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

Book of Abstracts

(part 2)
Monday 17th July 2023
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A historical journey will be exposed through the development of four projects over eleven years evaluating the feasibility and efficacy of brief psychotherapeutic interventions performed in Chile using Video-feedback under a "bottom-up" research approach. The main goal is providing innovative, useful, and scalable interventions to the public health system in Chile. This journey ends with the development of a culturally sensitive intervention model with Video-feedback: The “Strengths-based Video-feedback” (SB-VF). This research is framed into the attachment theory, seeking to test low-cost Video-feedback interventions which could be implemented in public settings in Chile and Latin-America.

The first project focusses on mother-infant dyads with depressive symptoms and the analysis of maternal mental health history, sensitive response, maternal reflective function, and infant development.

The second project focuses on mother-father-infant triads between one and three years of age with difficulties in socio-emotional development and analyzes the sensitive parental response, the quality of triadic interactions, mental health history, and child development.

The third project evaluates the feasibility of delivering Video Intervention Therapy (VIT) in dyads of children hospitalized in a Child Psychiatry ward and their caregivers.

The last project was implemented during COVID-19 pandemic, an online SB-VF intervention was performed to improve maternal sensibility in mother-infant dyads with maternal depressive symptoms being treated in primary public health centers. The SB-VF intervention developed in Chile nourishes from international evidence and from previously developed FV models (VIG, VIPP, ODISEA and VIT) and from Mentalization-Based Therapy, in addition to the clinical and research experience obtained from more than a decade.
Infants and toddlers throughout the world are cared for, socialised and acculturated in distinctive multi-person family collectives. The participation, teamwork, containment of child-related conflict and attunement of the co-parenting adults within each child’s collective afford a family-level environment and atmosphere experienced as sturdy and protective or brittle and confusing.

In an important paradigmatic shift, the DC 0-5 acknowledged the central importance of young children’s coparenting systems and networks through its Introduction of a more searching and reformulated assessment approach for its Axis II, for the first time, directing professionals to attend to, evaluate (and thereby also consider the substantive relevance of) the coparenting context supporting and affecting each child’s development and adjustment. This expanded conceptualisation of caregiving contexts is unquestionably an important step in children’s best interests, and it opens the doors for significant advances in how we understand early childhood experiences, events and impacts.

In this masterclass, the first generation of co-parenting theory, research and practice will be summarised with primary focus on the most significant knowledge gaps still remaining to be addressed thoughtfully and systematically in the coming decades. The readiness of professionals to assess coparenting and to promote adults’ mindfulness about its importance and developmental impact in diverse family systems and configurations will also be addressed.
Demand of child psychiatric services even for families with infants and young children has grown globally after the Covid-19 pandemic, forcing service providers to come up with novel solutions. In this master class we present an easy-to-use web-based service for families with young children in need for child psychiatric care. The service can be used with a mobile phone, tablet or computer, and consists of 1) digital platform upon which personalized treatment path can be built for each family and of 2) Web-based Parental Coaching. The Parental Coaching program is based on an adaptation of Dialectic Behavioral Therapy (DBT). We describe the first experiences and using of the Tays Huoma service in the Infant and Family Psychiatry Unit of Tampere University Hospital.
As our world becomes increasingly unpredictable, what inner resources can we mobilize to recreate a sustainable society where infants and vulnerable people can live in meaningful way? Infants are born anticipating people to be genuinely warm and kind. Emde clarified this innate endowment of human moral to have following three components; reciprocity, empathy and value (REV Theory). Infancy is a rare and time-limited window into what Stern called ‘kairos’ in interactions, a world where feelings, imaginations and narratives prevail. If we humbly open ourselves to the world of infants and young children, they, with their subtle bodily signs, rhythms of movement and visceral interaction, will guide us to our long-forgotten embodied affective communication from early intimate relationships.

I will introduce ‘Amae’, a Japanese cultural mode of interdependency, deriving from a vernacular ‘amai’, meaning sweet. In Amae, people are able to presume upon each other’s kindness and reciprocate with empathy and respect. From psycho-evolutionary perspectives, Amae could have originated from universal basic embodied communication and mutual reliance for survival and human evolution, preceding the birth of words and logics.

Malloch and Trevarthen (2009) discovered musical components in this mode of communication and named it Communicative Musicality. Through decades of clinical practice in response to ever-increasing psychosocial problems in children in Japan (abuse, school refusal, anorexia nervosa etc.), I have witnessed pervasive deprivation of intimacy in early life caused by rapid postwar industrialization and westernization nationwide. I will illustrate how reviving Amae and communicative musicality served as a matrix to recover and retrieve sense of self in relational context.

Atypical or disrupted caregiving behavior has been identified as the most salient indicator of children’s disorganized attachment. There has been a growing need for feasible observational tools of disrupted parenting that may be applied in clinical practice.

In an effort to bridge the research-to-practice gap, the AMBIANCE-Brief (Madigan, Bronfman, Haltigan, & Lyons-Ruth, 2018) was developed to provide a clinically useful, feasible, and psychometrically sound assessment of disrupted parenting behavior for practitioners. The AMBIANCE-brief has demonstrated reliability and validity in laboratory settings, as well as feasibility for use in community settings. Over 200 clinicians from across the globe have now attended an online AMBIANCE-brief training and become reliable in the use of this measure.

This practical and empirically supported observational assessment tool can contribute important information to family assessments and intervention planning.

In this masterclass, we will review videoclips of the various dimensions of disrupted caregiver behaviors, including affective communication errors, role/boundary confusion, fearful/disoriented behaviors, intrusive/negativity, and withdrawal behaviors.
Improving family functioning and child outcome in families with a multitude of problems – such as parental substance misuse, mental health problems, and parental childhood maltreatment - is essential if we are going to change an intergenerational pattern of adversity. Parents with extensive substance use histories face enduring problems with self-regulation and impulsivity. These add complexity to one of the most challenging jobs in the world: raising infants and young children.

It is not surprising then, that traditional approaches that predominantly involve teaching parenting skills is increasingly recognized as insufficient. The capacity to regulate emotions, and develop inhibitory control is both a predictor and a consequence of substance misuse. Combined with enduring adversity, parenting of young children can easily become insensitive and at times, hostile. In this presentation I will provide an overview of the Parents under Pressure (PuP) program.

The two central tenets of the PuP program are a focus on emotional regulation and the enhancement of safe and nurturing caregiving relationships within the family. There is a growing evidence base for effectiveness of the PuP program across a range of populations. Notably, however, not all families show improvement. Thus extending the evaluation of whether PuP is effective, to a more nuanced analysis of determining who may respond best to PuP (moderator analyses) and causal mechanisms drawing from the PuP program logic (mediator analyses) is essential for further development of the program and informs future tailoring of this and other interventions.
M-MCL9.1

Providing a Developmental Response to Developmental Concerns in the Absence of a Diagnosis

Dr Chaya Kulkarni, Ms Mary Rella

M0 - MCL9: Providing a Developmental Response to Developmental Concerns in the Absence of a Diagnosis, Wicklow Hall 1, 17 July 2023, 08:00 - 08:50

This session will introduce participants to Hand in Hand, a model for developmentally guided response to infant and early mental health concerns. This model can be embedded into the practice of a variety of practitioners ranging from home visitors, early learning and care practitioners, child protection workers and early interventionists among others.

During this session, delegates will download Hand in Hand, a tool developed and evaluated in Canada that is used to create developmental support plans that are family friendly and offer caregivers and practitioners an immediate response to developmental risk for poor mental health. In many parts of the world, health care systems follow a traditional medical model that demand a diagnosis to access interventions and treatment delaying access to the supports a child may need. This delayed response to developmental concerns can actually further amplify the concerns. Hand in Hand is based on a robust body of science that illustrates how early recognition and response to such risks, including infant and early mental health risks, can mitigate or even prevent the emergence of a diagnosis. Today we know that the first three years of a child’s life is a profound period of brain development unmatched by any other time in a child’s life. Based on this science, recognizing and responding to a child’s developmental needs early in life can have a significant impact on developmental and mental health outcomes across a child’s lifespan.
Prioritising infant mental health: barriers and enablers to infant mental health service development

**Miss Alicia Weaver**¹, **Dr Andrew Dawson**², **Dr Tze Hui (Fifi) Phang**³, **Dr Fionnghuala Phang**², **Dr Fiona Turner**¹, **Dr Anne McFadyen**⁴,⁵, **Professor Helen Minnis**¹

¹Institute of Health and Wellbeing, University Of Glasgow, , , ²Specialist Children’s Services, NHS Greater Glasgow and Clyde, , , ³Camglen CAMHS, NHS Lanarkshire, , , ⁴Scottish Government Perinatal and Infant Mental Health Programme Board, , , ⁵Perinatal Mental Health Scotland, 

**M1 - BOP20: IMH Services 2, Liffey Meeting Room 1, 17 July 2023, 10:45 - 12:15**

**Introduction**

Despite the known importance of the first years of life, and clear evidence that under-fives suffer a similar prevalence of psychiatric illness as their older peers, there is an international lack of mental health support for this age group and limited research into service development in this field. Children are particularly vulnerable at this age, yet are also most malleable to intervention.

**Aim**

The Scottish Government recently released funding for the first Infant Mental Health (IMH) service in Scotland. With limited literature to guide this initiative, there was concern about how it will be developed. Hence, this research aimed to identify stakeholders’ insights into potential barriers to service development, and enablers to combat these.

**Material and Method**

Interviews were conducted with a range of health, social care and third sector professionals (n=13). Participants were purposively recruited from a pre-existing list of local stakeholders in order to sample a wide range of professionals. Open questions were used to explore their vision of an Infant Mental Health service in Scotland, and what they believed may hinder, or facilitate it. Transcripts were thematically analysed.

**Conclusions**

Twelve ‘Barriers to Change’ were identified. The most commonly identified was the current stigma, perceived as a consequence of a societal lack of understanding about IMH. Related to this, was a professional fear of over-pathologising. Six ‘Enabling Factors’ were identified. There was a consistent indication of optimism at the recent progress that Scotland has made. Participants emphasised the importance of increasing both professional and societal understanding through various approaches. A culture change in order to remove the current stigma was perceived as vital. Though this research is specific to its location, it is likely that the barriers and enablers identified are not, and hence it is important that service developers worldwide recognise these.
Don’t Throw the Baby with the Bathwater: Exploring PMAD Treatment and the Mother-Baby Dyad

Mrs. U’nek Clarke¹, Ms. Brittni King¹, Dr Tracy Vozar³, Ms. Zavi Brees-Saunders¹, Dr. Catherine Limperopoulos¹,²

¹Children’s National Hospital, Washington, USA, ²The George Washington University, Washington, USA

Introduction
The DC Mother-Baby Wellness (DCMBW) program within the Developing Brain Institute provides comprehensive screening, prevention, and treatment for mother-baby dyads in the district, primarily focused on under-resourced women of color. One-year after implementation, nearly 700 patients have enrolled in services. Research shows perinatal depression and anxiety disorders (PMADs) adversely impact infant development, attachment styles, and other infant/toddler outcomes. Literature on whether treating mothers individually fosters well-being in infant development and mother-infant attachment in our population is unclear.

Aims / Purpose
We overview the DCMBW program’s infant observation phase using the Survey of Well-being of the Young Child (SWYC; Sheldrick & Perrin, 2013) and report initial findings regarding infant development, relationship to maternal mental health and contextual concerns. We examine the association between improvement of maternal mental health with infant development within the DCMBW program. We discus considerations for treatment of individual caregivers versus caregiver-infant dyads.

Description
We began integrating developmental screenings to enhance caregiver understanding and to facilitate referrals for early intervention referrals, as needed. Care coordinators conduct quarterly wellness visits with enrolled patients to provide health education and resources as well as administer PMADs screening and the SWYC. Of nearly 700 referred patients, 60% were pregnant and 40% postpartum; with approximately 400 living children. Seventy-four percent identified as Black. The prevalence of clinical depression and/or anxiety was significant (68%). Moreover, important social drivers of health included high rates of interpersonal violence (35%), housing (34%) and food (25%) insecurity.

Conclusion
We will explore if the current plan of treating mom supports infant development. We will provide an update on dyadic services, examine how we are fine-tuning individual treatment, and explore the need for additional approaches.

Introduc­tion
Infants living in areas of socio-economic deprivati­on are more likely to have adverse childhood ex­perl­ences which can negatively affect infant mental health (IMH) and continue to impact physical and mental health throughout the life course. As part of the development of IMH services in NHS Greater Glasgow and Clyde, studies are being conducted to explore different stakeholders’ views, including those of Deep End (DE) general practitioners (GPs) who work in the most deprived com­mu­nities in Scotland.

Aim
To understand the views and experiences of DE GPs in relation to IMH.

Method
This is a qualitative study with GPs from Scottish DE practices. Semi-structured interviews were conducted with 12 GPs working across 11 different practices, mostly based in Greater Glasgow, recruited from the DE Steering Group. Reflexive thematic analysis was carried out on transcribed interviews, following the Braun and Clarke Framework and using NVIVO12 software.

Results
Three overarching themes were derived; 1) GPs’ inherent understanding of IMH due to their placement in DE communities and the under-recognised role of primary care in current IMH provision; 2) GP perspectives of community understanding of IMH, particularly how families in areas of socioeconomic deprivation might perceive and engage with IMH support; and 3) GP views on current and future IMH services, including how to improve on current shortcomings of connectivity and accessibility of services, to develop a successful new IMH service.

Conclusion
This study indicates that GPs in areas of socio-economic deprivation have a deep understanding of, and commitment to, infant mental health. A new community-based IMH service is much-needed to support the infant and wider family holistically, particularly in areas of socio-economic deprivation. However, the valuable pre-existing role of primary care in IMH must be recognised, supported and integrated into the new service, with specific training to increase awareness amongst healthcare professionals.
Infant Mental Health Pathways for the Real World: An implementation evaluation of the SUSI model

Dr Julia Forman¹, Ms Carol Hardy², Mr Geoffrey Mawdsley²
¹King's College London, London, United Kingdom, ²South London and Maudsley NHS Foundation Trust, London, United Kingdom

M1 - BOP20: IMH Services 2, Liffey Meeting Room 1, 17 July 2023, 10:45 - 12:15

INTRODUCTION
Early signs of emotional and relational problems in infants and very young children can be identified and addressed with appropriate provision of assessment and intervention. However, this requires both investment in specialist services, and effective service pathways that join up universal and specialist services.

AIM OF THE STUDY
To understand how to create effective service pathways that embed assessment and intervention models in ‘real-world’ care.

MATERIALS AND METHOD
We present a mixed method implementation and service evaluation, using an adapted RE-AIM framework (re-aim.org), of a new under 5s mental health service in Southwark (London). The service offers assessment, intervention and consultation using the SUSI (Social-emotional Under 5s Screening and Intervention) model, which was previously demonstrated to be effective (Hardy et al., CCPP, 2015; Hardy & Murphy, Maudsley Learning, 2020). In parallel, to embed the service in the existing wider network and create effective pathways, we describe and evaluate a programme of infant mental health awareness training for groups of community professionals working in perinatal mental health, Children's Centres, Early Help and nurseries.

CONCLUSIONS
We have identified three essential inter-dependent elements of an effective pathway:
1. Identifying early concerns in babies and young children and the parent-child dyad, through awareness-building training, referrals, and assessments.
2. Engaging and supporting parents through a low-burden, flexible (time and place), tailored offer.
3. Promoting acceptability and collaboration within the network and wider system, through building relationships, targeted and accessible training and consultation, and strategy development. These elements combine to offer an accessible, equitable, appropriate, integrated early intervention embedded in an effective service pathway to support infant mental health.

In this workshop, we will lead a discussion on how to create effective service pathways for infant mental health, and share learning to support pathway development in other local settings.
Babies at the centre: Developing and delivering infant mental health services and systems in Scotland

Dr Anne McFadyen¹, Ms Harriet Waugh¹
¹Scottish Government, Edinburgh, Scotland

In 2019, the Scottish Government’s Programme for Government made a commitment to rolling out infant mental health provision across Scotland to meet the needs of babies and families experiencing significant adversity.

In this paper, we present our learning from this implementation journey. This took place during the Covid-19 pandemic which impacted on the wellbeing of babies and their families. We will share our model, outline the wider policy context and describe the behind-the-scenes work to support this. Our systemic model has a collaborative focus, working across multiple agencies and disciplines to bring continuity to a family’s journey through services.

This work has been enhanced by a wider public health approach focused on embedding rights, increasing awareness and reducing stigma. This has included a national campaign on infant mental health, supplemented by advice and support for parents via the Wellbeing for Wee Ones Hub. This is located on Parent Club, Scotland’s core online resource for parents and families. There has also been a focus on workforce development with NHS Education for Scotland which has supported practitioners across a range of organisations to access perinatal and infant mental health training opportunities. In response to Covid-19, the relationship-focused Solihull Online programme was rolled out nationally and has been accessed by over 17,000 parents and practitioners.

As we transition into the next phase of infant mental health policy and service implementation, we have been considering the representation of the infant across mental health provision spanning the perinatal period and early years. We have developed a model which situates the infant and parent/caregiver within a life stage approach with a specific focus on preconception to five years. This model has relevance to both the immediate environment of perinatal and infant mental health services as well as implications for the wider service landscape across the lifespan.
Intimate Partner Violence Exposed Children Birth to Five: Expanding access to trauma-informed mental health care

Dr Erica Willheim¹, Dr Obianuju Berry¹,², Dr. Mary Acri¹, Dr Bethany Watson¹
¹Department Of Child And Adolescent Psychiatry, NYU Grossman School Of Medicine, New York City, USA, ²New York City Health + Hospitals, New York City, USA

M1 - BOP20: IMH Services 2, Liffey Meeting Room 1, 17 July 2023, 10:45 - 12:15

Introduction:
The adverse impacts of early childhood exposure to Intimate Partner Violence (IPV) are unequivocal, with damaging effects across domains of cognition, affect regulation, developmental growth, brain architecture, and attachment. Very young children who are exposed to IPV, and have a survivor caregiver with an identified mental health disorder, are at even greater risk for adverse outcomes due to disruptions in caregiver attunement and sensitivity. Barriers to identifying and addressing the mental health needs of at-risk IPV exposed young children include structural health care disparities, lack of early childhood screening within adult IPV systems of care, siloed points of care for adult and child trauma treatment, and lack of available quality evidence-based dyadic intervention.

Purpose:
This workshop presents an innovative direct-service model for urban cross-system collaboration that increases access to mental health screening, referral, and provision of evidence-based, trauma-informed, multi-generational, mental health care for IPV exposed children ages birth to five and their IPV-survivor caregivers with an identified mental health disorder.

Description:
This model leverages existing, but previously siloed, systems: IPV service centers, multi-disciplinary clinicians from the largest public hospital system in the United States, and an academic child psychiatry department. The collaborative model (a) creates universal early childhood trauma screening inside adult IPV systems by training adult IPV clinicians in early childhood trauma screening, and referral criteria, (b) trains and supervises child behavioral health providers in evidence-based Child-Parent Psychotherapy(CPP), (c) provides Circle of Security-Parenting (COS-P) groups, and (d) creates a facilitated referral pathway to both interventions, while honoring the caregiver’s intervention preference.

Conclusion:
The clinical and systemic lessons learned from this model have implications across underserved urban communities impacted by IPV, providing a possible road map for serving trauma exposed young children who so often do not receive the mental health care they both need and deserve.
M1 - BOP 20.7

Infant and Early Childhood Mental Health Consultation in a Changing World

Dr Alison Steier

Southwest Human Development, Phoenix, United States

Introduction

Mental health consultants to early care and education providers are frequently called upon to help address children’s behavior that the adults find frustrating, worrisome or difficult to manage. An infant mental health approach dictates an understanding of children within the multiple contexts in which they are developing, including the teacher-child relationship. An understanding of that relationship involves a consideration of how the teacher and child interact as well as the subjective experience that each has of the other. The Working Model of the Child Interview (Zeanah et al., 1994) is an efficient means of obtaining an overview of teacher/caregiver perceptions of individual children.

Purpose

This presentation will describe the theoretical basis and a practical approach for mental health consultants to appraise a caregiver’s internal representation or working model of a specific child and their relationship with that child.

Description

Mental health consultants in a large statewide IECMH program administered an adaptation of the Working Model of the Child Interview (WMCI) to teachers and childcare providers reporting concerns about individual children’s challenging behavior in their setting. Two questions from the full WMCI were extracted for analysis: adjectives to describe the focus child of consultation and adjectives to describe the teacher’s relationship with that child. A coding scheme for the valence of the adjectives was developed. Mean scores on a Negativity Scale decreased from baseline to repeated assessments after 6 months of consultation and 12 months, indicating a shift in teacher negative working models about children with whom they were struggling.

Conclusion

The WMCI is a useful tool for mental health consultants to appraise how caregivers understand young children, particularly those with whom they have a challenging relationship. The clinical utility is significant, and there is evidence indicating a positive impact of consultation on teacher and childcare provider working models.
Hand in Hand is a resource practitioners can use to provide families with an immediate response to developmental concerns. Despite the robust evidence showing the profound role early experiences have on short and long term developmental outcomes, many children languish on waiting lists for several months. These wait times further derail development and leave caregivers feeling helpless. Through this workshop participants will be introduced to Hand in Hand and learn how to provide families with a Developmental Support Plan (DSP) that is responsive to a child’s developmental needs. While we may not be able to address waiting lists (often the result of funding shortages), many practitioners, when trained on this tool, are able to provide parents with developmentally responsive and relationship-based strategies they can integrate into daily routines and interactions to support their child’s developmental needs. Hand in Hand is evidence informed and was part of an evaluation study with children involved with child welfare. In this study it was found that developmental risk was reduced when families were provided with a Hand in Hand plan. Children receiving DSPs made significant gains and many were removed from waitlists or required less intensive interventions. Plans are customized and can be culturally adapted to reflect the child’s context including culture, daily routines, and family resources.
Increasing Access to FAN in Maryland: Widely reaching early childhood providers through state education funds

Dr. Margo Candelaria¹, Ms Kimberly Cosgrove², Ms. Heather Whitty¹, Ms. D'Lisa Worthy³, Ms. Brijan Fellows⁴, Mrs Carole Norris-Shortle¹
¹University Of Maryland, School Of Social Work, Baltimore, United States, ²Kennedy Krieger Institute, Baltimore, United States, ³Behavioral Health Administration, Baltimore, United States, ⁴University of Maryland School of Medicine, Baltimore, United States

Introduction
The Sharing the FAN grant was a collaboration between several universities and state agencies. The Facilitated Attuned iNteractions (FAN) model promotes reflective practice skills when working with caregivers through building skills such as empathic listening, joint capacity building, and mindful self-regulation. Through an initiative to fund infant and early childhood mental health (IECMH) programs statewide from the Maryland State Department of Education, FAN training and coaching was provided to providers across the state over three years, free of charge.

Purpose
The purpose of this symposium workshop is to share the process and outcomes of a statewide FAN dissemination effort to a diverse array of the early childhood workforce in Maryland.

Description
This workshop will detail how FAN training and mentored coaching was infused into various regions of the state and various workforces including childcare providers, home visitors, early childhood family support centers, an Autism clinic, childcare resource centers, and pediatric hospital staff. Through a staggered, cohort approach, and creative marketing, the Sharing the FAN project was able to train X in FAN and engaged X in mentored FAN coaching. This presentation will share how the use of early childhood networks, newsletters, and outreach enabled wide and diverse engagement. We will review qualitative and quantitative data, including statewide maps, to demonstrate positive outcomes such as deeper understanding of the needs of caregivers and specific strategies for caregiver engagement. Discussion will include case reviews of how FAN is applied in various settings.

Conclusion
The Sharing the FAN grant was a three-year, multi-agency, collaborative project funded through the Maryland State Department of Education that allowed FAN to expand into new spheres of workforce in Maryland. It also demonstrated that with proper funding, FAN can be actively embedded in early childhood spaces to promote stronger and deeper relationships with caregivers, thereby promoting caregiver-infant attachment.
Promoting Reflective Practice Skills in the Early Childhood Mental Health Workforce

Dr. Margo Candelaria¹, Ms. Kate Sweeney¹
¹University Of Maryland, School Of Social Work, Baltimore, United States

Introduction
The Facilitated Attuned iNteractions (FAN) model offers a framework and a structure to support service providers to engage in reflective practice with parents and other caregivers. Through intentional coaching activities in the FAN model, providers learn to facilitate a process that guides interactions with families rooted in mindful self-regulation, empathic inquiry, collaborative exploration, capacity building, and integration of content. In Maryland the FAN, which is rooted in Infant Mental Health work, has been utilized in the Infant and Early Childhood Mental Health (IECMH) Consultation programs and family peer support navigators (navigators). Both consultants and navigators work to promote early relational social-emotional skills and attachment in young children with their caregivers.

Purpose
The purpose of this symposium workshop is to demonstrate how the FAN has been implemented in Maryland’s Consultation and navigator workforce populations to increase reflective capacity.

Description
This workshop will offer an in-depth review of the FAN integration with consultants and navigators. The consultation workforce supports childcare and early education settings to promote social-emotional development and address concerns, but predominantly are not licensed mental health providers. Navigators are parents and caregivers with lived experience trained to support caregivers with young children with behavioral and developmental concerns. Both engage in in-the-moment scenarios where IECMH skills are needed to support the dyad despite lacking formal training. We will demonstrate how FAN can be used to increase and sustain reflective practice skills in these workforces. The workshop will include case examples and review qualitative and quantitative data indicating deeper family engagement.

Conclusion
The expansion in reflective capacity that the FAN model offers for these two important groups within the family-serving workforce allows for their interactions with families to be more family-led, as their comfort and competence in navigating conversations about caregiver stress, and tension within dyadic relationships.
M1-BOP18.3

The FAN in Maryland: Perspectives from embedding a Reflective Practice Model Within Multi-Disciplinary Settings

Dr. Margo Candelaria¹, Professor Linda Gilkerson, Ph.D.², Ms Kimberly Cosgrove³, Mrs Carole Norris-Shortle⁴, Ms. Kate Sweeney¹

¹University Of Maryland, School Of Social Work, Baltimore, United States, ²Erikson Institute, Chicago, United States, ³Kennedy Krieger Institute, Baltimore, United States, ⁴University of Maryland School of Medicine, Baltimore, United States

Introduction

FAN (Facilitating Attuned Interactions) increases early childhood workforce capacity for relationship-building and reflective practice, improving interactions with caregivers and in turn, dyadic attunement and attachment. FAN has been applied widely in the Unites States with differing levels of implementation. In Maryland FAN has benefited from wide dissemination through several university and state agency partnerships.

Purpose

This symposium will review the FAN expansion in Maryland from the national, state, and local perspective.

Descriptions

This symposium will consist of four presentations. First, Linda Gilkerson, the FAN developer, will discuss how FAN developed in Maryland and how Maryland has leveraged collective partnership and creative use of grant and state funds to support expansion and sustainability. Secondly, the team from University of Maryland (UMB) School of Medicine will describe how they apply FAN within the medical setting and their partnership with the state behavioral health administration to create a statewide community of practice. Next, the UMB School of Social Work team will review their work, funded from state department of education, applying FAN to Infant and Early Childhood Mental Health (IECMH) consultants and IECMH family navigators, expanding reflective practice to workforces that may not have traditional mental health or clinical training. Lastly, the team from Kennedy Krieger Institute will present how they used a state department of education 3-year grant to bring together all partners to expand FAN into a wide array of early childhood servicing settings including childcare, medical setting, family support centers, and community resource centers. Throughout these interactive presentations, clinical examples, and evaluation outcomes will be shared.

Conclusion

Overall, this symposium will demonstrate how utilizing a collective approach and harnessing funds from multiple state agencies has effectively disseminated FAN throughout Maryland. This work has deepened the capacity of infant and early childhood providers to promote healthy attachments in young families.
Advancing the FAN Reflective Practice Model in Maryland: the National Perspective

Dr. Margo Candelaria¹, Kathleen Connors², Professor Linda Gilkerson, Ph.D.¹, Ms Kimberly Cosgrove³, Mrs Carole Norris-Shortle², Ms. Kate Sweeney²
¹Erikson Institute, Chicago, ²University Of Maryland, School Of Social Work, Baltimore, United States, ³Kennedy Krieger Institute, Baltimore, United States

Introduction
FAN (Facilitating Attuned Interactions) is a framework for relationship-building and reflective practice that is generalizable to the helping relationship. The FAN is used widely across disciplines and service systems in over 39 states and the District of Columbia. The theory of change is attunement; that is, when people feel connected and understood they are open to change. The standard FAN training includes a two-day core training and a six-month period of mentored practice.

Purpose
The Maryland FAN Training collaborate at the University of Maryland Schools of Medicine and Social Work and the Kennedy Krieger Institute have developed an innovative approach to sustain FAN post-training. This presentation will highlight the unique strengths of their collaborative approach.

Descriptions
This presentation will give an overview of the FAN Model and challenges of creating a sustained training and mentoring model. The FAN operationalizes attunement using four core processes to match interactions with the parents’ cues and needs: 1) Empathic Inquiry, when parents are expressing feelings; 2) Collaborative Exploration, when feelings are more contained and parents want to think together about a concern; 3) Capacity Building, when parents are ready to take in information or try something new; 4) Integration, when parents have insights about their child, themselves, or their parenting; and 5) Mindful Self-Regulation, an internal pause when the provider engages in self-attunement. Maryland has successfully implemented and sustained FAN training and mentored practice through creative financing, embedding the FAN systematically into various workforce systems, and working collaboratively across university partnerships.

Conclusion
The FAN model adoption is dependent on collaborative and innovative ways to incorporate training and mentored practice into workforce models. Maryland, through a multi-university collective effort, has been able to expand the FAN into many workforce sectors. This is an excellent model for other states, jurisdictions, and countries to emulate.
Introduction
Family engagement and attuned interactions between practitioners and parents/caregivers is linked to positive outcomes for young children and their families. Facilitating Attuned Interactions (FAN) is a conceptual model and a communication tool that has been shown to help practitioners develop strong, respectful, relationships with families through attunement and reflective practice. FAN is a promising practice of the Association of Maternal and Child Health Programs. However, qualitative findings have never been analyzed which can deepen the understanding of how and why the tool has been successful across service sectors (early childhood education, home visiting, early Intervention, child welfare, medical settings).

Aim
To conduct a qualitative meta-analysis of FAN research in order to enhance understanding of how and why FAN is associated with positive outcomes for supervisors, practitioners, and parents/caregivers in multiple service settings for young children and their families.

Method
Researchers will complete a qualitative meta-analysis of FAN using grounded theory’s four steps (open coding, development of concepts, grouping into categories, theory formation) and conducting coding and analysis using Atlas.ti. We will analyze fifteen qualitative studies with outcomes at the practitioner, supervisor, and parent/caregiver level.

Results
Preliminary analyses suggest that FAN is beneficial for both families and those who work with them. FAN-trained practitioners experience less burnout and have increased capacity for reflection, empathic listening, attunement, attentiveness to parents’ cues and priorities, self-knowledge, family engagement and collaboration, and self-regulation. Additional analyses will identify facilitators and barriers to implementing FAN and identify potential differences by sector and professional role.

Conclusion
FAN is a promising tool for engaging and strengthening relationships between practitioners and families, in turn promoting progress toward program and family goals. We will engage the audience in discussion about the potential underlying mechanisms of FAN from a qualitative perspective and additional research needed to further elucidate FAN’s effectiveness.
M1-BOP18.6

FAN (Facilitating Attuned Interactions) Infusing Nurturing Touch (International Association of Infant Massage): Attachment, Regulation, Reflection

Ms. Tori Graham¹, Ms. Beth Heavilin¹, Mrs Carole Norris-Shortle¹
¹Erikson Institute, Chicago, United States

Introduction
Imagine a world where every family is supported to engage in an attuned, regulated and reflective relationship with their infant.

Purpose
In this session we will share a powerful story that blends Erikson Institute’s framework Facilitating Attuned Interactions (FAN) and a parent-baby course from the International Association of Infant Massage (IAIM) to fulfill the vision of supported, attuned parent-baby relationships from the start.

Description
The FAN strengthens engagement in many relational approaches including IAIM. The FAN framework supports IAIM educators to attune, regulate, and reflect. At the center of the FAN are the parent’s concerns. The FAN supports attunement by preparing the IAIM educator to enter interactions with balance and remain regulated and present in difficult moments. The FAN helps IAIM educators read parent’s cues, match interactions to what the parent is showing, and move flexibly between the five processes (Calming, Feeling, Thinking, Doing, and Reflecting). The FAN also includes a structural component called the ARC of Engagement that promotes predictability and collaboration with parents, which opens the space for change.

By infusing FAN into Infant Massage work, certified educators are better equipped to promote nurturing touch and communication so families are loved, valued, and respected throughout the world community. IAIM’s educators teach a five-week course intended to promote parental competence and confidence by recognizing the parent as the expert on their baby, stimulating the infant-parent communication relationship and providing opportunity to explore the infant’s unique sensory needs through nurturing touch.

Conclusion
Participants of this workshop will learn the fluid and structural components of the FAN through this didactic and experiential presentation. This will include an Introduction to the ARC of Engagement, a video of IAIM educators facilitating parental sensory attunement with their baby, and engagement questions that can be used in their own work with families.
Integrating the FAN into Evidence Based Home Visiting: A Mixed Method Study

Dr Deborah Perry

Georgetown University, ,

Introduction
In the United States, the Maternal Infant and Early Childhood Home Visiting program provides funding to states to expand access for perinatal people and infants to get home-based support. Despite the strong evidence of effectiveness from randomized controlled trials, implementation data show states and communities are struggling to scale these home visiting programs. A high proportion of families are withdrawing before the benefits of multi-year models are likely to be realized.

Aim
To address this issue locally, the DC Department of Health received supplemental funding to implement and evaluate the Facilitating Attuned iNteractions (FAN) as an intensive professional development strategy to increase home visitors’ capacity to engage with families and provide higher quality services.

Method
Data on rates of family retention prior to FAN implementation served as our comparison cohort. Supervisors rated all of the home visitors on their team monthly with the FAN Supervisor Log (ratings ranged from 1 to 5, with 5 being consistently used with all families at all visits this month). High FAN users were determined by ratings of 3 or higher during four or more consecutive months. Quality of home visiting was measured with independently scored observational data from video-taped home visits. Family retention was captured in an administrative database. Retention at 6 months post-enrollment was used as the primary outcome measure.

Conclusion
While there were not statistically significant differences in overall retention rates for families in our comparison and implementation cohorts, a more targeted analysis revealed high FAN users retained a larger proportion of families in the implementation cohort over families’ first six months of enrollment than low FAN users (63% versus 37%, p=.059). When implemented with high fidelity, training and coaching in the FAN led to better quality home visits and fewer families dropping out.
Introduction
While infant crying is part of typical development, excessive crying is linked to risk for child abuse, parental depression, parent/child relationship problems, and later development. Parental perception of the cries is correlated with depression, anxiety and parental self-efficacy for fathers and mothers. Infant sleep and feeding disturbances impact maternal mental health. Families facing these concerns living in a health disparate, disaster-prone community are potentially at greater risk. TBEARS is an IEMCH service modeled after the Erikson Institute Fussy Baby Network and uses the FAN approach to family engagement. Previous research showed that the FAN model was effective in reducing infant crying and increasing parental self-efficacy. This study examined if the model would transfer to a different region and what would its impact be on maternal mental health.

Aim
To present the results of a mixed-Method study examining the impact TBEARS on maternal mental health in families facing infant crying, sleep or feeding concerns and in living in a health disparate, disaster-prone community.

Method
Forty-nine (49) mothers were recruited into a mixed-Method study to examine parental outcomes and explore how parents experienced the program. Parents completed 7 measures and reported significant increases in bonding, parental confidence and self-efficacy and significant decreases in parental stress, anxiety, and depression. However, they remained in the clinical range for depression and anxiety. Mothers highlighted the FAN processes of Empathic Inquiry (emotional support) and Capacity Building (implementing strategies to address concerns) as central to their experience. The maternal mental health outcomes exceeded those of the original Fussy Baby program. The program name was changed to TBEARS as Fussy Baby held a negative connotation in the community.

