental status with MSEL and ADOS.

Screening at-risk infants with PREAUT in the first months of life could allow a very early preemptive intervention, taking also into account very early motor impairments.

EARLY INTERVENTION WITH BABIES AT RISK FOR AUTISM: MICROANALYSIS OF FILMED SESSIONS OF PSYCHOTHERAPY

Mme Marie Nilles^{1,2}, Dr Erika Parlato-Oliveira^{1,3}

¹Université Paris Cité, Paris, France, ²UCLouvain, Louvain-la-Neuve, Belgium, ³University Federal de Minas Gerais, Belo Horizonte, Brazil

W1 - SYM76: Very early signs of autism in infants: from detection, to intervention assessment. New tools?, Wicklow Hall 1, July 19, 2023, 14:00 - 15:30

INTRODUCTION :

Currently it is possible to identify babies at risk for autism at four and nine months with the PREAUT-Olliac Grid (Olliac et al., 2017). It is necessary to consider brain and genetic plasticity for the treatment of this babies. This plasticity is higher in the first year of life.

AIM :

To evaluate a method of early intervention with babies at risk of autism and their parents.

MATERIAL and METHOD :

37 babies defined with autistic disorders' risk was included in our research after the PREAUT-Olliac grid administration. The centers of psychotherapy provided us all the weekly sessions filmed with the parents' agreement. In team, we developed a coding system for our microanalysis method. The aim is to observe and analyze in detail the various behaviors and reactions of each actor present during the session (ELAN software). ELAN is an annotation tool that allows to create and edit annotations on video and audio data. Each session is coded by two members of the team (double-blind cross-coding). Finally, statistical analysis and linking with the hypotheses are made. In this presentation we present a clinical case and show the statistical results of our analysis of gaze and motherese and their utility in the early intervention.

CONCLUSIONS :

The microanalysis can highlight the efficacy of this type of early intervention for the babies at risk for autism.

THE EARLY DETECTION OF THE RISK OF AUTISM SPECTRUM DISORDER IN CHINA

Dr Erika Parlato-Oliveira¹, Mme Jing AN, Mr Fei Ju

¹Universidade Federal De Minas Gerais, Belo Horizonte , Brazil

W1 - SYM76: Very early signs of autism in infants: from detection, to intervention assessment. New tools?, Wicklow Hall 1, July 19, 2023, 14:00 - 15:30

Introduction China has about 22% of the world's population. The recent national study reported an estimated autism prevalence of 0.70% (Zhou, H. et al., 2020). Early detection of autism risks plays an important role in making parent-baby care possible, in the hope of upsetting the prognosis. The literature about ASD detection in China mainly focuses on the introduction and comparison of screening tools. Among the 44 articles published in China in the last 10 years, children aged 2 to 6 years is the most mentioned, only 4 studies are focused on infants under 2 years. The most frequently used scales are CARS, ABC, Gesell and M-CHAT. Aims of the Study The implementation the early screening (PREAUT-Olliac grid) in Health Public Chinese.

Material and Methods In partnership with Tongji University, the Mental Health Center of Zhejiang University, and several PMIs in Beijing, Shanghai and Hangzhou, a large-scale, prospective and multicenter study will be launched. The PREAUT-OLLIAC grid will be administered with Chinese babies, hypothesizing early positive screening at 4, 9 months would predict positive screening at 18 months.

Results and Prospects The training of 500 early childhood professionals to evaluate the signs risk of autism from the fourth month.

Conclusions A study on early detection of autism risk in the first year of life seems essential in China, but training of early childhood professionals is also necessary.

W1 - SYM 77.1

The contribution of mentalizing and contingent parenting to early empathy and symbolic play

Dr. Tal Orlitsky¹, Dr Maayan Davidov¹, Dr. Yael Paz¹, Dr Ronit Roth-Hanania², Prof. Carolyn Zahn-Waxler³

¹The Hebrew University Of Jerusalem, Jerusalem, Israel, ²Tel Aviv-Yaffo Academic College, Tel Aviv, Israel, ³University of Wisconsin–Madison , Madison, United States

W1 - SYM77: The contribution of mentalizing and contingent parenting to early empathy and symbolic play, Wicklow Hall 2A, July 19, 2023, 14:00 - 15:30

Forms of sensitive parenting and empathy development during infancy

Empathy is a highly valued socio-emotional capacity. Recent work has shown that empathic responses to others' distress can be observed in the first year of life (Davidov et al., 2013, 2021), yet research has not yet examined the precursors of these early empathic concern abilities of infants. This study aimed to examine the parenting contributions to the development of empathy during infancy. It focused on distinct associations between three forms of sensitive parenting – responsiveness to distress, responsiveness to nondistress, and warmth – and infants' empathic responses to others' distress. We hypothesized that maternal responsiveness to her infant's distress, but not warmth or responsiveness to nondistress, would predict infant's empathic concern abilities. A longitudinal sample of 165 infants was followed at 3, 6, 12, and 18 months. Mothers' responsiveness to distress, responsiveness to nondistress, and warmth, were coded from mother-infant interactions at 3 and 6 months, and infants' empathy for others' distress were assessed at 3, 6, 12, and 18 months, based on three distress stimuli: experimenter and mother simulations, and peer crying video. Infants' responses were filmed for subsequent coding.

A path analysis was conducted in order to test our hypothesis. The findings supported our conceptual model, which specified that maternal responsiveness to distress predicted infants' empathic concern, whereas maternal responsiveness to nondistress and maternal warmth did not. To rule out possible alternative explanations, infants' empathic abilities were controlled in the model, as was the shared variance between the different forms of parenting.

Examining the contributions of the three aspects of parenting to empathic concern during infancy can have implications for theory – understanding the early development and parenting antecedents of empathic abilities, and for practice – by informing early intervention and prevention efforts aimed at promoting children's empathic abilities.

The contribution of mentalizing and contingent parenting to early empathy and symbolic play

Dr Ronit Roth-Hanania¹

¹The Academic College of Tel Aviv Yaffo, Tel Aviv, Israel

W1 - SYM77: The contribution of mentalizing and contingent parenting to early empathy and symbolic play, Wicklow Hall 2A, July 19, 2023, 14:00 - 15:30

In the proposed symposium, the findings of 4 different longitudinal studies will be presented. These different studies all investigated the impact of maternal mental and behavioral characteristics on infant early socio-emotional development. While the contribution of maternal mental capacities and parenting behavior to children's emotional and social growth is well documented, not much is known about how they are involved in the development of these capacities in infants and preschoolers. The studies presented demonstrate different operationalizations and assessments of maternal characteristic and child outcomes, in investigating the links between the two early in life.

Discussant: Dr. Jessica Borelli
University of California, Irvine

The following presentations will be included in the symposium:

1. Forms of sensitive parenting and empathy development during infancy

Tal Orlitsky¹, Maayan Davidov¹, Yael Paz¹, Ronit Roth-Hanania², and Carolyn Zahn-Waxler³

¹ The Hebrew University of Jerusalem, Israel

² Tel Aviv-Yaffo Academic College, Israel

³ University of Wisconsin–Madison, USA

2. Links between mother's mentalization, child's symbolic play in triadic (mother-father-child) interaction and child's behavior problems

Keren Hanetz-Gamliel and Daphna G. Dollberg

The Academic College of Tel Aviv-Yaffo, Israel

3. Maternal Prenatal and Postnatal Mentalizing and Infant Empathy at 15 months

Daphna G. Dollberg and Ronit Roth-Hanania

The Academic College of Tel Aviv – Yaffo, Israel

4. Maternal contingent responsiveness longitudinally predicts neural and behavioral indices of emerging social skills across the first year of life

Tahl I. Frenkel¹, Lindsay C. Bowman² and Sofie Rousseau³

¹ Reichman University, Israel

² University of California, Davis, USA

³ Ariel University, Israel

Links between mothers' mentalization, children's symbolic play in triadic (mother-father-child) interaction and children's behavior problems

Dr Keren Hanetz- Gamliel¹, Dr Daphna Dollberg Ginio¹

¹The Academic College Of Tel-aviv Yaffo, Tel Aviv, Israel

W1 - SYM77: The contribution of mentalizing and contingent parenting to early empathy and symbolic play, Wicklow Hall 2A, July 19, 2023, 14:00 - 15:30

Introduction:

Mothers' mentalizing skills are associated with children's symbolization in play (Slade, 2005) and are linked with the quality of the triadic interaction (León, & Olhaberry, 2020). Moreover, children with behavior problems often have difficulties with symbolic play, specifically with emotional regulation and the ability to play with others (Halfon, & Bulut, 2019).

Stud's Aim: (1) to examine the associations between mothers' mentalization abilities and children's symbolic play in triadic interaction. (2) to examine the moderating role of children's internalizing and externalizing behavior to the association between the mother's mentalization and the child's symbolic play in triadic interaction.

Material and methods:

75 families (fathers, mothers, and 3-5 years children, 48.1% girls) participated in the study. Mothers reported on their children's internalizing and externalizing behavior (CBCL). Mothers' mentalization was assessed with the Mind-Mindedness interview (MM), and symbolic play was assessed as part of the CIB coding for triadic interaction.

Results:

Pearson correlations between the mothers' MM and the triadic symbolic play were not significant. Nevertheless, the moderation model indicated that when children had low or medium levels of internalizing behavior, the association between the mother's MM and the triadic play was significant. For children with a high level of internalizing behavior, this link was not significant. No significant effects were found for the child's externalizing behavior.

Conclusions:

The findings suggested that the mother's ability to consider her child's implicit world as well as her emotional dynamics promoted the quality of the child's play in the triadic interaction, but not for all children. For apprehensive, anxious children, that may have more difficulty expressing themselves freely through symbolic play and struggle to play with the parents, the mothers' mentalization doesn't contribute to the symbolic play.

Maternal contingent responsiveness longitudinally predicts neural and behavioral indices of infant's emerging social skills

Dr Tahli Frenkel¹, Dr. Lindsay Bowman², Dr. Sofie Rousseau³, Serena Mon⁴

¹Reichman University (IDC Herzliya), , Israel, ²University of California, Davis, USA, ³Ariel University, , Israel, ⁴Northwestern University, , USA

W1 - SYM77: The contribution of mentalizing and contingent parenting to early empathy and symbolic play, Wicklow Hall 2A, July 19, 2023, 14:00 - 15:30

INTRODUCTION:

Theories contend that contingently responsive exchanges with caregivers support infants' understanding of others as social partners. Nonetheless, there is general paucity of longitudinal research examining how social contingency shapes early brain development to support emerging social behavior.

AIM:

We examine how maternal contingent responsiveness (CR) predicts infants' developing brain and social-emotional behavior across the first year of life (N=60).