Conclusion
Participation in TBEARS produced positive outcomes for mothers and demonstrated that the FAN model for engagement is applicable in a health desperate, disaster-prone community.
Cultural Adaptation of Mom-2-Mom to address perinatal mental health for Bedouin mothers in southern Israel

Dr Samira Alfayumi-Zeadna1,2, Prof. Julie Cwikel1, Ms. Anna Schmitt3, Ms. Jane West4
1Center for Women’s Health Studies and Promotion, Ben-Gurion University of the Negev, Be’er-Sheva, , 2Nursing Department, School of Health Sciences, Ashkelon Academic College, Ashkelon, , 3Yarrow, LLC; The Two Lilies Fund, Montana, , 4The Two Lilies Fund, Heart of the West Counseling, Colorado,

Introduction
Perinatal mental illness (PMI) occurs during pregnancy or in the first year postpartum, with powerful short- and long-term effects on mothers’ emotional stability and infants’ development. The Bedouins are an ethno-national minority in Israel. Of those living in the Negev, 40% live in villages lacking appropriate infrastructure and access to health services. These disparities are associated with poor health, low socioeconomic status, and high postpartum depression (PPD) rates (31% to 43%). Bedouin women, compared to other Israeli mothers, are less likely to seek mental health services due to limited availability and other barriers.

Aims
To provide support and guidance for Bedouin mothers and their infants up to one year postpartum. A particular focus is detection, prevention, and treatment of PPD. When detected, the project ensures that the mother gets professional, culturally sensitive treatment.

Description
Through funding from The Two Lilies Fund, the Center for Women’s Health Studies and Promotion was able to develop and implement a culturally tailored Mom-2-Mom (M2M) - perinatal peer support program for Bedouin women of Southern Israel. 80 mothers were referred to M2M and 49% showed PPD symptoms (22% had possible PPD and 27% showed clinical PPD) as measured by Edinburgh Postnatal Depression Scale. Meetings were conducted with community professional partners to encourage referrals into M2M. Personal and group support and education were provided to Bedouin mothers on a variety of topics related to perinatal health. Moreover, for the first time, a lecture was given on PMI to male Bedouin religious leaders, and a M2M program was opened in a Bedouin village.

Conclusions
Increasing awareness, professional support, early identification, and treatment for mothers with PPD is crucial for the prevention of PMI. M2M can increase access to treatment, reduce PMI-stigma and negative effects of PPD for both mothers and their children.
Preterm infants’ spontaneous movements and maternal emotional availability contribute to children’s motor and socio-emotional competence.

Mrs Orna Lev Enacab1,2, Professor Christa Einspieler5, Professor Iris Morag3, Professor Tzipora Strauss6, Doctor Mervatte Shukha7, Professor Efrat Sher-Censor1

1University of Haifa, Haifa, Israel, 2Maccabi health care services, Noff-Hagalil, Israel, 3Shamir medical center, Be’er-Ya’aqov, Israel, 4Sheba medical center, Ramat-Gan, Israel, 5Medical University of Graz, Graz, Austria

Introduction
School-aged children born preterm are at increased risk for less favorable motor and socio-emotional functioning.

Aim
We examined the contribution of infants’ spontaneous movements and mothers’ emotional availability at school-age to motor skills, social competence, and self-esteem of school-aged children born preterm.

Method
A longitudinal study that included 106 dyads of mothers and children born preterm (Gestational age Range = 23-35 weeks; Birth weight range = 520-2434g.; 38.3% girls) was conducted. At corrected ages of 3-5 months, the Prechtl General Movement Assessment was used for assessing infants’ spontaneous movements. In school-age (Age range = 60-106 months), mother’s emotional availability was assessed during play interactions using the Emotional Availability Scales; Children’s motor skills were assessed using the Movement Assessment Battery for Children; their social competence was reported by mothers and teachers using the Health and Behavior Questionnaire, and children’s self-esteem was assessed by teachers reports using the Teacher’s Rating Scale of Child’s Actual Competence and Social Acceptance. Covariates included demographic characteristics, medical history, and developmental diagnoses (e.g., attention disorder and cerebral palsy).

Results
Both typical spontaneous movements in infancy and maternal emotional availability in school age contributed to children’s motor skills in school age. Higher maternal emotional availability mediated the link between typical spontaneous movements in infancy and higher social competence in school age. Finally, lower maternal emotional availability was associated with lower self-esteem in school age, but only among children who showed abnormal spontaneous movements in infancy.

Conclusion
Results point to the value of assessing infants’ spontaneous movements for identifying children at risk for less favorable motor and socio-emotional development in school age. These findings highlight the importance of interventions in this population to improve mother-child emotional availability and children’s motor skills.
Cross-cultural factors associated postpartum depression in a sample of American Muslim women

Dr. Vinus Mahmoodi¹, Dr Marisa Spann¹
¹Columbia University, New York, USA

Introduction
Postpartum depression (PPD) is a heterogeneous syndrome that is one of the most common complications of childbirth (Stewart & Vigod, 2019). Previous literature suggests that five to twenty percent of U.S. women experience perinatal mood symptoms, making PPD treatment vital for the well-being of mothers and their infants (Ti & Curtis, 2019). There is a paucity of literature focusing on the perinatal experiences of Muslim women, suggesting the need for further research to better understand PPD in this population as well as the implications on their infants.

Aim
The current study describes the characteristics of a convenience sample of U.S. Muslim women’s postpartum depressive symptoms and identifies associated risk and protective factors in this sample.

Method
Muslim women living in the United States (N = 261) participated in an online survey, which inquired about demographics, perinatal medical factors, risk factors of postpartum depression, mental health (depression), tolerance of ambiguity, and religious practice. Data were analyzed utilizing quantitative Method.

Conclusion
Results showed that 28% of the sample endorsed clinical levels of depression. Multiple linear regression analyses showed Islamic religiosity, tolerance of ambiguity, and religious practices during pregnancy predicted lower postpartum depressive symptoms. Those who engaged in religious practices associated with their infants showed higher life satisfaction. The current study provides a foundation for future research, which should focus on developing prevention programs, screening tools, and interventions that address the unique mental health needs of perinatal Muslim women to protect the wellbeing of their infants.

References
Neonatal irritability and its association with prenatal pregnancy-related anxiety and maternal self-confidence in caretaking

Dr. Susanne Mudra¹, Dr. Susanne Malcherek¹, Dr Lydia Li¹, PhD. Ariane Göbel¹
¹Department of Child and Adolescent Psychiatry and Psychotherapy, University Medical Center Hamburg, Germany, ,

Introduction
The development of infant's ability to self-regulate is embedded in a complex interplay between parental and infant biopsychosocial factors, starting already prenatally. Pregnancy-related anxiety has been associated with negative emotionality and infant irritability which was vice versa related to impairment in parent-infant mental health and the early parent-infant relationship. Little is known about earlier precursors of infant irritability such as the newborn's ability to self-organize and self-regulate and potential predictors.

Aims
The current study aims to investigate neonatal irritability in relation to prenatal pregnancy-related anxiety and postpartum maternal overprotection and self-confidence in caretaking.

Method
As part of a longitudinal study, 62 newborns were assessed with the NBAS (Neonatal Behavior Assessment Scale) three weeks after birth, while mothers completed self-report questionnaires regarding overprotection, self-confidence and neonatal irritability in caretaking, as well as pregnancy-related anxiety in the third trimester of pregnancy.

Results
Preliminary analyses showed significant correlations between prenatal pregnancy-related anxiety, particularly worries regarding the health of the unborn, with dimensions of the NBAS three weeks after birth, such as neonatal self-organization or general irritability. Moreover, maternal report of overprotection/ self-confidence in caretaking and infant irritability during feeding showed associations with the neonatal assessment, while other domains showed no concordance.

Conclusion
The value of multi-method approaches to assess infant and neonatal behavior beyond parental questionnaires will be discussed. Addressing parental anxiety as well as neonatal irritability already during the prenatal and neonatal care may help promoting parental self-confidence in caretaking directly, and indirectly also the early parent-infant relationship and further child development, from early on.
Hospitalization for high-risk pregnancy and psychological and relational well-being from pregnancy to post-partum

Professor Martina Smorti¹, Professor Lucia Ponti², Phd Student Simon Ghinassi³, Psy.D Giulia Mauri¹
¹University of Pisa, Pisa, Italy, ²University of Urbino, Urbino, Italy, ³University of Florence, Florence, Italy

Introduction
Literature showed that hospitalization due to high-risk pregnancy has a significant impact on the psychological (Smorti et al., 2021) and relational (Mirzakhani et al., 2020) well-being of the woman during pregnancy, while less attention has been paid to the postnatal period.

Aim
Aim of the study is to explore psychological and relational well-being in hospitalization women due to high-risk pregnancy, both during pregnancy and after childbirth.

Method.
A total of 70 pregnant women (Mage = 33.06 SD 4.78) were recruited for the present study. The sample consists of two groups: 1) 44 women with low-risk pregnancy (LRP); 2) 26 women hospitalized due to high-risk pregnancy (WHHRP). Data was collected at two different times: at T1 (during pregnancy) the Italian versions of the Edinburgh Postnatal Depression Scale (EPDS; Benvenuti et al., 1999), the Prenatal Attachment Inventory (PAI; Della Vedova et al., 2008), and the Romance Qualities Scale (RQS; Ponti et al., 2010) were used to assess the level of depressive symptoms, prenatal attachment to unborn child, and the quality of romantic relationship; at T2 (3 months after childbirth) the level of depressive symptoms were again assessed using the EPDS. A series of univariate analyses of variance (ANOVAs) were carried out.

Results
During pregnancy WHHRP reported higher level of depressive symptoms (F(1, 68) = 8.17, p = .006) and conflict with partner (F(1, 68) = 4.36, p = .041) than LRP. Conversely, after childbirth no significant differences emerged between groups on the level of depressive symptoms (F(1, 68) = 3.00, p = .088).

Conclusions
Hospitalization due to high-risk pregnancy adversely affects psychological and relational well-being. However, three months after childbirth depressive symptoms decrease suggesting that the psychological discomfort during pregnancy was linked to the hospitalization and to the concerns about the risks related to the high-risk pregnancy.
Keio University Hospital is one of Japan's university hospitals with advanced medical care. The Pediatrics Department, where we work, have 600 to 700 newborn babies each year. Our Pediatric Mental Health Team, working with the Obstetrics and Neonatal Team, has been providing intensive mental health care for newborns and their families.

I have been participating in an Infant-Parent Psychotherapy training course (IPP) in Toronto since 2018 and have learned about the importance of focusing on (1) how parents feel about their infants, their partners, (2) how infants feel about their parents and their parents' relationship, (3) how the parents' past effects their parenting, and (4) how the parents' present effects their past. I have experienced through my own cases the importance of the therapist intersubjectively feeling the emotions that arise in the infant, the parents, and the therapist self, and intervening in the family relationship.

I experienced a case of a mother who became anxious about giving birth after knowing that the baby's sex was a boy. The mother had been emotionally abused by her father who despised her by differentiating her from her younger brother through male chauvinism. Mother projected the image of her father onto her baby boy and her husband and feared that her future family would suffer the same fate as the family she grew up with. Before she gave birth, I carefully listened to her past painful family history, and after the birth, I have been providing her family with Infant-Parent Psychotherapy (IPP). In the sessions, as mother reflected her painful childhood, with the support of her gentle husband and the presence of her adorable baby boy, she could recognize her past and present experiences as different experiences and begin to have hope for her future life with her family.
Associations between maternal prenatal depression and neonatal behavior and brain function—Evidence from fNIRS

Dr Shan Wang1, Ms. Chenxi Ding1, Prof Zhongliang Zhu1, Zeen Zhu1, Ms. Dan Zhang1, Qiqi Yi1, Prof Zhongliang Zhu2, Prof Hui Li1, Md, Phd Dongli Song3

1The First Affiliated Hospital of Xi'an Jiaotong University, Xi'an, China, 2Northwestern University, Xi'an, China, 3Division of Neonatology, Department of Pediatrics, Santa Clara Valley Medical Center, San Jose, California, United Kingdom

Introduction
Maternal prenatal depression is a significant public health issue associated with mental disorders of offspring.

Aim
This study aimed to determine if maternal prenatal depressive symptoms are associated with changes in neonatal behaviors and brain function at the resting state.

Description
A total of 204 pregnant women were recruited during the third trimester and were evaluated by Edinburgh Postpartum Depression Scale (EPDS). Cortisol levels in the cord blood and maternal blood collected on admission for delivery were measured. On day three of life, all study newborns were evaluated by the Neonatal Behavior Assessment Scale (NBAS) and 165 infants were evaluated by resting-state functional near-infrared spectroscopy (rs-fNIRS). Compared to the control group, the newborns in the depressed group had lower scores in the social-interaction and autonomic system dimensions of NBAS (P < 0.01). Umbilical cord plasma cortisol played a negative mediating role in the relationship between maternal EPDS and NBAS in the social-interaction and autonomic system (β med = -0.054 [-0.115, -0.018] and -0.052 [-0.105, -0.019]. Proportional mediation was 13.57% and 12.33 for social-interaction and autonomic systems, respectively. The newborns in the depressed group showed decreases in the strength of rs-fNIRS functional connections, primarily the connectivity of the left frontal-parietal and temporal-parietal regions. The social-interaction Z-scores and autonomic system Z-scores had positive correlations with functional connectivity strength of left prefrontal cortex-left parietal lobe, prefrontal cortex-left parietal lobe - left temporal lobe and left parietal lobe - left temporal lobe (p < 0.01).

Conclusion
Our findings highlight the importance of prenatal screening for maternal depression and early postnatal behavioral evaluation that provide the opportunity for early diagnosis and intervention to improve neurodevelopmental outcomes.
Early Preventive Model to Support Women Who Experience Mental Illness During Pregnancy, Birth & beyond

Ms. Orit Zivan¹, Dr. Tamar Kosef¹, Ms. Monique Attias¹, Ms. Yehudit Shushan², Dr Dikla Zigdon¹

¹Soroka Hospital, Beer Sheva, Israel, ²Israel Ministry of Health, ימא, וירט, איסר

Pregnant women with mental illness are at highest risk for experiencing a mental-health crisis during pregnancy and after giving birth. Previous research indicates that preventive treatments that allow mothers to feel a maximal sense of control can significantly reduce the risk of a postpartum mental-health crisis.

We propose a model to support them from pregnancy through the first year postpartum, which includes a collaboration between four professional units: the adult and preschool psychiatry units and the midwifery division at Soroka Hospital and the family health unit in the community.

The intervention includes two phases:

1. The birth phase: This phase is an early intervention during pregnancy that will focus on preparation for birth; it will involve the adult and preschool psychiatric teams as well as the midwifery team. A personal birth plan will be tailored for each mother, including suitable medication and consideration of both the mother’s and father’s characteristics and needs.

2. The bonding phase: It is known that the risk of insecure attachment increases significantly if the parents themselves are diagnosed with a mental-health disorder. Therefore, after birth, parents will visit the preschool psychiatry unit with their newborn, where the psychiatric team will work with them on everyday parenting functions, with an emphasis on reading the child’s cues and enhancing a positive parent-child relationship. Additionally, they will regularly meet with the community nurse, where they will learn about the physical care of their baby.

To sum, having a group of professionals create a support envelope for women with mental illness during and after birth enhances the physical and mental health of parents and their baby. This is vital to ensure secure attachment and to reduce the chance of intergenerational transmission of mental-health disorders.
Introduction
In the United States, early intervention services for children with developmental delays or disabilities are provided primarily in the home. The field of early intervention has also embraced a consultative coaching model. This model places the relationship between provider and caregiver at its core. Success is dependent upon the dyad being able to engage in reflection and joint problem solving, both of which require mutual trust and respect. According to the US Office of Special Education, 85% of special education providers (children ages 3-21) identify as white while up to 49% of children in early intervention are identified as BIPOC. This identity mismatch can hinder attunement between provider and caregiver.

Purpose
Illustrate and reflect upon the ambivalence that one dyad, a caregiver and parent, faced as they attempted to establish their partnership.

Description
This presentation illustrates the evolution of a parent-provider partnership that had to cross the divide created by structural racism. When the partners reflected upon the process together, they gained insight into how their individual stances and actions were impacted by the weight of historical racism. This presentation will name some of the IPMH concepts that were at work to include:
Power Differentials (pre-conceived and real)
Keeping the Child in Mind
Bridging and Building
Self-Regulation
Openness to raw emotions during rupture and repair
Cultural Humility

Conclusion
There are no short cuts and no scripts that can be used by white people to identify themselves as “safe”. Instead, an authentic connection was created over the course of 18 months, through respectful interactions, a tolerance for the discomfort caused by structural racism and by an ability for the partners to engage in rupture and repair.
A MODEL OF TARGETED UNIVERSALISM TO PROMOTE THE WELL-BEING OF ALL CHILDREN

Paul Dworkin, MD\(^1,2,3\), Mrs Kimberly Martini-Carvell\(^1\)
\(^1\)Help Me Grow National Center, Hartford, United States, \(^2\)Office for Community Child Health, Hartford, United States, \(^3\)Connecticut Children’s, Hartford, United States

The Help Me Grow (HMG) model is designed to improve early developmental health and well-being by focusing on developmental promotion, early identification of vulnerable children, and linkage; establishing a continuum of connected perinatal and child health, mental health, early childhood programs, and human/social services; advancing equity, inclusiveness, early relational health, access, and trust in early childhood systems through inclusive state and local infrastructure and governance; elevating family leadership; informing policymaking and resource allocation through integrated, cross-sector data systems and analysis; and guiding investments that enable sustainability. HMG partners with families in the early detection of developmental, behavioral, and health concerns with a special focus on vulnerable populations.

25 years of HMG implementation offers evidence on the key role of inclusion on community health and well-being outcomes. By applying the tenets and tools of targeted universalism, which seeks concrete solutions to achieving universal goals through data collection and analyses informed by those with lived experience, as well as application of policy changes at the organizational, sector, and state system levels, HMG provides the opportunity for targeted, underserved, and disenfranchised populations to be supported in reaching universal goals for children’s optimal health, development, and well-being. Families with young children face significant barriers finding and accessing services, inclusive of mental health, despite a complex array of programs in the United States. These programs are rarely integrated and their availability often depends on location, income, and racial/cultural identity. Furthermore, early childhood policies and processes are highly fragmented and difficult to navigate, with confusing points of entry that are particularly problematic for those experiencing adversities such as poverty, systemic racism, cultural disenfranchisement, and violence. HMG is a model that effectively advances universal prevention and promotion of children’s optimal health, development, and well-being, including the most vulnerable populations.
Evaluating the consequences of infant loss in rural Uganda and identifying pathways of intervention

Dr Elizabeth Nelson ¹, Sarah Slack, Sarah Baluka
¹Arizona State University, Tempe, USA

Introduction
Infant loss is a tragedy with social and emotional ramifications that may go unrecognized. A focus of maternal/child health programs in sub-Saharan Africa is maternal well-being, however most programs do not address infant loss as a potentially traumatic event with on-going consequences. Studies suggest that psycho-social intervention produced lower instances of complicated grief, lower depression scores, and improved day-to-day coping following stillbirth (Navidian & Saravani, 2018). Infant loss in rural Uganda is higher than the national average, and support is absent in the case of infant loss (UBOS,2016).

Aim
Participatory community research was conducted in Magada, Uganda to identify maternal needs and perspectives and pathways of support.

Materials & Method
Individual interviews were conducted with medical professionals (n=3) at the regional medical center that serves 11,000 people, and with community leaders (n=12). A focus group was conducted with parents & caregivers from the community (n=20 women, n=3 men). An additional focus group was held with mothers who had lost infants (n=12). Interview and focus group data was translated, and coded using ATLAS.ti software.

Results & Conclusion
The overall goal of desired intervention was all mothers are valued and supported at all stages of pregnancy, childbirth, & infant care. Needs identified included access to birth control, pre-natal care, transportation, and behavior change communication strategies about pregnancy, childbirth, and infant loss. Sustainable community approaches to improving maternal nutrition are needed. With these structures in place, support groups for mothers who have lost an infant at any stage could be therapeutic for individuals and the community.

References

Aboriginal service providers report the Solihull Approach is appropriate for Indigenous Australian communities.

**Ms Helen Stevens**

1Parent Infant Consultants, Eltham, Australia

**Introduction**

Internationally, multiple studies have shown the Solihull Approach as beneficial to both families and professionals, however findings cannot be generalised to all communities. Indigenous Australian families face many challenges. Indigenous Australian children are 8.2 times as likely to receive child protection services than non-indigenous children. Data generated by Indigenous Australian service providers identified the Solihull Approach as appropriate, complementary to their work, respectful and immediately applicable. An Aboriginal mother’s powerful experiences also supports the findings.

**Aim**

To explore whether the Solihull Approach is appropriate for Indigenous Australian communities.

**Context**

Recent data identified 17 in 100 Indigenous Australian children received child protection services. Only 2 in 100 non-indigenous children received those same services. Numerous studies identify shifts experienced by parents and professionals engaging with the Solihull Approach. This approach may have the potential to support vulnerable Indigenous families. However, consultation with Aboriginal service providers and families is essential.

**Method**

This Quality Assurance study captured the experiences of 11 Indigenous service providers and 1 Indigenous parent engaging with the Solihull Approach. Quantitative data from verbal and written comments was thematically analysed.

**Results**

This study identified that the experiences of both service providers and an Indigenous parent align with international data. The Solihull Approach is appropriate for Indigenous communities. It is consistent with current practices, has inbuilt respect and facilitates self-reflection. Additional valued attributes included the accessibility of the adaptable, non-judgmental, language. The approach resonated with service providers, as did the ease of immediate application. Parts of the language need to be adapted, but were not considered as problematic. The small cohort posed a limitation to the study.

**Conclusion**

This small Quality Assurance study identified the Solihull Approach is appropriate for Aboriginal service providers and Indigenous Australian parents. Further studies are required to explore this across larger cohorts.
The 2020 racial awakening prompted many parents to take active roles in social justice advocacy. How can clinicians support parents' advocacy efforts when they are fatigued and burnt out?

The purpose of this talk is to highlight how mundane parenting tasks can be done through the lens of social justice action so that parents can both practice social justice in their homes and promote their young children’s development simultaneously. What if attuned play that promotes brain development and attachment is an opportunity for parents to practice de-centering their power? By de-centering their power, parents can address white supremacist and colonial conditioning of power-over in order to practice power-with instead. Or, what if co-regulation that is the foundation of development is an opportunity for parents to practice solidarity? By practicing solidarity, parents can unlearn white supremacist and colonial conditioning of saviorism. Lastly, what if "rupture and repair" is an opportunity for parents to practice accountability instead of self-cancellation?

The tiniest actions that are already embedded in families' daily routines can strengthen parents' social justice action muscles. These radically small actions in our homes are something parents can practice while we're advocating for changes at the systems and policy level.

References:

The Developmental Science of Early Childhood by Claudia M. Gold

My Grandmother’s Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies by Resmaa Menakem

Post Traumatic Slave Syndrome: America’s Legacy of Enduring Injury and Healing by Joy DeGruy
The PROMISE of Integrated Perinatal Behavioral Health Services to Increase Equity

Dr. Catherine Wolcott¹, Amelia Ehmer¹, Dr. Stephen Scott¹, Dr. Bethany Ashby¹
¹University Of Colorado School Of Medicine, Aurora, United States of America

Introduction
Although the integration of behavioral health services into medical homes offers the opportunity to improve the identification of perinatal mental health disorders, significant ethnic and racial disparities exist when accessing and engaging in mental health care for minoritized groups (Ehmer et al., 2021).

Aim
The current project stratifies engagement in services offered by an integrated perinatal behavioral health program (The PROMISE Clinic) by race, ethnicity, language, and insurance status to support quality improvement efforts to increase equitable access to care.

Method
The PROMISE Clinic is an integrated behavioral health program that serves individuals who are pregnant through 6 months postpartum and is housed in prenatal clinics at a large regional hospital. Between January 01, 2021 – December 31, 2021, 2,321 pregnant parents were seen for an initial obstetrical visit. Fifty-three percent of patients identified as white/Caucasian, 18% identified as black, and 27% identified as Hispanic; 90% of the clinic identified English as their primary language, and 45% were publicly insured. PROMISE served 1,260 of these patients, with similar demographics to the larger clinic. The PROMISE clinic had 5,212 patient contacts, 302 new therapy patient visits, 127 group visits, 495 consultations in person, 523 consultations over the phone, and 405 provider consults. Additional stratification by race, ethnicity, and language within PROMISE service type (therapy, consultation, follow up visits) will identify which groups of patients are accessing PROMISE services.

Conclusion
Initial data suggest that the PROMISE clinic is serving a similar demographic to the racially and ethnically diverse prenatal practice. PROMISE is also serving a significant portion of the clinic’s total volume, highlighting the benefits of an integrated service model. Additional data will be used to discuss takeaways and quality improvement efforts to increase equitable access to the range of PROMISE services that are offered in the clinic.
Promoting young children’s mental health across contexts: Findings from a research-to-practice center

Dr Ida Egmose¹, Ph.d. Johanne Smith-Nielsen¹, Katrine Wendelboe¹, Ph.d. Marianne Thode Krogh¹, Ph.d. Maja Sousa¹, MSc. Amanda Frees¹, Professor Mette Skovgaard Væver¹
¹Center for Early Intervention and Family Studies, University of Copenhagen, Copenhagen, Denmark


Background
It is well documented how early childhood adversity often has long-term detrimental consequences on a range of areas, such as mental health, educational and labor market success. Early interventions may prevent or buffer some of these negative effects. While research on the effectiveness of such programs is thus an important research topic, knowledge on how evidence-based programs work in real-life settings and what facilitates or hinders implementation in practice is imperative.

Since children develop across multiple contexts, early childhood mental health promotion should include various disciplines (e.g., psychologists, health visitors, and pediatricians) and occur at different levels (e.g., universal, selective, or indicated interventions).

Description
At this BOP-session, we present results from studies focusing on early childhood mental health promotion conducted at the Center for Early Intervention and Family Studies (CIF), University of Copenhagen. We present results from studies focusing on the family and the childcare context as well as from studies with implications for different groups of professionals (primary care professionals, family therapists, childcare providers).

The first presentation presents results on the detection of infants at risk by addressing the validity of the Alarm Distress Baby Scale (ADBB) when used as a universal screening tool for social withdrawal in primary care. The second and third presentations present results on the effects of the Understanding Your Baby-intervention, a universal intervention delivered to parents by health visitors in combination with the ADBB-screening. In the fourth presentation, findings are presented regarding the effect of the Circle of Security-Parenting delivered to mothers with postpartum depression and/or mothers of socially withdrawn infants. The fifth presentation shares results on determinants of mind-mindedness in professional caregivers in center-based childcare. Finally, the last two presentations present results on the implementation and effect of the Circle of Security-Classroom in center-based childcare.
Understanding Your Baby: A controlled parallel group study of a universal home-based educational program

Dr Ida Egmose¹, Ph.d. Marianne Thode Krogh¹, MSc Anne Stuart¹, Professor Mette Skovgaard Væver¹
¹Center for Early Intervention and Family Studies, University of Copenhagen, Copenhagen, Denmark

Introduction
Transition to parenthood represents a challenging time, where parents need to adjust to the new roles and develop new competencies. Parental competence is a key factor in promoting healthy functioning for parents and their children. Therefore, the aim of the Understanding Your Baby (UYB) intervention is to support parental competence and infant development by aiding mothers in noticing their infants’ behavioral cues and interpreting them in terms of mental states. The UYB is a universal program delivered by municipality health visitors in the context of the existing Danish home-visiting program.

Aim
The study examines whether mothers receiving Care As Usual (CAU) including the UYB intervention in comparison to mothers receiving CAU alone experience higher parental competence, increased knowledge about infant socioemotional development, and less parenting stress at infant age 11 months.

Method
First-time mothers were recruited for the CAU (n = 479) and UYB (n = 472) groups from ten municipalities during two different time periods, i.e. before and after the health visitors in the municipality were trained in and started to deliver the UYB intervention. Participants were recruited six weeks postpartum and received online questionnaires when their infants were 2, 4, 7, and 11 months. Data are analyzed according to the intention to treat principle. The comparison of the UYB and CAU groups are conducted using linear mixed models with the health visitor as the second order variable to account for the correlation induced by the same health visitor conducting the CAU and UYB intervention for multiple families. Analyses are controlled for maternal educational level, maternal depressive symptoms, and maternal age.

Conclusions
Analyses are ongoing. The results will be presented at the conference, and discussed in relation to the possibilities and challenges of universal home-based interventions in supporting parenting and infant mental health.
Dissemination of research-based knowledge about infant socio-emotional development: The Understanding Your Baby video library

Ph.d. Marianne Thode Krogh\textsuperscript{1}, Dr Ida Egmose\textsuperscript{1}, Professor Mette Skovgaard Væver\textsuperscript{1}

\textsuperscript{1}University of Copenhagen, Department of Psychology,

Introduction
Understanding Your Baby (UYB) is a universal intervention aimed at supporting parental competence and infant development in first-time parents by enhancing parents' ability to notice their infants' behavioral cues and interpret them in terms of underlying mental states. The intervention is delivered by local health visitors in the context of the existing Danish home-visiting program, and an important part of the program is an online video library, which the health visitors refer parents to.

Aim
The aim of the current study is to evaluate parents’ use and experiences of the UYB video library.

Method
The video library consists of 20 videos, divided into four age groups: 0-2 months, 2-4 months, 4-8 months, and 8-12 months. Each video is 2-4 minutes long and focuses on a specific subject relevant to socioemotional development in this age group, e.g. a video for parents with 4-8-month-old children focusing on infant frustration. Furthermore, the video library contains three additional videos focusing on themes that are relevant across all age groups (e.g., screen time).

First-time parents (567 mothers, 295 fathers) from ten Danish municipalities consented to participate in the study. The parents completed a questionnaire focusing on their use and experience of the UYB video library when their infants were 2, 4, 7, and 11 months old. The analyses will focus on when and how the parents used the video library and their experiences using the video library, including a comparison of the mothers’ and fathers’ use and experiences.

Conclusions
The analyses are still ongoing and the results will be presented at the conference. The results will be discussed in relation to the possibilities and challenges of an online video library being part of a universal home-based intervention in supporting parenting and infant mental health.
Promoting mind-mindedness in early childcare providers with the COS-Classroom approach: a randomized controlled trial

Ph.d. Johanne Smith-Nielsen¹, Katrine Wendelboe¹, Ph.d. Maja Sousa¹, MSc. Amanda Frees¹, MSc. Julie E.W. Mohr¹, Professor Mette Skovgaard Væver¹, Dr Maiken Pontoppidan², Dr Ida Egmose²
¹University Of Copenhagen, Copenhagen, Denmark, ²The Danish Center for Social Science Research, Copenhagen, Denmark

Introduction
In countries where the majority of young children are enrolled in professional childcare, the childcare setting constitutes an important part of children’s caregiving environment. Research consistently shows that particularly the quality of the daily interactions and relationships between young children and their professional caregivers have long-term effects on a range of child developmental outcomes. Therefore, professional caregivers’ capacity for establishing high-quality interactions with the children in their care is an essential target of intervention. An important component of the caregiver’s interactive skills is assumed to be the caregiver’s mentalizing ability, in particular when the caregiver or the child is distressed.

Aim
To test the effect of the efficacy of the group-based attachment theory informed Circle of Security approach adapted to the childcare setting (COS-Classroom, COS-C), a relatively resource-effective professional development program with potential for upscaling. While we also test effects on caregiver interactive skills, this presentation focuses on effects on caregiver mentalizing ability (operationalized as Mind-Mindedness) in relation to children perceived as ‘challenging’ by the caregivers.

Method
A prospective, parallel, cluster-randomized wait-list controlled trial design is used. Participants are professional caregivers of children aged 0–2.9 years from Danish childcare centers. Thirty-one childcare centers, corresponding to 113 caregivers and their managers participated in the study. The Mind-Mindedness coding scheme for interviews is used to assess caregivers’ Mind-Mindedness. Data on structural factors (e.g., caregiver-child ratio and level of pre-service education), and caregiver attachment style, together with data on the acceptability and feasibility of the COS-C was additionally collected to investigate moderating and confounding effects.

Results
Mind-Mindedness interviews are currently being coded and findings will be presented.

Conclusion
Examining the effects of COS-C on caregiver Mind-Mindedness contributes to our knowledge on how to improve the quality of care in center-based childcare settings.
Early Detection of Infant Social Withdrawal Using the Alarm Distress Baby Scale in Primary Care

MSc Anne Stuart, Dr Ida Egmose, Ph.d. Johanne Smith-Nielsen, Ph.d. Maria Stougård, Professor Mette Skovgaard Væver
1University of Copenhagen, Copenhagen, Denmark

Introduction
Early identification of infants at-risk is imperative for proper referral to intervention programs. The Alarm Distress Baby Scale (ADBB) is a screening tool detecting social withdrawal in infants. To date, no studies have examined the validity and cut-off score of ADBB after implementation as a universal screening tool in primary care.

Aim
The aim of the study is to 1) use Item Response Theory (IRT) to examine the construct validity of the ADBB and 2) to validate the cut-off score on the ADBB in comparison with the public health visitors’ clinical assessment of social development.

Method
For the IRT analyses, the sample consisted of 24,752 infants aged 2-3, 4-7 (only primiparous), and 8-12 months from the municipality of Copenhagen. For the cut-off validation, the sample was 7,481 infants aged 2-3 months. We used the public health visitors’ ADBB screening scores.

Results
IRT analyses showed that items showed similar patterns across the three waves and fulfilled most of the assumptions. Items 7 and 8 were locally dependent and had nearly identical ICC, suggesting that they discriminate equally well at the same level of social withdrawal. Item 4 and 6 discriminated best at very high levels of social withdrawal. ROC analyses indicated that a cut-off of 2 would be the optimal balance of sensitivity (78.4%) and specificity (86.7%). When comparing our prevalence-rates to other countries’ findings, a cut-off of 3 would be more suitable (8.4%).

Conclusion
The ADBB shows several psychometric strengths when used by public health visitors in primary care. Yet, the results also suggest that the validity of the scale might be improved with the removal of items 4, 6, and 8, as well as lowering the cut-off score from 5 to 3.
Evaluating the efficacy of Circle of Security- Parenting in an at-risk community sample

Professor Mette Skovgaard Væver¹, Dr Ida Egmose¹, Assistant professor Sophie Reijman¹, MSc Anne Stuart, Professor Theis Lange, Katrine Wendelboe, Post.doc Maria Stougaard, Ph.d. Johanne Smith-Nielsen
¹University of Copenhagen, 

Infant attachment insecurity and disorganization increase the risk for development of psychopathology. Maternal postpartum depression (PPD) is a known risk factor for maternal insensitivity, infant social withdrawal and insecure infant-mother attachment. The Circle of Security-Parenting (COS-P) is a manualized group-based intervention to promote parental sensitivity and secure attachment. Recent RCTs have shown mixed effects of COS-P. Cassidy et al. (2017) found main effects for fewer maternal unsupportive responses to child distress and better inhibitory control in children, but no main effect on attachment. Zimmer-Gembeck et al. (2021) found small effects for reducing caregivers’ own attachment anxiety and self-reported negative parenting practices.