MATERIALS AND METHODS:

At 4-months, maternal CR was coded from mother-infant interactions and infant temperamental negative reactivity was observed using standard reactivity tasks. At 10-months, Infants' 'baseline' electroencephalography (EEG) was recorded. Frontal 6-9hz alpha EEG asymmetry indexed infant regulation between social approach/withdrawal and global alpha EEG power indexed general maturation/organization of the infant brain. At this same lab visit, infant EEG was recorded while infants interacted with mothers. Mothers were instructed to imitate their infant (to maximize contingent responding), and real-time neural responses to maternal imitation were extracted. Finally, infants' concurrent empathic prosocial behaviors were observed using standard paradigms.

CONCLUSIONS:

Infant temperamental negative reactivity interacted with maternal CR to shape infant EEG asymmetry at 10-months. Temperamental reactivity negatively associated with neural indices of social approach and prosocial behavior, but only for infants who experienced low levels of maternal CR. No such risk emerged for temperamentally reactive babies who experienced high levels of maternal CR. Similarly, maternal CR at 4-months positively associated with functional maturation of the infant brain at 10-months ($r = .45, p < .001$), as well as stronger infant neural responses to real-time contingent maternal behaviors (i.e., greater event-related alpha suppression to maternal imitation ($r = -.70, p < .001$)). Finally, infants' neural responses to real-time maternal imitation associated with increased prosocial behavior at 10-months ($r = -.78, p < .001$). Together, findings underscore the role of CR in shaping infants' brain development to support emerging social behavior.

Maternal Prenatal and Postnatal Mentalizing and Infant Empathy at 15 months

Dr Daphna Dollberg Ginio¹, Dr Ronit Roth-Hanania

¹Academic College Tel Aviv-yaffo, Israel, Tel Aviv-Yaffo, Israel

W1 - SYM77: The contribution of mentalizing and contingent parenting to early empathy and symbolic play, Wicklow Hall 2A, July 19, 2023, 14:00 - 15:30

Introduction:

Empathy, feeling for another person, is crucial in the formation of healthy social relationships. Markers of empathy's affective and cognitive components are observed already during the first year of life. Maternal mentalizing, i.e., her tendency to regard her infant as an individual with a separate mind and her understanding of the nature of her infant's mental states, can be traced from the prenatal period into early childhood and is crucial for the child's socioemotional development.

Aim:

To examine the links between mothers' prenatal and six-months postpartum mentalizing to infant's empathy at 15 months.

Hypotheses: (1) mothers' prenatal and postnatal mentalizing will be associated with infant's empathy at 15 months (2) mothers' prenatal mentalizing will predict directly, and indirectly via the mother's postnatal mentalizing, infant's empathy at 15 months.

Materials and Methods:

37 mother-infant dyads completed three phases of this longitudinal study. Mothers' reflective-functioning (RF) and mothers' representational mind-mindedness (MM) were measured during pregnancy and 6 months postpartum. The mother's interactional MM was assessed during mother-infant interactions at six months. Infants were shown two 60-second videos: a crying baby and an adult in distress. A variety of empathy related behaviors were coded.

Results:

Significant correlations between mothers' prenatal RF opacity factor and the infant's empathy towards a distressed adult were found. Mothers' RF certainty factor at six months was positively correlated with infants' affective empathy for a crying baby. Infants of mothers who expressed more appropriate interactional MM expressed more concern for a crying baby. Importantly, the model predicting infant's cognitive empathy from the mother's prenatal RF mediated by her interactional MM at 6 months was significant.

Conclusions:

Mothers' prenatal and postnatal mentalizing are associated longitudinally with infants' emerging empathy. These preliminary findings highlight the importance of the social environment to the development of infants' empathy.

W1 - SYM 78.1

Parental and Infant Risk: Contributions to Child Social Emotional Adaptation in Four Longitudinal Studies

Professor Julie Poehlmann¹, Dr. Emily Gerstein², Dr Wanjiku Njoroge³, Professor Maria Spinelli⁴, Dr Prachi Shah⁵

¹University of Wisconsin-Madison, Madison, United States, ²University of Missouri-St. Louis, St. Louis, USA, ³University of Pennsylvania, Philadelphia, USA, ⁴University G. D'Annunzio Chieti-Pescara, Chieti, Italy, ⁵University of Michigan, Ann Arbor, USA

W1 - SYM78: Parental and Infant Risk: Contributions to Child Social Emotional Adaptation in Four Longitudinal Studies, Wicklow Hall 2B, July 19, 2023, 14:00 - 15:30

The studies in this symposium focus on unique ways of conceptualizing, measuring, and analyzing parent and infant risk factors in relation to child development in two countries. The parent risk factors of interest include maternal mental health (depression and anxiety), history of childhood adversity, and contexts that are currently considered as potentially adverse for children (e.g., parental substance use, parental incarceration, etc.). The infant risk factors include prematurity and sensitivity to environmental stimuli. Contextual factors are also considered across the studies, including the socioeconomic context and other social determinants of health.

Although all the studies are longitudinal, diverse methodologies are represented in samples assessed, measures used, and analytic methods. Three studies are based in the USA and one in Italy, and one of the studies analyzes data from a nationally representative sample. Two studies include longitudinal assessments of high risk infants and their families across multiple years. Measures include observations of infants and infant-mother interaction (microcoding of parent-child interactions during play and the Still Face Paradigm and global assessments of parent-child interaction), standardized direct assessment of children, parent-report questionnaires, and physiological data. The studies use different analytic approaches, including latent profile analysis, multiple linear regression, and time series analyses. Child outcomes include infant social emotional skills and interactional synchrony in the first year of life; internalizing and externalizing behavior problems at age 3; symptoms of anxiety and depression at age 5; and self-regulation skills and academic achievement at kindergarten (5-6 years).

The studies converge in their findings of the importance of multiple risk factors for young children's social emotional outcomes, especially the accumulation of (or interaction of) adverse childhood experiences and anxiety/depression in mothers, and very preterm birth and environmental sensitivity in infants. The findings have implications for early screening and identification of infant-mother dyads who may benefit from intervention.

W1 - SYM 78.2

Timing is critical: Postpartum depression and child behavior at 3 years in children born preterm

Dr. Emily Gerstein¹, Haley Ringenary¹, Professor Julie Poehlmann², Claire Bradley²

¹University Of Missouri-St. Louis, St. Louis, United States, ²University of Wisconsin-Madison, Madison, United States

W1 - SYM78: Parental and Infant Risk: Contributions to Child Social Emotional Adaptation in Four Longitudinal Studies, Wicklow Hall 2B, July 19, 2023, 14:00 - 15:30

Introduction:

Mothers of children born preterm (<37 weeks gestation) are at heightened risk for stress and mental health difficulties, including higher rates of postpartum depressive symptoms (PPD), which are associated with later child behavior problems. However, there is inconsistency in the timing and environment when measuring PPD, and these distinct environments may have different risk factors that account for symptomatology and different predictive value for child outcomes.

Aim:

The first aim examines whether known risk and protective factors for PPD are consistent or unique when measured before hospital discharge (HD) and 4 months at home. The second examines how PPD at HD, 4, and 36 months relates to child behavior problems at 36 months.

Materials and Methods:

173 children born preterm and their mothers from the midwestern US were followed from HD through 36 months. Mothers completed depression questionnaires at HD, 4, and 36 months. Maternal-reported internalizing and externalizing behavior problems and observed child behavior were measured at 36 months. Structural equation modeling examined child medical risk, maternal sociodemographic factors (SES), and emotional support as risk and protective factors.

SES assets, multiple birth, and emotional support from parents were associated with less PPD at HD. Child medical risk, being in a relationship, and SES assets were associated with less PPD at 4 months. PPD at HD did not predict 36 month behavior problems beyond concurrent depression. However, PPD at 4 months was associated with later externalizing behaviors. Maternal depression at 36 months significantly mediated between 4-month PPD and internalizing behaviors and externalizing behaviors.

Conclusions:

There may be different risk factors for PPD depending on environment and timing, with PPD at 4 months associated with later behavior problems. Findings speak to needing continued mental health screening for women after they leave the hospital, and for tailoring family-based interventions to the environment.

Latent Profiles of Maternal Distress in the NICU: Associations with Child Mental Health at 5

Dr Wanjiku Njoroge^{1,2}, Dr. Emily Gerstein³, Dr Rachel Lean⁴, Rachel Paul⁴, Dr. Christopher Smyser⁴, Dr. Cynthia Rogers⁴

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W1 - SYM78: Parental and Infant Risk: Contributions to Child Social Emotional Adaptation in Four Longitudinal Studies, Wicklow Hall 2B, July 19, 2023, 14:00 - 15:30

Introduction:

This study examined profiles of distress in mothers of preterm infants in a Neonatal Intensive Care Unit (NICU) in the United States and their association with maternal and child outcomes when children were 5 years of age.

Aim of the Study:

Ninety-four racially and economically diverse mothers of preterm infants (≤ 30 weeks gestation) from the midwestern United States completed questionnaires assessing depression, state and trait anxiety, and NICU and life stress at their infant's NICU discharge. When children were 5 years of age, mothers reported on their own and their children's symptomatology-specifically socioemotional factors like symptoms of anxiety and depression. A latent profile analysis (LPA) was conducted to categorize maternal symptomatology.

Material and Methods:

The LPA yielded four distinct profiles of impacted mothers: (1) Low Symptomatology, (2) High NICU Stress, (3) High Depression and Anxiety, and (4) High State Anxiety. Multiple social determinants of health were examined in relation to these profiles. Age, education, neighborhood deprivation, and infant clinical risk distinguished among the profiles. In addition, children of mothers in the High Depression/Anxiety profile experienced greater anxious and depressed symptoms than other groups at age 5.

Conclusions:

This study addresses the importance of examining multiple dimensions of NICU distress to understand how patterns of mood/affective symptoms, life stressors, and Social Determinants of Health factors vary across mothers and impact children. Profiles of maternal NICU distress demonstrated enduring risks for poorer maternal and child mental health outcomes. This new knowledge underscores sources of disparate health outcomes for mothers of preterm infants and the infants themselves. Universal screening of preterm infants and their mothers is needed to identify at-risk dyads for poor health outcomes and those in need of individualized interventions that address both maternal and child well-being.

W1 - SYM 78.4

Gestational Age, Early Adversity, and Kindergarten Academic and Behavioral Outcomes: Testing the Cumulative Risk Hypothesis

Dr Prachi Shah¹, Professor Maria Spinelli², Professor Julie Poehlmann³, Mr. Harlan McCaffrey¹, Dr. Heidi Weeks¹, Dr. Niko Kaciroti¹

¹University Of Michigan, Ann Arbor, USA, ²University G. D'Annunzio Chieti-Pescara, Chieti-Pescara, Italy, ³University of Wisconsin-Madison, Madison, USA

W1 - SYM78: Parental and Infant Risk: Contributions to Child Social Emotional Adaptation in Four Longitudinal Studies, Wicklow Hall 2B, July 19, 2023, 14:00 - 15:30

Background:

The cumulative risk hypothesis posits that more risks have a deleterious impact on child development. However, the cumulative effect of adverse childhood experiences and premature birth on learning and self-regulation has not been examined.