In this study, 297 mothers and their 2-12 months old infants with diagnosed maternal PPD and/or infant social withdrawal were randomized 2:1 into COS-P or Care as Usual (CAU), i.e., standard practices for at-risk families in Copenhagen. Hereof, 236 mothers (167 COS-P, 69 CAU) completed follow-up assessments, including the Strange Situation and a free-play interaction coded for maternal sensitivity using Coding Interactive Behavior (CIB, Feldman, 1998). Preliminary analyses of mixed effects, controlling for baseline measurements and COS-P group, showed no main effects of COS-P regarding maternal sensitivity, maternal reflective functioning, or child attachment. Results will be expanded to include relevant control variables and moderators, e.g., educational level, symptoms of personality disorder, attachment style, and adverse childhood experiences.
Structural and personal determinants of early childcare providers’ mind-mindedness in relation to ‘challenging children’

Katrine Wendelboe1, Ph.d. Johanne Smith-Nielsen1, Ph.d. Maja Sousa1
1Department Of Psychology, University Of Copenhagen, Copenhagen, Denmark

Introduction
Early childcare research has demonstrated that children’s wellbeing and long-term socioemotional and cognitive development is linked with the quality of interaction with their early childcare providers. While all children benefit from high-quality interactions with childcare providers, (positive and negative) effects are strongest for children from at-risk backgrounds. Caregiver mind-mindedness, i.e. proclivity to treat the child as a psychological agent, is considered an essential component of interaction and relationship quality. The ability to keep a mind-minded stance is particularly important when providing care for children who are distressed or exhibit “challenging” behaviors. However, research on mind-mindedness in a professional group-based childcare context is limited. Therefore, it is relevant to examine what factors are important for caregivers’ mind-mindedness, in particular in relation to ‘challenging children’.

Aim
The aim of this study is to investigate personal and structural determinants of mind-mindedness in caregivers of children in early center-based childcare (0-3 years old). We will investigate caregivers’ own attachment, education, years of experience, caregiver-child ratio, group size, as well as job stress and satisfaction in relation to their mind-mindedness with children they experience as ‘challenging’.

Method
The sample consists of early childcare providers from 30 childcare centers in a Danish municipality with a relatively high proportion of at-risk families. Adult attachment is assessed with the Experiences in Close Relationships (ECR) questionnaire. Structural characteristics are also assessed with questionnaires, including a modified version of the Child Care Worker Job Stress Inventory. Mind-mindedness is assessed using a brief interview.

Results
Findings will be presented.

Conclusion
This study will introduce findings on an important aspect of early childcare providers’ caregiving skills, i.e. mind-mindedness. Results will inform early childcare research and practice in terms of guiding targeted interventions that aim to enhance childcare process quality, which is particularly important for at-risk children.
Midlothian Sure Start: FAN Engagement Enhancing Scotland’s Early Childhood Work with Families, Staff and Communities.

Mrs Cheryl Brown¹, Mrs Jackie Davidson, Mrs Cheryl Brown, Mrs Carole Norris-Shortle
¹Midlothian Sure Start, Midlothian, Scotland, ²Erikson Institute, Chicago, USA

Introduction
How can a practitioner possibly engage families, team members and community partners in the trickiest of situations?

Aim/Purpose
Midlothian Sure Start used the five key concepts of FAN and the Arc of Engagement for this purpose. Presenters will explain and demonstrate how they made cultural adaptations necessary to transplant the FAN programme from the USA to the UK.

Description
The FAN framework strengthens the collaboration, synergistic thinking, problem-solving and intentional reflection at all levels of this system. At the centre of the FAN are the parent’s, team members, and/or community partner’s concerns. The FAN starts with the practitioner coming to interactions with emotional balance to be regulated in difficult moments (calming). The FAN includes a structural component called the ARC of Engagement which connects to the remaining stages of Feeling, Thinking, Doing and Reflection, these provide the conditions which promote predictability and collaboration with people, opening the space for change and enabling the practitioner to meet the parent (group) where they are at.

Midlothian Sure Start is a regionally based non-profit agency (staff of 80) serving families of the regions most disadvantaged young children through their six family learning centres. The staff already highly trained in many useful interventions have adopted FAN to support change in behaviour through strong interpersonal relationships. People are empowered to reflectively think about their concern and decide what is the most productive change for them, rather than being “fixed”. In this presentation the impact of the FAN will be demonstrated.

Conclusion
Participants will leave this workshop with engagement questions they can use in their own work and understand the 5 FAN’s five key concepts, how these might apply to their work, and watch the FAN inaction, through video presentation.
How can we increase the likelihood of infant mental health (IMH) services being commissioned?

Dr Karen Bateson

1Parent Infant Foundation, UK, UK

Introduction
How can practitioners better communicate to commissioners or funders the need for and impact of specialist infant mental health (IMH) work? This presentation will share findings from two recent studies which show that commissioners frequently do not understand the concepts of infant mental health or the need to commission IMH services but could be helped to do so through newly developed frameworks and tools.

Aim
The aim of this body of work was to increase the likelihood of infant mental health services being commissioned at a local level by providing practical frameworks and tools.

Description
The first study was conducted by Newcastle University and the Parent-Infant Foundation. Commissioners were interviewed about their perceptions of infant mental health and the barriers and enablers they identify for developing IMH new services. We will share what commissioners want to know before considering commissioning a new infant mental health services and what resources might help them.

The second study, conducted by an Early Years Transformation Board in Wales and the Parent-Infant Foundation, proposed a framework for how to estimate the number of babies who might need, and access, a specialist infant mental health service in any local area. This framework offers the potential to simplify the process of population needs analysis and make the concepts more accessible, thereby supporting commissioning and/or funding.

Conclusions
Commissioners can be supported in their role using evidence-based tools. We will describe a newly developed and freely available commissioning support toolkit for IMH services which provides a “one-stop shop” for anyone embarking on service development or transformation.

This presentation will be useful to anyone who works with commissioners or funders, or who wants to influence the commissioning process for IMH services.
Introduction

Wee Minds Matter is the Infant Mental Health Service for NHS Greater Glasgow and Clyde, established in 2021 with the Scottish Government’s financial investment to improve infant and perinatal mental health outcomes, and aspiration for Scotland to be the best place in the world to grow up. The multidisciplinary service accepts referrals from conception to age three, and offers outreach, care planning, direct support, consultation, and education. We aim to reach as many infants and families as possible across our large health board and wide geographical area. Wee Minds Matter recognises evidence that early relational experiences are fundamentally influential to an infant’s life trajectory, physical and mental health outcomes. Work is often focused on understanding infant need through the lens of experiences and key relationships, and on providing needs-matched support to infants in the context of their caregiving relationships.

Aim and Description

In this presentation, we will provide a reflective account of our experiences establishing Wee Minds Matter, using the metaphor of pregnancy and birth. We will present a timeline from ‘pre-conception’ or service planning, through to ‘the fourth trimester’: the early months of service delivery. This will include exploration of some of the challenges of bringing a new service to life (“will we fall pregnant?”, “who will our baby be?”), as well as factors that have supported its healthy growth and development (“what does our baby need?”, “who can support our baby?”). The presentation will offer insights into the experience of service development, and – using metaphor – emphasise the critical importance of relational context and experiences throughout systems, including for infants, caregivers, service providers and managers.

Conclusion

My name is Wee Minds Matter, and I was born in 2021. Let me tell you my story.
The ODISEA model of parental assessment and intervention: strengthening infant mental health from the cradle

**Dr. Esteban Gómez¹**, Mg. Marian Maureira¹, Mg. Gonzalo Silva¹
¹Fundación América Por La Infancia, Santiago, Chile

**Introduction**
Scientific research has highlighted the role of parenting competencies in explaining child development and infant mental health, thus becoming a central objective of modern comprehensive Child Protection Systems, from promotion and prevention to intervention in cases of child abuse and parental neglect.

**Purpose**
Parenting competencies are learned from life history and from the learning opportunities offered by the environment, including professional interventions that allow them to be re-learned. To contribute to this goal, over the last 10 years we have developed the “ODISEA” (ODDISEY) model of parental evaluation and intervention.

**Description**
ODISEA means "Opportunities for the Development of Interactions that are Sensitives, Effectives and Affective" (Gómez, 2022). It proposes a comprehensive evaluation methodology with a set of instruments like the Positive Parenting Scale E2P. In its current state, it is made up of 4 multi-level intervention methodologies: (a) Positive Parenting Workshop; (b) Home visit; (c) Videofeedback 3.0; and (d) Parenting Therapeutic Device. Each Manual details an intervention procedure based on a common theoretical framework anchored in attachment theory and the ecological theory of human development.

We present the history and evolution of the model, the characteristics of each proposed intervention methodology, the various implementation experiences in different Latin American countries (Chile, Argentina, Uruguay, Venezuela, Perú and México) and the positive results obtained to date with diverse populations, as well as its implementation in public policies (Gómez, 2022).

**Conclusions**
The ODISEA model has been expanded in Latin America with positive results and wide acceptance. More than 11,000 professionals use its parental evaluation instruments and more than 4,000 implement the various ODISEA intervention methodologies, signifying an important contribution to the positive development of children on the continent.


Dr Nick Kowalenko¹,², Associate Professor Robert Mills¹, Adjunct Associate Professor Jenny Smit¹, Dr Alice Dwyer¹,², Ms Tanya Crawford¹, Ms Ann DeBelin¹

¹Tresillian Family Care Centres, Belmore, Australia, ²Emerging Minds, Adelaide, Australia, ³NSW Health, Sutherland, Australia, ⁴NSW Health, Randwick, Orange, Camperdown, Australia

M1 - BOP38: IMH Service Development, Liffey Meeting Room 2A, 17 July 2023, 10:45 - 12:15

Introduction
Tresillian is Australia’s largest not-for-profit Early Parenting Service offering professional advice, education and guidance to families with a baby, toddler or pre-schooler. Its vision is that ‘Every child has the best possible start in life.’

Recently, expert review, clinician feedback and the policy environment highlighted the considerable need for enhanced PIEC-MH support for Tresillian families, and the wider community. The Tresillian Board prioritised this in the Organisation’s 2021 to 2024 strategy. This presentation will outline the context and learnings that have emerged in the process of developing PIEC-MH, and explore the potential next steps in realising its potential.

Aim
The PIEC-MH model of care for Tresillian aims to respond effectively and efficiently to the considerable mental health vulnerabilities of Tresillian families and the wider community. The model focusses on the presence of parental distress but equally prioritises the parent-infant relationship in order to ensure Tresillian’s vision is realised.

Description
The stages that have informed the project will be outlined, with potential next steps being considered also outlined.

The stages include:

1. Identifying the need: clinicians, policy setting, families’ experiences
2. Piloting a model: reflection and learning
3. Workforce development and recruitment: embedding a multidisciplinary team approach
4. Reflection and consultation: ‘Bottom up’ engagement, clinicians and families
5. Work plan

Conclusions
There is increasing awareness of the significant need for integrated, comprehensive and effective models of care to attend to vulnerable families. Establishing organisational commitment and identifying core processes to realise this imperative are crucial to succeed.
Developing a community-based Infant & Early Childhood Mental Health Framework within the National ABC Programme

Ms Bernie Laverty¹, Ms Katherine Harford², Ms Fiona Gallagher³
¹Tusla Area Based Childhood Programme, Dublin, Ireland, ²Let's Grow Together Infant & Childhood Partnerships CLG, Cork, Ireland, ³Youngballymun, Dublin, Ireland

Introduction
The Area Based Childhood (ABC) Programme is a national Prevention and Early Intervention (PEI) Programme which invests in effective services to improve outcomes for children and families living in areas impacted by poverty.

The ABC Infant Mental Health Framework aims to guide how ABCs embed IMH within the communities they serve. The Framework addresses,
- The breadth of IMH work happening across all 12 ABC sites
- ABC's work across service and policy levels to affect the structural changes required to ensure IMH is an essential PEI response to child poverty, ensuring better outcomes for all children.
- The successes, challenges and opportunities experienced by ABCs concerning their IMH work
- The social justice, economic and policy arguments for the ABC Programme approach to IMH
•Exploring how ABCs can continue to grow this work in collaboration with national partners, thereby contributing to the national progression of IMH across Ireland.

Description
The Framework details the unique "ecosystem" approach of the ABCs, utilizing Bronfenbrenner’s ecosystem system theory, being cognizant of the many layers of environmental influences on the growing child. The ABC programme works across 3 levels,
- Frontline delivery, working at the nuclear level working directly with parents & children.
- Capacity building bringing together local interagency partners to explore new learning and best practice.
- System changes.

The Framework outlines considerations required to build an IMH Organisational culture to effectively support children, families and communities across the continuum of Promotion, Prevention, Intervention and Treatment.

The National ABC Programme is committed to grow and develop IMH supports for families through a planned and coordinated application of this Framework.
Developing an Infant and Early Childhood Mental Health Program: Lessons Learned

Dr. Katherine Matheson1, Dr. Anne-Lise Holahan1, Dr. Melissa Vloet1,2, Ms Heather Bragg1, Dr. Sarah Gray1,2, Dr. Jenny Carstens1,2, Dr Lara Post1,2, Ms Dasa Farthing1, Genevieve Brabant1, David Murphy2, Dr. Kathi Pajer1,2

1Children’s Hospital of Eastern Ontario, Ottawa, Canada, 2University of Ottawa, Ottawa, Canada

Introduction
Research demonstrates that the first six years of a child’s life are vital. Given the impact of early attachment and childhood experiences on lifelong mental health, focus on treating the specific mental health needs of infants and young children is essential. This presentation highlights the operationalization of a 0-6 mental health service model in a large Canadian city.

Aim
Investigators conducted a multistage environmental scan of mental health services and needs assessment for this population in Ottawa, Canada. The goal was to identify current resources and service gaps to inform development and implementation of a hospital-based infant and early childhood mental health program for patients 0-6 years old with complex emotional and behavioural problems at CHEO.

Description
An environmental scan of community and hospital-based services was completed and an estimation model based on population statistics was used to identify the need for tertiary care treatments. In addition a qualitative needs assessment was conducted using stakeholder interviews. A process map was developed in consultation with over 30 community partners to guide program development for a 1-year pilot project to implement a new infant and early childhood mental health service at CHEO. Mixed methods survey and qualitative focus group data was obtained.

Results
Numerous gaps, especially the absence of tertiary care, were identified. Results of this project indicated value added to regional services in Ottawa. Lessons learned from the pilot period resulted in increasing access to the service by partnering with a regional mental health navigation service. The program’s inclusion criteria were adjusted based on the clinical characteristics of children and families presenting during the pilot year, and the process map was refined to reflect a more streamlined pathway to provide care.

Conclusion
This pilot project resulted in the new service being permanently added as a tertiary care pathway.
Evaluating a new Perinatal and Infant Mental Health workstream in the North of Scotland

Dr Lucy Thompson¹, Prof Philip Wilson¹
¹University Of Aberdeen,

Introduction
In 2019 the Scottish Government and national health service (NHS Scotland) announced significant investment in perinatal and infant mental health (PNIMH) services for Scotland in line with recommendations from the NHS PNIMH Managed Clinical Network. Three key areas for the delivery plan were identified as ‘More Capacity, More Staff, and More Voices’, and a specific goal of enhancing specialist community provision for the North of Scotland was highlighted. In 2021/22 NHS Highland implemented a range of new posts to facilitate the enhancement of perinatal mental health services and the creation of an infant mental health service. The University of Aberdeen Centre for Rural Health was commissioned to plan and conduct an evaluation of this service development early in 2022.

Aim
To describe the development of the PNIMH service, explore barriers and facilitators to implementation from the perspective of key stakeholders, and to describe the experience of families in relation to the new care pathways.

Material and Method
We shall use a combination of document review, data collation, semi-structured interview, and interactive dissemination. There will be a focus on reflecting how best to implement and manage PNIMH services in remote and rural areas, drawing on learning from the present evaluation and the international research literature. The impact of ‘PAMPR’ (Perinatal Advice Meeting Professional Reflection) sessions will be highlighted as a case study.

Conclusion
We shall present findings in relation to lived experience through care pathways, service user and stakeholder reflections, and recommendations for ongoing evaluation.
This double symposium focuses on the challenges of measuring and enhancing parental reflective functioning (PRF). The term – first introduced by Fonagy and his colleagues (1991) -- refers to the parent’s capacity to imagine the child’s as well as their own thoughts and feelings, and to – in general - recognize the value and meaning of internal, subjective experience. Research has consistently linked high levels of PRF to a range of positive relational outcomes in child, parent, and dyad. PRF has typically been measured using the Parent Development Interview (PDI; Slade et al., 2004), an interview designed to elicit parents’ thoughts and feelings about the child and the parent-child relationship, or the Pregnancy Interview (PI; Slade, 2003). Whereas the PDI is designed to elicit parents’ thoughts and feelings about the child and the parent-child relationship, the PI invites the expectant parent to reflect on their emotional experience of pregnancy and emerging parenthood. More recently, Luyten and his colleagues introduced a questionnaire-based assessment of PRF: the Parental Reflective Functioning Questionnaire (PRFQ; Luyten et al., 2017). A prenatal version of this questionnaire has also been developed by Pajulo and her colleagues (Pajulo et al., 2012).

Over the past three years, an international group of researchers and clinicians has met regularly to discuss the complexities and challenges of measuring PRF as well as finding ways to support and enhance it in clinical interventions. In the first part of this symposium, we will focus on the measurement of impaired mentalizing and mentalizing breakdowns. In the second part of this symposium, we will focus on a set of key questions facing clinicians aiming to enhance and promote parental mentalizing in a range of contexts.

Part 1 Parental Reflective Functioning: Key Issues in Measurement
Across samples of mothers placed at risk of insensitive parenting due to high levels of adversity, PRF scores tend to be in the low range. Yet breakdowns in mentalizing can take many clinically meaningful forms, some of which can be difficult to distinguish from true reflective capacity. Arietta Slade will begin with an overview of PRF, its measurement and scoring, and describe this group’s efforts to understand and operationalize these breakdowns. Kristyn Wong and Sanna Isosävi will then present on mentalizing breakdowns in prenatal and postnatal RF. Finally, Michelle Sleed will discuss different forms of representational risk and their clinical significance.
Perspectives of Infant Mental Health in Asia - Part 1: Development of Infant Mental Health Work in Asia

Dr Hisako Watanabe

Asia embraces more than half (53.7%) of the world population (7,684,570,000) on its vast land with numerous islands and archipelagos. Asia is a region with rich diversity in history, spirituality, religion, art, culture, and languages. Following the Institute of Asia at the 2021 Brisbane Congress, which highlighted deep wisdom of indigenous practices, the presenters from some Asian countries, namely, Bangladesh, China, Hong Kong, India, Indonesia, Philippines and Japan, remained in connection and met several times virtually. We exchanged information and ideas regarding various uniqueness of our region and its diverse needs. As WAIMH holds a crucial role in this global crises of numerous pandemics, climate change, and regional violence which profoundly affect infants and young children, we wish to contribute to WAIMH by diversifying the voices of infant mental health workers underrepresented in the world. Infancy is a specific time of life in which people with different viewpoints can come together. Infancy offers a rare and time-limited window into what Stern called ‘kairos’ in interactions, a world where feelings, imaginations and narratives prevail and humanity shines. Infants inspire us to grapple with ever more complex and interlinked challenges of today.

This symposium consists of two parts. In Part 1, development of infant mental health work from different regions of Asia will be presented. Satya Raj will describe her endeavor in incorporating infant mental health care into the regular postnatal follow-up system in India. Hongyan Guan from China will describe her comprehensive work of early interventions covering diverse issues. Tjhin Wiguna from Indonesia will present his longitudinal study of the maternal mental health and infant development starting at the peak of the COVID-19 pandemic.
Integrating Infant mental health care as a part of regular postnatal follow up – the way forward - Indian scenario

Dr Satya Raj

Introduction
The Infant mother nurture clinic was started in Christian medical college, Vellore, India in 2019. It was started as a Consultation liaison service with aspects of primary, secondary, and tertiary care. Our service is the first of its kind in the country.

Aim
The aim of the service is to provide holistic care for the infant, focusing on social, emotional, and cognitive development of the infant and to promote secure attachment in the mother infant dyad, in a tertiary care hospital set up in a low-middle income country like India.

Description
The service received referrals from Obstetricians, paediatricians, neonatologist, and Psychiatrists. All the mother – infant dyads referred to the “Infant mother nurture clinic” were screened for any difficulties and were provided basic psycho-education about attachment, bonding and best mother-infant dyadic practices. Psycho-education is done with the aid of simple picture-based module, and video clips. The module was tailored to the needs of the local population, and was culturally adapted to suit our mother infant dyads. The dyads where a problem is identified, specific assessment and interventions are done.

Conclusion
Feeding problems in the infant and developmental delay were the common reasons for referral. Anxiety was noted in the mother. Psychosocial stressors were also present. Poor education and unemployment compounded the difficulties and made follow up challenging. Therefore, integrating the mother - infant dyadic work with the regular postnatal visits, may improve the follow up. The concept of “infant mental health “is only very slowly catching up in the developing world. Working on improving the awareness among Paediatricians and Obstetricians about the importance of infant mental health and its long term sequelae, needs to continue.
Promoting infant mental health starts from social emotional cultivation in early years: the current situation and practice in China

Hongyan Guan

Introduction & Aim
There is increasing evidence confirming that social-emotional skills serve as the critical foundation for the well-being and future success of children; however, disparities in social-emotional development in infant and toddlers can last a lifetime. Assessment and practical interventions are urgently needed to strengthen the nurturing care ability on social-emotional development for caregivers among infants.

Description
With the tendency of the increasing prevalence of mental health problems, such as communication difficulty and emotional or behavioral disorder in the early years, the issue of social emotional cultivation among young children arose the awareness and attention of the whole society, especially after the COVID-19 pandemic. With the increasing nurturing pressure and the three-child policy, the phenomenon that insufficient social attention and practical intervention strategies in terms of infant mental health in China has been gradually awarded by the scholars and policy makers. The Chinese government has promulgated a series of official documents targeting addressing this issue and promoting early childhood development potential since last decade. Researchers, educators, and pediatricians have been working towards this goal in their domains. Effective prevention should be the fundamental approach to enhance mental health compared with solving or reliving mental disorders. Care Group, a small group-based intervention aiming to promote children’s cognitive and non-cognitive skills by energizing their primary caregivers, has been proven as an effective approach for promoting children’s social-emotional development living in poverty at an affordable cost and with high feasibility for scale-up.

Conclusion
Child is the future. To improve the mental health of Chinese children from a higher and broader level, professionals in their own domains are highly recommended to fully understand the milestone and assistant infants to reach the zone of proximal development. On this basis, interdisciplinary cooperation in various fields to support infants’ caregivers is essential and strongly recommended and indeed needed.
Introduction
Covid-19 pandemic is an adverse life experience in the past three years. During the peak period of COVID-19 pandemic, the government policy to stay at home to reduce the spread of infection was a real threat to everybody including mothers in pregnancy.

Aim and Purpose
This study aimed to elaborate the maternal mental health starting at the third semester of pregnancy until six months of delivery including their infant development.

Description
The study was designed as a longitudinal study that included 79 women in their third semester of pregnancy, however only 34 of them completed the observation for six months. The data collection was done during November 2020 - June 2021. Maternal mental health observations consisted of depression and mother-infant bonding. Infant development was measured with the Indonesian version of Capute scale that looked at linguistic development (CLAMS) and cognitive development (CAT). The study found that 47.1% of pregnant women in this study had at least one time positively screened for depression and 23.5% positively screened at least one time of mother-infant bonding problems. The highest proportion of maternal depression and mother-infant bonding problems was at the third semester of pregnancy compared to other periods of observations. The study also found that maternal depression in the third semester of pregnancy and in the first month after delivery significantly associated with low CLAMS quotient in infants at the age of six months. Moreover, mother-infant bonding problems during the third semester of pregnancy and in the first month after delivery were significantly associated with a CAT quotient below 75 on the first month of infants.

Conclusion
The study revealed that COVID-19 pandemic may be an adverse life experience of pregnant women. Therefore, perinatal mental health programs that are appropriate to the pandemic in need to be developed and implemented.
Attachment-based interventions for high-risk families have spread around the world. This symposium brings leading thinkers together from the USA, Canada, Australia, and France to compare and contrast four such interventions [Group-Based Attachment Intervention (GABI), ATTACH parenting program, Circle of Security-Intensive, and CAPEDP-Attachement]. The purpose of this symposium is to update attendees on the clinical potency of attachment-based interventions and to describe the varying contexts in which each intervention has been used. Each presenter will review the basic clinical approach of each intervention, with an overview of relevant data but a focus on the clinical approach and case material. A panel discussion will ensue and be led by the symposium convener.
Clinical use of the Revised Hybrid protocol of the Circle of Security Intensive intervention (COS-IRH)

Dr Anna Huber¹, Ms Anne-Marie Hicks²
¹Families In Mind Psychology, Canberra, Australia, ²Dayspring Trust, Auckland, New Zealand

Introduction
The Circle of Security Intensive intervention (COS-I, 2002; 2014) aims to improve child attachment security and reduce disorganisation by improving caregiver capacities, including caregiving behaviour, reflective functioning and representations of the child, self as parent and the relationship. Studies have found positive changes after COS-I in child attachment security and disorganisation, caregiver representations and reflective functioning, child behaviour and parent emotional functioning (Hoffmann et al., 2006; Huber et al., 2015a; 2015b; Huber et al 2016).

In response to practitioner and supervisor feedback, a revised hybrid COS-I protocol (COS-I-RH) was developed incorporating material from the Circle of Security-Parenting program (COS-P) including options for individual, couple and group delivery. A New Zealand study found positive changes in caregiving behaviour and representations after COS-I RH, not moderated by delivery mode (individual or group) and sustained at 12 months follow-up (Huber, Hicks, Ball & McMahon, 2020).

Aims
This presentation will outline the components of the revised hybrid COS-I protocol and their rationale. Using a New Zealand case example we will illustrate how this intervention worked with an individual mother-child dyad.

Description
The COS-I RH protocol is aimed at parent-child dyads at high risk for compromised child developmental outcomes. Parents are screened to assess capacity and motivation to complete the intervention. Filmed interaction assessments of the dyad (SSPs) and Circle of Security Interviews (with parent) are used to assess dyadic treatment goals and caregiver defensive strategies. Parents attend sessions individually (typically at home) or in centre-based groups of up to 6 participants. Using selected video from the SSP, therapists tailor treatment to address the dyad’s “linchpin issue”, taking into account the caregiver’s defenses. The case example illustrates this.

Conclusion
The COS-I RH intervention effectively engages high risk families in changing key aspects of their caregiving.
Clinical Impacts of the Attachment and Child Health (ATTACH™) Parenting Program

Dr Nicole Letourneau\(^1\), Dr Lubna Anis\(^1\), Dr. Kharah Ross\(^2\), Dr. Steve Cole\(^3\), Mr. Henry Ntanda\(^1\), Dr Martha Hart\(^1\)

\(^1\)Presenting Author, University Of Calgary, Calgary, Canada, \(^2\)Athabasca University, Athabasca, Canada, \(^3\)University of California, Los Angeles, Los Angeles, United States of America


Introduction
High-risk parents affected by toxic stressors (e.g., family violence, low income) may have difficulty parenting their young children and demonstrate lower sensitivity towards their children’s needs. This predisposes children to insecure attachment\(^1\), and increased risk for mental\(^2\) and physical health problems, including increased inflammation across the lifespan\(^3,4\). Parental reflective function (PRF), i.e., parents’ capacity to understand their own and their child’s thoughts, feelings, and mental states, likely underpins parental sensitivity, and may buffer the impacts of toxic stressors on children\(^5\). PRF may be modifiable\(^1,6\); however, evidence-based interventions focused on PRF are needed to support at-risk families to promote parent and child health and developmental outcomes. We developed, pilot tested and are scaling and spreading ATTACH™, a PRF-based program designed for high-risk families.

Purpose
We tested ATTACH™ in seven pilot studies (randomized controlled trials and quasi-experimental studies) with parent-child (0-5 years) pairs (n=64) recruited from community agencies serving low-income families and those affected by family violence. We collected data to assess impacts on parental sensitivity, PRF, maternal depression, attachment security, child development and behavioral problems, as well as gene expression associated with upregulation of pro-inflammatory and downregulation of anti-viral gene transcripts.

Description
ATTACH™ is a 10-session, one-on-one, manualized program that significantly improves parental sensitivity (p<.01) and PRF (p<.01)\(^7\). It improves the likelihood of secure attachment (p<.01)\(^8\), improves child development, i.e., problem-solving (p=.009) and executive function (p<.05), and reduces child behavioral problems (p<.04)\(^10\). ATTACH™ predicted healthier immune cell gene expression profiles (p<0.04)\(^11\), and a trend toward reducing parental depressive symptoms\(^8\). We will present video excerpts of the training, intervention-in-action and impacts on PRF.

Conclusions
ATTACH™ has positive effects on high-risk children and parents, likely driven by improvements in PRF, suggesting that ATTACH™ can ameliorate the effects of toxic stress. The program is currently being scaled in clinical community settings across Canada and internationally.

References
Group Attachment-Based Intervention (GABI) increases toddler-parent attachment security and decreases levels of disorganization

Professor Howard Steele¹, Professor Anne Murphy², Dr. Kristin Lewis¹, Professor Miriam Steele¹
¹The New School For Social Research, New York, USA, ²Pediatrics Department, Montefiore Medical Center, New York, USA

Introduction
This presentation reports on a randomized control trial (RCT) of the Group Attachment Based Intervention (GABI©), a trauma-informed attachment-based intervention aimed at promoting healthy parent-child relationships for parents and their children aged 0-3 years. Families were randomly assigned to either the GABI (n=40) or treatment as usual condition (n=27), a parenting class called Systematic Training for Effective Parenting (STEP). Both groups received treatment at Montefiore Medical Center’s Children’s Evaluation and Rehabilitation Center. Steele et al., (2019) previously reported significant improvements in the parent-child relationship for families participating in GABI but not in the STEP group, utilizing Feldman’s (1998) Coding Interactive Behavior (CIB) applied to 5-minute video footage of mothers and their toddlers in a free play context.

Aims / Purpose
This presentation tests hypotheses that GABI increases attachment security and reduces attachment disorganization as measured by observations of filmed Strange Situation Procedures (Ainsworth et al., 1978). In addition to assessing change in categorical attachment classifications from baseline to end-of-treatment, this study examines changes in continuous measures of security and disorganization, as well as prevalence and correlates of specific indices of disorganized behavior.

Description
McNemar’s test of change shows that children in GABI are significantly more likely to have become classified as secure from pre-to postintervention, not seen among children and their parents who participated in STEP. ANCOVA analyses demonstrate significant increases in a continuous measure of attachment security and significant decreases in a continuous measure of disorganization for GABI but not STEP.

Conclusion
GABI is effective at promoting attachment security and decreasing attachment disorganization. The mechanism of change included repeated practice at separation and reunion via distinct parents-only, children-only, and parent-child groups taking place at every GABI session (120 minutes) offered up to 3Xweekly over 26 weeks. The REARING principle underlying GABI treatment will be elaborated, together with the central role of using and promoting reflective functioning. Plus the multi-family group nature of the intervention directly addresses social isolation.
Although randomized interventions trials have been shown to reduce the incidence of disorganized attachment, no studies to date have identified the mechanisms of change responsible for such reductions. The CAPEDP (Compétences Parentales et Attachement dans la Petite Enfance; Parental competences and attachment in early childhood) study assessed the effects of a manualized home-intervention on child mental health and its major determinants. In this presentation, a particular attention will be done to the description of the program’s intervention protocol. Its impact will also be highlighted, by addressing the mechanisms of change responsible for such reductions. 440 young, first-time mothers belonging to socially vulnerable populations were recruited and randomly assigned to an intervention or a control group. Mothers in the intervention group received psychological support from the 27th week of pregnancy up to their child’s second birthday, while both groups received assessment visits every three months and benefited from assistance by the research team. When the children reached 12 months of age, an ancillary study, the CAPEDP-Attachment (n=119) assessed the impact of this intervention on attachment dimensions. Compared to controls (n=52), both a) infant disorganization and b) disrupted maternal communication were significantly reduced in the intervention group (n=65); c) maternal disruptive communication was associated with having a “low income” and with “having given birth prematurely”; d) reductions in disrupted maternal communication partially accounted for the observed reductions in infant disorganization compared to randomized controls. Results suggest that attachment intervention programs should privilege a twofold approach, addressing both maternal interactional skills and social and economic vulnerability, while formally assessing underlying mechanisms of change to improve and appropriately target preventive interventions. The mean number of total home visits performed by CAPEDP intervention psychologists for each family was 44 sustaining that, in the case of multi-risk families, More is Better.
Individual Differences of Maternal Mind-Mindedness and Cultural Comparison

Ms Yujin Lee¹, Dr Daphna Dollberg Ginio², Dr Lydia Li³, Professor. Elizabeth Meins¹
¹University Of York, York, UK, ²The Academic College of Tel Aviv Yaffo, Tel Aviv-Yafo, Israel, ³University Medical Centre Hamburg-Eppendorf (UKE), Hamburg, Germany

Maternal mind-mindedness is one of the parental mentalizing skills describing mothers’ tendency to treat their children as individuals with a mind of their own. It has two indices: (a) appropriate mind-related comments reflect a mother’s tendency to comment accurately on their infant’s mental states and (b) non-attuned mind-related comments indicate a mother’s misreading of their infant’s internal states. Over the last two decades, a number of empirical studies reported that appropriate mind-mindedness in the first year of life predicted a range of children’s positive developmental outcomes. However, less is known about factors that account for individual differences in maternal mind-mindedness. This symposium focuses on potential factors that might be related to the individual differences in maternal mind-mindedness with data from four countries.

Study 1 investigated the relations between pregnancy risk and maternal mind-mindedness in a sample of Israeli mothers. Mothers who experienced high-risk pregnancy showed less appropriate mind-mindedness compared with low-risk pregnancy mothers. Mind-mindedness was linked with parental depression. Study 2 explored the potential relations of maternal mind-mindedness with mothers’ cultural backgrounds and empathy in samples of British and South Korean mothers. Only Korean mothers’ empathy predicted their appropriate mind-related comments. Study 3 focused on German mothers’ psychosocial functioning and infant temperament. They found potential predictive associations of mind-mindedness and maternal experience with their own mothers and infants’ negative emotionality. Study 4 conducted a cross-cultural comparison of maternal mind-mindedness in samples from the UK, Israel, Germany, and South Korea. Israeli mothers showed high levels of appropriate mind-mindedness compared with mothers from other countries. Interestingly, South Korean mothers did not show stark differences in mind-mindedness compared with British and German mothers. Moreover, there were cultural differences regarding the contents of mind-related comments across the cultures. These findings will be discussed in light of their implication for cross-cultural generalizability.
How does maternal mind-mindedness differ across cultures: UK, Israel, Germany and South Korea

Ms Yujin Lee1, Dr Daphna Dollberg Ginio2, Dr Lydia Li3, Professor. Elizabeth Meins1
1University Of York, York, UK, 2The Academic College of Tel Aviv Yaffo , Tel Aviv Yaffo , Israel, 3University Medical Centre Hamburg-Eppendorf (UKE), Hamburg, Germany

Introduction
Although the cultural difference is a significant area to examine in parental mentalization, little is known about maternal mind-mindedness across cultures. Maternal mind-mindedness is a mother’s ability to attune to her infant’s mind. Only three studies explored cultural differences in maternal mind-mindedness: Chinese and Japanese mothers showed less appropriate mind-mindedness compared with British and Australian mothers. However, it is still unknown whether maternal mind-mindedness from a few Eastern or Western countries can be generalised to other cultures.

Aim
This study aimed to explore cultural differences in maternal mind-mindedness across four countries: UK, Israel, Germany, and South Korea.

Material and Method
Data for the present analyses were derived from independent projects from each country. Mother-infant dyads (nUK=71; nIsrael= 64; nGermany=64; nKorea=66) participated. Mind-mindedness was measured from a free-play observation. The analyses were conducted using (a) the proportion of mind-related comments, and (b) the contents of mind-related comments across countries.

Result
Israeli mothers showed more appropriate mind-mindedness compared with British, German and Korean mothers (Appropriate mind-related comments: F(3, 260) = 26.46 p < .001, Non-attuned mind-related comments: F(3, 260) = 14.79, p < .001). While Korean mothers showed more appropriate mind-related comments compared to German mothers (p=.001), there were no significant differences between Korean and British mothers (p=.177). German, British and Korean mothers showed similar levels of non-attuned mind-related comments to their infants. Regarding the contents of mind-related comments, there were cultural differences in terms of mothers’ focus on their infants’ preferences, emotion, and physical states.