Objective:

To examine whether the association between adverse child experiences (ACEs) and kindergarten outcomes is magnified in infants born at earlier gestational ages compared to infants born less preterm or full-term on academic achievement and self-regulation.

Methods:

The sample included 5800 infants (24-41 weeks gestation) from the US study Early Childhood Longitudinal Study, Birth Cohort. Kindergarten outcomes included academic achievement (reading and math) and parent-reported effortful control to indicate child self-regulation. Gestational age groups were very preterm: < 32 weeks; moderate/late preterm: 32-36 weeks; and full term: 37-41 weeks. Parents reported on seven ACEs for the children. Multiple linear regression examined the main and interactive associations between gestational age groups, ACEs, and reading and math scores and effortful control at kindergarten.

Results:

In adjusted models, lower gestational age predicted lower reading, math, and effortful control, with the greatest effects in infants born very preterm (VPT) ($B_{\text{reading}} = -0.16$, $p = .02$; $B_{\text{math}} = -0.27$, $p < .001$; $B_{\text{effortful control}} = -0.22$, $p = .006$). More child ACEs also related to lower reading, math, and effortful control. Interactive effects of gestational age and ACE scores were significant for effortful control ($p = .049$), with the lowest effortful control in children born VPT who had more ACEs ($B = -0.15$, $p = .04$).

Conclusions:

Analyses support the cumulative risk hypothesis wherein a combination of early adversity and lower gestational age predicted lower self-regulation skills (but not academic achievement) at kindergarten. Identifying the cumulative risk of ACEs and VPT birth can help clinicians distinguish among preterm infants who may benefit from trauma-informed interventions and other resources to foster self-regulation skills, which are important for future development.

W1 - SYM 78.5

Mother-infant bio-behavioural synchrony and risk: Maternal well-being, infant environmental sensitivity, and dyadic synchrony

Professor Maria Spinelli¹, PhD Francesca Lionetti¹, PhD Maria Grazia Mada Logrieco¹, Dr Ilenia Passaquindici¹, Dr Alessandra Sperati¹, PhD Maria Concetta Garito¹, ordinary professor Mirco Fasolo¹
¹University G. D'Annunzio Chieti-pescara, Chieti, Italy

W1 - SYM78: Parental and Infant Risk: Contributions to Child Social Emotional Adaptation in Four Longitudinal Studies, Wicklow Hall 2B, July 19, 2023, 14:00 - 15:30

Introduction

Parent-child dyadic synchrony occurs at the behavioural, physiological, and neural levels and refers to a type of interaction that is mutually regulated and reciprocal. It is a fundamental experience for infants that promotes infant emotion regulation development. Several maternal and infant individual factors are hypothesized to affect the quality of dyadic synchrony, with cascading effects on infant development.

Aims

This study aimed to explore infant emotion regulation as related to bio-behavioural dyadic synchrony in Italian infant-mother dyads with highly/low stressed mothers and with highly/low sensitive infants.

Material and Methods

Infant and maternal (n=50) behavioural (affective behaviours) and physiological (RSA values) simultaneously functioning were collected at each 20sec interval during the Still-Face Paradigm when infants were 3 and 6 months. Behavioural and physiological synchrony and infant behavioural and physiological emotion regulation were computed. Mothers reported about their aversive childhood experiences (ACE scores) and levels of stress. The Highly Sensitive Infant rating system was administered to infants to evaluate environmental sensitivity.

High stress and high ACE scores were associated with low behavioural and physiological synchrony during the play and still-face phases, with cascading negative effects on infant's emotion regulation abilities. Infants' environmental sensitivity mediated the negative effect of maternal ACEs and stress on dyadic synchrony. Dyads with highly sensitive infants and highly stressed mothers showed the lowest synchrony values and the lowest infant emotion regulation abilities. These effects were present concurrently and longitudinally and were stronger for physiological outcomes than for behavioural ones.

Conclusions

Childhood adversity and co-occurring stress have detrimental effects on mothers' abilities to attune with their infants both behaviourally and physiologically, with negative consequences for infant emotion regulation skills. These effects were stronger if the infant presented a potential vulnerability such as high sensitivity to environmental stimuli. Findings have implications for developmental research and for preventive clinical interventions.

W1 - SYM 79.1

The conundrums of behavioural sleep interventions in infants: Parental voices and choices.

Professor Sarah Blunden¹

¹Central Queensland University, Adelaide, Australia

W1 - SYM79: The conundrums of behavioural sleep interventions in infants: Parental voices and choices, Wicklow 1, July 19, 2023, 14:00 - 15:30

Sleep the first year of life is difficult for mothers and babies. Behavioural sleep interventions (BSI) can be successful in improving this. However some parents find BSI difficult to execute because the vast majority of BSI utilised to reduce infant sleep and settling problems include leaving a child to cry alone at various intensities. Parental opinions and voices regarding BSI are under-represented in the literature. Alternative settling techniques, including more responsive BSI, exist yet there is similarly a paucity of data.

It is important to understand what parents, particularly mothers, do to improve sleep if they do not wish to leave their child to cry. Additionally it is necessary to understand if and how parents can access responsive, non-ignoring methods if they wish to.