Conclusion
Our study showed that maternal mind-mindedness is universal, but there are subtle differences in mind-mindedness which can’t be explained by a simple division of Western and Eastern cultures. The findings will be further discussed in a relation to cultural-specific parenting beliefs.
How Do Culture and Empathy Relate to UK and South Korean Mothers’ Mind-Mindedness?

Ms Yujin Lee1, Professor. Elizabeth Meins1, Dr. Fionnuala Larkin1,2
1University Of York, York, UK, 2University College Cork, Cork, Ireland

Introduction
A growing body of empirical evidence shows that mind-mindedness, referring to caregivers’ tendency to attune their infants’ minds, predicts various positive aspects of children’s development. However, little is revealed about maternal factors associated with higher levels of mind-mindedness. The present study focused on the potential influences of cultural background and mothers’ dispositional empathy on mind-mindedness between UK and South Korea (SK).

Aim
The present study aimed to investigate whether (a) there are cultural differences on mind-mindedness between British and Korean mothers, and (b) mothers’ dispositional empathy would predict to mind-mindedness across cultures.

Material and Method
Mothers (nUK=63; nSK=66) participated with their infants (UK: M=6.14 months, SD=1.55, SK: M=7.49 months, SD=1.15). Mind-mindedness was measured from a 10-minute free-play observation, and mothers’ dispositional empathy was assessed using a self-report questionnaire.

Results
There was no significant difference in the total proportion of maternal mind-mindedness between British and Korean mothers. However, regarding the contents of mind-mindedness, British mothers made more comments about their infants’ desire and preference (appropriate mind-related comments: F(1,125)=15.19, p<.001; non-attuned mind-related comments: F(1,125)=8.49, p<.01), while Korean mothers made more comments about infants’ emotion (appropriate mind-related comments: F(1,125)=11.37, p<.01; non-attuned mind-related comments: F(1,125)=3.71, p<.10). Higher cognitive empathy predicted high scores for appropriate mind-related comments in Korean mothers, but no British mothers (β = .47, p<.001).

Conclusion
Our findings show that mothers may emphasize different mental aspects in accord with their cultural context. Furthermore, the relations with empathy may indicate that Korean mothers’ mind-mindedness might be more general trait compared to the UK mothers’ mind-mindedness. In conclusion, the findings of the present study imply that the practice of mind-mindedness may be universal, but the contents and determinants of mind-mindedness appear to be culturally dependent.
Correlates of maternal mind-mindedness in a German-speaking sample – maternal characteristics and infant temperament

Dr Lydia Li¹, Dr. Susanne Mudra¹
¹University Medical Centre Hamburg-Eppendorf, Hamburg, Germany

Introduction
Maternal mind-mindedness (MM) describes a relatively stable tendency to focus on the child’s mental states, particularly during a mother-infant interaction. Despite extensive research, there is still little known about (a) maternal or child-centred correlates that could help explain individual differences in MM and (b) whether MM could be associated with the development of child-centred correlates.

Aim
Our study aims to investigate (a) the associations between MM, maternal characteristics (psychosocial functioning and recalled parenting by own mother), and infant temperament and (b) the predictive effects of MM on infant temperament development.

Material and Method
As part of a longitudinal cohort study, a subsample of n=76 German-speaking mother-infant dyads provided data for the present analyses. Maternal MM (appropriate and non-attuned) was assessed using 15-minute observations at 7 months postpartum. Maternal emotion dysregulation, parenting efficacy, depression, anxiety, and recalled parenting by own mother were assessed using established self-report questionnaires at 3 weeks or 7 months postpartum. Infant temperament (negative emotionality and soothability) was measured using the Infant Behaviour Questionnaire (IBQ) at 7 and 12 months postpartum.

Result
No substantial correlations between MM indicators and maternal characteristics were found. However, multivariate analyses indicated a paradoxical negative effect of recalled parenting by own mother as optimal on appropriate MM. Regarding infant temperament, no substantial concurrent correlations were found. Still, a higher frequency of appropriate MM was significantly associated with lower levels of infant negative emotionality later on.

Conclusion
Our findings align with the current understanding of MM as a maternal trait, relatively independent of maternal characteristics, but also highlights potentially unreflected experiences with their own mother that could impact mothers’ MM while interacting with their child. The predictive effect on infant temperament provides insights into possible underlying mechanisms of the associations between maternal MM and infants’ emotional development.
Mind-Mindedness among Israeli High and Low-Risk Pregnancy Mothers

Dr Daphna Dollberg Ginio
1
1Academic College Tel Aviv-yaffo, Israel, Tel Aviv-Yaffo, Israel

Introduction
Mind-mindedness refers to the mother’s tendency to view the child as a psychological agent with own mind. Appropriate mind-mindedness reflects the mother’s capacity to accurately read the infant’s mental states during dyadic interactions.

High-risk pregnancy is diagnosed when progression of the pregnancy is at risk. Studies on the psychological sequela of high-risk pregnancy show mixed results. Some show that following a healthy birth, high and low-risk pregnancy parents do not differ. Others argue that the distress that accompanied a risky pregnancy interferes with parenting.

We adapted the Mind-mindedness observation measure to Israeli parents and compared high and low-risk pregnancy mothers during free play interactions with their babies.

Aims
To examine whether (1) high and low-risk pregnancy mothers differ in their mind-mindedness when interacting with their infants (2) mind-mindedness is associated with prenatal depression and postnatal stress and (3) pregnancy status and mothers’ distress interact to predict mind-mindedness.

Materials and Method
63 Israeli mothers (30 high-risk pregnancy and 33 low-risk pregnancy) participated. During pregnancy, mothers reported of their depressive symptoms. When infants were 3-4 months old mothers reported of their parental stress and mother-infant interactions were coded with the mind-mindedness tool.

Results
High-risk pregnancy mothers used significantly less mind-related and fewer appropriate mind-mindedness comments compared to low-risk pregnancy mothers. Mind-mindedness was negatively and significantly associated with prenatal depression but not with postnatal stress. Pregnancy risk alone predicted appropriate mind-mindedness.

Conclusion
High-risk pregnancy is a risk factor for parenting, predicting a lower tendency of mothers to refer to and accurately read the infants’ mental states. Prenatal negative affect but not postpartum stress was associated with the mothers’ inappropriate reading of their infants’ mind. Interventions that promote mothers’ accurate mind-mindedness can be helpful for high-risk pregnancy mothers and their babies.
How can perinatal research that integrates developmental neuroscience help us interrupt intergenerational violence?

Professor Daniel Schechter1, Dr Erica Willheim, Sylvie Viaux Savelon
1University Of Lausanne Hospital And Faculty Of Biology And Medicine, Lausanne, Switzerland, 2New York University Grossman School of Medicine, New York, USA

Interpersonal violence (IPV) including family violence and child maltreatment particularly when experienced during early sensitive developmental periods, is known to be associated with a range of unfortunate mental and physical health outcomes. The isolation and stress imposed by the recent CoVid Pandemic has been associated with an increasing prevalence of IPV at a massive level. Recent empirical research that has begun to examine the impact of maternal exposure to IPV and its integenerational impact on maternal-fetal and -infant relationship, and individual and relational psychobiological correlates offers an understanding of underlying mechanisms of intergenerational transmission of violence and related psychopathology. How might these mechanisms help as both targets of intervention and measurable markers of change to guide future intervention in the perinatal and early childhood periods?

Method
This Symposium proposes a panel of international researchers who use diverse Method informed by developmental neuroscience (i.e. neuroimaging, physiologic measurement; behavioral coding) with IPV-exposed mothers, their fetuses, infants and toddlers to examine this question with a Chair and Discussant who are clinical researchers and clinicians experienced with high-risk populations to animate the discussion and bridge the translation of the research presented to clinical implications.

Results
Marion van Heuvel (Netherlands) will discuss pioneering research with Moriah Thomason (USA) involving fetal brain development via neuroimaging in a sample of inner-city mothers with childhood IPV exposure. Naomi Downes (France) will present prospective, longitudinal data linking prenatal maternal stress with hypothalamic-pituitary-adrenal axis functioning from infancy through pre-puberty. Nina Burtchen (Germany) will present a study of infants of high-risk inner-city mothers examining links between IPV-related psychopathology and mother-infant synchrony. Daniel Schechter (Switzerland/USA) will present prospective longitudinal findings of toddlers of mothers with IPV-related posttraumatic stress disorder at school-age and peri-puberty. Conclusion: Sylvie Viaux (France) will discuss the implications of this research for intervention. Erica Willheim (USA) will chair discussion.
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Associations between maternal prenatal stress and child development

Dr. Naomi Downes, Ms. Simi Moirangthem, Ms. Kadri-Ann Kallas, Dr. Judith Van der Waerden

M1 - SYM30: How can perinatal research that integrates developmental neuroscience help us interrupt intergenerational violence?, Wicklow 2A, 17 July 2023, 10:45 - 12:15

Maternal stress experienced during pregnancy has potential lasting consequences on child development. One mechanism that can explain certain links between the activity of the maternal stress axis during pregnancy and the developmental trajectory of children is the maternal hypothalamic pituitary-adrenal (HPA) axis. Nevertheless, further exploration is needed as there are methodological limits in the existing literature, such as the lack of longitudinal data. To fill this gap, this DEVSTRESS research project was created with the aim of increasing our understanding of the mechanisms linking prenatal maternal stress to child development using longitudinal data from the EDEN cohort study. In this sample, various bio-psycho-social data were collected: (1) maternal stress was measured during pregnancy via questionnaires assessing childhood adversity, major life events, work-related stress, anxiety, and depressive symptoms; (2) children’s emotional and behavioural problems were reported at 3, 5, 8 and 11 years, and cognitive development was assessed by psychologists at 5 years of age; (3) maternal and child hair samples provided data on the level of cortisol in the hair, which were used as a biological marker of stress and were collected at birth for both mother and child, as well as 1, 3, and 5 years after birth from children. Various statistical analyses have been conducted using this data to explore the longitudinal links between self-reported maternal prenatal stress and child outcomes. This research project will be concluded in May 2023, thus findings from the overall DEVSTRESS project and practical recommendations will be provided.
Intergenerational Transmission of Maternal Childhood Maltreatment Before Birth: Effects on Human Fetal Amygdala Functional Connectivity

Prof. Marion I. Van den Heuvel, PhD Catherine Monk, Ms. Cassandra L. Hendrix, Dr. Jasmine Hect, Prof. Seonjoo Lee, Ms. Tianshu Feng, Prof. Moriah Thomason

Background
Childhood maltreatment (CM) is a potent risk factor for developing psychopathology later in life. Accumulating research suggests that the influence is not limited to the exposed individual but may also be transmitted across generations. In this study, we examine the effect of CM in pregnant women on fetal amygdala-cortical functional, prior to postnatal influences.

Method
Healthy, pregnant women (N=89) completed fetal resting-state functional magnetic resonance imaging (rsfMRI) scans between the late 2nd trimester and birth. Women were primarily from low socioeconomic status households with relatively high CM. Mothers completed questionnaires prospectively evaluating prenatal psychosocial health and retrospectively evaluating trauma from their own childhood. Voxelwise functional connectivity was calculated from bilateral amygdala masks.

Results
Connectivity of the amygdala network was relatively higher to left frontal areas (prefrontal cortex and premotor) and relatively lower to right premotor area and brainstem areas in fetuses of mothers exposed to higher CM. These associations persisted after controlling for maternal socioeconomic status, maternal prenatal distress, measures of fetal motion, and gestational age at the time of scan and at birth.

Conclusion
Pregnant women’s experiences of CM are associated with offspring brain development in utero. The strongest effects were found in the left hemisphere, potentially indicating lateralization of the effects of maternal CM on the fetal brain. This study suggests that the time frame of the Developmental Origins of Health and Disease research should be extended to exposures from mothers’ childhood and indicates that the intergenerational transmission of trauma may occur prior to birth.
Maternal Posttraumatic Stress Disorder and Mother-Infant Synchrony: The Role of Co-morbid Depression and Anxiety

Dr Nina Burtchen, Dr. Mar Alvarez-Segura, Prof. Dr. med. Alan Mendelsohn, Prof. Ruth Feldman

Introduction
Infancy marks a sensitive period in human development when children need to acquire skills to regulate their emotions. Bio-behavioral synchrony between infants and their parents supports the development of these social competencies. Maternal Posttraumatic Stress Disorder (PTSD) increases the risk for adverse developmental outcomes in children, and co-morbid depression and anxiety is frequent in mothers with PTSD. Yet, it remains unclear if and how maternal PTSD and/or co-morbid depression and anxiety might affect infant social competencies six months postpartum.

Aim of the study
To identify pathways in the transgenerational transmission of trauma in order to optimize clinical interventions for mothers and their infants.

Material and Method
One hundred ninety-five women and their six-month-old term infants were studied in an at-risk community sample. Maternal trauma history, posttraumatic stress (PTSD) and major depressive (MDD) disorders were assessed via psychiatric interview. Maternal feelings of anxiety and maternal worries about the child were assessed using standardized clinical questionnaires. Mother-Infant Synchrony, maternal sensitivity, and infant social engagement were coded from videotaped interactions using a standardized coding method (Coding Interactive Behavior, CIB).

Conclusion
Maternal PTSD and MDD were independently associated with decreased maternal sensitivity six months postpartum. Maternal anxiety was a mediator between maternal PTSD and MDD and maternal sensitive parenting behaviors. Effects of maternal PTSD, MDD, and anxiety, on child social competencies were entirely mediated by maternal sensitive parenting. Correlations between video-coded child behavior and maternal concerns about child behavior were not apparent when analyzing the data in this model. In conclusion, maternal sensitivity is the most important target behavior for early intervention in the context of maternal trauma-associated psychopathology.
The Geneva Early Childhood Stress Study after 12 years: New findings and implications for intervention

Professor Daniel Schechter¹, Dr Dominik A, Moser, Professor Daniel Schechter, Ms. Shannen Graf, Ms. Amalia Peithi, Dr. Sebastien Urben, Dr. Camille Piguet
¹New York University Grossman School of Medicine, New York, USA

M1 - SYM30: How can perinatal research that integrates developmental neuroscience help us interrupt intergenerational violence?, Wicklow 2A, 17 July 2023, 10:45 - 12:15

The Geneva Early Childhood Stress Study prospectively and longitudinally followed a cohort of mothers suffering from Interpersonal Violence-related Posttraumatic Stress Disorder (IPV-PTSD) and their children at ages 1-3,5 years (N=84), 5-9 years (N=62), and 9-13 years (N=47). This presentation focuses on how maternal IPV-PTSD and associated neural activity in response to film stimuli of menacing social interaction in study Phase 1 (toddler years), thus during children's formative development of emotion regulation are associated with school-age and peripubertal outcomes in Phases 2 and 3 respectively. Method: In Study A of Phase 1 to Phase 2 outcomes, we will summarize findings from a currently submitted paper showing factors via application of canonical correlation analysis. In Study B of Phase 1 to Phase 3 outcomes, we present preliminary findings from a paper in preparation that examines the predictive value via regression analysis for child outcomes in Phase 3 of a specific brain activation signature from one of our published studies from Phase 1. Results: Study A: For N=62, the highest weighted Phase 2 outcomes in relation to maternal IPV-PTSD and comorbidity in Phase 1, on clinician-rated measures and/or child self-report were those of child psychopathology: PTSD, anxiety and depressive symptoms as well as bullying and victimization. Study B: For N=31 (17 mothers with IPV-PTSD vs 14 without), who had fMRI scanning in Phase 1 and completed Phase 3, maternal brain activation clusters in the mid-cingulate cortex interacted with IPV-PTSD to be significantly predictive of peri-pubertal anxiety and precuneus and ventral-medial prefrontal cortical activity were associated with peri-pubertal emotion-regulation strategies (i.e. cognitive reappraisal). Degree of maternal sensitivity on CARE-Index was a mediating factor. Conclusion Maternal IPV-PTSD during formative early development of emotion regulation adversely impacts the caregiving environment via effects on maternal psychobiological self-regulation with outcomes showing increased psychopathology and altered emotion regulation among offspring.
The Complexity of Feeding and Eating Disorder: Clinical and Scientific Perspectives

Dr Markus Wilken, Dr., PhD. Susanne Hommel, Annekatrin Thies, Dr., PhD. Ruth Wollwerth de Chuquisengo, Dr. Margret Ziegler, Prof. MD Irene Chatoor

1Feeding Tube Dependency Institute, Essen, Germany, 2Baby Clinic Hamburg 'SchreibbabySprechstunde Hamburg' and Private Practice for Psychoanalytic Psychotherapy for Babys, Children, Adolescents and their Parents, Hamburg, Germany, 3Evangelisches Krankenhaus Alsterdorf, Parent-Child Clinic, Child and youth Psychiatry, Hamburg, Germany, 4kbo-Kinderzentrum, München, Germany, 5The George Washington University, Washington, United States of America, 6Children's National Medical Center, Washington, United States of America


Feeding and eating disorders are frequent mental health conditions, affecting 10% of infants and small children and up to 40% of children with complex medical conditions. Due to the complexity of disturbed feeding a multi-professional approach is needed. The symposium includes different perspectives on assessment and treatment. Feeding Disorders presented are classified using the classification by Irene Chatoor (DC:0-3 R, 2005).

The first presentation by Hommel will focus on an inpatient clinical sample with Posttraumatic Feeding Disorders and Non-Posttraumatic Feeding Disorders. The data presented focuses on the differences in levels of distress in children and mothers, the quality of the parent-child relationship as well as the treatment outcome for both groups.

Secondly, Thies will present a psychotherapeutic inpatient multi-professional treatment model for severe Feeding Disorders. Her clinical approach shows how the assessment of a specific Feeding Disorder leads to an aligned treatment process, related to the individual symptomatology of child, parent and their relationship.

In addition to the psychotherapeutic perspective, Ziegler presents case studies from a pediatric perspective. The impact of the medical condition on the feeding behavior as well as on mental health of the child and its parents in chronically ill children and children with development disorders are analyzed and relevant aspects for the treatment are reported.

Last, Wilken focuses on the results of a metanalytic evaluation of feeding tube dependency including 14 studies representing an overall sample of 845 cases. The prognostic factors for treatment success and failure are presented and consequences for the treatment process are outlined.

Finally, the complexity of disorder in feeding and eating in infants and toddlers presented in the symposium will be discussed by Prof. Irene Chatoor. Her discussion will focus on clinical and scientific perspectives as well as on future trends regarding assessment, treatment and research in Feeding Disorders.
Feeding and Eating Disorders in Chronically Ill Children and in Children with Developmental Disorders

Dr. Margret Ziegler¹, Dr., PhD. Ruth Wollwerth de Chuquisengo¹, Dipl.-psych. Hannah Bartl¹
¹kbo-kinderzentrum, Munich, Germany

Introduction
Children with chronic illnesses and developmental disorders may develop feeding and eating disorders, which are often accompanied by failure to thrive and tube dependency.

Description and Results
Physical impairments, like sucking and swallowing disorders, lack of appetite, frequent choking and vomiting, respiratory distress, and psychiatric impairments, such as traumatic experiences regarding the child’s face and mouth, may limit the food intake considerably. Thus, persisting feeding problems and patterns of food refusal may occur. Parents worried about their child’s thriving often start force-feeding. Subsequently, feeding turns into a severe power struggle, causing (re-)traumatizing experiences and hindering the development of a well-attuned parent-child-relationship. Therefore, psycho-medical assessment and parent counselling focuses on children’s and parent’s individual needs, while thriving and age-appropriate nutrition of the chronically ill child are the baseline requirements. If necessary, tube feeding can be used as a short-term intervention in order to create positive and calm feeding interactions, to gradually reduce anxiety by desensitization. The overall objectives of the intervention are the child’s abilities of self-feeding led by the child’s appetite, its regulation of hunger and satiety, relaxed family meals and strengthening a well-attuned parent-child-relationship while feeding and eating. Video clips and case studies will illustrate our specific therapeutic approach.

Conclusions
Based on the diagnostic trias (c.f. Papousek) (parental needs, child-orientated needs, communication and relationship) we show how the interdisciplinary team at kbo children’s clinic works towards curing eating and feeding disorders in early childhood.
Feeding and Eating Disorders in Early Childhood: Interventions and Interdisciplinary Collaboration

Mrs Annekatrin Thies¹
¹Evangelisches Krankenhaus Alsterdorf, Hamburg, Germany

Introduction
The presentation focuses on a highly developed concept ("The Hamburg model", Thies & Schenkluhn) for the treatment of persistent and severe feeding and eating disorders in infants, toddlers and preschoolers. The differential diagnosis is based on the classification by Irene Chatoor (DC:0-3 R, 2005). Specific interventions for the treatment of infantile anorexia, sensory refusal to eat and post-traumatic feeding disorder are presented.

Description and Results
The department of child and adolescent psychiatry and psychotherapy at the Alsterdorf Hospital in Hamburg, Germany holds more than 20 years of experience in treating infants, toddlers and preschoolers as well as young children together with a parent in a day clinic or inpatient setting. The multimodal treatment includes child-, relationship- and parent-centered interventions by an interdisciplinary team of psychotherapists, pediatricians, child and youth psychiatrists, psychiatrists, physiotherapists, ergotherapists and speech therapists as well as pediatric nurses and educators. In case of severe parental mental disorders, there is an integrated psychiatric and psychotherapeutic treatment of parents provided. In the treatment of feeding and eating disorders in infants, toddlers and preschoolers, psychotherapeutic interventions are comprised of parental counseling, parent-infant-toddler psychotherapy, video-interaction therapy as well as play psychotherapy. Medical supervision is continuously provided, particularly in the case of tube weaning. The multiprofessional therapy focuses on stability, oral motor skills but also communication, interactive play, self-efficacy and autonomy. "Play dinners" or structured "tasting times" for desensitization are integrated in the daily routine at the ward and meals are prepared, executed and reflected upon together with the parents. Further interventions (e.g. development of feeding rules, stimulus control, individual token systems) are implemented in relation to the child’s specific disorder.

Conclusion
The treatment of severe feeding and eating disorders requires child-, relationship- and parent-centered interventions as well as close interdisciplinary collaboration.
Introduction
This retrospective study examined an inpatient clinical sample of children with severe Feeding Disorders in order to evaluate the differences between Posttraumatic Feeding Disorders (PTFD) and non-posttraumatic Feeding Disorders (non-PTFD) regarding the perceived levels of stress in mothers and children and the quality of the parent-child relationship.

Description and Results
Children’s Feeding Disorders were classified according to the criteria by Chatoor (2002, 2005). The groups with PTFD and non-PTFD were compared by child and maternal variables as well as cumulative scores of perceived stress levels before and after treatment. Children (0 - 6 years) and their mothers were treated for 1-19 weeks at a Child and Adolescent Psychiatry and Psychosomatics inpatient parent-child unit. Children and mothers of both groups showed high levels of perceived distress. Children of the PTFD-group showed more severe somatic symptoms, more indicators of psychosocial stress and significantly higher cumulative stress scores. Interestingly, mothers of both groups showed high psycho-social stress levels. And both groups showed severely disturbed interactional patterns qualifying for a classification of a disturbed parent-child relationship by DC:0-3 R (2005), often associated with forced feeding. Both, the PTFD- and the non-PTFD-group experienced a significant reduction of symptoms in the children, of distress in children and mothers, and an improved quality of mother-child-interactions after treatment. However, the PTFD group clearly required longer treatment.

Conclusions
This study demonstrated very severe levels of distress and somatic symptoms experienced by children with PTFD requiring the longest treatment. Furthermore, the results supported the clinical impression of severely disturbed qualities of parent-child relationship in both groups. The findings support a relational focus in treating feeding disorders of early childhood, a concern about aversive consequences of eating and the observation of feeding and play in order to assess specific interactional patterns between young children and their parents that inform treatment.
Meta analysis review of Feeding Tube Dependency treatment

Dr Markus Wilken

1Feeding Tube Dependency Institute, Essen, Germany

Introduction
For about 20 years a dramatic increase of children with feeding tube dependency were reported. Children with feeding tube dependency show persistent food aversion. Treatment programs for children with were reviewed in several papers, a specific effectiveness evaluation is pending.

Material and Method
We searched Medline, PsychInfo, Google Scholar (2000-2018) for treatment programs for children with feeding tube dependency. The retrieved data was evaluated following a structured evaluation design and to factors, which predict treatment success with a logistic regression model.

Results
The systematic search yielded 14 studies involving 845 cases and a treatment success ES= .81. Furthermore, the Meta-Analysis revealed, that home-based treatment ES=.87 and inpatient treatments ES=.85 are more successful than day clinic ES=.62. Treatment with hunger induction ES=.85 are more successful than without ES=.58 and relationship-base treatment ES= .92 more successful than behavioral modification ES=.67. As a consequence, relationship-based treatment with hunger induction in home-based or inpatient setting predicts treatment success.

Conclusions
The study results show specific factors, which predict treatment success. These results should be recognized as guiding for treatment programs for children with feeding tube dependency.
All changed, changed utterly, a terrible beauty is born: social systems, anxiety and vulnerable infants.

Ms Catherine Maguire¹, Prof Catherine Chamberlain², Dr Patricia O’Rourke³, Dr Prue McEvoy⁴
¹Childhood Matters, Blackrock, Ireland, ²University of Melbourne, Melbourne School of Population and Global Health, Melbourne, Australia, ³University of Australia, Faculty of Health and Medical Sciences, Australia, ⁴Government of South Australia, Department of Child Protection, Australia, ⁵University of Cape Town, South Africa, ⁶University of Stellenbosch, South Africa, ⁷World Association for Infant Mental Health

Introduction
Getting infants off to the best possible start and intervening early in the life of a vulnerable infant are core Infant Mental Health values. Economic validity has established the value of prioritising and investing in these pivotal years of development. Despite the significance of these core values within the first 1000 days of infancy, they are extremely difficult to find in systems of care. Challenges are many and varied and include the demands of working within this highly evocative area of service provision: in addition to managing the associated feelings and emotions that are aroused as a consequence of witnessing infants in distress. Other issues include retaining staff, high staff turnovers and struggles within the broader system to recognise the rights of infants, hear their emerging voice or acknowledge their needs.

Aim
The symposium aims to advocate for the development of a framework to scaffold the important work highlighted within these settings in relation to systemic social anxiety and its effect on service delivery.

Description
Drawing on concepts within Isabel Menzies-Lyth’s (1960) seminal paper on Social Systems as a Defense Against Anxiety, this symposium will provide a reflective space to explore the nature of the anxieties that are evoked across four different systems of care, the challenges of responding to infants and how these emotional states are managed. The four systems are a parent and infant parental capacity assessment unit in Ireland, an infant therapeutic reunification service, a state-wide child protection service and an Indigenous Community in Australia.

Conclusion
Each paper will seek to understand commonalities among these systems of care, highlight any shared coping strategies as identified by Menzies-Lyth and consider new and possible ways of responding to these issues within these settings.

Menzies-Lyth, I., 1960, Social systems as a defense against anxiety, Human Relations, 13, pp.95-121.
How anxiety affects social systems working with vulnerable infants: An infant therapeutic relationship service experience

Dr Patricia O'Rourke

University of Adelaide, Adelaide, Australia

Introduction

It is undisputed that infants need sensitive attuned relationships to thrive. The positive effects of this for the infant are seen across all domains of functioning over their life span. Therapeutic reunification of parents and their harmed infants is challenging work. The service system needs its workers to be reflexive, deeply reflective and to think systemically. It takes a high level of expertise to provide timely and ongoing assessment, therapeutic intervention and systemic holding. However, unless the level of anxiety throughout the system of care and management is recognised and the various ways of coping with this identified and articulated, positive outcomes and good results will not be enough.

Aims

To present the model and work of a 10 year infant therapeutic reunification service highlighting its learnings in relation to addressing Menzie-Lyth’s (1960) social anxiety in systems.

Description

This paper will briefly outline the work of a therapeutic reunification service for harmed infants in Adelaide, South Australia over 10 years. It will focus on how distress and anxiety were contained within the model of care and using Menzies-Lyth’s paper, it will explore possible motivations and underlying forces of social anxiety that effected different levels of service delivery and contributed to the premature closure of a successful service.

Conclusion

When infants are harmed a timely holistic response is needed to address their harm and assess and work with their parents to assess viability of reunification. However unless different forms of social anxiety are identified and addressed at all levels of the system expert assessment and therapeutic endeavour is not enough.

Menzies-Lyth, I., 1960, Social systems as a defense against anxiety, Human Relations, 13, pp.95-121.
Infants within the Child Protection System: who hears their distress?

Dr Prue McEvoy

1Government of South Australia, Department for Child Protection, Adelaide, Australia

Introduction
Child Maltreatment occurs frequently in the first thousand days. Risk can be identified antenatally but our current service models are ill-equipped to manage the complexities presented by these infants and their families. Most commonly this presents as physical and emotional neglect but infants of course are also more vulnerable to incident based events where physical injury and death can be the outcome. Infants who have experienced maltreatment also have a developmental trajectory that is skewed across all developmental domains. If unrecognised these difficulties persist and lead to poor long-term outcomes across all life domains including psychological and physical health.

Aim
To highlight as a child and adolescent psychiatrist working within a statutory welfare service, the impact of working with infants who have been harmed. This is visible across the child protection work force but also within the systems that interface with our department including the health and legal systems.

Description
This paper will reflect on the perceived inability of such systems to authentically recognise the infant’s distress and possible reasons for this across these systems. This often leads to the needs of the parents being prioritised and decisions made that continue to be harmful to that infant rather than keeping them safe.

Conclusion
Understanding the anxiety evoked by infants within the child protection system can assist us to work more effectively in these systems of care.
All changed, changed utterly, a terrible beauty is born: social systems, anxiety and vulnerable infants

Prof Catherine Chamberlain
1
1University Of Melbourne, Melbourne, Australia

Healing the Past by Nurturing the Future

Introduction
Family and extended kinship systems have always been central to the functioning of Aboriginal and Torres Strait Islander societies as the social fabric and cultural attachment systems for nurturing healthy, happy children. These systems have been underpinned by cultural knowledge, governance structures and lore, supporting Aboriginal and Torres Strait Islander peoples to adapt and thrive for at least 2000 generations. Since colonisation, Aboriginal and Torres Strait Islander communities have been impacted by intergenerational cycles of trauma, stemming from colonial violence, genocidal policies and discrimination, including the forced removal of children from their families. Perinatal and child protection systems are implicated in these past and ongoing harmful policies, demonstrated in ever-increasing numbers of Aboriginal and Torres Strait Islander children being removed from families in the first of birth. System reform is urgently needed to support Aboriginal families to stay together from the start.

Aim of the study
To transform cycles of intergenerational trauma to cycles of nurturing and recovery in the first 2000 days.

Material and Methods
Aboriginal and Torres Strait Islander-led community-based participatory action research approach and intervention mapping framework was used over four years 2018-2022) to co-design innovative strategies to improve perinatal awareness, recognition, assessment and support for Aboriginal and Torres Strait Islander parents experiencing complex trauma.

Conclusions
Our innovative model, Replanting the Birthing Trees, is grounded in Indigenous knowledges and worldviews and governed by community-controlled peak bodies, will drive perinatal care system reform so that Aboriginal and Torres Strait Islander families can, once again, live health happy lives in this abundant land we now share.
Containing defenses against anxiety within the social system of a residential parent and infant unit

Ms Catherine Maguire

Childhood Matters, Blackrock, Ireland

Introduction
The birth of an infant is a major transition in the life of a mother and her partner. It requires considerable adjustment and psychological reorganization, and access to relationally safe social support is essential. Scientific evidence has documented the importance of the infant’s early experiences and the role of parent-infant attachment relationships in supporting their optimal development. When the transition to parenthood is accompanied by trauma, early life adversity, mental illness, and poor supports, the infant’s well being is placed at considerable risk. Prompt assessment of parental capacity is vital to assess the quality of care, and degree of safety required to respond to the infant’s multifaceted needs. Assessments are complex and require professional skill to manage the primitive anxieties aroused. How the practitioner’s social defenses are held, and how containment is managed by the system of care are crucial factors in the management of this anxiety provoking work.

Aims
To describe the model of parent capacity assessment provided in a residential parent-infant assessment unit, and the learning achieved from Menzies-Lyth’s (1960) social systems anxiety framework in scaffolding the practitioner’s work to maximize the benefit for parents and infants.

Description
Practitioner’s processes involved in conducting parental capacity assessments where parent and infant are closely observed and monitored will be discussed. This paper will reflect on the emotional stirrings evoked among practitioners while responding to the infant, parent, and relational states of mind. Social defenses employed in managing these anxieties will be explored.

Conclusion
Residential parental capacity assessments offer opportunity for repair and reunification in at-risk parent-infant relationships. However, it is a process fraught with potential for re-traumatization and missed opportunity. Containing anxieties generated within this system of care and providing space for reflection, containment and holding are essential if this crucial work is to reach its optimal potential.
The role of parenting and culture in early development

Introduction
Early interactions are considered fundamental not only for forecasting future developmental variables, but also as an opportunity for early detection and intervention. But caregiver-child interactions can only be understood by taking into account the contextual factors in which the relationship develops. This symposium will focus on five studies that evaluate how parenting is related to children’s outcomes, and how different elements could influence the quality of significant caregiver-child interactions.

Method
Presentation 1 describes a longitudinal assessment on the relevance of parental interactions and temperament on children's social-emotional development between 12 and 30 months of age. Presentation 2: analyzes the relationship between the chronic stress syndrome (parental burnout) experienced by parents of children aged 3 to 5 years, and its impact on parental competencies. Presentation 3: reports advances in the validation and dissemination of the perinatal version of the Perinatal Assessment of Maternal and Paternal Affectivity Scale (PAPA and PAMA) in the Chilean population. Presentation 4: presents a multimethod, cross-cultural study to assess self- and co-regulation in German and Chilean parent-child dyads during early childhood. Presentation 5: shares the results of a qualitative research study focused on parental distress, social support and self-efficacy perception in Latin American immigrant women.

Conclusion
The results show that both parental and child characteristics are relevant when assessing child development, and contextual variables such as stress, culture and migration processes could affect parenting skills and practices. Findings from the different presentations contribute to the discussion on the relevance of early interactions and the importance of addressing parenting from a culturally sensitive perspective.
How do parental-interactions and children's temperament influence their socio-emotional development between 12 and 30 months?

PhD Diana Gómez, mss Pía Santelices, Chamarrita Farkas
1MIDAP, Santiago de Chile, Chile, 2Pontificia Universidad Católica de Chile, Santiago, Chile

Introduction
The prevalence of early childhood social, emotional, and behavioral problems ranges between 7% and 36% worldwide. Chile presents the worst indicators of infant mental health compared to other countries. It is essential to understand the factors that promote or hinder the DSE in early childhood so that a contribution can be made to prevention and intervention programs, thus avoiding the long-term adverse effects of a low DSE. The main objective was to analyze and predict the DSE of children between 12 and 30 months of age from the domains of parental interactions and consider the child’s characteristics as their temperament.

Method
A non-experimental study was conducted with 69 dyads assessed in two waves at 12 and 30 months of age. Observational measures were used to evaluate parental interactions (Parenting Interactions with children: checklist of observations linked to outcomes – PICCOLO) and socio-emotional development (Functional Emotional Assessment Scale - FEAS). A self-report from the caregiver was used to assess the children’s temperament.

Conclusion
Mothers’ affection behaviors and low children’s irritability were factors associated with an increase in socio-emotional skills at 12 months of age. At 30 months, parental behaviors such as teaching, responsiveness, and encouragement were associated with higher socioemotional skills. Children’s temperament at 12 months, particularly negative affection (irritability), can be considered a risk factor because it predicts lower socioemotional skills at 30 months. The clinical implications of these findings will be discussed.

Special acknowledgments to ANID Millennium Science Initiative /Millennium Institute for Research on Depression and Personality-MIDAP ICS13_005
How parental burnout affects parental competencies in Chilean parents of preschool children?

**María Josefina Escobar**, PhD (c) **Carolina Panesso Giraldo**

1Center for Social and Cognitive Neuroscience (CSCN) School of Psychology, Adolfo Ibáñez University, Santiago, Chile

**M1 - SYM33: The role of parenting and culture in early development, Wicklow 3, 17 July 2023, 10:45 - 12:15**

Introduction
Parental burnout (PB) is a chronic stress syndrome experienced by parents that brings together four symptoms that occur simultaneously: physically and psychologically exhausted, loss of pleasure and enjoyment in the relationship with children, emotional distancing, and parental role inefficacy (Mikolajczak & Roskam, 2018). Specifically, we know that families with children under 4 years of age are more likely to develop PB (Pansesso, Santelices, Oyarce, Franco & Escobar, 2022). But we do not have data regarding how this syndrome interacts with parental competencies. The aim of this study is to see the impact of PB on the parental competencies of parents of preschool children.

Material and Method
A sample of 200 families (mother and father of each family) with children aged 3 to 5 years was assessed. Two self-report scales were used: the Parental Burnout Assessment (PBA) and the second version of the Positive Parenting Scale (E2P).

Conclusion
We found that within the four symptoms explored by the PBA, "emotional distancing" negatively impacts the performance of relational, formative, protective and reflective competencies, leading to a decrease in resources to cope with parenting. The relevance of considering these findings for the treatment of the syndrome will be discussed.

Special acknowledgments to Chilean National Fund for Scientific and Technological Development (FONDECYT, grant no. 11190565)
Advances in the validation of the PAPA and PAMA in Chilean population

Phd Francisca Pérez Cortés1, Ps Felipe Ayala2, Ps Alejandra Iturra3, Master Norma Silva4, Master Rodrigo Morales5
1Universidad Alberto Hurtado, Santiago, Chile, 2Universidad Alberto Hurtado, Santiago, Chile, 3Universidad Alberto Hurtado, Santiago, Chile, 4Universidad Alberto Hurtado, Santiago, Chile, 5Universidad Alberto Hurtado, Santiago, Chile

M1 - SYM33: The role of parenting and culture in early development, Wicklow 3, 17 July 2023, 10:45 - 12:15

Introduction
Despite the evidence that indicates that during the perinatal period the emotional state of mothers and fathers mutually influence each other, showing a significant correlation between depressive disorders (Baldoni & Ceccarelli, 2010; Paulson & Bazemore, 2010; Musser et al., 2013), in most countries screening during this period is aimed at women. Considering the particularities in the expression of paternal depression at this stage, Baldoni and his team (2022) developed a special instrument to detect affective alterations in this population.

Aim
The following research contributes to the validation and dissemination of the Perinatal Evaluation Scale of Paternal and Maternal Affectivity (PAPA and PAMA), in its prenatal version, to be used in the Chilean population.

Method
A sample of 100 men and women who were expecting a baby were contacted through different channels and they were asked to answer the PAPA and the PAMA through google forms along with other instruments that evaluate similar symptoms.

Conclusion
Preliminary results do not show significant differences between the results of women and men, a good internal consistency and concurrent validity. This validation could mean starting screening in the primary health system for the male population during the prenatal period, emphasizing the need to have a systemic look at the perinatal stage in which care and upbringing are thought of in a co-responsible way.

Special acknowledgments to ANID Millennium Science Initiative /Millennium Institute for Research on Depression and Personality-MIDAP ICS13_005
M1 - SYM 34.1

Born to be wired: The relevance of the early social interactions for infant mental health

Dr. Livio Provenzi1,2
1University Of Pavia, Pavia, Italy, 2IRCCS Mondino Foundation, Pavia, Italy

M1 - SYM34: Born to be wired: The relevance of the early social interactions for infant mental health, Wicklow 4, 17 July 2023, 10:45 - 12:15

Introduction and aim.
It is well established that the early parent-infant interaction is critical for establishing healthy trajectories of infant mental health. During the first thousand days, alterations of the caregiving environment might affect the quality of parent-infant interaction with long-term effects on socio-emotional and socio-cognitive developmental outcomes. Parenting stress and more severe forms of parental psychopathology (e.g., psychosomatic symptoms) are critical factors that might shape the emerging interactive synchrony in the parent-child dyad. Additionally, infants’ peculiar characteristics (e.g., preterm birth, emotional regulation, and temperament profile) also contribute to the quality of early parent-infant interaction, with relevant implications for later childhood outcomes. In the present symposium, we present four contributions that showcase state of the art in psychobiological and neuroscientific research on the role that early parent-infant interaction plays in infants’ socio-emotional and socio-cognitive development.

Method and results. First, Daniel Messinger will show how an automatic approach might detect indexes of facial expressions (i.e., Duchenne and non-Duchenne expressions) that are critical markers of dyadic co-regulation during the Still-Face Paradigm (SFP). Second, Eliala Salvadori will show how temperament contributes to infants’ emotion regulation and socio-cognitive communication while interacting with mothers, fathers, and strangers. Third, Bianca Filippi will highlight how maternal psychosomatic symptoms might affect mothers’ mentalization across the SFP. Fourth, Livio Provenzi will show how prenatal stress during the COVID-19 pandemic might have epigenetic programming effects on infants’ socio-emotional and socio-cognitive development. Finally, Gianluca Esposito will report on the association between parenting stress and inter-brain synchrony in father-infant and mother-infant dyads.

Conclusions. The symposium will attract the interest of researchers and clinicians who work with typically developing and at-risk infants and it will favor a virtuous discussion on the importance of early parent-infant interaction to promote infant mental health.
Prenatal pandemic-related stress associates with infants’ socio-cognitive development at 12 months: A longitudinal multi-centric study

Dr. Livio Provenzi, Dr Elena Capelli, Dr Serena Grumi, Sarah Nazzari, Dr. Elisa Roberti, Dr Renato Borgatti

1University Of Pavia, Pavia, Italy, 2IRCCS Mondino Foundation, Pavia, Italy

Introduction and aim
Prenatal maternal stress is key for suboptimal infants mental health. Previous research highlighted effects on socio-emotional and cognitive outcomes, but less is known for what regards socio-cognitive development. In this study, we report on the effects of maternal prenatal stress related to the COVID-19 pandemic on 12-month-old infants’ behavioral markers of socio-cognitive development.

Materials and Method
Ninety-one infants and their mothers were enrolled. At birth, mothers reported pandemic-related stress during pregnancy. At infants’ 12-month-age, a remote mother-infant interaction was videotaped: after an initial 2-min face-to-face episode, the experimenter remotely played a series of four auditory stimuli (2 human and 2 non-human sounds). The auditory stimuli sequence was counterbalanced among participants and each sound was repeated three times every 10 seconds (Exposure, 30 seconds) while mothers were instructed not to interact with their infants and to display a neutral still-face expression. Infants’ orienting, communication, and pointing toward the auditory source was coded micro-analytically and a socio-cognitive score (SCS) was obtained by means of a principal component analysis.

Results
Infants equally oriented to human and non-human auditory stimuli. All infants oriented toward the sound during the Exposure episode, 80% exhibited any communication directed to the auditory source, and 48% showed at least one pointing toward the sound. Mothers who reported greater prenatal pandemic-related stress had infants with higher probability of showing no communication, $t = 2.14$ ($p = .035$), or pointing, $t = 1.93$ ($p = .057$). A significant and negative linear association was found between maternal prenatal pandemic-related stress and infants’ SCS at 12 months, $R^2 = .08$ ($p = .006$).

Conclusions
This study suggests that prenatal maternal stress might increase the risk of less-than-optimal infants' socio-cognitive development at 12 months. Special preventive attention should be devoted to infants born during the pandemic.
Predicting Pointing Gestures from Infant Emotional Communication with Mothers, Fathers, Strangers, and Temperament

Eliala Alice Salvadori1, Dr. Cristina Colonnesi1, Frans J. Oort1, Prof Daniel Messinger2
1University of Amsterdam, , the Netherlands, 2University of Miami, , USA

M1 - SYM34: Born to be wired: The relevance of the early social interactions for infant mental health, Wicklow 4, 17 July 2023, 10:45 - 12:15

Emotional communication in the first year of life and referential communication in the first and second year of life are two primary manifestations of social engagement and affiliation in infancy. Although early patterns of emotional communication ought to form a foundation of referential communication, evidence for their developmental association is scarce. This study investigated the development of infant declarative pointing production as a function of early dyadic patterns of emotional communication with mothers, fathers, and strangers, and examined the contribution of temperament in moderating these associations. A sample of 51 families participated in this longitudinal study. Infant emotional communication (production of gaze, smile, vocalizations) was observed during home-based face-to-face interactions at 4 and 8 months. Each parent reported on infant temperament at both ages and an overall mean was calculated. Referential communication (declarative pointing production) was measured during structured lab-based observations at 12 and 15 months. Emotional and referential communication behaviors were micro-analytically coded second by second. Poisson multilevel regression analyses indicated that rates of pointing at 12-15 months were positively predicted by the levels of smiling with mothers at 8 months, the vocalization frequency with fathers at 4 months, and the frequency of vocalizations as well as of gazes to the stranger’s face at 8 months. Infants’ higher levels of temperamental surgency tended to enhance the positive associations between emotional communication patterns with mothers and fathers and pointing rates, while lower levels of negative affectivity tended to enhance the associations between communication patterns with strangers and pointing rates. Results provide new insights into the ontogeny of referential communication, and highlight the importance of infant early interaction with diverse social partners as well as of temperamental dispositions in predicting communicative development in the second year of life.
Infant and Mother Duchenne Facial Expressions in the Face-to-Face/Still-Face

Prof Daniel Messinger\textsuperscript{1}, Yeojin Amy Ahn\textsuperscript{1}, Itir Onal Ertugrul\textsuperscript{2}, Sy-Minn Chow\textsuperscript{3}, Jeffrey Cohn\textsuperscript{4}
\textsuperscript{1}University Of Miami, Miami, United States, \textsuperscript{2}Utrecht University, , \textsuperscript{3}University of Pennsylvania, , \textsuperscript{4}University of Pittsburgh, ,

The Face-to-Face/Still-Face (FFSF) assesses infant responses to parent unresponsiveness, but little is known about intense affective displays in the FFSF. Duchenne smiles express intense positive affect, while Duchenne cry-faces appear to express intense intense negative affect. We investigated whether Duchenne and non-Duchenne smiling and Duchenne and non-Duchenne cry-faces differ across FF, SF, and RE episodes using computer vision-based automated measurement.

Forty 4-month-olds and their mothers were separately video-recorded in the FFSF protocol consisting of three 2-minute episodes: FF, SF, and RE. Baby-FACS (certified) coders coded facial Action Units (AU4, AU6, AU12, AU20) in each video frame for the first 30 seconds of each FFSF episode. Automated facial affect recognition (AFAR) indicated the same facial AUs for the entire episodes. Kappa between AFAR and FACS was above .63 for all mother and infant AUs. Moreover, expert coding and automated measurement of FACS AUs yielded similar patterns of change in infant and mother Duchenne and non-Duchenne expressions across the FFSF.

Full 2-minute AFAR (automated) analyses indicated that both infant Duchenne and non-Duchenne smiling declined from the FF to the SF (ps<.001). However, only infant Duchenne smiling increased from the SF to the RE (p<.001); infant non-Duchenne smiling levels did not change between the SF and RE. Infant Duchenne cry-faces increased from the FF to the SF (p=.03). By contrast, non-Duchenne cry-faces did not change significantly between episodes. Both mother Duchenne and non-Duchenne smiling declined from the FF to the SF (ps<.01) and rose from the SF to the RE (ps<.001). However, the magnitude of mother Duchenne smiling changes over the FFSF were 2-4 times greater than non-Duchenne smiling changes.

Duchenne expressions appear to be a sensitive index of infant and mother affective valence that are accessible to automated measurement during the FFSF.
Maternal psychosomatic disorders and dyadic intersubjectivity: from neural response to infant cry to parenting behaviors

Ms Bianca Filippi¹, Alessandra Simonelli¹, Dr Paola Rigo¹
¹Department of Developmental Psychology and Socialisation, University of Padua, Italy

During the early postpartum period, the quality of mother-infant interactions plays a critical role in supporting the child’s brain development and the subsequent acquisition of emotion regulation abilities. However, the presence of maternal clinical and subclinical forms of Somatic Symptom Disorders (SSDs) can result in parental maladjustment and dysfunctional intersubjectivity. The ongoing study aims to examine the association of several somatization-related variables (e.g., chronic stress, maladaptive coping styles and alexithymic traits) with brain response to infant stimuli and maternal behaviors in a sample of SSDs and healthy control mothers and their 4-months-old infants. First, mothers underwent an Infant Cry (IC) passive listening task during a fNIRS session to assess the neural response to their own infant cries compared to control sounds. Then, mother-infant dyads participated in two moments of video-recorded interaction: 15 min free-play interaction task (FP) vs distress-eliciting task (Still Face Paradigm; SFP). FP interactions and the reunion phase of the SFP have been coded through the Emotional Availability Scales (EAS) and the Mind-Mindedness (MM) coding system to assess maternal parenting behaviors and mentalization. We expect to find distinctive relational characteristics of mothers with SSD compared to healthy-control mothers (e.g., maladaptive coping styles and higher rates of alexithymic traits), which in turn would be related to specific impairments in brain response to infant crying and parenting behaviors, especially during stressful interactions. In light of alterations in parental intersubjectivity, clinical and developmental implications will be discussed.
Greater Parenting Stress Enhanced Inter-brain Synchrony During Shared Play: Is that Optimal? Evidences from Singapore

Dr Atiqah Azhari², Andrea Bizzego¹
¹Department of Psychology and Cognitive Science, University of Trento, Rovereto, Italy, ²School of Humanities & Behavioural Sciences, Singapore University of Social Sciences, Singapore

Introduction and Aim
Parent-child dyads who are mutually attuned to each other during social interactions display interpersonal synchrony that can be observed overtly, in the form of joint behaviours, and biologically, such as through the temporal coordination of brain signals called inter-brain synchrony. Joint play provides ample opportunities for parent-child dyads to engage in matching interactions which not just facilitate the formation of bonds but also alleviate parenting stress in caregivers. Despite the beneficial effects of play on parents and the parent-child relationship, no study has investigated the dyadic neural mechanism by which this occurs. The present study aimed to examine the association between parenting stress and inter-brain synchrony in 31 mother-child and 29 father-child dyads while they engaged in shared play for 10 minutes. Material and Method: Shared play was micro-analytically coded into joint (i.e., in-phase matching of dyadic behaviours) and non-joint (i.e., no matching of dyadic behaviours) segments. Inter-brain synchrony was computed using cross-correlations over 15 s, 20 s, 25 s, 30 s and 35 s fixed-length windows of joint and non-joint play segments.

Results
Analyses of Covariance revealed that dyads with more parenting stress exhibited greater inter-brain synchrony in the frontal left cluster of the prefrontal cortex, but only for the 35 s fixed-length window. This finding suggests that continuous and positive instances of joint play may disproportionately benefit dyads who reported greater parenting stress, entraining underlying brain activation patterns involved in social cognition. Mother-child dyads also showed greater inter-brain synchrony than father-child dyads, alluding to possible gender differences in the effect of play on dyads. Conclusion Findings present evidence of a potential dyadic neural pathway by which play benefits the parent-child relationship.
Supporting Parent and Infant Well-Being in the NICU and beyond: There’s an app for that!

Ms C Monique Flierman¹,², PhD Martine Jeukens-Visser¹, MD, MAPP Craig Garfield⁴, Dr. Young Lee³
¹AmsterdamUMC, Department of Rehabilitation Medicine, Amsterdam, the Netherlands, ²Centre of Expertise Urban Vitality, Faculty of Health, Amsterdam University of Applied Sciences, Amsterdam, the Netherlands, ³Lurie Children’s Hospital Family and Child Health Innovations Program and Northwestern University Feinberg School of Medicine, Department of Pediatrics, Chicago, USA, ⁴Department of Medical Social Sciences at Northwestern University Feinberg school of Medicine, Chicago, USA

M1-SYM35: Supporting Parent and Infant Well-Being in the NICU and beyond: There’s an app for that!, Wicklow 5, 17 July 2023, 10:45 - 12:15

Preterm infants have a significantly higher risk of short-term and long-term developmental problems. In addition, their parents are at increased risk of psychological or parenting stress after the unexpected birth and long hospital stay. This can have a lasting negative impact on the parent-child relations and the well-being of the child. Attuned information provision is a prerequisite for self-efficacy and empowerment of parents and links to positive parenting outcomes. The increase in knowledge generates a sense of control, facilitates the coping process and increases parental self-efficacy. Web-and app-based support programs hold promise to support parents in the NICU and beyond.

Our objective for this symposium is to describe the development and share the results of Mobile Health (mHealth) interventions for parents of preterm born infants. First, we will give a systematic overview of existing mobile apps, their quality and usability. Next we will provide insights in the co-creative development and outcomes of the supportive apps from the USA (NICU2HOME) and the Netherlands (e-TOP). Finally, as information needs and preferences can differ among subgroups, we will focus specifically on parents from minority populations and with low literacy levels.
A systematic review evaluating mobile education and support applications for parents of preterm infants post-discharge

PhD Martine Jeuken-Visser1,2, Ms C Monique Flierman1,2,3, Renate Giezeman1, MSc Vincent Vijn4, Prof. Raoul Engelbert1,2,3, Dr Daniel Bossen3

1Amsterdam UMC location University of Amsterdam, Departement of Rehabilitation Medicine, Amsterdam, The Netherlands, 2Amsterdam Reproduction and Development, Amsterdam, The Netherlands, 3Centre of Expertise Urban Vitality, Amsterdam University of Applied Sciences, Faculty of Health, , Amsterdam, The Netherlands, 4Amsterdam University of Applied Sciences, Faculty of Digital Media and Creative Industries, Amsterdam, The Netherlands

Introduction and aim
Parents of preterm infants need accessible, reliable information when their infant is discharged home, preferably provided on a mobile phone. This study aims to identify and evaluate the quality of information and usability of mobile apps for parents of preterm infants targeting the period after discharge.

Materials and Method
One reviewer systematically searched the Apple App Store, Google Play, and the web using Google along with an online literature search using Pubmed. Multiple keywords were used (ie."preterm baby," "app," and "home"). Apps were included that provided information for parents after hospital discharge in English or Dutch. Apps that did not include educational material, were aimed at professionals, were not free of charge and were not freely accessible were excluded. Two independent reviewers assessed the quality and usability of the apps. The Mobile App Rating Scale (MARS) was used to measure the app's quality, and the Patient Education Materials Assessment Tool for Audiovisual Materials (PEMAT-AV) was used to measure the app’s content usability.

Results
The title and Descriptions of 202 apps were screened for eligibility. Nine English apps were included in the review. No Dutch apps were identified or apps that covered only the post-discharge period. Seven apps received an acceptable quality score and one received a good score. The understandability of the PEMAT-AV was high (>75%) for four apps, and actionability was 100% for six apps. Topics most commonly addressed in the apps were feeding, growth and development. Additional functionalities were monitoring (n=4), sharing information (n=3) or sharing experiences (n=2).

Conclusion
Only nine English apps contained specific information for parents of preterm infants for the period after discharge, with mostly only moderate quality and understandability. More and better quality apps are needed in order to meet the demand of these parents after hospital discharge.
Development and evaluation of the e-TOP app for parents of preterm infants after hospital discharge.

Ms C Monique Flierman1,2, Dr Daniel Bossen2, PhD Eline Moller1, Prof. Raoul Engelbert1,2, MSc Vincent Vijn3, Prof. MD Anton van Kaam2, PhD Martine Jeukens-Visser1
1AmsterdamUMC, Department of Rehabilitation Medicine, Amsterdam, the Netherlands, 2Centre of Expertise Urban Vitality, Faculty of Health, , the Netherlands, 3Faculty of Digital Media & Creative Industries | Amsterdam University for Applied Sciences, Amsterdam, the Netherlands, 4Emma Children’s Hospital, Amsterdam UMC, University of Amsterdam, Department of Neonatology, Amsterdam Reproduction and Development., Amsterdam, the Netherlands.

M1 - SYM35: Supporting Parent and Infant Well-Being in the NICU and beyond: There’s an app for that!, Wicklow 5, 17 July 2023, 10:45 - 12:15

Parents of preterm born infants report struggles to feel confident in their capacity to parent after hospital discharge. They seek accessible and understandable information about the consequences and the impact of the premature birth. The aim of this study was to develop a digital information source for parents of premature infants.

Method
The e-TOP app was developed in an iterative co-creation process. Interviews were conducted with parents (n=10). Three online co-creation sessions were held with TOP interventionists (N=8) and parents with different health literacy skills (n=14). Experts were consulted to generate content for the main topics. The research team reviewed and adapted the content for understandability and tone of voice. In co-creation with parents, prototypes of the e-TOP app were designed, leading to the final draft of the e-TOP app. In the next phase we will test feasibility with a pre-posttest design. Eighty families receiving the TOP home visits will use the e-TOP app for six months after discharge. Outcome measures for feasibility include parental experiences, parental self-efficacy, and child motor and socio-emotional development.

Results
Based on parent and expert input, the final prototype consists of ten relevant topics, including: understanding and guiding your premature baby, sleep, feeding, motor development, corrected age, parenthood after premature birth, long-term consequences, general health issues, back to work, and professional aftercare.

The feasibility study starts November 2022, and the first preliminary results will be presented at the symposium and include parental satisfaction, parent-child interaction and child outcomes.

Conclusion The development of the e-TOP mobile app provides an accessible source of parent- and expert-generated content for discharged NICU parents. Insights into the use, parental experiences, and potential effectiveness of the e-TOP app will be used for further development and implementation.
Usage and Outcomes of NICU2HOME: A Smartphone App Intervention for NICU parents

Dr. Young Lee¹, Mr. Joshua Santiago¹, Dr. Justin Knoll¹, Ms. Rebecca Christie¹, MD, MAPP Craig Garfield¹
¹Northwestern University/Lurie Children's Hospital, Chicago, United States of America

Introduction and Aim
Admission to the NICU begins a rollercoaster of emotions for parents. “Pervasive uncertainty” is how NICU parents describe this experience with increases in stress and anxiety. mHealth technologies may provide feasible Method to support NICU parents.

Material and Method
NICU2HOME (N2H) is a parent-empowering mobile app being tested in 3 Chicago-area NICUs as a quasi-experimental, time-lagged study comparing usual care control (n=261) with app intervention NICU parents (n=163) of premature infants. Intervention usage from admission through 30 days post-discharge is collected along with parent reported outcomes including the User-focused Mobile Application Rating Scale (uMARS), Net Promoter Score (NPS, app satisfaction) and a perceived app impact survey.

Results
Average infant gestational age was 32.3 weeks and LOS 33 days. The average parent age was 32 years; 43% were White, 22% Hispanic, 17% Black, 11% Asian, and 7% Other. Daily average app usage was 19 minutes (range 3-273) and total study period time was 10 hours (range: 17-48 hours). Parents opened a page/session 5 times on average per day. Based on a 1-5 scale, app satisfaction was high on functionality (mean 4.3), aesthetics (mean 4.4), and information quality (mean 4.5) based on 1-5 scale. NPS was outstanding (77).

App users report N2H helped them: 1) understand the progress their baby was making (86%); 2) feel confident in taking care of their baby (87%); 3) feel less anxious about their baby’s daily NICU experience (85%); 4) “Google” information less (76%); and 5) call the NICU less (69%).

Conclusions
A novel mhealth solution is well received by NICU parents with strong uptake, usage, and satisfaction. Parent’s using the NICU2Home app report feeling more engaged with their NICU infants. It can be suggested that mHealth technology may offer effective support for NICU parents.
An mHealth Mobile App Intervention Supporting Mental Health of Black Parents of NICU Infants

MD, MAPP Craig Garfield¹, Mr. Joshua Santiago¹, Dr. Justin Knoll¹, Ms. Rebecca Christie¹, Dr. Young Lee¹
¹Northwestern University/Lurie Children’s Hospital of Chicago, Chicago, USA

Introduction and Aim
Optimizing the mental health of parents with infants in the NICU is key for infant and family wellbeing. Black families are at risk for prematurity, poorer maternal birth outcomes, and historical biases within the healthcare system. Novel interventions to support NICU parents may benefit all NICU parents, especially Black parents.

Material and Method
In this time-lagged quasi-experimental study in 3 diverse Chicago-area NICUs, usual care control (n=261) parents were compared with parents receiving the NICU2HOME (N2H) parent-empowering mHealth app (n=163). Validated mental health measures including Perceived Stress Scale (PSS) and the Medical Outcomes Scale (MOS) for social support were collected at NICU admission, discharge, and 30 days post-discharge. Univariate group differences were assessed along with linear mixed effect regression models to assess treatment group effect on mental health measures across time (including adjustments).

Results
Of the sample of 424 parents (308 babies), 43% were White, 22% Hispanic, 17% Black, 11% Asian, and 7% Other. Overall, compared to Whites, Black parents reported lower education, employment status, marital status and income; Black control and intervention parents did not differ in demographics. Multivariate analyses shows the interaction effect of being Black and in the intervention was associated with significantly better scores; PSS (-2.65, p<.05) and MOS (0.73, p<.01) compared to Whites in the control group. Conversely, simply identifying as Black was associated with significantly worse scores; PSS (1.2, p<.10) and MOS (-0.52, p<.01).

Conclusions
App users who are Black reported the better mental health outcomes in the sample. Comparing Black app users to White and Black controls suggests a nonlinear relationship between the intervention and self-reported mental health when race is considered. Engagement of minority populations via technology may create opportunities to shrink the gap of support, improving outcomes for infants and families.
Jeri Prawel said, “How we are is as important as what we do.” AIMHiTN has long believed this quote to be a call for the need for Reflective Supervision/Consultation (RSC) to support professionals who work on behalf of infants, young children, and caregivers. Believing that RSC was a best practice model and that access to RSC was often driven by ability to pay for RSC, AIMHiTN endeavored to engage state systems in providing RSC as a benefit to entire sectors. In 2017, AIMHiTN collaborated with the Tennessee Department of Health (TDH) to provide RSC to home visiting supervisors and home visiting program directors statewide (n=45). AIMHiTN engaged 3 Consultants to provide biweekly RSC to the home visiting workforce. An initial 2 days of training was provided to establish knowledge. The groups were then divided by agency role and geographical region. In 2018, AIMHiTN partnered with the Tennessee Department of Human Services (DHS) to provide RSC for the Child Care Resource and Referral (CCR&R) sector. The 2-day initial onboarding was mirrored (n=60). Both Departments committed funding for training, preparation, and RSC sessions. The Departments also prioritized participation in RSC as an expectation of associated positions and subcontracts. Both cohorts have grown with home visitation now including 90 participants and CCR&R including more than 150. AIMHiTN currently also provides RSC to the clinical mental health sector and early intervention sector. Continuing need for RSC highlighted the need for RSC Consultants who are well versed in race and equity work, from backgrounds that mirror Tennessee’s diversity, and who have received RSC. 2021, AIMHiTN engaged the Reflective Supervision Consortium to bring a 6-month learning collaborative to Tennessee. This presentation will highlight AIMHiTN’s journey to ensure that RSC is truly a best practice expectation for infant and early childhood serving sectors in our state.
Supporting a Diverse Infant and Early Childhood Workforce through Infant Mental Health (IMH) foundational learning.

Ms Danielle Rice¹, Joy Milano², Robin Zeiter², Gabriele Fain Fain³, Dr Tina Ryznar³, Stephanie McCarty³

¹Michigan Association For Infant Mental Health, Southgate, United States, ²Michigan Department of Education, Lansing, United States, ³American Institutes for Research, Arlington, United States

In 2020, Michigan was one of 20 states selected by the U.S. Department of Health and Human Services to receive a Preschool Development Grant renewal (PDG-R) grant*. With a portion of this funding, the State of Michigan Office of Great Start, contracted with the Michigan Association of Infant Mental Health (MI-AIMH), to offer IMH focused professional development support to the Infant and Early Childhood Workforce. MI-AIMH embarked on this initiative to strengthen IMH and relationship-based practice within the early childhood care and education sectors, including educators, consultants, center-based program directors and family child-care owners. This funding offered the opportunity for MI-AIMH to offer 60 hours of accessible training grounded in diversity, equity, and inclusion. These trainings emphasized IMH foundational competencies and opportunities for reflective practice were weaved throughout. After completing foundational training, funds supported 200 professionals in earning the IMH-Endorsement® credential as a way to demonstrate their specialized experience and focus on infant mental health.

In this panel, Michigan leaders will share the data and outcomes for this project, as reported by the American Institutes for Research®. We will highlight the participants’ (and their directors’) feedback that participation in the program enhanced their capacity to promote young children’s mental health, by increasing their knowledge, helping them to learn new strategies, and making changes in their practice. The data highlights how accessible specialized relationship-based training and support to obtain the Infant Mental Health Endorsement® Credential, were critical to this initiative to support Michigan’s early childhood workforce.

*The project described was supported by the Preschool Development Grant Birth through Five Initiative (PDG B-5), Grant Number 90TP0055, from the Office of Child Care, Administration for Children and Families, U.S. Department of Health, and Human Services.
Introduction and Purpose
South Carolina is one of six US states participating in this panel discussion on “readiness to reflect” and key areas of readiness to consider when attempting to engage and support a diverse and interdisciplinary workforce in building and sustaining high-quality reflective practices. The area of readiness that South Carolina will discuss is policy and system readiness.

Description and Conclusion
The South Carolina Infant Mental Health Association representative will discuss strategies and approaches for embedding reflective practices and mindsets in infant and early childhood agencies and systems. A case example of relationships-centered systems building will be provided to illustrate the journey South Carolina Infant Mental Health Association is on toward establishing long-term, sustainable reflective practices within state early childhood systems.
Introduction
Leadership in a Midwestern US state identified a need to support the childcare workforce during the COVID-19 pandemic. In addition to challenges commonly reported, such as staffing shortages and uncertainty surrounding best practices to reduce transmission of the virus, directors of programs reported burdens including holding the needs of children and families as well as staff, a sense of isolation, and lack of appropriate resources for support. The state infant mental health association received funding from the statewide training and technical assistance organization (SPARK) for early childhood education and care to develop and provide reflective group experiences to address the needs of this workforce.

Aims
The aim of the project was to make a short-term reflective group experience available to childcare directors and staff members. Group participation was expected to provide attendees with a safe environment to experience some aspects of reflective supervision/consultation, specifically 1) exploring and practicing reflective processes; 2) receiving emotional support from others working in the same field.

Description
The one hour reflective sessions were marketed as “support” groups to early care/education providers. The format was similar to reflective supervision/consultation (RSC) groups in that they were regularly occurring and had a consistent facilitator whose role was to hold the group. Participants were encouraged to discuss issues including staffing, child behaviors, family stress, and managing constant challenges. Facilitators held a social work license and an infant or early childhood mental health Endorsement and had experience providing RSC. Groups were one hour in length and participants could choose to attend up to 12 sessions with a consistent peer group.

Results/Conclusions
230 programs registered and 85 programs engaged with the groups. 11 online groups were held over a one-year period. Engaged participants averaged 17% attendance. Groups averaged 2 attendees per session. A survey of participant experiences is ongoing.
From Curiosity to Connection—building readiness to reflect: lessons learned by 6 states in the USA

Ms. Carrie Finkbiner¹, Ashley Bowers¹, Ms. Lana Nenide¹
¹Wisconsin Alliance for Infant Mental Health, Middleton, USA

Introduction
Now more than ever, locally and globally, we need the experience of positive and supportive relationships firmly anchored in reflection. When professionals can hold a space that invites and allows for genuine reflection it creates the opportunity for caregivers and children to experience the power of relationships on relationships. But is everyone ready to step into reflective supervision? How does “readiness” play into successful uptake and maintenance of reflective practices? In this symposium six states will discuss lessons learned related to “readiness to reflect” and how they have adjusted their approaches to create multiple pathways and “ports of entry” into reflective practices.

Purpose
To create an opportunity for dialogue and new insights around how to best engage a diverse and interdisciplinary workforce to build and sustain high-quality reflective practices.

Description
The symposium will feature a panel of six states moderated by a representative from the Alliance. Each state will present on an aspect of reflective readiness they have explored in their efforts to support adult learners in strengthening reflective capacity. The Alliance will summarize the discussion and conclude with ideas for continued networking to strengthen collective efforts to increase reflection and relational practices. Topics include:

- Importance of IMH foundational learning
- Self-awareness as a starting point
- Nurturing a reflective culture
- Policy and System Readiness
- Sparking the curiosity of participants
- Supporting the shift to a developmental, life-long process

Conclusions
Practicing in a reflective and relational manner often represents a change in how an individual or agency functions. This shift is important to honor in the development of learning opportunities. Additionally, there are many ways to support others in starting the reflective journey. Staying open and flexible is not only critical, but models the very qualities of a reflective, relational way.
From Curiosity to Connection – building readiness to reflect: the importance of self-awareness

Ms. Carrie Finkbiner\textsuperscript{1}, Ashley Bowers\textsuperscript{1}, Lana Shklyar Nenide\textsuperscript{1}
\textsuperscript{1}Wisconsin Alliance for Infant Mental Health,

M2 - POSTER WORKSHOP 3, Liffey Meeting Room 3, 17 July 2023, 13:15 - 14:15

Introduction
Wisconsin is one of six other states participating in this panel discussion on “readiness to reflect” and key areas of readiness to consider when attempting to engage and support a diverse and interdisciplinary workforce in building and sustaining high-quality reflective practices. The area of readiness that Wisconsin will discuss is self-awareness.

Purpose
The state of Wisconsin will discuss how training and experiential learning has shifted to better support professionals in developing self-awareness, attunement to self, self-regulation, and self-compassion and how this shift has strengthened “readiness to reflect.

Description
Self-awareness and the ability to tune into self is a critical aspect of reflective functioning and relational practice. Self-awareness is linked to the ability to self-soothe and to serve as a co-regulator within the context of relationships, including reflective supervision. Self-awareness is fundamental to the ability to notice where one feels pulled in the work and where one might experience judgment, bias, strong reactions, and assumptions. Self-awareness is the starting point to reflection and the ability to effect positive change through the parallel process. Nonetheless, many professionals, when beginning their reflective journey, may not understand the role of self-awareness in the development process of building reflective capacity. Many professionals may demonstrate comfort with considering what is happening outside of themselves, but may struggle with tuning into their own experiences.

Conclusions
Specific strategies that have been used to foster self-attunement, self-compassion and wellness will be discussed as well as intentional use of “slowing down” and restructuring the sequence of learning components and expectations to better align with the needs of learners. Quantitative and qualitative data will be shared to supplement the story and highlight key aspects of self-awareness as it relates to overall reflective capacity.
Scaffolding towards reflective relational systems

Associate Director, IECMH Aditi Subramaniam, Ms Anat Weisenfreund, Dr Jayne Singer

Massachusetts Association for Infant Mental Health/Massachusetts Society For The Prevention Of Cruelty To Children, United States of America

Massachusetts is one of six US states participating in the panel discussion on “building readiness to reflect” and key areas of readiness to consider when attempting to engage and support a diverse and interdisciplinary workforce in building and sustaining high-quality reflective practices. The area of readiness that Massachusetts will discuss is building reflective relational systems. With grounding in the Diversity Informed Tenets, the Massachusetts Association for Infant Mental Health (MassAIMH) has implemented both in policy and practice the need for Reflective Supervision/Consultation (RSC) to support professionals who work on behalf of infants, young children, and caregivers. MassAIMH has intentionally partnered with state systems like the Mass. Department of Mental Health (DMH) to roll out 9 reflective consultation groups for diverse practitioners (n=54), including building capacity for bilingual bicultural Spanish speaking providers. The groups were very successful and have led to ongoing thoughtful planning for further implementation of partnerships with systems and agencies to build internal capacity towards reflective relational systems. A MassAIMH representative will discuss strategies and approaches for building collaborative partnerships to embed reflective consultation at a systems level within infant and early childhood agencies and systems.
Meeting the Need: A Three State Comparison: Right Start for Colorado's Workforce Development Efforts

Dr Shannon Bekman
1
1WellPower, Denver, USA

Introduction and Aim
Right Start for Colorado (RSCO), is a statewide infant and early childhood mental health (IECMH) initiative that was launched in late 2018. RSCO aims to increase access to the IECMH services across Colorado communities, and to build statewide workforce capacity for individuals serving the birth to 5 population in Colorado, USA. RSCO was born out of two struggles experienced in Colorado: (1) an acute workforce shortage of trained IECMH clinicians that possess the specialized knowledge and training to treat the mental health needs of infants, toddlers, preschoolers and their families and (2) lack of awareness of the mental health needs of very young children across some state systems and sectors that serve the 0-5 population.