With four international speakers, the symposium will present

- (1) a broad review of the literature on parental opinions and uptake of BSI and the need for responsive methods with the paper “How well does existing research and advice on behavioral interventions map to real-world parenting experiences?” (Macall Gordon, USA)
 - (2) show the results of training UK health professionals to educate parents and help them manage family sleep with the paper “Evaluating Sleep, Baby & You: perception of parents and practitioners to a responsive approach to reducing infant ‘sleep problems” (Helen Ball, UK)
 - (3) a RCT comparison of a responsive method vs a method which leaves infants to cry alone with the paper “Comparing mental health in mother/infant dyads between responsive and extinction sleep interventions: A pilot study” (Sarah Blunden, Australia)
 - (4) (4) data showing maternal opinions and perceptions of co-sleeping, with the paper “ Motivations and satisfaction in co-sleeping mothers” (Levita D’Souza, Australia)
- The symposium will include an active panel Q and A at the end of the speakers.

Comparing mental health in mother/infant dyads between responsive to extinction sleep interventions: a pilot study

Professor Sarah Blunden¹

¹Central Queensland University, Adelaide, Australia

W1 - SYM79: The conundrums of behavioural sleep interventions in infants: Parental voices and choices, Wicklow 1, July 19, 2023, 14:00 - 15:30

Background

Methods to improve sleep in infants commonly involves some ignoring (extinction) but these are often unpopular with mothers stressed about their infant's distress when left to cry alone. Responsive methods are increasingly available but randomised control trials (RCT) have not been undertaken.

Aims

This pilot study aimed to compare stress, maternal depression and sleep in mother/infant dyads, in Responsive, Controlled Crying and control groups during a bedtime stressor (maternal-infant separation at bedtime).

Description

Maternal self-reported depression (Edinburgh Post natal Depression Scale – EPND), maternal perceptions of stress (Subjective Units of Distress - SUDS), their infant's infant stress (visible stress - MPI-S, presence of crying, and intensity of crying) infant physiological stress (cortisol) and infant sleep (sleep diaries) were compared four times across eight weeks in 32 randomly allocated maternal-infant dyads (infants aged 6-12 months) - Responsive (RG, n= 15), Controlled Crying (CCG, n = 18) or Controls (Treatment as Usual -TAUG, n=8). Sleep duration was not different between groups but RG infants woke less ($p= .008$). There were no differences in cortisol between groups across time points. Maternal SUDS was positively correlated with infant Cortisol and MPI-S ($p<0.05$) and mothers in the RG were significantly less stressed ($p=0.02$) and depressed ($p<0.05$). A trend was observed that may support the hypothesis that maternal stress would be synchronised with maternal perceptions of infant stress, however, these findings were not statistically significant and require cautious interpretation.

Conclusion

Both CCG crying and RG improved sleep in infants. However, RG Mothers were less stressed and less depressed. When mothers believe their infants are distressed during a bedtime stressor, they tend to be stressed themselves. Findings support the efficacy and acceptability of responsive methods compared to control crying and offer families more choices to improve the infant sleep

W1 - SYM 79.3

Evaluating 'Sleep, Baby & You': a responsive approach to addressing parent-infant sleep problems.

Professor Helen Ball¹, Dr Pamela Douglas²

¹Durham Infancy & Sleep Centre, Durham University, Durham, UK, ²Possums & Co, Brisbane, Australia

W1 - SYM79: The conundrums of behavioural sleep interventions in infants: Parental voices and choices, Wicklow 1, July 19, 2023, 14:00 - 15:30

In previous work we found that UK health professionals lacked training in how to support parents struggling with infant sleep and revealed that UK parents seeking help for 'infant sleep problems' had poor awareness or expectations of what normal infant sleep entails. To address these unmet needs we adapted the Possums Infant Sleep Programme for use in UK community health settings as 'Sleep, Baby & You'. We trained UK health professionals to educate parents about infant sleep biology and support them in experimenting with small modifications to their infant care practices to improve the manageability of family sleep. We report here on the efficacy of this approach based on evaluations conducted with practitioners and families who used the intervention. Practitioners reported a strong positive response to the training and materials, while parents found the flexible, pragmatic strategies to be transformative for the enjoyment of family life. We conclude that Sleep, Baby & You is a viable approach for supporting parents experiencing perceived infant sleep problems.

Understanding motivations and satisfaction with sleep location among co-sleeping parents

Dr Levita D'Souza¹

¹Monash University, Melbourne, Australia

W1 - SYM79: The conundrums of behavioural sleep interventions in infants: Parental voices and choices, Wicklow 1, July 19, 2023, 14:00 - 15:30

Introduction and aims:

Night-time infant care practices differ across the globe. Western-centric ideologies favour independent, self-regulated, and consolidated sleep. Safe-sleep recommendations advise against all forms of parent-child bed-sharing while promoting room-sharing. In non-western cultures, parental presence at bedtime and overnight is the accepted norm, and withdrawal of parental presence is perceived as neglectful. Co-sleeping including bed-sharing is widely practiced globally and rates continue to increase in western countries. Yet, perspectives of co-sleeping parents remain under researched. This study aimed to understand intentions, preferences and satisfaction with co-sleeping arrangements in an internet-based sample of self-identified co-sleeping parents.

Materials and Method:

A mixed-method study design was used to understand co-sleeping parents' (n= 3298) intentions, preferences, and satisfaction with co-sleeping (including bed-sharing) choices through an internet based survey.

Results:

Co-sleeping practices were nuanced and varied with parents and children transitioning between sleep location and surfaces through the night. While 64% of parents did not intend to co-sleep prior to the birth of their child, 88.7% preferred the current co-sleeping location, and 81.5% indicated satisfaction with it. Children from birth to 4 years were more likely to share a sleep surface with the parent, with 5-12 years old more likely to transition between sleep surfaces and sleep locations, or sleep in their own rooms. A thematic analysis yielded nine themes and a range of influences on motivations and satisfaction with co-sleeping arrangements.