Materials and Methods
RSCO has sought to strengthen Colorado’s IECMH workforce with a two-pronged approach that has engaged both the clinical IECMH workforce and allied professionals (i.e., child welfare, early intervention, home visitation) who frequently interface with young families. To support our clinical workforce, over the past 4.5 years, we have infused the state with trainings focused on 4 main areas of IECMH clinical practice: (1) relationship-based assessment (2) developmentally sensitive diagnosis (i.e., DC:0-5) (3) evidenced-based treatments for very young children (including Child Parent Psychotherapy, Circle of Security) and (4) reflective practice.

While we are strengthening the clinical workforce, Right Start has simultaneously engaged various allied sectors to increase awareness of the mental health needs of very young children so that these providers feel confident and competent to make mental health referrals to IECMH treatment when indicated.

Results
Evaluation efforts show a great increase in professionals’ IECMH knowledge and confidence.

Conclusions
To meet the clinical treatment needs of very young children and their families, large scale efforts can strengthen the IECMH workforce and get much needed evidence based treatments into communities.
Meeting the Need: Utah's Pathway to IECMH Workforce Development

Mrs Jennifer Mitchell
1The Children's Center Utah, Salt Lake City, United States

A statewide study was commissioned in 2020 to provide seminal data on the risk, reach, and resources for the early childhood mental health system in Utah. The study identified variances in risk factors and program distribution for different populations and regions in the state. It also found significant inequities related to access and outcomes for children of color and for all children of lower socioeconomic status. While Utah is recognized as having some of the highest mental health needs, it reflects one of the most under-resourced for mental health services. In particular, the state has significant unmet mental health needs for young children and insufficient resources to address the needs. This data was shared with key stakeholders, and culminated in the state’s first ever Governor’s Early Childhood Mental Health Summit in late 2020. This work resulted in funding opportunities and collaborations focused on IECMH in the years that followed. Subsequent workforce development initiatives centered around three primary goals: 1) embedding of IECMH practices within and across sectors to create an integrated early childhood system, 2) alignment with the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant & Early Childhood Mental Health®, and 3) equity in access for all providers and families. Workforce development was operationalized through pilot projects, including training in trauma-informed care, coaching in reflective supervision/consultation, an Infant-Toddler Court Program site, and collaboration opportunities for cross-sector early childhood professionals (e.g., healthcare, mental health, early intervention, home visiting, child care, early education, social services, etc.). Several pilots were cultivated into programs available at no-cost, including a statewide Teleconsultation Program offering a range of webinars on IECMH topics and consultation services (e.g., reflective consultation, care coordination, case consultation, etc.). Outcome data for programs will be discussed, as well as ongoing plans for implementation and sustainability.
Meeting the Need: Tennessee First Five Training Institute; a Workforce Development Project and Outcomes

Ms. Alison Peak

1Allied Behavioral Health Solutions, Nashville, USA

The Tennessee First Five Training Institute, provided throughout Tennessee USA, was launched in 2019 to develop a clinical IECMH workforce in response to a budding Infant/Toddler Court program and a burgeoning need in the child welfare population. Tennessee’s systemic development prior to 2019 had prepared the workforce for a substantial interest in IECMH, but there had previously been only seven providers in the state who had received more than one (1) IECMH evidence-based practice training. TFFTI sought to meet this clear deficit in service availability while ensuring quality in the developing workforce. TFFTI consists of two training tracks, a clinical cohort and an organizational leaders’ cohort, who each focus on parallel efforts at building IECMH service delivery systems within respective agencies. Over a 12-month period of time the clinical cohort receives seven evidence-informed trainings (Foundations of IECMH, Reflective Supervision, Facilitating Attuned Interactions, DC:0-5, Child-Parent Psychotherapy, Diversity Tenets, and IECMH in Child Welfare) weekly Reflective Supervision, and a supportive reading syllabus to provide theoretical information and context to the training. Data metrics for the clinical cohort have been collected utilizing the Freiburg Mindfulness Inventory (FMI), Curiosity and Exploration Inventory-II (CEI-II), an IECMH Knowledge Assessment Scale, and the Provider Reflective Process Assessment Scale (PRPAS). Data was also collected from clinicians’ self-report on children served, race and ethnicity of children served, and child involvement in child-welfare. This presentation will focus on TFFTI’s contributions to clinical service availability, cross-sector collaboration, and contributions to addressing anti-racism and inequities in the field. Outcomes will demonstrate TFFTI’s considerable contribution to clinical development, clinical efficacy, and fidelity to various models over the completed cohorts. This data provides a longitudinal (3-year) review of the impact of consistent clinical training on IECMH sector development. Considerations for replicability and lessons learned will be discussed.
Future directions of infant mental health in these changing and challenging times

Professor Miri Keren

State of the Art Lecture: Future directions of infant mental health in these changing and challenging times, The Auditorium, July 17, 2023, 13:15 - 14:15

In this State-of-the-Art Lecture, we will start by reviewing the huge changes that are taking place at the scientific, environmental and societal levels that have direct and indirect effects on the infant's brain development, parenting and family structure. For instance, we will reflect on the impact of digitalization on parenting and on the infant's/young child's cognitive, language and social development. The fast and huge advancements in technology that enable to disconnect procreation from sexual relationships and intimacy, together with changes in the definition of family and parenthood will be reviewed. Procreation without a womb is much less of utopian than one would have thought 30 years ago, and the traditional identity of the woman as linked to motherhood is not obvious anymore.

Also, new professional questions are raised by the recent legitimation that is given to transgender identity has implications for parents of very young children who manifest their wish to be the other sex already during the preschool years. At the macro level, the recent Covid pandemic, together with extreme climate changes, natural disasters, wars and displacements, have engendered a general feeling of fragility that impact all humans on earth.

In the light of all these, one may wonder what is and what should be our roles as IMH clinicians in this complex, challenging and turmoiled context at all layers: societal, environmental and technological.

We will end with the role of Ethics as regulator of these processes, and call for the creation of a WAIMH Code of Ethics, in continuation of the WAIMH Infant’s Rights Declaration.
Supporting early parenting through engaging videos to promote positive, safe interactions with infants/toddlers

Dr. Vonda Jump Norman¹,², Dr. Katie Griffiths², Sarah Gasik², Abbey Chatelain², Cassie Alarcon², Jeanice Robins²,³
¹Utah State University, Brigham City, USA, ²The Family Place, Logan, USA, ³Families First, Missoula, USA

M2 - VID4: Supporting early parenting through engaging videos to promote positive, safe interactions with infants/toddlers, Wicklow 2A, 17 July 2023, 13:15 - 14:15

Introduction
New parents are often challenged by the reality and responsibilities of early parenting. They want simple, easy to understand information to support their parenting journey. Supporting new parents through educating them about developmental expectations and how to facilitate optimal development of their infants and toddlers results in parents who better understand child development, feel more confident in their parenting, and utilize positive strategies that encourage thriving in infants and toddlers.

Aims
The aim of this video presentation is to share several videos that can be used to facilitate positive interactions between parents and their infants/toddlers, resulting in optimal developmental progress of infants and toddlers and an increased likelihood of secure attachment between parent and infant. Several engaging early parenting videos will be presented, and are part of a complete set of 18 engaging videos for those working with 0-2 year-olds, and 18 videos for those working with 3-5 year-olds. All videos are available for complementary use. Topics available include: brain development, self-regulation, social development, cognitive development, language development, and physical development. Each video is between 7-20 minutes long and includes comprehensive, recent, and accurate information about how infants and toddlers develop through their interactions with their caregivers. Furthermore, there is a video for each topic (typically 2-5 minutes long) that discusses the impact of trauma on that realm of development. Finally, there is also a companion video to each topic area that discusses 10-20 specific strategies that parents might choose to implement to support their baby’s development.

Conclusion
Providing parents with information that is engaging, non-judgmental, and easy to understand and implement empowers parents to support the flourishing of their infants and toddlers. Viewers will leave the session with new tools available in English and Spanish to support parents.
Reuniting psychodynamic thinking and the interpretive method with DIR treatment for neurodiverse individuals

Dr Gilbert Foley¹,²,³, Dr Yana Peleg⁴

¹New York Center For Child Development, New York City, USA, ²Institute for Clinical Social Work, Chicago, USA, ³Bank Street College of Education, New York city, USA, ⁴DIR Israel, Association for Children at Risk, Tel Aviv, Israel

Introduction
Traditionally dynamic therapies rely heavily on interpretation and verbal symbol formation. Although grounded in the psychodynamic tradition, DIR has not emphasized the role of the interpretive method. At the heart of the DIR model lies deep appreciation for experience through play, the body, sensation and nonverbal interactions that support and drive development. DIR integrates important contributions from the fields of neurobiology, motor and language development that radically change the approach to treatment and support a much more comprehensive, integrated and individualized intervention.

Aim or Purpose
The aim of this presentation will be to define, expand and illustrate the place and role of interpretation in DIR treatment with neurodiverse individuals. The psychodynamic roots of DIR will be reviewed and identification of pertinent psychological themes across the span of development relevant to DIR intervention with neurodiverse individuals will be addressed.

Description
Two developmental levels of dynamic interpretation within the framework of the DIR treatment model will be explicated and illustrated:

1- interpreting symbolic play or conversation (child generated symbols) consistent with what is typical in psychodynamic play therapy. The unique role of body, sensation and individual differences in formulating interpretations will be illustrated; how DIR can enrich traditional play therapy and how interpretive methodology can enrich DIR will be addressed.

2- interpreting experience that is inherent in pre-symbolic play, sensation, movement and interaction. The use of symbols and affects arising from the therapist’s associations are discussed in contributing to treatment and the formulation of interpretations.

Discussion will be supported by video case presentation

Conclusions
Integration of the two methods can expand and deepen the psychological treatment of children with significant neurological challenges.
Introduction
Eating and feeding problems are a common cause for referral of young children to pediatrics clinics. Clinical experience shows the need for a multidisciplinary team setting to address medical, developmental, sensory and emotional aspects of disorders. Weekly sessions with parents and child are standard care practice. However, challenging cases require “out of box” thinking.

AIM
Our aim is to show how intensive treatment benefits challenging eating disorders, illustrated through the presentation of a 3 year, 2-month-old child referred due to his exclusive milk bottle diet. For six months, we instituted standard once-a-week therapeutic meetings, with no change.

Description
Medical and developmental evaluation revealed no major problem, except for a mild delay in speech. The mother-child interaction was extremely anxious and babyish. We based sessions on multimodal approach.
Although the boy was always happy to arrive at the clinic and his mother reported that he was eager and anticipated the visits, his cooperation was limited. Mother had a clear difficulty to promote change from bottle to cup-drinking. She expressed understanding and desire to make this change but was unable to resist the child’s crying. Thus, we decided to change the once-a-week setting into an intensive treatment of five days a week with two daily meals. Our main goal was to support the mother to cope with her child’s crying. The first change appeared within three days when the child agreed to drink soup. Since then, a gradual though slow improvement took place.

Conclusions
Treatment intensity, and not only content, may be an important aspect in treating resistant eating disorders in early childhood, especially in cases where the parent is unable to cope with the child’s resistance to change.
Stuck in postseparation conflict – an attachment oriented case presentation

Dr. Katrin Braune-Krickau

1ZHAW: Zurich University Of Applied Sciences, Department Of Applied Psychology, Institute Of Clinical Psychology, Zurich, Schweiz, 20-5 Team of the Psychiatric Child and Adolescent Outpatient Service in St. Gallen, Switzerland, St. Gallen, Switzerland

M2 - WSH21: Clinical Workshops 2, Liffey Hall 1, 17 July 2023, 13:15 - 14:15

Introduction
In the 0-5 Team of the Psychiatric Outpatient Clinic in St. Gallen, Switzerland (KJPD St. Gallen) we receive many referrals for young children exposed to protracted parental post-separation conflict. Clinical work with these families is highly challenging and the need for a specific, family-level treatment approach was identified. Ongoing conflict is often shaped by parents’ underlying attachment strategies and may compromise parental sensitivity, which in turn can reduce infants'/toddlers’ attachment security and may be associated with various psychological symptoms in young children.

Aim
The presented case is an exploratory step toward the development of an attachment informed clinical approach, that is based on assessments of parental attachment strategies, parental sensitivity, and parent-child interaction.

Description
The treatment of one family with an infant or toddler will be presented. The diagnostic phase includes the application of the Adult Attachment Interview for each parent (Crittenden & Landini, 2011) and an assessment of parental sensitivity and quality of parent-child interaction with the CARE-Index (Crittenden, 1979-2004) or Toddler-Care-Index (Crittenden, 2007). The treatment process will start with a “dyadic phase”, including separate sessions for both parents with their child. Video-recordings of parent-child interaction will be reviewed and reflected on with each parent individually. If parents feel ready, a “triadic phase” will follow, and parent sessions will be conducted with both parents together. Ideally, work in a triadic setting with both parents and the baby/toddler will conclude the treatment.

Conclusion
Treatment goal is to foster parental reflective functioning, to increase parental sensitivity and to develop a minimally cooperative co-parenting relationship.

"Mother and M": the analysis of the dyad, impacted by trauma.

Beata Granops

1Zero-five. Foundation For Infant Mental Health, Poznan, Poland

First years after the birth of a child are a critical period for the parent - previously unresolved inner conflicts, traumatic events or relationships reappear in the form of so called "ghosts in the nursery". The parent is often brought to the psychotherapist’s room by problems in the child, such as tantrums, unsettled crying or difficulties in establishing contact. The author will present a one-year process of psychoanalytic therapy for a dyad (mother and child) who experienced violence from the child's father, but it was the child's tantrums and "disobedience" that were the reason of the referral. She will describe how early traumatic experiences disrupt the child's normative development and, more importantly, the bond with the primary caregiver. The presentation outlines the working methods of dyadic psychotherapy and highlights psychoanalytic ways of understanding the difficulties experienced by the child. The case analysis provides an example of the intergenerational transmission of violent relationship patterns in the family.
Creating a dialog between the "Clinical baby" and the "Observed baby" - Case study analysis

Mrs Bat-El Terehovsky
Ziama Arkin Infancy Institute, Herzliya, Israel

Aim & Introduction
The current work presents a case study from the eyes of a research assistant that attends to create a dialog between the "Observed baby" from developmental theories and the "Clinical baby" from psychoanalytic theories (Stern, 1985). Specifically, the work illustrates the concept of "True and False Self", commonly used in clinical settings, in a research observation of a two-month-old infant and her mother. Winnicott (1960) coined these terms, referring to the way one lives an authentic life or is concerned with satisfying his environment, healthy or pathological self-states. Typically, these concepts are derived from a patient's adult life, so the "Clinical Baby" is recreated. By including the "observed baby", we aim to fully render patient's subjective experience.

Material & Method
At the Ziama Arkin Infancy Institute, which combines clinical treatment with observational research, a single dyad was observed using various research methods: Maternal caregiving behaviors and Infant Reactions were coded from video-recorded mother-infant interactions using the "Emotional- Availability-scale" (Biringen, 1998). Moreover, mother-infant interactions and maternal narratives were coded for online and offline Mind-mindedness (Meins et al., 1998). Mother's mental health and mother-infant relationship were assessed via self-report questionnaires.

Results
Mother's statements towards the baby, coded as slightly hostile ("You slept in the car, so I finally could hear music..."). Mother's interview statements described experience of lostness ("I can't find myself, my time is no longer mine..."). Infant reactions coded as avoidant and distant. Moreover, the questionnaire gaps indicated protection mechanisms of split and denial. Findings will be presented via questionnaires and videos filmed and coded in the laboratory.

Conclusion
The dyad observation allowed interpretations regarding the development of a false self in an infant only two-month-old. This validated the theoretical concept of the risk for developing "False self" at such an early age, thus connecting the "Clinical baby" with the "Observed baby".
M2-WSH22

Adversity and Resilience in Caregivers and Young Children: Protective and Compensatory Experiences (PACEs)

Dr. Amanda S. Morris¹, Professor Jennifer Hays-Grudo¹, Dr. Jens Jespersen¹
¹Oklahoma State University, Stillwater, United States of America

M2 - WSH22: Adversity and Resilience in Caregivers and Young Children: Protective and Compensatory Experiences (PACEs), Liffey Hall 2, 17 July 2023, 13:15 - 14:15

Introduction
This workshop will present the principles and strategies for a balanced parenting approach to raising resilient children. Balanced Parenting expands on the concepts of authoritative parenting, incorporating protective and compensatory experiences (PACEs), the importance of self-care and trauma-recovery practices for caregivers, and a focus on the dyadic and family systems. We have drawn from decades of research that we and others have done on adversity and resilience, child and brain development, and parenting.

Aim
Our goal in presenting this workshop is to share what we have learned from our research on adversity and resilience, particularly as it relates to the application of practices to build resilience within early childhood. The workshop will include opportunities to explore PACEs as a framework for research and practice through assessment and cross-generation exploration.

Method
This workshop will introduce two novel assessments for gathering data related to early positive experiences, one designed for infants and toddlers, PACEs for Babies, and one for parents, Current PACEs in adults. Other activities to explore intergenerational patterns of risk and resilience in the caregivers will be introduced, including the ChaACEs (Childhood adaptations to ACEs) and GraACEs (Grown-up adaptations to ACEs), with information about how to use them clinically and in research.

Conclusions
New Method are required for assessing and treating intergenerational patterns of adversity and resilience will be discussed in the context of Balanced Parenting with babies and young children. This workshop will present evidence-based strategies to promote parenting that builds resilience and reduces risk of adversity for young children.

References

White caregivers parenting Children of Color: Navigating race and identity in Multiracial Families

Dr Margaret O'Donoghue¹
¹Rutgers University, New Brunswick, United States

Introduction
Multiracial families, formed through marriage, partnership, adoption and birth, are an increasing contemporary family structure. These families are often negatively impacted by stigma and societal concepts of what constitutes "normative" families. Literature and research is limited especially related to parenting of infants and young children. Issues to consider including attachment, racial identity development, microaggressions and socialization. The parent/caregiver in these families must explore previously unexamined aspects of racial and cultural identity as they navigate their new identity as parent/caregiver. Supports and clinical services for these caregivers to assist with this exploration is lacking due to dearth of diverse and culturally responsive clinical experts.

Aim
This is a didactic and interactive workshop enabling participants to gain a deeper understanding of multiracial families with opportunities to explore their own relationship to race and ethnicity and raise awareness of personal biases, judgements and assumptions.

Description
This workshop examines the research on multiracial families and how the white caregiver, in particular, navigates race and ethnicity in their new parenting roles and identity. We will examine research on models of adoption identity as well as literature on the impact of racial microaggressions, prejudice and racism on social/emotional outcomes for young children and their families. Colorism and the presence or absence of mirroring between baby and caregiver is a consideration. A focus on clinicians exploration of their own biases and responses will be included.

Conclusions
There has been an assumption that multiracial families will benefit from, and respond to, clinical interventions and services designed for racially homogenous caregivers and their families. However, there are nuances in racialized responses to multiracial families that require particular clinical humility and culturally responsive supports. This workshop provides an opportunity for participants to explore the research and increase self awareness regarding diverse family structures.
Clinical decision making for young children with posttraumatic stress disorder

Dr Devi Miron Murphy1, Dr Julie Larrieu1, Dr. Shardé Pettis2
1Tulane Institute of Infant and Early Childhood Mental Health, New Orleans, USA, 2Children’s National Hospital, Washington, USA

Introduction/Aim
We will compare two models of evidence-based treatments for young children with posttraumatic stress disorder (PTSD). Preschool PTSD Treatment (PPT; Scheeringa, 2015) is a 12-session cognitive-behavioral therapy (CBT) for children, ages 3 to 6 years, with PTSD. Child-Parent Psychotherapy (CPP; Lieberman et al., 2005) is a dyadic intervention for trauma-exposed children, ages 0-6 years. Grounded in our experience as trainers of both models and our clinical experiences, we will discuss how to decide which treatment to use. We aim to provide those referring for treatment and clinicians a guide to clinical decision making for young children.

Description
This presentation provides an overview of each treatment and proposes a clinical algorithm for determining which treatment to use. De-identified vignettes and video involving children referred by the child welfare system will be used to illustrate the proposed algorithm.

Conclusion
Both interventions were designed for use with young children, involve caregivers in treatment, and have demonstrated effectiveness in alleviating symptoms of PTSD (Lieberman et al., 2005; Scheeringa et al., 2011). Although they have not been compared in a randomized controlled trial, there are unique aspects of each treatment that contribute to suitability with children in various circumstances. The proposed algorithm may be useful in determining which treatment to use when both treatments are accessible.

References:


Beyond building blocks: A community driven approach to strengthening infant and early mental health care

Ms Nikky Summers¹, Amanda Davis¹, Dr Purnima Sundar¹, Dr Chaya Kulkarni², Ms Nicole Tuzi²
¹Knowledge Institute on Child and Youth Mental Health and Addictions, Ottawa, Canada, ²Infant and Early Mental Health Promotion, Toronto, Canada


Introduction
The building blocks for strong mental health are established in the early years and provide the foundation for good educational attainment, financial stability, and health and wellness later on. Investing in a system of care that ensures families get the help they need and when they need it, is crucial for early intervention.

Purpose
Care pathways help families and service providers by taking the guesswork out of what services are available and when, where and how to access them. The Knowledge Institute on Child and Youth Mental Health and Addictions and Infant and Early Mental Health Promotion are working with communities across Ontario, Canada to strengthen partnerships and develop effective communication, clear and efficient integrated care pathways.

Description
In this workshop, we will share our resource guide “From building blocks to care pathways: Working together to support access to infant and early mental health care” developed to guide communities in creating comprehensive care pathways and to leverage capacity at a community level to improve outcomes for infants, children and their families. This resource is based on the latest evidence for how best to develop and implement infant and early mental health care pathways, including a focus on tools and resources that build on community strengths and direct families to the right care in a timely way. Through facilitated discussion we will review the processes that all communities should integrate into planning to sustain care pathways for effective, intersectoral infant and child mental health services.

Conclusions
A variety of exercises will be used to engage participants and encourage critical thinking around how each service provider may play role in reducing the barriers to access and leverage the capacity within their community.
On becoming a family in Neonatal Intensive Care: COVID-19 learnings about enhancing co-parenting opportunities

**Dr Megan Chapman**, **Dr Diane Philipp**
1The Royal Children's Hospital, Melbourne, Parkville, Australia, 2University of Melbourne, Parkville, Australia, 3Murdoch Children's Research Institute, Parkville, Australia, 4SickKids Centre for Community Mental Health, Toronto, Canada, 5University of Toronto Medical School, Toronto, Canada

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**Introduction**

Neonatal Intensive Care Units (NICU) have become more accessible and welcoming for parents and families. This progress towards infant-focused, family-centred care faced significant challenges as a result of hospital visiting restrictions implemented due to the COVID-19 pandemic.


**Aim**

This workshop will reflect on the impact of NICU visiting restrictions on coparenting, and the infant’s emerging sense of family. Focussing on the additional restrictions at the height of the COVID19 pandemic, it aims to illuminate what this experience can inform us regarding best practice for NICU infants and families.

**Description**

The workshop will reflect on parenting in NICU from three perspectives: the infant, the parent/s, and the clinicians. It will explore how restricting visiting to a single parent impacts on parents’ capacity to see the other as parent, and develop their co-parenting relationship from birth. It will also explore the perspective of the infant, potentially going home after prolonged admissions to parents who they had never experienced together. It will also draw reflections from NICU IMH clinicians on clinical interactions occurring within these circumstances. After initial reflections on the experience within one quaternary NICU, located in a city that experienced multiple lockdowns across 2020 and 2021, we will facilitate discussion, drawing on the experiences of workshop participants given the multitude of pandemic experiences depending on geographic location.

**Conclusions**

The pandemic response has focussed our attention on opportunities to enable and enhance coparenting and becoming a family within a NICU environment.
Using phenomenological approaches in building relationships with vulnerable mothers and infants

Ms Minna Sorsa¹,², Professor Bente Dahl³, Senior researcher Idun Roseth⁴
¹Tampere University, Tampere, Finland, ²Pirkanmaa Hospital District, Child Psychiatry, Tampere, Finland, ³University of South-Eastern Norway, Faculty of Health and Social Sciences, , Norway, ⁴Telemark Hospital Trust, Department of child an adolescent mental health, Telemark, Norway


Introduction
Vulnerable mothers with insecure adult attachment, life crises, psychological distress and/or substance abuse may struggle in the caregiver-child interaction, which can negatively impact child development and well-being. Building good relationships between families and clinicians has been connected with improved reflexive capacities, quality of attachment, and child well-being. The current interventions reaching out/building relationships may miss the vulnerable parents, who struggle with open intersubjective relations. The approach of the clinicians in connecting with families is crucial in the area of infant mental health. In current research phenomenological approaches in creating trustful relationships exist, but are scarce.

Aim
In this presentation we will discuss the utility of phenomenology in developing relationships and attachment via four separate studies.

Material and Method
We will discuss findings from a Lifeworld oriented metasynthesis of mothers enduring perinatal psychological distress. Next, we will discuss how the elements of a phenomenological approach could aid in building relationships with vulnerable mothers and their infants. Third, we present a phenomenological study on the importance of having sufficient time to develop a sense of parenthood after having given birth to a dead child. Last, we present findings from a review on the use of phenomenology in studies within the field of infant mental health, and what recommendations can be drawn for current state-of-art.

Conclusion
There is a need to improve services to reach out for the most vulnerable, and phenomenological approaches offer essential insights that may enrich our clinical praxis. A phenomenological attitude of being empathically connected with the whole, situated person can elicit self-healing capacities. Clinicians need attitudinal skills such as appreciation, and recognition of the other as a fellow human being. This involves being authentic, ethical with a bodily awareness in the clinical encounter, whilst maintaining the professional role.
The Brazelton Touchpoints™ Approach: Developmental, Relational, and Trauma Frameworks for Supporting Children and Families

Dr Jayne Singer
Brazelton Touchpoints Center, Boston Children's Hospital, Harvard Medical School, Boston, USA

Introduction
The Brazelton Touchpoints™ Approach is a relationship-based, developmentally-informed, culturally humble practice proven effective in improving practitioner-parent partnership in collaboratively understanding and enhancing young children’s developmental and relational health. It focuses on implementing a set of practices such as mutually sharing careful observation of children’s behavior and focusing on parents’ strengths to improve parent-provider and parent-child relationships that promote family relational and emotional health and wellness.

Aim
The purpose of this workshop is to enhance participants’ ability to explore elements of developmental processes that are key to understanding challenging behavior in earliest childhood and anticipating “touchpoints”, or predictable times of increased stress in family relationships. Participants will begin to explore the Touchpoints strength-based attitudes and relationship-based practices as integrated strategies to promote engagement among families and providers in order to deepen healthy attachment and relationship among family members.

Description
This workshop will provide an overview of the Brazelton Touchpoints™ Approach with an exploration of both its Developmental and Relational Frameworks; each with a trauma-informed lens for deeply understanding relationships as the context of young children’s growth and functioning. Activities will integrate highly interactive PowerPoint presentation material and video content of parent-child interactions with Dr. T. Berry Brazelton along with skill-building opportunities for discussion and practice. Skills will be enhanced in Anticipatory Guidance as a preventive strategy for parent-infant mental health. These activities will support workforce skills and well-being in service of capacity to serve young children and their families.

Conclusion
This workshop will give participants the opportunity to appreciate and practice a compassionate framework for deeply understanding young children’s behavior and developmental process as characterized by necessary periods of dysregulation that affect caregiving relationships. Participants will also apply their learning with strengths-based relational strategies and practices for building strong partnership with families in service of the strength of parent-child well-being.
The Maternal Looking Guide: Translating the science and research to frontline practice

Dr Patricia O'Rourke

1University of Adelaide, Adelaide, Australia

Introduction
The Maternal Looking Guide (MLG) is a clinical tool developed to support the mother-infant relationship soon after birth (O'Rourke et al., 2021). It uses a mother’s looking as a port of entry into this emerging relationship. Parent-infant observations are foundational in understanding the parent-infant relationship in the earliest years (Beebe, 2010). Perinatal professionals can use the MLG to assess the way mothers look at their infants so they can recognise those mothers who may benefit from extra support. The MLG is currently being implemented across the Child and Family Health Service in SA.

Aim
Using gaze to identify those dyads who will most benefit from immediate increased support, the MLG assists perinatal workers to sensitively respond at this critical juncture for mother and baby.

Description
This interactive workshop will enable participants to use the MLG and will assist them to further develop skills in observation, intuitive understanding and early assessment of mother-infant relationship. The theory underpinning the MLG will be described highlighting the opportunity the perinatal period offers. The implementation of the MLG will be outlined and discussed.

Conclusions
The Maternal Looking Guide (MLG) identifies and addresses a real-world problem – that mothers and babies can miss one another when they first meet in that precious time post birth and that this may have long-term health and wellbeing implications. Identification of possible relational difficulties in the perinatal period increases the likelihood of early support being provided to that relationship, and assists organisations to allocate scarce resources to those who most need them.

M2-WHS32

Substance Use and Family Separation: A Critical Examination

Dr. Mishka Terplan², Taila AyAy, Mr Adam Ballout¹
¹First Legal Clinic, Everett, United States, ²Mishka Terplan MD, Baltimore, United States

Child welfare and foster placement travel in parallel with both drug policy and drug epidemics. In the United States (US), there has been a marked increase in reports related to prenatal substance exposure and, consequently, an increase in foster placement over the past 2 decades.

This workshop brings together both legal and medical experts to explore critically explore the policy and practice of child welfare in the context of substance use in pregnancy and postpartum. The presenters will review the history of child welfare, detail addiction and treatment in pregnancy, provide evidence regarding substance use and both subsequent maltreatment and child development, contrast what families with substance use disorder need with what child welfare mandates, and provide alternatives to surveillance and policing to empower families so that everyone can thrive.

Presenters include Mishka Terplan, a physician boarded in both obstetrics and gynecology and addiction medicine, and Adam Ballout, lawyer and founder of the F.I.R.S.T. (Family Intervention Response to Stop Trauma) Legal Clinic. The FIRST Legal Clinic prevents infant trauma through a multidisciplinary team approach with lived experience to upstream efforts that have successfully kept mothers and babies together. With a medical-legal partnership with local hospitals, the FIRST Legal Clinic works with pregnant mothers and new mothers to avoid entry (or re-entry) into a racially disproportionate child welfare system.
Introduction
The field of early childhood mental health has in recent years acknowledged the importance of integrating fathers into the work of treating young children and their caregivers. Fathers have significant roles in providing protection, facilitating exploration and modulating aggression. Yet we frequently begin services with little boys presenting with externalizing behaviors and mothers who are solo caregivers. Colleagues will use case material to explore the role that representations of the active, absent, remembered, abusive or intermittently available father plays in family treatment with mothers and young sons.

Purpose
A therapist may need to hold a template for a “good enough father”, that can be integrated into the work for little boys who carry beliefs, fears, hopes, disappointments, needs and longings related to a father. Such a template can support meaning making for both mothers and sons as they process the losses and wishes that surface in therapeutic work with a therapist as a second adult in the family drama. We will practice integrating a contextual model, the “mattering map,” to explore variable impacts of culture and gender on assumptions about mothers and fathers, and how they are interwoven with the relationships we construct.

Descriptive Background
Mothers frequently experience heavy loads of responsibility, loss, trauma, disappointment, or confusion and have to make challenging decisions about how to represent the father to the son. They are powerful figures who often feel powerless and ambivalent regarding what matters about fathers and their experience of fathers.
Child Parent Psychotherapy addresses family stories that include painful or violent behaviors by fathers, challenging clinicians to be real about a father’s behavior without demonization, leaving room for potential repair.

Conclusions
Clinicians will deeply understand Influences on the “good enough father” template from attachment theory, feminist psychology and constructs of maternal and paternal functions in object relations theory.
Relational Savoring: A Brief, Strengths-Based Intervention Delivered with High Fidelity by Paraprofessionals

Professor Jessica Borelli1, Dr Margaret Kerr2, Dr Patricia Smiley3, Mrs Silvia Perzolli1
1University of California Irvine, Irvine, USA, 2University of Wisconsin, Madison, Madison, USA,
3Pomona College, Claremont, USA

Existing programs for parents of infants and toddlers largely focus on addressing difficulties within the parent-child relationship (e.g., helping parents manage tantrums). Focusing on negative parent-child interactions carries two risks: 1) it can alienate parents by asking them to air their parenting challenges early in the therapeutic relationship with a person of power (the therapist), a risk that may be greater among underprivileged or ethnic minority parents; 2) discussing parenting interactions involving negative emotions may require a higher level of therapist training, ultimately reducing the disseminability of such interventions. Programs that focus on interactions involving positive emotions occurring between parents and children hold untapped potential in mitigating these challenges, ultimately holding great appeal for ethnic minority populations. This presentation will report on data collected from a randomized controlled trial of relational savoring, a strengths-based intervention grounded in principles of attachment theory and positive psychology that involves helping parents reflect on moments of positive connectedness with their children and is designed to be delivered by paraprofessionals. Relational savoring impacts parents’ emotions, parenting sensitivity, and mentalizing, with stronger effects among Latina mothers (Borelli et al., 2022). Using data from this randomized controlled trial of N = 164 mothers of 18-26 month olds, the current presentation will report new analyses evaluating whether 1) therapist fidelity to the treatment protocol is associated with treatment outcomes, as well as 2) whether therapist training level (pre-bachelor’s or post-bachelor’s) is associated with therapist fidelity to the treatment protocol, and 3) whether therapist training moderates the association between fidelity and treatment outcomes. These findings will contribute to our knowledge regarding the implementation of this intervention, as well as the degree to which educational background influences implementation and outcomes, yielding important implications for dissemination of this scalable and culturally-sensitive intervention.
Supporting Early Care Professionals with Circle of Security Parenting-Classroom.

Mrs Samantha Bradley

1Nebraska Children and Families Foundation, Lincoln, United States

M3 - BOP25: Implementing IMH services and programmes, Wicklow 2B, 17 July 2023, 14:30 - 16:00

Introduction
Circle of Security Parenting (COSP) is an evidence-supported program designed to support caregivers. The Circle of Security Classroom (COSC) approach was finalized in 2020 and built upon the traditional 8-week model. In Nebraska we have comprehensive system to support both COSP and COSC. In the past two years we have supported over 50 COSP-Classroom programs and have plans to complete another 50 by May 2023. This has had a tremendous impact on early care professionals.

Purpose
Early care professionals play a huge role in the development of young children. However they are also plagued with high burnout, low pay, and increased stress. COSP has had a positive impact for many years for families/caregivers and so we hoped to see a similar impact on early care professionals. Early care professionals benefit from guidance on how to promote secure attachment relationships with the children in their care.

Description
100 COSP-Classroom Programs supported. A stipend was given to each participant/child care provider that completed the program. Facilitators were paid. Pre-Post data was completed with participants and the facilitator. Focus group highlighting more qualitative data as well. Support was given to facilitators throughout this process as well. We would like to share the results from our evaluation as well as some lessons learned as we scaled up COSC in Nebraska in a short period of time.