Conclusion:

Co-sleeping including bedsharing continues to be practiced by parents in western countries with a range of internal and external factors influencing motivation and satisfaction. Considerations must be given to parents' perspectives in implementing night-time infant care practices. The study also highlights the need for the provision of culturally sensitive post-natal sleep and settling advice.

Parental experiences with the promises of extinction for infant sleep: A review of the literature

Ms Macall Gordon¹

¹Antioch University, Seattle, Seattle, USA

W1 - SYM79: The conundrums of behavioural sleep interventions in infants: Parental voices and choices, Wicklow 1, July 19, 2023, 14:00 - 15:30

Extinction (popularly called crying-it-out, controlled crying, Ferberizing) is considered the most researched intervention for ameliorating infant sleep problems. The vast majority of existing infant sleep training books and programs for parents, in fact, endorse it as an effective method for preventing sleep problems. It is well understood, however, that many parents strongly dislike extinction and its reliance on letting infants cry for prolonged periods. Researchers have reported high rates of attrition resulting from actual or even potential assignment to extinction groups. In real world contexts, without the high degree of support, assessment, and follow-up that occurs in a research context, parents in the real world report less success and higher levels of difficulty with extinction. What do we know about the effectiveness of extinction, especially in real-world contexts?

METHODS: Ten bestselling parenting books on pediatric sleep training, as well as two popular internet-based sleep training programs were summarized and compared to research on extinction derived from hierarchical evaluations of empirical support, as well as systematic reviews and meta-analyses (N=25).

RESULTS: Advice uniformly endorses variations on extinction as effective for all infants. Across studies listed as empirical support (N=67), however, extinction failed to work for 25-50% of samples. Parenting advice encourages the initiation of extinction as early as three- to four months. Research on extinction with younger infants is extremely limited. It is also important to note that despite the well-documented difficulty that more sensitive/reactive infants have with consolidated sleep, temperament is rarely considered in extinction research. One large parent survey found that parents of these infants experienced even less success with extinction than their peers.

DISCUSSION: The combination of high parental resistance and potentially large groups for whom extinction does not work warrants the investigation of alternative approaches that are consistent with both parents' preferences and infants' developmental capacities.

W1-SYM80.1

Strong Roots Programs: Adaptations to meet the needs of culture and community

Dr Kristyn Wong Vandahm¹, Dr Diana Morelen², Staci Hanashiro³, Dr Cecilia Martinez-torteya⁴, Dr. Katherine Rosenblum¹, Dr. Maria Muzik¹

¹University of Michigan, Department of Psychiatry, Ann Arbor, USA, ²East Tennessee State University, Department of Psychology, Johnson City, USA, ³Lili'uokalani Trust , Honolulu, USA, ⁴Universidad de Monterrey, Departamento de Educación, San Pedro Garza García, Mexico

W1 - SYM80: Strong Roots Programs: Adaptations to meet the needs of culture and community, EcoCem Room, July 19, 2023, 14:00 - 15:30

INTRODUCTION:

Strong Roots offerings are a family of interventions and programs that address the needs of caregivers of young children who have experienced trauma and adversity. Strong Roots programs such as Mom Power and Fraternity of Fathers focus on providing care and support as caregivers reflect on their lived experiences. These programs focus on nurturing skills and tools caregivers can use to promote both their own and their children's health and wellbeing.

AIMS:

This symposium includes three individual presentations which highlighting adaptations of Strong Roots Programs which were made to meet the needs of various communities in the United States.

DESCRIPTION:

The first presentation will discuss pilot implementation and dissemination efforts of Mom Power for female caregivers and Fraternity of Fathers for male caregivers in the Appalachian Highlands region of southwest Virginia and northeast Tennessee (USA). The second presentation will overview how Lili'uokalani Trust Early Childhood initiative in Hawai'i (USA) has tailored the delivery of Mom Power to be culturally responsive to the needs of Native Hawaiian mothers and their children. The final presentation will introduce a new Strong Roots peer-to-peer model, Strong Roots Parent Café, and discuss how the model can be beneficial for supporting caregivers of young children in a more accessible way for organizations and communities.

CONCLUSIONS:

Cecilia Martinez-Torteya, who has led the Spanish translation of Strong Roots Programs, will conclude the presentation by holding a discussion to synthesize and integrate the adaptations of Strong Roots programs.

Building Strong Roots in Rural Appalachia: Implementation of an IECMH Group Parenting Program

Dr Diana Morelen¹, Kelly Daniel¹, Dr Diana Morelen¹, Vinaya Alapatt¹, Dr. Katherine Rosenblum², Dr. Maria Muzik²

¹East Tennessee State University, Johnson City, United States of America, ²University of Michigan, Ann Arbor, United States of America

W1 - SYM80: Strong Roots Programs: Adaptations to meet the needs of culture and community, EcoCem Room, July 19, 2023, 14:00 - 15:30

INTRODUCTION:

Transitioning into parenthood is hard enough when a caregiver has a solid foundation of physical, psychological, and relational health. It is no surprise that caregivers who have a history of trauma, relational challenges, a history of mental health challenges, struggles with substance misuse, and/or other psychosocial stressors are at greater risk for experiencing mental and relational challenges in parenthood. The Strong Roots curriculum, developed by the University of Michigan's Zero to Thrive program, uses evidence-based strategies to engage caregivers and providers of infants and young children to serve as a 2 generational approach to intervention (caregivers) and prevention (young children).