Conclusions
Official data for the first two years of COSP-Classroom in Nebraska will be available in early 2023 (in time for the conference), however preliminary results are very promising. Previous COSP evaluations have demonstrated both positive parent-child relationships and interactions are increased, and caregivers report less stress related to parenting. Data is analyzed by evaluators at Munroe-Meyer Institute and aggregate data is reported biennially.

www.circleofsecurityinternational.com
www.necosp.org
Implementing the Parent Infant Interaction Observation Scale within Teesside Perinatal Mental Health Services

Professor Dawn Cannon¹, Dr Laura Pocklington
¹Warwick Medical School, Coventry, United Kingdom, ²Teesside Specialist Perinatal Service, Stockton, United Kingdom

M3 - BOP25: Implementing IMH services and programmes, Wicklow 2B, 17 July 2023, 14:30 - 16:00

Introduction
Parental sensitive responsiveness is a significant factor in determining if an infant becomes securely attached. Research shows infants who are securely attached have optimal functioning across all childhood domains. Insecure and disorganised attachment are associated with a range of later psychopathologies and prevalence is more common in disadvantaged populations.

Teesside, in the Northeast of England in the United Kingdom, has some significantly deprived areas where practitioners working with infants and their families being able to identify dyads where the interaction is less than optimal would be prudent.

The Parent Infant Interaction Observation Scale (PIIOS) is a standardised scale used to assess the quality of the parent infant (P-I) interaction from 2-7 months. Of all births within Teesside 7% of women need to access specialist perinatal mental health services due to mental illness such as postpartum psychosis, severe depression or bipolar disorder. The Teesside Perinatal Mental Health Team have now been trained to use PIIOS to minimize the impact of this upon the mother’s relationship with her baby.

Aims
The aim of this work was for the team to become trained and reliable in using PIIOS to enable them to implement PIIOS clinically.

Description
From 2019 Warwick Infant and Family Wellbeing Unit have trained the team in using PIIOS. The team have had to navigate several processes and procedures including consent, creating a leaflet to explain PIIOS to parents, obtaining videos, feedback to the multi-disciplinary team for care formulation, working in partnership with parents and recording PIIOS in patient notes.

Conclusion
The team have found PIIOS realistic to implement and it is now integral to their work and supports promoting relation-based practice.
Supporting parents at home: early family-centered e-Care intervention for parents of infants with developmental disabilities

Dr Serena Grumi¹, MS Shaghayegh Parsanejad², MS Julia Maccarini³, Dr Renato Borgatti¹-², Dr. Livio Provenzi¹-²
¹Developmental Psychobiology Lab, IRCCS Mondino Foundation, Pavia, Italy, ²Department of Brain and Behavioral Sciences, University of Pavia, Pavia, Italy

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Introduction and aim
Infants with developmental disabilities (DDs) show emotional, cognitive, and socio-interactive dysregulation impacting caregiving behavior. Early video-feedback interventions (VFIs) are effective in promoting sensitive parenting, maternal mind-mindedness, and infants’ development, even in case of DDs. In the light of limited resources of the healthcare systems, e-Care approaches may facilitate the delivery of VFIs. No study to date has tested the efficacy of a e-Care VFI (eVFI) in this population. The ongoing Supporting Parenting at Home – Empowering Rehabilitation through Engagement (SPHERE) project is a RCT aimed at assessing the effectiveness of an early family-centered eVFI parenting support with dyads of 0-18-month-old infants diagnosed with DDs and their mothers.

Material and Method
Enrolled dyads are assigned to one of two arms (i.e., experimental vs. control) and undergo three assessment phases: T0, baseline; T1, immediate post-intervention; T2, 6-month follow-up. Mothers assigned to the experimental arm receive six weekly eVFI sessions. Mothers assigned to the control arm receive an informative booklet. For both arms, each assessment session includes an online questionnaire and a mother-child 15-minute interaction videotaped during a videoconference. Videotaped interactions were micro-analytically coded for maternal sensitivity, scaffolding strategies, and maternal mind-mindedness.

Results
Results of the pilot study showed that participants welcomed the experimental intervention, reporting high levels of satisfaction and moderated technical challenges. Observatory data showed that mothers of the experimental arm used more appropriate mind-related comments during the interaction after the intervention. Moreover, an improvement in maternal sensitivity and an increase in the use of scaffolding strategies were observed. Self-reported data showed an improvement in the infant’s temperament (i.e., higher levels of surgency/extraversion and orienting/regulation) of the experimental group.

Conclusions.
The SPHERE project holds promises to test a new model of e-Care for infants with DDs that can reduce healthcare inequalities in services access.
Mothering from the Inside Out (MIO) is a mentalization-based individual parenting psychotherapy designed for mothers who are in substance use treatment and caring for young children. Two prior trials have demonstrated that, when delivered by research clinicians, MIO is efficacious at improving mothers’ reflective functioning, caregiving behavior, depression, and substance use, in addition to children’s attachment security. Critically, to avoid the well-documented science-to-service gap where there is a precipitous drop in efficacy when interventions are brought from the research setting into ‘real-world’ settings, we sought to answer the question: does MIO’s efficacy hold when delivered by community-based clinicians?

This study thus represents a third randomized controlled trial that tested the community-based efficacy of MIO when delivered by counselors in a community-based addiction treatment setting. Ninety-four mothers caring for a child 11-59 months of age were randomly assigned to participate in 12 sessions of either MIO or a psychoeducational intervention. Outcomes of interest were assessed at baseline, posttreatment, and 3-month follow-up.

Compared to mothers who participated in psychoeducation, mothers who participated in MIO showed decreased certainty about their child’s mental states and decreased depressive symptoms; their children demonstrated increased clarity of cues during dyadic interactions. Participation in psychoeducation was associated with increased substance use, as well as decreased child compliance, clarity of cues, and responsiveness; MIO was not associated with these declines.

Overall, participation in MIO was not associated with the same degree of improvement in maternal reflective functioning and caregiving behavior that was observed in two prior trials. However, when delivered by community-based counselors, it appears that MIO may be protective against a deterioration in caregiving over time often seen in mothers with addictions. Future implementation trials should examine factors influencing MIO effectiveness in real-world settings to close the science-to-service gap commonly seen in the dissemination of empirically validated interventions.
Co-creating ante-natal support for parents expecting multiples

Mrs Maia McGregor (nee Fowler) ¹
¹Ohomairangi Trust, Auckland, Aotearoa New Zealand

Ohomairangi Trust is a Kaupapa Māori charitable trust providing early support programmes to families and whānau within Tāmaki Makaurau, Auckland in Aotearoa, New Zealand. With services, communities and resources – both human and material, being stretched as we recover post pandemic, the demand for support for families has increased.

Ohomairangi Trust's approach assumes that individuals, families, whānau, hapū and communities have the competence to build their resilience, and that with appropriate encouragement, they can access individual and collective strengths that will allow them to engage with new information and support networks to enable effective agency. Competence can be further nurtured by fostering social cohesion, hereby building some positive social networks and strengthening long term resilience.

Creating supports for parents expecting multiples was called for. Using the ante-natal space we worked together with parents of multiples and those expecting multiples, reflecting on and adapting the following topics - attachment, building nurturing relationships with 2 or more children simultaneously, looking forward to balancing time with two or more babies, the logistics of day to day routines (breastfeeding, changing, resources available to multiple parents, accessing support groups/people in area, finding information on entitlements for supports) mental health & wellbeing and conscious parenting.

Weaving stories and experiences from parents of multiples with their experience of Mellow Bumps 1+ we evaluated the added sessions - (ipu whenua 1+, anticipating physical and emotional needs and expectations, extra supports to be mindful of needed for labour) to create a safe, nurturing and supportive space. Families relate their stories, and we share our learnings.
Feasibility and Acceptability of a New Train-the-Trainer Model for “Mothering from the Inside Out”

Dr Elizabeth Peacock-chambers¹, Briana Jurkowski¹, Sophia Colon⁵, Dr. Amanda Lowell², Dr. Amanda Zayde³, Dr. Amy LeClair⁴, Dr. Rebecca Blanchard¹,⁶, Amy Sommer⁷, Professor Jessica Borelli⁸
¹University of Massachusetts Chan Medical School-Baystate, Springfield, USA, ²Yale Child Study Center, New Haven, USA, ³Montefiore Medical Center, New York, USA, ⁴Tufts University School of Medicine, Boston, USA, ⁵Bay Path University, Longmeadow, USA, ⁶OnlineMedEd, ⁷Jewish Family and Children’s Services, Waltham, USA, ⁸University of California Irvine, Irvine, USA

Introduction
Mothering from the Inside Out (MIO) is an attachment-based parenting intervention designed for families affected by substance use disorders (SUDs). Scalability of MIO was limited by an expert training model.

Aim
In this presentation, we will report the feasibility and acceptability of a new Train-the-Trainer curriculum using data from a pilot trial.

Materials and Method
Train-the-Trainer involved virtual classroom preparation for new trainers and co-delivery of the MIO training with expert trainers. MIO training for new clinicians includes virtual didactic learning then delivery of 12 sessions to a parent with SUDs with weekly clinical consultation. Seven trainers completed the classroom preparation and 4 participated in training new clinicians. Of the 16 new clinicians, 10 completed the full MIO training. Seven clinicians and 6 parents participated in research assessments. Acceptability was assessed through semi-structured interviews (trainers, clinicians, parents) and field notes of the training process (research staff). Thematic analysis focused on strengths, challenges, and areas of improvement. Trainers reported the creation of a safe space to slow down, reflect, and grow into their trainer roles as the major strength. Some requested more time for preparation and reflection with the expert trainers, while recognizing scheduling limitations. New clinicians similarly identified slowing down to reflect as the primary strength of the process and recommended more interactive activities during the didactic training. Multiple participants suggested explicitly discussing systemic racism and cultural differences within future trainings. Through analysis of field notes, we observed misunderstandings of training expectations and a delay in beginning MIO delivery. Mothers articulated becoming more comfortable in their parenting roles after participating in MIO. Two mothers reported a decrease in substance use cravings.

Conclusion
The Trainer-the-Trainer curriculum created parallel processes from expert to trainer, trainer to clinician, and clinician to parent. Addressing challenges and areas of improvement may inform future trainings.
Supporting maternal and infant mental health and the attachment relationship in rural and remote areas.

**Ms Debbie Tucker**, Dr Sara Cibralic, Dr Tracey Fay-Stammbach, Dr Valsama Eapen, Dr Deborah Song

1. NSW Health, Australia, Westmead, Australia, 2. University of New South Wales, Sydney, Australia

M3 - BOP25: Implementing IMH services and programmes, Wicklow 2B, 17 July 2023, 14:30 - 16:00

**Introduction**

The State wide Outreach Perinatal Service for mental health (SwOPS) is a unique perinatal psychiatry consultation-liaison telepsychiatry service based in New South Wales, Australia. It caters to 10 rural and remote local health districts across 800,000 kilometers and is staffed by one full-time clinical nurse consultant and one part-time perinatal psychiatrist. The strategic aims of the service are to support clinicians caring for women with moderate-severe or complex mental health conditions in areas with limited access to tertiary health care, and strengthen workforce capability in perinatal and infant mental health assessment, intervention, and supporting the mother-infant attachment relationship. This is achieved through telehealth direct client assessment and treatment recommendations, telephone advice and support for clinicians, state wide education, and clinical supervision. Particular emphasis is placed on educating clinicians about the importance of infant mental health and the attachment relationship.

**Purpose**

The service was established in 2012 with an initial evaluation undertaken in 2014 which was limited in its scope to examining the service implementation, primarily service delivery and targeted reach. Since 2020 there has been a steady increase in the number of referrals to the service and it was considered timely to undertake a formal evaluation of the service to provide strategic direction.

**Description**

The service impact evaluation sought to examine whether the service aims were being met, enablers and barriers to service delivery, what is being delivered and the impact on service users, service users' experiences, and suggested service improvements. The method incorporated a widely distributed survey and qualitative interviews.

**Conclusions**

The results identified that overall clinicians were satisfied with the service, describing it as "unique" and felt more confident in caring for the women with complex mental health difficulties, and assessing and supporting mother-infant attachment relationships. Clients were accepting of the service, and clinical outcomes were positive.
Introduction
We understand the importance of relationships in general human development and clinical care. Early attachment is foundational in shaping relational capacities for parents and clinicians alike. An overview of a project of four case studies that investigated how 12 child and family nurses and 13 mother-infant dyads early attachment experiences affected their caregiving and care-receiving relationships in an Australian residential parenting centre will be presented.

Aims
To raise awareness of nurses (and other health professionals) as “wounded healers” and explain the connection between the nurse’s unresolved early attachment trauma experiences and their therapeutic ability to provide optimal caregiving to the mother-infant dyad.

Description
The Adult Attachment Interview (AAI) was used to score and classify the nurses’ and women’s attachment state of mind as well as determine loss and trauma; the adverse childhood experiences questionnaire was administered to determine adverse childhood events, and a semi-structured interview to understand caregiving and care receiving and the impact this had on the outcomes to the mother-infant residential stay. Short excerpts from case AAI study transcripts allow the women’s voices to tell their own stories.

Conclusion
The implications for supportive organisational and clinical work will be discussed, such as the importance of instituting organisational trauma-informed models of care, the need for personal reflection and perhaps psychotherapy for clinicians who are wounded healers, as well as the need for attachment and trauma-informed nursing supervision.
Attachment models in the transition to motherhood

Dr Hava Guez¹, Dr Hava Guez¹, Professor George M Tarabulsy²
¹Laboratoire Paragraphe, Paris, France, ²University of Laval, Quebec, Montreal

Mental health in the perinatal period is a major societal concern. Suicide has become the second cause of maternal mortality after cardiovascular diseases, representing 13.4% of maternal deaths during the perinatal period.

Following recent research findings suggesting that trait anxiety mediates the link between attachment to one’s own mother and maternal burnout during the postpartum period, we present qualitative data illustrating these results. These case studies enable us to highlight the different possible pathways in the transition to motherhood. We will present three mothers in the postpartum period through narrative excerpts (during the Attachment Multiple Model Interview), and their responses to the State-Trait Anxiety Inventory, and the Parental Burnout Assessment.

For the first participant, cumulative risk factors seem to precipitate parental burn-out, while for the second, the absence of such facts seems to lead to better adaptation in the postpartum period. The third case illustrates resilience in that despite the presence of risk factors (disorganized attachment with the mother, trait anxiety), the burn-out score is low. As identified in the empirical quantitative study, this is attributable to secure attachment to the partner.

These clinical vignettes illustrate the processes by which attachment models of early relationships might influence mothers in the way they experience motherhood. Such an influence seems most likely in circumstances that echo critical moments of childhood. The built-in patterns of early relationships are patterns for the future that are believed to continue to exist well beyond childhood. When women become mothers, attachment representations of the relationship with their own mother are believed to guide their perception of the relationship with their baby. Attachment with the partner is also significant during this period, especially when negative representations of past relationships are present and may compromise mothers’ capacity to cope with the challenges of adapting to the birth of a child.
Healing Parent’s attachment wounds to enhance their infant’s attachment: the beautiful power of EMDR.

The classic research paper by Fonagy, Steel and Steel (1991) suggests that it is parent’s unresolved trauma and unresolved loss assessed during pregnancy that predicts disorganised attachment in their infants. When trauma is resolved parents have more capacity to tell a coherent narrative about their childhood and other experiences. And parents have more capacity to see their infants clearly and mentalize about their infant’s experience when they are not activated by trauma. Mentalization is state dependent. It seems logical to actively focus on processing parents’ trauma. However, “babies can’t wait” for parents to complete long-term therapy. EMDR can enhance the “window of opportunity” available within the first 1000 days.

This paper argues that the integration of effective and efficient trauma treatments such as EMDR with traditional infant mental health interventions benefits both parents and infants. EMDR has a long history of integrating an attachment lens into trauma psychotherapy in both basic training and practice with complex development trauma. EMDR has the capacity to resolve parental adult and childhood trauma. With ongoing advances in practice such as Attachment Focussed EMDR and Attachment Informed EMDR, it is now possible to also resolve parent’s attachment wounds during the first 1000 days and sometimes even in the first 10 treatment sessions. This allows intrusive ghosts to vacate the nursery and allow parents to see, hear and relate to their babies from their wise adult selves. Additionally, EMDR can interrupt the cycle of transgenerational trauma and attachment wounding.

It is also argued that resolving parent’s trauma benefits all children of that parent not just the infant receiving a dyadic intervention. Research investigating the impact of EMDR on infant attachment when delivered prenatally is worth funding.
The LifeStories Project: Impact of infant institutionalization. A 60-year follow-up study

Dr. Patricia Lannen1, Ms Hannah Sand1, Ms Clara Bombach1, Prof. Dr. Fabio Sticca1,3, Dr. Heidi Simoni1, Dr. Flavia Wehrle2, MD Oskar G. Jenni2
1Marie Meierhofer Children's Institute, Associated Institute of the University of Zurich, Zurich, Switzerland, 2Child Development Center, University Children's hospital Zurich, Zurich, Switzerland, 3Zurich Training College for Teachers of Special Needs, , Zurich, Switzerland

Although well cared for in terms of nutrition, hygiene, and medical care, infants in institutional settings grew up under conditions of psychosocial deprivation, i.e. without sensitive caregiving and insufficient stimulation before 1981 under the legal context and historic care practices in Switzerland. In the late 1950-ies, 431 infants were tested on health and development as part of a population-based survey of infants placed in institutions in the canton of Zurich, Switzerland and compared with a community sample (n=445, Zurich Longitudinal Studies) of children growing up in families. Significant development delays were found in infants placed in institutions.

In a 60-year follow-up study, 83% of individuals were found through population registry (institutionalized = 127, response rate 52%; non-institutionalized = 202; response rate 60%) and assessed on their development, health and life trajectory. Initial survival analyses showed that individuals placed in institutions were more likely to have already passed away, particularly males (HR, 95% CI [0.88, 7.52], B = 0.94, p = .085). We also found that formerly institutionalized individuals scored lower on a range of outcomes compared to non-institutionalized individuals such as socio-economic indicators (B=0.43, p<.001), physical health (B=0.21, p=0.03), mental health (B=0.09, p=0.01), satisfaction with life (B=0.3, p=0.01) and cognitive abilities (e.g. working memory B=0.89, p<.001).

Initial linear regression model analyses showed that longer duration of institutional stay was associated with worse outcomes (satisfaction with life: B=-1.69, p<.001; health: B=-0.79, p=0.068). On the other hand, individuals who received more family visits reported a higher income (B=0.94, p=0.011), had better cognitive abilities (e.g. similarities B=4.54, p=0.013) and higher satisfaction with life (B=0.73, p=0.053).

This 60-year follow-up is a unique opportunity to shed light onto the mystery of long-term adaptation and is relevant for the physical and mental health after infant institutionalization, a practice that is still very common around the world.
The Circle of Security Parenting (COSP) programme is an 8 week attachment and relationship based intervention for caregivers. The programme has been facilitated across CAMHS and AMHS since 2017 and we have been collecting outcome data since 2017 on parental mental health, reflective capacity, stress and emotion regulation.

This is a mixed methods study exploring the impact and experience of the intervention for service users in Cork and Kerry Community Healthcare attending COSP groups in CAMHS and AMHS.

The aim is to evaluate the impact and explore the experience of the COSP programme for secondary mental health service users.

To date, across both services we have facilitated 14 COSP groups, both in-person (4) and online (10). Groups are facilitated by trained COSP clinicians over 8-10 weeks for 2 hours a week with 6-8 caregivers per group.

Preliminary quantitative data show a trend towards a reduction in depression and anxiety scores. Qualitative data from the participant evaluation survey indicates that caregivers appear more attuned and sensitive to their relationships with their children and they want COSP to be integrated as part of regular service provision.

We are experiencing COSP as a flexible, novel, and easily accessible, evidenced based intervention which provides a supportive relational space for participants. The continued rolling out and evaluation of COSP in AMHS and CAMHS allows us to demonstrate its effectiveness and utility across settings over time.

This ongoing evaluation of service users experiences of the programme complements the recommendations of “Sharing the Vision” to continually explore and consider service users experiences of services in order to make informed, positive changes to service delivery (Government of Ireland, 2020).

It is also consistent with our aim to promote relationship based interventions in the mental health services as a way to improve the lives and outcomes of children and caregivers.
Attachment as a moderator in associations between parent and child wellbeing during COVID-19 lockdown restrictions

Ms Felicity Painter¹, Dr Anna Booth¹, Dr Jessica Opie¹, Dr Chris Greenwood²,³, Dr. Primrose Letcher²,³, Professor Craig A Olsson²,³, Professor Jennifer McIntosh¹,³
¹The Bouverie Centre, La Trobe University, Brunswick, Australia, ²Deakin University, Burwood, Australia, ³Murdoch Children’s Research Institute, University of Melbourne, Royal Children’s Hospital Campus, Australia

Introduction
Family pressure during COVID-19-related lockdowns brought about significant mental health challenges for parents of young dependent children. An emerging evidence base attests to elevated levels of parental stress during the COVID-19 pandemic. The well-established role of parental stress in child wellbeing outcomes, warrants further investigation into factors that may potentiate or buffer this risk association in the context of family pressure during the pandemic. Child attachment is one such factor, in light of prior evidence about the buffering role of secure attachment in child stress and wellbeing outcomes.

Aims
We aim to examine the extent to which i) secure attachment classifications during infancy and preschool buffered the subsequent risk associations between parent stress and child emotional distress in the context of COVID-19 lockdown restrictions; ii) insecure attachment classifications during infancy and preschool intensified these risk associations; and iii) protective and risk effects changed from the beginning of the lockdown period to the end.

Method
We draw on a subsample of parent-child dyads (n=314) from a longitudinal cohort study in Victoria, Australia. Using i) observational measures of offspring attachment behaviour during infancy and preschool periods and ii) parent-reported measures of parent and child wellbeing during COVID-19 lockdown restrictions, a series of moderation analyses will be conducted to address the study aims.

Conclusion
Analyses will examine associations between offspring attachment security (during both infancy and preschool) and subsequent parent and child emotional wellbeing. We will discuss the extent to which patterns of attachment, developed prior to the pandemic, moderate associations between parental and child wellbeing outcomes in the context of COVID-19-related pressure. Findings will be discussed with reference to the potential utility of identifying attachment-related risk or protective factors in support and intervention efforts offered to families during times of pressure.
MATERNAL PREMENTALIZING MODES MEDIATE BETWEEN MOTHERS’ INSECURE ATTACHMENT AND EARLY ADOLESCENTS’ EXTERNALIZING BEHAVIORS

Professor Chiara Pazzagli¹, Dott. Elena Coletti¹, Dott Livia Buratta², 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

Compared with childhood, early adolescence demonstrates a sharp increase in externalizing behaviors. Therefore, it’s particularly important to identify their predictors. Mother’s parental reflective functioning (PRF) is considered to be an important predictor of children’s externalizing behaviors, as well as maternal attachment is considered to be a key factor in fostering the development of son’s emotional and behavioral capacities. Yet, there is a lack of research examining how maternal attachment and PRF are related to sons’ externalizing behaviors during early adolescence. Moreover, only few studies in this area have assessed PRF as a multidimensional capacity.

Aims of the study are to investigate: (1) the associations between early adolescents’ externalizing behaviors, mother’s PRF and her attachment dimensions (i.e., levels of attachment avoidance and anxiety); (2) whether maternal PRF mediates the relation between maternal attachment dimensions early adolescents’ externalizing behaviors. We hypothesized that insecure attachment dimensions would be negatively related to indices of sons’ externalizing behaviors. Furthermore, we expected that PRF dimensions would mediate the relationships between attachment dimensions and sons’ externalizing behaviors.

Parental reflective functioning (PRFQ), maternal attachment dimensions (ASQ) and early adolescents’ externalizing behaviors (CBCL) were assessed in a community sample of 53 mothers (M [SD] = 45.79 (4.69) yrs old) and their sons (M [SD] = 13.0 (0.91) yrs old). Pearson’s correlation analyses showed from moderate to high relationships between insecure maternal attachment, mothers’ pre mentalization modes (PM) and sons’ externalizing behaviors. The mediation model showed that PM totally mediated the relationship between both anxious attachment and sons’ externalizing behaviors (b = .134; SE = .066; 95%CI = .028 - .285) and maternal avoidance and sons’ externalizing behaviors (b = .108; SE = .039; 95%CI = .035 .183). This study provides new evidence of the importance of the parent’s mentalizing stance for the development of externalizing difficulties in early adolescents.
Misplaced attachment? Caring for an abandoned infant in hospital.

Mr Jack Southwell
1The Royal Children’s Hospital, Melbourne, Australia

Introduction
An infant may be perceived by clinicians as abandoned in hospital if left alone without a carer for an extended period of time. Whilst formal relinquishment of children in Australia is rare, infants are often left alone in hospital for a range of psychosocial reasons. Whether the parent has formally relinquished care of the infant or not, for staff, the experience of providing care may not change. What we see in hospital is an infant on their own without a carer present.

Aims
The aim of this presentation is to consider the way hospital clinicians conceptualise the attachment of babies who have been abandoned in hospital. For staff caring for infants in hospitals whose parents aren’t present for extended periods of time, the boundary between carer and clinician can become blurred and be accompanied by feelings of resentment, sadness and moral distress. Considering attachment and child development theories, the talk will reflect on the role of a clinician as an accidental primary attachment figure and the varied emotions associated with this.

Description
This presentation will utilise real case studies of babies who have been abandoned in hospital. We will reflect on the role of clinician as a subject for a baby’s attachment in the absence of a parental figure and how this impacts a clinician’s approach to the work. We will also reflect on how clinicians in this context sustain their practice and manage the accompanied ethical and moral dilemmas regarding misplaced attachment.

Conclusion
Looking after sick children is challenging work. When an infant has been abandoned in hospital, the emotional impact on staff can be even more significant. This presentation will consider ethical and practical questions regarding feelings of misplaced infant attachment in hospital.
A Novel Interactive Shared Reading Intervention: Feasibility and Effect on Infant Language and Cognitive Development

Mrs Emma Bergström¹, Anna Bratt¹, Idor Svensson¹
¹Linneaus University, Växjö, Sweden

Introduction
Shared reading between parents and children is an enjoyable activity conducted within the home. Using interactive reading techniques that encourage child verbal participation is found to support language development. Dialogic Reading, one such program, was developed for children between two and five years old. However, parents are recommended to begin reading before the infant’s first birthday. Few studies using Dialogic Reading together with children under the age of two have been conducted. As it is designed for verbally developed children, the evocative techniques used in Dialogic Reading may be too challenging when applied to pre-verbal infants.

Aim
This presentation presents a novel shared reading intervention. It includes interactive shared reading techniques and parental communicative behaviors that correspond to the infant’s level of linguistic sophistication. The shared reading techniques were selected to encourage infant participation as well as joint attention and include: parentese, vocal exaggerations, onomatopoeia, parental contingent response, gestures, wh-questions, and expansions.

Material and Method
Eleven parent-infant dyads participated in four intervention sessions, 60 minutes each, where the interactive reading techniques were modeled. Infants were between 10 and 16 months old. Feasibility and preliminary effects on infant cognitive development, expressive and impressive language development was assessed. Parent interviews served as support for the question of feasibility. Infant cognitive and language development was assessed using CSBS DP ICT and BAYLEY-III.

Conclusion
Interviews revealed feasibility for the design, the reading techniques, and implementation of the intervention. Analysis of assessment results, as compared to normed scores, revealed significant effects for expressive and impressive language development, though non-significant results for cognitive development. An unexpected and important finding was related to the connection between shared reading and parent-child relationship and well-being. Further studies, using robust research design, should be conducted forthcoming in order to better understand intervention effect and suitable populations.
Early Conversational Turns are Associated with Later Social-Emotional Development: a longitudinal study using LENA

Dr. Esteban Gómez¹, M.Ed. Jodi Whiteman², Ph.D. Katherine Strasser³
¹Fundación América por la Infancia, Santiago, Chile, ²LENA, , United States of America, ³Pontificia Universidad Católica de Chile, Santiago, Chile

Introduction
Infant Mental Health is deeply interwoven with the development of socioemotional competencies such as emotion regulation. Among early determinants of socioemotional competencies, little attention has been paid to the role of daily conversations between parents and infants. Recently, the study of Gómez and Strasser (2021) showed that the number of early conversational turns (assessed using LENA software) at 18 months, contributed significantly to socioemotional competencies at 30 months. But do conversational turns sustain their importance beyond early childhood?

Method
We conducted a follow-up study using the sample of Gómez and Strasser (2021). Children had a mean age of 77 months at follow-up. They were asked to discuss a relational conflict with one of their parents. The conversation was coded using the Coding Interactive Behavior instrument. Regression analyses were used to examine the contribution of conversational turns at 30 months to socioemotional competencies at 77 months, controlling for conversational turns, maternal warmth, child temperament, and socioeconomic risk at 18 months, and child vocabulary at 77 months.

Results
The complete model explains 48.7% of the variance for socioemotional cognition, 59.1% for emotional regulation and 43.2% for emotional communication. The conversational turns at 30 months do show a relevant predictive association of all socioemotional competencies at 77 months above all control variables.

Discussion
Together with results of Gomez & Strasser (2021), the present results outline a possible causal role of early conversations in the development of socio-emotional development. There are relevant applications of these findings in public policies, professional practice, and social media. It seems to be very important to talk with babies, not only for their cognitive and vocabulary development, but also for their socioemotional and mental health development.

Testing whether an adapted book sharing intervention can promote social-emotional development in infants and toddlers.

Ms Natalie Kirby¹, Ms Eloise Stevens¹, Mr Aiman Kamarudin¹, Dr Elizabeth Byrne¹, Dr Christine O'Farrelly¹, Professor Paul Ramchandani¹
¹PEDAL, University Of Cambridge, Cambridge, United Kingdom

Introduction
Book sharing interventions improve parent-child interaction quality and child language outcomes by supporting parents to engage with their children in stimulating and enriching ways that match their child’s interests. Despite these improvements and robust theoretical arguments, there is limited evidence that these interventions support early social emotional development, and where they do, effect sizes are small. Video-feedback interventions are consistently shown to promote parent sensitivity, which is linked with child social emotional outcomes. Aims: Adapt an evidence-based book sharing intervention to include video-feedback to enhance parental sensitivity and benefit child social emotional outcomes.

Method
43 parents and their 10-24month old children participated in the adapted book sharing and video-feedback intervention. Videos of parents book sharing with their young children are collected before, during and after participation in the programme. Parent, child and joint interaction behaviours are coded from the pre- and post-test videos. Materials: The video coding scheme, based on the Ainsworth Sensitivity Scales, includes ratings of parent sensitivity, facilitations and intrusions, child attention, and reciprocity. Child social emotional outcomes are collected via the Brief Infant-Toddler Social Emotional Assessment (BITSEA). Parents are also interviewed on programme completion. Results: Preliminary findings suggest that parent-child reciprocity improves following the intervention, and that parents are more sensitive and less intrusive.

Conclusion
The adapted book sharing intervention promotes parent sensitivity and improves parent-child interaction. Further analysis will explore whether improvements in child social emotional outcomes are related to changes in parent behaviour and parent-child interaction. Rapid qualitative framework analysis of parent interviews will explore parent perspectives on the impact of the programme on their relationships and interactions with their children. Full findings will be presented at the Congress.
This work presents the service of the Baby Clinic of the Langage Institut in São Paulo/ Brazil. Langage Institut is a Franco-Brazilian institution of teaching, research and assistance in Psychoanalysis that contemplates the subject at all stages of life, from birth to adulthood. In this clinic, the baby is recognized as a subject of analysis and based on the Lacanian ethics of listening to the subject. The baby is heard in the company of its parents and/or main caregivers and family members, considering baby knowledge as the subject of the discourse. The analytical work assumes that his speech is multimodal and capable of interpreting his surroundings in an active, interactive and provocative way.

The Baby Clinic, in dialogue with other areas of knowledge and with the main current events, offers different modalities and frequency of consultations. The dynamics of listening are determined by the baby and its geographical, physical, nutritional, biological and family conditions, that is, the meetings are planned according to their best available condition. Thus, there is the possibility of remote or face-to-face assistance, flexible hours, analysis time according to the demand heard, analysis duration time according to the child's availability on that day, analysis location according to the baby's comfort, and always in the company of the one or those who accompany him.

This clinic receives babies and small children, the youngest being 10 days old and the oldest 3 years old, already attended. In the last two years, we received 49 children, most of them male and referred by health professionals. The service is sought after by different locations in Brazil, as it is recognized as a reference center, offering online service in 69% of cases.
Introduction and Aim
From early on, children’s emotion development is influenced by the emotion socialization of parents. One way parents teach their children to cope with emotions is with emotion talk. Little is known about possible determinants. We expected the use of emotion talk by parents and children to be dependent on the language level of the child. Parents might intuitively adapt their own emotion talk to the language level, and specifically to the emotion talk, of their child.

Material and Method
Mothers (n = 65) reported on children’s language level with the LENA Developmental Snapshot questionnaire at 12, 18, and 24 months. The use of emotion words by mothers and children was measured with a self-developed online Zoom-task. Mother and child were shown illustrations displaying different emotion experiences whilst sat at home behind a computer screen. They were asked to have a conversation about these illustrations. These conversations were recorded. A path-analysis was used to investigate the relations between children’s language development over time and mothers’ and children’s use of emotion words.

Results
Our results support the hypothesis that mothers adapt their emotion talk to the overall language level of their child as well as to the use of emotion words by children during the interaction. With higher child language levels indicating more use of emotion words. Children’s use of emotion words relates to the use of emotion words by their parents and their own language level.

Conclusions
The outcomes of the study emphasize the bidirectional relation between mothers’ emotion socialization and child development. Future research, also as part of this longitudinal study, can focus on other determinants to get insight in how parents can optimally support the emotion development of their child.
Introduction and Aim
In 2016, A Programme for Partnership Government in Ireland acknowledged that providing access to therapeutic services for children in education settings had the potential to impact significantly on children’s outcomes. Subsequently in 2018, the government allocated funding to establish a Demonstration Project (DP) in 150 sites (27,668 children) across early years, primary, post-primary and special school settings in Ireland and commissioned an independent evaluation focused on assessing the impact of the DP on children's outcomes. THE DP adopted a tiered continuum of support. This paper reports on the impact of the DP in terms of the outcomes for children in early years settings.

Material and Method
A multi-method ecological evaluation framework, underpinned by a methodical literature review, was developed combining both qualitative and quantitative measures. Surveys were conducted with managers and early childhood educators. Parents participated in telephone interviews. Case studies were conducted at 20 project sites, which included the collection of observational data, interviews with staff and conversations with children. Auditing and sampling of documentation in relation to the achievement of children’s learning outcomes was also conducted.

Results
A total of 897 occupational and speech and language therapy interventions were implemented across early childhood settings. Evaluation of these interventions reported an increase in staff confidence and ability in the early identification of children requiring additional support; increased competence in modifying early childhood environments and teaching approaches to provide for all learners and an understanding of each other’s (educators and therapists) roles in supporting all children.

Conclusions
The evaluation findings suggest that providing therapeutic services to children in a cohesive and a responsive manner has the potential to enhance child outcomes. Optimising outcomes for all children requires a collaborative approach and a development of a shared understanding and work practices between Health and Education personnel.
Babbling Babies: Experiences of an early communication and literacy programme for infants.

Ms Grace Walsh¹, Dr Ciara O’Toole², Ms Jennifer Harte¹, Ms Eibhlín Looney², Ms Sally O’Sullivan¹, Ms Katherine Harford¹, Dr Margaret Curtin², Dr Shirley Martin²
¹Let’s Grow Together! Infant & Childhood Partnerships CLG, Knocknaheeny, Ireland, ²University College Cork, Cork, Ireland

Let’s Grow Together! Infant & Childhood Partnerships CLG (LGT) is an area-based prevention, promotion and early intervention programme that supports early childhood development to mitigate the intergenerational impact of child poverty. An innovative component of LGT is the ‘Babbling Babies’ initiative (BB) which offers parents an opportunity to meet a Speech and Language Therapist (SLT) after their routine 9-11 month developmental check-up with a Public Health Nurse (PHN), to discuss how they can interact with their baby to promote language and literacy development. BB supports high-quality parent-child interaction to improve communication and relationships.

A research study was co-designed with the project team (University College Cork and LGT) to evaluate BB as it resumed in a post-Covid environment. The aim was to document and standardise the protocol for BB for best practice; pilot and evaluate measures to collect outcome data on communication and parent-child interaction; and collect stakeholder views.