AIMS:

The aim of this presentation is to discuss pilot implementation and dissemination efforts of Strong Roots parenting programs in the Appalachian Highlands region of southwest Virginia and northeast Tennessee, USA.

DESCRIPTION:

The Appalachian highlands has a rich culture that values people, place, and storytelling. Unfortunately, this region is also known for its higher than national average rates of poverty, substance misuse, neonatal abstinence syndrome (NAS), and intergenerational trauma. Since 2017, community-based work has been happening in the Appalachian Highlands to offer the evidence-based IECMH programming in the form of Strong Roots groups (Mom Power, for female caregivers; Fraternity of Fathers for male caregivers) resulting in over 15 groups held and over 200 families served.

CONCLUSIONS:

This presentation will share evidence-based concepts from the Strong Roots curriculum, preliminary research results from implementation efforts, and feedback and stories from the families served and the community partners engaged in the process of nurturing strong roots in the Appalachian Highlands. Throughout the presentation, attention will be paid to themes of holding a trauma-informed and culturally responsive lens in doing community-based IECMH programming.

Mo'olelo o Nā Māmā:

Overview of how Lili'uokalani Trust adapted Mom Power for Hawaiian families.

Staci Hanashiro¹, Melinda Lloyd

¹Lili'uokalani Trust, Honolulu, USA

W1 - SYM80: Strong Roots Programs: Adaptations to meet the needs of culture and community,
EcoCem Room, July 19, 2023, 14:00 - 15:30

INTRODUCTION:

In Hawaiian culture, family relationships and values are priority. 'Ohana (family) can be filled with support and strength; providing a kahua, or foundation, from which keiki grow and thrive. However, statistics expose alarming data regarding the impact of cultural historical trauma and adverse childhood experiences on the Hawaiian population. The effects of colonization forced a disconnection from ancestral 'ike (knowledge) and ways of knowing, being, and doing for contemporary Hawaiians, fostering conditions that led to negative impacts in modern times. These impacts are illustrated by the disproportionate representation of Hawaiians in the Child Welfare and Criminal Justice systems. Lili'uokalani Trust (LT) is working to disrupt these cycles and bring its vision of: E nā kamalei lupalupa, or thriving Hawaiian children, to life. One of LT's strategies to foster thriving is by focusing on Early Childhood Development and interventions for kamali'i ages 0-5 and their 'ohana.

PURPOSE:

LT explored numerous interventions focusing on a 2-generation approach to have a deeper impact on families, and selected University of Michigan's Zero to Thrive Mom Power (MP) program. LT began implementation of MP in 2021 with Native Hawaiian mothers by interweaving into the curriculum Hawaiian cultural practices and values. Joining and honoring Hawaiian ancestral 'ike with Western evidence-based knowledge.

DESCRIPTION:

For MP to resonate with mothers living in Hawai'i, LT staff reviewed each session, bridged concepts to Hawaiian 'ike and values, incorporated Hawaiian protocols, and tailored visuals to represent people and environments of Hawai'i. LT facilitated two pilot cohorts, and received positive feedback from participants, and will continue to tailor the curriculum to meet the specialized needs of Native Hawaiian mothers.

CONCLUSION:

This presentation will share how LT adapted the curriculum to further meet the needs of Native Hawaiian mothers, what the adaptations looked like, and the impact the program had on participants.

Strong Roots Parent Café: A peer-to-peer model to support caregivers from birth to 6

Dr Kristyn Wong Vandahm¹, Dr. Katherine Rosenblum¹, Dr. Maria Muzik¹

¹University of Michigan, Department of Psychiatry, Ann Arbor, USA

W1 - SYM80: Strong Roots Programs: Adaptations to meet the needs of culture and community, EcoCem Room, July 19, 2023, 14:00 - 15:30

INTRODUCTION:

Strong Roots programs utilize evidence-based approaches to engage and support parents of young children. Programs such as Mom Power or Fraternity of Fathers, positively impact families, however, these group-based interventions typically require resources that some agencies do not have available. Feedback from organizations who have offered or were interested in offering Strong Roots Programs highlighted a need for more accessible programs they could offer with fewer resources. As a result, Zero to Thrive and Be Strong Families, adapted a peer-to-peer model integrating Strong Roots concepts to provide parent support. This model focuses on building community and increasing accessibility for families who may need social support. Additionally, this new peer-to-peer model provides opportunity for a variety of community organizations including those with limited resources who want to offer Strong Roots programming and those who already offer formal Strong Roots Programs but would like to offer an opportunity for families who have participated the chance to continue having reflective conversations to support parenting.

AIMS:

This presentation will introduce the new peer-to-peer model and provide an in-depth discussion of what Strong Roots Parent Cafés are, how they work, and the benefits to offering cafés for caregivers of young children.

DESCRIPTION:

Through parent-facilitated community-based discussions, Strong Roots Parent Cafés promote parent and caregiver reflection and resilience from pregnancy through early childhood. The Strong Roots Parent Café model differs from the traditional Parent Café model in that it is specifically targeted toward parents and caregivers of young children, utilizes discussion questions that incorporate key Strong Roots concepts to support parental self-care, nurture social connections, offer an attachment-based parenting framework, and connects families to community-based resources.

CONCLUSIONS:

Strong Roots Parent Café offers a complementary model to traditional mental health interventions and is more accessible for supporting families by strengthening parent to parent relationships within communities.

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