Using mixed-methods, the study was implemented over a twelve-month period. Baseline data was collected from 30 families, and this was compared to national data from the Growing Up in Ireland study. Parents were contacted three-months after BB to re-administer the instruments collected at baseline, and to gather their experiences of taking part in the programme and the research. Focus groups were held with PHNs and SLTs who facilitated the programme to document their experiences of delivering BB and taking part in the research.

Preliminary results indicate that parents enjoyed the session and became more informed about child communication development and bilingualism, although could not always recall the recommended strategies. Stakeholders viewed BB positively, however continuing restrictions due to Covid did impact on the planned implementation and uptake of BB. Results will contribute to the development of an evidence-base on the efficacy of interventions to address the inequalities of growing up in poverty.
Introduction
Lowell Community Health Center was a part of Team up Pediatric Behavioral Health Initiative that aimed to deliver integrated behavioral health care in federally qualified health centers in the Greater Boston area starting from 2015. As a part of Team Up Initiative, a perinatal high risk work group was formed to serve families at higher risk for adverse health and mental health outcomes. The rates of substance use, depression, complex medical problems, and adverse events were one of the highest in the Greater Boston Area. Community health workers were focused on supporting these high risk families with housing and financial aid. There was a clinical social worker available in the OB department to see the mothers in need but engagement and compliance was very low. There was direct relational work provided within the Pediatric Behavioral Integration Initiative.

Purpose
The purpose of this talk is to present on the development and implementation of an NBO based dyadic clinic in a community health center setting and the impact of this intervention on family engagement in a variety of services through the Team up Initiative.

Description
In 2018 all clinical staff working in Lowell Community Health pediatric clinic, were trained in the NBO.
Gentle Connections clinic was started in 2018. The clinic consisted of previsit conference, joint visits by a pediatrician and a clinical social worker and after visit conference. NBO was conducted by the pediatrician and the clinical social worker jointly, alternating focus on Baby AMOR and Parent AMOR. The clinical focus varied, depending on the reasons for presentation. 25 dyads were involved.

Conclusion
Using NBO in the pediatric behavioral health integration setting in a busy community health clinic increased family engagement in therapy and other community services. There was also considerable relational impact evidenced by case studies.
Pioneering ABC (attachment and bio behavioural catch-up) intervention in the UK

Dr. Beatrice Birtwell¹, Dr. Kerry Taylor¹
¹BrightPIP, Brighton, United Kingdom

ABC (attachment and bio behavioural catch-up) intervention is a highly evidence based carer-infant intervention for babies 6-24 months old, developed by the University of Delaware. It is widely used in the US for families where there has been a disruption to early attachment. It’s a 10 week intervention in the family home, developing three target behaviours; nurturance, following the babies lead and delight. It also works to reduce frightening and/or intrusive behaviours.

This intervention was pioneered by Brightpip (Brighton parent infant psychological therapies) for the first time in the UK in 2022. This paper describes the successful adjustments that were made in order to fit with UK culture. It describes parents qualitative feedback on their experiences of the intervention. It outlines the next steps in UK wide dissemination.
Defining the Essential Activities of Infant and Early Childhood Mental Health Consultation: A Delphi Study

Dr Deborah Perry1, Annie Davis1, Kaela Tidus1, Evandra Catherine, Lauren Rabinovitz1
1Georgetown University, Washington, US

Introduction
Infant and Early Childhood Mental Health Consultation (IECMHC) has been implemented in a range of settings that serve young children, and there is a significant body of research affirming that IECMHC has been effective in reducing expulsion rates from early childhood settings, decreasing teacher-reported child challenging behaviors, and improving teacher-child relationships. Despite this promising evidence, the field lacks definitive guidance as to the essential activities of IECMHC – as distinct from related social emotional supports such as coaching.

Aim
A Delphi method was selected to articulate the essential activities of IECMHC. For this method, researchers identified a panel of subject-matter experts and led them through an iterative process of data collection and analysis until consensus was reached.

Materials and Method
Potential panelists were recruited using a US-based sampling frame of IECMHC consultants and supervisors. Out of 154 applicants, 30 panelists were selected. Selections balanced the priorities of years of experience, geographic and racial/ethnic diversity and the quality of their responses. There were three iterative waves of survey data collection: initially, open-ended responses were requested and synthesized by the research team and shared back with panelists. In survey 2, the participants viewed the synthesized list and were asked to rate how essential they thought each element and activity was on a scale from 0-100. Consensus was set at 80% of participants rating the item as 80 or above.

Conclusion
Through the Delphi Process, we identified five essential elements and 26 activities. Of importance, this list captures not only what consultants do, but how they do it. This work represents a breakthrough for the field in terms of advocacy and workforce preparation, and it paves the way for a measure of fidelity to IECMHC.
From Hatred to Tenderness: Teamwork on a Mother Baby Unit

Dr Catherine Lazaroo

1Mercy Mental Health, Werribee, Australia

Introduction
A mother’s experience of ambivalence towards her infant is a common cause of distress in the perinatal period. A more extreme difficulty with unintegrated feelings of hatred clearly poses risk for the early relationship and may not respond easily to therapies available in community practice. A Mother Baby Unit (MBU) provides the patients and dyad with a more immersive form of therapy.

Purpose
At the Werribee MBU, the work of formulation by the Multi-Disciplinary Team (MDT) provides a framework for understanding a mother’s experience of hatred, and guides therapeutic interventions which inevitably include transference relationships and the mother's total experience of care. The clinical usefulness of a psychodynamic formulation is illustrated via a discussion of one mother's dilemma about whether or not to cease breast feeding her 4 month old infant, in the context of infantile eczema.

Description of the work
The vignette describes the 5 week admission of a woman who experienced overwhelming hatred for her son, but who persisted in breast-feeding him. Her childhood history of emotional deprivation suggested her inner world was one of concrete rather than symbolic thinking. through repeated discussions about her conflict about weaning or breastfeeding, she was able to explore her complex feelings towards her baby in a more reflective and symbolised allowing her to integrate ambivalence and love.

Conclusion
Childhood experiences of significant emotional deprivation often feature in the history of mothers who suffer resentment and hostility towards their infants. A formulation which integrates the different perspectives of the MDT may give the mother an emotionally significant and therapeutic experience of seeing themselves represented in other people's minds in a nuanced, dynamic way. This vignette suggests a mother may be able to integrate hate and love in response to such symbolic holding, with a more tender form of ambivalence resulting.
Parent-Infant psychotherapy treatments revisited three and five years after ending

Dr Maria Pozzi Monzo


This presentation briefly refers to some parent-infant psychotherapy treatments. Having written about this work in a book (1), I had met the families once to show them my write-up and have their permission to publish. The second time I met them, it was to give them a copy of the book. This second meeting, which occurred after the Covid-19 lockdown, had been particularly moving and it took place either at the family’s home or in public venues such as parks, train stations, coffee-places etc. My role had shifted into that of an interested grandmother or benevolent, great-auntie figure. The families were in awe and showed disbelief, interest and appreciation at having been written about. They had maintained some basic, familiar characteristics of the past, such as being caring, interested, hard-to-reach, or anxious about their children. One mother, who had suffered from severe postnatal depression and had benefitted greatly from parent-infant work, had come with her baby-at-the-time, to Parliament for the 1001 Critical Days: the Importance of conception to Age Two Period and had occasionally kept in touch with me. The baby’s father had also been involved in the work. By the time we reunited for the delivery of a copy of the book, when her child was 6 years old, we snacked on a canal bank, spoke and played joyfully hopping in and out of a water fountain as if we were on a three-generation family outing. Mother was looking forward to train to become a hospital child-nurse. Most of these families had moved on developmentally with thriving children.

This presentation aims at highlighting the great value of both the continuity of contact and the therapeutic aspect of these informal, but still thoughtful and fruitful, later reunions.

Promoting reflection and sense of belonging: Parent and practitioner experiences of Solihull Approach parent groups

Ms Helen Stevens

1Parent Infant Consultants, Eltham, Australia

Introduction
Solihull Approach parent groups have provided opportunities for ongoing advancement and have generated a strong body of evidence. The Solihull Approach is relatively new to Australia, yet data reveals that both parents and practitioners experienced several positive outcomes that align with international findings. The data also prompted additional unexpected positive findings.

Aim/Purpose
To capture the experiences of both parents and professionals undertaking the Solihull Approach parent groups in Australia.

Context
The Solihull Approach parent groups are supported by theoretical underpinnings originating from neuroscience, infant mental health, psychotherapy, and relational disciplines. The six to ten week courses are fundamentally structured to support quality relationships. International findings, derived over many years, identifies increased parental insight and understanding of their child as a result of these courses. The efficacy of these recently available courses in Australia is currently being explored.

Method
This quality assurance study captures the experiences of a sample of both parents and group facilitators throughout and following the Solihull Approach parent courses. Qualitative data generated from parent evaluations was statistically analysed and quantitative data was clustered using thematic analysis.

Results
The findings align with international data, however additional encouraging data emerged. Unexpectedly high group retention rates and parental contribution were noted. Furthermore, parents noted experiencing a sense of belonging. Group facilitators too, reported witnessing cohesive group processes and progressively increasing parent reflective capacity, as the weeks passed.

Conclusion
The Solihull Approach parent groups have been generating data for many years. This first Australian quality assurance study found similar outcomes to that of international literature. However, the unexpected, encouraging parent and professional experiences provide additional data to further support the continuation of Solihull Approach parent groups in Australia.
Reflective supervision and consultation in the realm of infant and early childhood mental health has long existed as the gold standard of care. Choice theory/reality therapy (CTRT) as a tool in supervision/consultation emphasizes the importance of the relationship and self-evaluation of the supervisor and supervisee. This presentation will expose participants to CTRT theories and allow the appraisal of aspects of CTRT that lend themselves to supporting reflective practice. This will create a fusion of the theories and lead to understanding of how other theories can be used in reflective supervision and consultation practices.

Objectives:
1. Describe and define choice theory/reality therapy concepts
2. Discuss choice theory/reality therapy in supervision, consultation
3. Compare and contrast choice theory/reality therapy with current reflective consultation
4. Synthesize choice theory/reality therapy concepts with reflective supervision and consultation
5. Support attendees in reflecting on how CTRT might support their reflective practices
HOLDING THE BABY IN MIND THROUGHOUT FAMILY SUPPORT PROVIDED BY A VOLUNTARY SECTOR NETWORK

Mrs alex Corgier¹, Dr Hannah Guzinska¹, Ms Kasia Zych²
¹Home-start UK, Leicester, UK, ²Wee Minds Matter, NHS Greater Glasgow & Clyde, Glasgow, UK

Introduction
Home-Start is a UK charity offering relational compassionate support to parents and carers in communities across the UK, with trained home-visiting volunteers and staff providing emotional and practical help to ensure no family feels alone in the critical task of raising children. Wee Minds Matter is a new NHS multi-disciplinary service in Glasgow supporting the infant-caregiver relationship. As well as direct clinical work the team support the networks around infants and their families in a variety of ways to understand the infant’s perspective and the impact of this work.

Aim / Purpose
In an environment of increasing thresholds for statutory support, and the significant impact of current societal stressors on the supported Home-Start families, volunteers and staff, the need for interventions which support understanding of parent-infant relationships and the experience of the baby, as well as volunteer and staff confidence and wellbeing, has arguably never been greater.

Description
Home-Start UK have been developing Infant Mental Health (IMH) training for staff and volunteers across our network to better support the parent-infant relationship within their role supporting families in the first 1001 days. Alongside this, we have been trialling reflective practice sessions for staff in collaboration with the local IMH team.

Conclusion
In this workshop, Home-Start UK, Glasgow Wee Minds Matter service, and local Home-Starts in Glasgow North and North Lanarkshire, Glasgow South and Renfrewshire & Inverclyde will share learning from our journey so far, exploring:

• How we have adapted clinical tools and concepts for a voluntary sector peer support service
• The benefits of training and reflective practice for staff and volunteer confidence and resilience
• Challenges and insights around holding the baby in mind within our work
• The benefits of joint working between voluntary and specialist services for sharing knowledge and understanding
Developing the Skills of Mindfulness Facilitators: Encouraging self-reflection and increasing effectiveness, competence and program fidelity

Ms. Jaci Foged, Ms. Lynn DeVries, Dr. Holly Hatton-Bowers

1University of Nebraska-Lincoln, Lincoln, United States

Introduction
Developing facilitation skills for reflective practice and teaching mindfulness is new in the early childhood education (ECE) field. Although there is promise of ECE professionals learning mindfulness and practicing reflection to support their emotional well-being (Hatton-Bowers et al., 2022), less is known about how to effectively develop the skills of the professionals to deliver mindfulness and reflective practice training to early childhood professionals in ECE settings.

Purpose
To address this gap, we present strategies for developing the facilitation skills of various professionals (e.g., Extension Educators, ECE coaches, mental health specialists) in a mindfulness compassion-based program, Cultivating Healthy Intentional Mindful Educators (CHIME). We will share how we adapted a facilitation tool commonly used to develop the skills of facilitators of mindfulness-based interventions (Crane et al., 2012) and how we infuse mentoring and observation into the facilitator training.

Description
In 2022 we developed standardized procedures for developing the skills of professionals trained to deliver the 8-week CHIME program to ECE teachers. After attending a 2.5 day in-person training learning how to deliver CHIME, 16 participants were invited to receive mentoring with observation and feedback while delivering CHIME to a small group of educators. Drawing upon survey and interview feedback from the mentors and the facilitators, we will share lessons learned and successes in developing these processes.

Conclusion
This work has implications for promoting and documenting effective strategies for developing the skills of those who deliver mindfulness and reflective practice programs to ECE professionals.

References
M3-BOP60.4

Addressing Practitioners’ Secondary Traumatic Stress

Dr. Audrey Juhasz, Madison Elliott, Dr Kristin Murphy, Dr. Tasha Olson

1Utah State University, Logan, USA, 2The Family Place Utah, Logan, USA

M3 - BOP60: Building reflective practice, Wicklow 2A, 17 July 2023, 14:30 - 16:00

Research on the prevalence of secondary traumatic stress disorder (STS) indicates that workers engaged in direct practice with children and families are highly likely to be secondarily exposed to traumatic events through their work with traumatized populations. STS is a natural but disruptive by-product of working with traumatized clients. It is a set of observable reactions to working with people who have been traumatized and mirrors the symptoms of post-traumatic stress disorder (PTSD; Osofsky, Putnam & Lederman, 2008). Many social workers are likely to experience at least some symptoms of STS, and a significant minority may meet the diagnostic criteria for PTS (Bride, 2007).

The current study reports from a pilot project at a non-profit organization in the Intermountain West region of the United States. Previous surveys indicated that employees were experiencing STS symptoms prompting the development of a weekly STS workshop led by in-house therapists.

Participation is voluntary and available virtually and in-person. At the end of each workshop session, employees are invited to complete the Secondary Traumatic Stress Scale which, in addition to a total score, has three subscales: Intrusion, Arousal, and Avoidance (Bride, Robinson, Yegidis, & Figley, 2004).

Across repeated administrations, 20% of total scores (n = 94) were in the “High” or “Severe” range. Of first time attendees only (N = 27), 41% experienced “Severe” Arousal. Comparison of individuals’ first to most recent scores reveal significant decreases in Intrusion(t=4.84(16), p<.001), Avoidance(t=4.95(16), p<.001), and Total scores(t=4.74(16), p<.001). Correlation reveals a statistically significant relation between number of sessions attended and Intrusion(r=-.56, p=.021) suggesting that employees who attend more sessions may have lower Intrusion scores.

Conclusions presented will outline workshop approaches as a means to strengthen practitioner relationships with infants and families. Data collection is ongoing. We anticipate a larger sample will be available for further investigation.
Revisioning an Inclusive and Liberating Stance in Reflective Supervision Practice

Dr. Sherryl Heller¹, Dr Deborrah Bremond², Dr Mary Claire Heffron², Kadija Johnston², Dr Alyssa Meuwissen³, Ms Carmen Rosa Norona²,⁴, Dr. Salam Soliman²,⁵, Dr Christopher Watson²,³
¹Tulane University, New Orleans, United States, ²Southwest Human Development, Phoenix, United States, ³Center for Early Education and Development – University of Minnesota, Minneapolis, United States, ⁴Boston Site Early Trauma Treatment Network at Boston Medical Center, Boston, United States, ⁵Child First, Director of the Center of Prevention and Early Trauma Treatment, Shelton, United States

Reflective Supervision (RS) has been adopted by many major early childhood providers and is recognized as a critical component of professional development because of its proven impact on quality of services as well as workforce support. RS aids in retention of staff by preventing burnout and decreasing turnover and staff reports of stress. Notwithstanding, much of the available training for reflective supervisors is brief and does not address the complexities of the practice and the skill levels needed to create and sustain quality RS. Additionally, there is little attention paid to issues of diversity, equity, and the brokering of power in the supervisory relationship. The Reflective Supervision Collaborative (RSC)'s RS framework, presented in this workshop, includes all these elements.

The RSC has developed and implemented an 8-month high-quality RS training program which integrates concepts of diversity, equity, social justice, inclusion, and trauma informed care into RS. The delivery is on an on-line platform that houses needed materials and resources and facilitates exchanges between participants and trainers. The training process has three parts: learning materials and reflections, monthly synchronous, in-depth interactive learning sessions, and monthly small group “mentoring circles” that support application of reflective supervision concepts using participants materials. The first training cohort consisted of 28 early childhood providers of which 89% were female, 100% had earned an associate degree or higher, 66% identified as white and 37% as black, indigenous or a person of color. Participants overwhelmingly reported a highly positive training experience that increased their level of skill and knowledge. Most of the participants also rated the training as embodying diversity, equity, inclusion, and social justice tenets throughout the training. The current data reflects the RSC’s first training cohort and, as several additional cohorts will finish before July 2023, their data will be included in the presentation.
Introduction
Mellow Parenting recognizes that the workforce supporting children and families need investment and opportunities to reflect on their practice. Mellow practitioners are able to access reflective consultation support when they run groups. Practitioners have told us that the skills they learn in Mellow training cross over to their wider work enabling them to be relationship focused and scaffold family relationships.

Aim
Mellow Parenting has created a series of Conversations trainings which aim to support the frontline workforce to build better working relationships with families and to identify what gets in the way of bringing their best self to work.

Description of the work
The half day conversations trainings focus on identifying barriers that get in the way of building trust and relationships and enable participants reflect and gain some simple tools to try with families.

Conclusions
Following the trainings participants identified some key take away messages such as 'we aren't there to fix things just emphasize and support' and 'vulnerability is key'. This work shows that enabling the workforce to tune in and be emotionally present, contributes to their own wellbeing and work satisfaction. This ultimately means that families are better supported to care for their children.
Experiences of Reflective Practice in an Interdisciplinary Infant Mental Health Service

Ms Mary Tobin
1
1Health Service Executive, Limerick, Ireland

M3 - BOP60: Building reflective practice, Wicklow 2A, 17 July 2023, 14:30 - 16:00

Introduction and Aims
Reflective practice is considered essential for the relationship-based approach of infant mental health (IMH) work. Published empirical research on reflective practice in IMH is predominantly US-based, and focused on time-limited reflective supervision consultation programmes. This presentation will report on a currently ongoing qualitative two-phase multimodal research study with an arts-based component which explores Irish infant mental health practitioners’ experiences of reflective practice spaces.
This research examines: the professional and personal impacts of reflective practice in relational work with families in an area of high socioeconomic deprivation; the factors impacting on practitioners’ experiences of reflective practice (e.g., type of reflective practice, practitioner professional background and attitude towards reflective practice, training and experience in IMH work, organisational factors); and the challenges experienced in engaging in reflective practice in this setting.

Material and Method
Participants are 8-10 infant mental health practitioners working in an Irish Prevention and Early Intervention programme for children and families living in an area of high socioeconomic deprivation. Staff in this programme have engaged in reflective practice supervision in various formats since 2016. This qualitative research uses a multimodal procedure: qualitative semi-structured individual interviews preceded by a participatory arts-based focus group. The visual and verbal data will be integrated and analysed using Interpretative Phenomenological Analysis (IPA). This method of analysis allows for in-depth exploration of the lived experience of the emotional, learning, professional, and personal aspects of reflective practice in this setting. Data collection will be completed by December 2022.

Results & Conclusions
Findings will be presented and discussed in the context of Irish and international infant mental health practice. The study aims to make recommendations on how reflective practice provision can most appropriately be embedded in a sustainable way when working with families living in areas of high socioeconomic deprivation.
Developing Emotional Competence through Reflective Mentorship and Supervision

Ms Anat Weisenfreund1,2, Dr Jayne Singer3,4,5

1Massachusetts Association for Infant Mental Health, , USA, 2Community Action Pioneer Valley Head Start and Early Learning Programs, Northampton, USA, 3Brazelton Touchpoints Center, Boston, USA, 4Boston Children’s Hospital, Boston, USA, 5Harvard Medical School, Boston, USA

Introduction

Emotional Competence is foundational to child, family, and workforce well-being. Child-serving systems function as a holding environment for all who work within it and can intentionally support practitioners’ ability to provide emotionally responsive, trauma- and diversity-informed care by scaffolding their reflective capacity through mentorship, supervisory and peer relationships.

Aim

Participants will gain a deeper understanding of the critical role of organizational culture and processes in supporting the healthy emotional development of young children and their families. We will explore how to create opportunities to develop emotional competence in children, families and staff. Participants will further understand how parallel process operates on a systems level and how reflective mentorship and supervision of staff can be successfully embedded as key strategies for creating relational, trauma and diversity-informed systems of care.

Description

Facilitators will provide a contextual frame for supporting reflective functioning in practitioners through training and supervision, outlining the building blocks of emotional competence. They will describe their close work together, as partners in supporting a large Head Start Program through training and reflective consultation, and also through the discoveries made in their ongoing work as reflective mentor and mentee. Facilitators will illustrate the strategies discussed through a live fishbowl demonstration, followed by interactive pair-share. A large group debrief and reflective discussion will focus on identification of emotional content and strategic methods in reflective consultation and supervision.

Conclusion

In summary, this interactive workshop will provide a framework and guide for achieving systemic, structural change in child and family serving systems by promoting emotional competence through developmentally-informed reflective strategies, all in service of supporting the mental health of the youngest children and families.
M3 - INVS3.1

Promoting Change in Parental Reflective Functioning

Dr Ann Stacks¹
1Wayne State University, United States

M3 - INVS3: Measuring and Enhancing Parental Reflective Functioning: What Do We Know Today? - Part 2: Promoting Change, Liffey Hall 2, July 17, 2023, 14:30 - 16:00

Many parenting interventions aim to enhance PRF, and indeed a number have been successful in doing so. In this session, clinicians and researchers working with a range of populations in the US and Western Europe will address the following questions: How do we aim to change PRF? Are we able to change PRF? When? And with whom? How are we able to demonstrate that there is a change in PRF? And finally, what other outcomes parallel changes in PRF? Ann Stacks, Michelle Sleed, Ruth Paris, and Marjo Flykt will address these questions, and Arietta Slade will discuss and synthesize material presented across the two sessions.
Including fathers in infancy research – two steps sideways

Professor Paul Ramchandani

Because most research on parents and infants focusses on mother-infant relationships, interventions for families with infants and toddlers also tend to focus their attention on this dynamic. At the same time, there has been a longstanding, but more niche, interest in father-infant relationships that has sometimes also focused on engaging fathers in parenting/family interventions. However, exemplary models for achieving these aims – especially in naturalistic field settings – have been uncommon.

In this report, I will present findings from two different programs of study (Oxford Fathers Study and Healthy Start Happy Start), each of which sought to engage both mothers and fathers. Based on experiences with and outcomes of these two programs, I will summarize and reflect on the most common barriers and opportunities this work illuminated. We can learn much about children’s early development from studies of fathers but must also prepare for obstacles to engaging fathers in research and to hearing their voices. I will outline the most important of these from our work, some of which are related to fathers themselves, and others endemic to services that work for and with young children and families.
A potentially universal, perinatal digital support service for fathers

A/professor Richard Fletcher

M3 - INVS7: Men's Mental Health and the Centrality of Fathers in Infant-Family Mental Health Approaches, The Auditorium, July 17, 2023, 14:30 - 16:00

Fathers’ support and engagement is a key modifiable factor in maternal and infant health. Resource limitations, even in high-income settings, prevent clinical staff from adding fathers to their existing, maternally focused care. Digital platforms, which can inform and connect with fathers outside of the clinic, offer a pathway to low-cost, perinatal support for fathers and for mothers and infants via the father. This report describes a web-based, text service, SMS4dads, that delivered regular, frequent support to fathers from early in the pregnancy through to the infant’s first birthday. The service delivered brief text messages 3 times/week to fathers from 12 weeks gestation until 48 weeks post birth. Messages were synched to the EDD or DOB and addressed key parenting issues (sleep, intimacy) through three themes; father-infant attachment, coparenting and self-care. Over nine years of development more than 12,000 fathers enrolled and SMS4dads is now a national service reaching urban, rural and remote regions of Australia. An Indigenous version, SMS4DeadlyDads, serves Aboriginal and Torres Strait Islander fathers. Pilot studies in Kenya (SMS4baba in Swahili) and Colombia (SMSPapás in Spanish) have demonstrated the value of text-based support in low-resource settings. It appears that a digital support service for fathers over the perinatal period is feasible wherever text-based communication is available. SMS4dads or its derivatives can provide a model for linking fathers to the clinical services’ aim of healthy mothers and infants.
In this report, several recent findings from observational studies with lower-income Brazilian families will be presented. Among the studies and findings to be presented is new evidence that when interacting together in triadic settings:

1) fathers are more dominant than mothers when the family triad plays together, with mothers having a regulatory role adapting to fathers’ style of interaction in order to promote a harmonious family interaction;

2) fathers’ socialization goals are more traditional (e.g., more adherence to traditional values) compared to mothers;

3) family triads with daughters and father–daughter dyads, in comparison to father-son dyads, show greater interactional synchrony.

These provocative new results call for a debate about the type of maternal and paternal influences that Brazilian low-income children may encounter and consequences of such influence for their developing values and behaviors. Data suggest that children from a low-income population in Brazil may be disproportionately exposed to fathers’ values and practices when the family plays together and, by association, to a family transactional style encouraging the child’s dependency and adherence to more traditional values and norms. It is conceivable that children’s (especially girls) early exposure to traditional values and practices in the family context may play a role in perpetuating such traditional values and practices in Brazilian society.
In Part 2, culturally-based community approaches will be presented. Tabassum Amina will describe a home-based psychosocial support service of Para-counselor developed in Bangladeshi communities. Hisako Watanabe from Japan will describe activities of the FOUR WINDS (Forum of Universal Research of Workings of Infant and Neonatal Developmental Support), a national forum for infant workers in the field, where Japanese mode of Amae was naturally shared to enhance the morale and revive intuitive parenting in the family and community including post-disaster areas.
Introduction
Bangladesh has very limited resources for providing mental health services and this is even further exacerbated with the influx of the Rohingya population in 2017. It is difficult for the mass population to access this service and is extremely challenging to bring the already limited resource to refugee camps where the need for mental health support is greatly present.

Aims
BRAC Para-counsellor Model (PCM) is a community-based psychosocial support service (PSS) that aims to enable clients to manage day-to-day symptoms of mental distress. Unlike many western mental health models that follow the top-down approach, this is designed and created to be culturally relevant and considers the needs of the community they will serve. Contrary to many mental health services in the global north, we have seen that taking the service to an individual’s home creates positive interest to know about and receive the service. The service is significantly more acceptable and relatable when the service providers are from their own community.

Description
PCM has the potential to reduce the gap between the needs of people and the available services in mental health care. This model is developed using the bottom-up approach that reflects the cultural foundation of the country. PCM has been implemented both independently and through integration within other sectors such as health, education, and early childhood development. Training and supervision in specific attitudes and skills enable frontline mental health workers to communicate with beneficiaries in an effective, compassionate, ethical, and trustworthy manner.

Conclusion
PCM has been successful in improving the Rohingya people’s mental health awareness and well-being and is currently being implemented in some countries in Africa. Culturally relevant pedagogy of PCM aids its adaptation and gives it great potential to meet global needs.
Global Child-Parent Attachment Science through the Lens of Meta-Analytic Research: Looking Back and Planning Ahead

Dr Sheri Madigan1, Dr. Kristin Bernard1
1University of Calgary, Calgary, Canada

Introduction
Bowlby’s crucial insights regarding the evolutionary value of attachment have provided a powerful theoretical model for understanding the nature of infants’ ties to their caregivers. The observations of Ainsworth and colleagues (Ainsworth et al., 1978) put the study of attachment on sound empirical footing through the development of a reliable paradigm for measuring attachment behavior. Since these seminal contributions, attachment theory has been instrumental in building up a large corpus of coherent evidence regarding the prevalence, causes, and consequences of different patterns of attachment over many decades. It is, therefore, timely to take stock.

Materials and Method
In each talk, meta-analyses will be described, followed by considerations for future research and clinical applications.

Results
The first paper is a traditional meta-analysis describing the distribution of the four attachment classifications (secure, avoidant, resistant, disorganized) in the thousands of infants who have been observed in the Strange Situation Procedure and also examines whether distributions differ across risk contexts and geographical locations. The second paper is a traditional meta-analysis that contributes a more nuanced understanding of the key factors that moderate the association between maternal and paternal sensitive caregiving behavior and secure child-caregiver attachment. The third paper uses meta-analytic structural equation modeling to examine direct and indirect effects between child-caregiver sensitivity, mother attachment security, and child cognitive development. The fourth paper uses Individual Participant Data meta-analysis within a novel multiple-caregiver framework to test whether the presence of two secure attachments (with fathers and mothers) versus just one secure attachment provides a developmental advantage to the child.

Conclusions
All talks in this symposium have the potential to advance scientific understanding and spur new and novel research directions in development science. Our clinician-scientist discussant, Dr. Kristin Bernard, will place a concerted focus on the clinical implications of the symposium findings.
Parent Sensitivity and Child Attachment: A Meta-Analysis Revisited

Dr Sheri Madigan¹, Dr Audrey-ann Deneault¹, Dr Robbie Duschinsky², Professor Marian Bakermans-Kranenburg, Prof Carlo Schuengel³, Dr Marinus van IJzendoorn⁴, Ms Anh Ly¹, Professor Pasco Fearon⁵, Rachel Eirich¹, Dr. Marije L. Verhage³

¹University of Calgary, Calgary, Canada, ²The Primary Care Unit, Institute of Public Health, University of Cambridge School of Clinical Medicine, Cambridge, UK, ³Clinical Child and Family Studies, Vrije Universiteit Amsterdam, Amsterdam, Netherlands, ⁴Department of Psychology, Education, and Child Studies, Erasmus University Rotterdam, Rotterdam, Netherlands, ⁵Centre for Family Research, Department of Psychology, University of Cambridge, Cambridge, UK

M3 - SYM37: Global Child-Parent Attachment Science through the Lens of Meta-Analytic Research: Looking Back and Planning Ahead, Liffey Hall 1, 17 July 2023, 14:30 - 16:00

Introduction
Sensitive caregiving behavior is considered to be a central determinant of secure child-caregiver attachment. However, significant heterogeneity in effect sizes exists across the literature, and sources of heterogeneity have yet to be explained.

Aim
Thus, it is timely to conduct a comprehensive meta-analysis of studies amassed to date, which is the focus of the current study.

Method
A total of 159 studies (202 effect sizes, N = 21,483) with mother-child dyads and 22 studies (23 effect sizes, N = 1,626) with father-child dyads were included in this meta-analysis.

Results
A positive association between maternal sensitivity and child attachment security was observed (r = .26, 95% CI [.22, .29]), which was similar in magnitude to paternal sensitivity and child attachment security (r = .21, 95% CI [.14, .27]). Maternal sensitivity was also negatively associated with all three classifications of insecure attachment (avoidant: k = 43, r = -.24 [-.34, -.13]; resistant: k = 43, r = -.12 [-.19, -.06]; disorganized: k = 24, r = -.19 [-.27, -.11]). For maternal sensitivity, associations were larger for boys (vs girls) and in studies that used the Attachment Q-Sort (vs the Strange Situation), used the Maternal Behavior Q-Sort (vs Ainsworth or Emotional Availability Scales), had strong (vs poor) interrater measurement reliability, had a longer observation of sensitivity and had less time elapse between assessments. For paternal sensitivity, associations were stronger in older (vs younger) fathers and children.

Conclusion
These findings confirm the importance of both maternal and paternal sensitivity for the development of child attachment security and add understanding of the methodological and substantive factors that allow this effect to be observed.
How Do Maternal Sensitivity and Child-Mother Attachment Contribute to Children’s Cognitive and Language Outcomes?

Dr Audrey-ann Deneault1,2, Dr Robbie Duschinsky3, Professor Pasco Fearon3, Dr Marinus van IJzendoorn4, Dr Glenn Roisman5, Julianna Watt1,2, Ms Anh Ly1,2, Dr Sheri Madigan1,2

1University Of Calgary, Calgary, Canada, 2Alberta Children’s Research Hospital Institute, Calgary, Canada, 3Cambridge University, Cambridge, United Kingdom, 4University College London, London, United Kingdom, 5University of Minnesota, Minneapolis, United States

Introduction
Attachment theory has long posited that children’s early experiences with their caregivers shape their lifelong development (Bowlby, 1969). Recent meta-analyses have shown that maternal sensitivity and child-mother attachment security promote more positive social and emotional outcomes in children (Cooke et al., 2022; Groh et al., 2017). In contrast, the association with cognitive and language outcomes has received less attention. Some scholars have nonetheless suggested that attachment relationships provide a unique context for the development of cognitive and language skills, while others posit that associations are not direct, but rather, operate as a mediator in the association between maternal sensitivity and cognitive/language outcomes.

Aim
In this study, we explicitly test the mechanisms by which maternal sensitivity and child-mother attachment influence child development. Specifically, we test a mediation model of maternal sensitivity \( \rightarrow \) attachment security \( \rightarrow \) child cognitive/language outcomes in a meta-analytical framework through meta-analytical structural equation modeling (MASEM).

Materials and Method
We identified and extracted \( k = 111 \) studies (\( N = 9,155 \) children, \( M = 53\% \) boys, \( M_{\text{age}} = 27.6 \) months at the attachment assessment) with associations between attachment security and cognitive/language outcomes. The samples were mostly from North America and Europe (85%), at low socio-economic risk (51%), and White (\( M = 76\% \)).

Results and Conclusion
Maternal sensitivity was associated with higher child cognitive (\( r = .21 [.13, .29] \)) and language outcomes (\( r = .13 [.09, .17] \)). Child-mother attachment security was also associated with higher cognitive (\( r = .12 [.07, .15] \)) and language outcomes (\( r = .23 [.16, .29] \)). Mediation effects were significant, but very small. These findings shed light on the mechanisms by which that maternal sensitivity and child-mother attachment security influence children’s cognitive and language outcomes. Future prevention and intervention efforts should consider multiple levels of intervention.
Attachment Networks to Mother and Father Predict Child Behavioral Problems: An Individual Participant Data Meta-Analysis

Dr Or Dagan¹, Prof Carlo Schuengel², Dr. Marije L. Verhage², Dr Marinus van IJzendoorn³, Professor Abraham (Avi) Sagi-Schwartz⁴, Dr Sheri Madigan⁵, Dr Robbie Duschinsky⁶, Dr Glenn Roisman⁷, Dr. Kristin Bernard⁸, Dr. Jean-Francois Bureau⁹, Professor Brenda Volling¹⁰, Dr. Maria Wong¹¹, Dr. Cristina Colonnesi¹², Dr. Geoffrey L. Brown¹³, Professor of Psychology Rina Eiden¹⁴, Professor Pasco Fearon⁶, Dr Mirjam Oosterman², Professor Ora Aviezer⁴, Dr. E. Mark Cummings¹⁵, The Collaboration on Attachment to Multiple Parents and Outc

¹Long Island University, New York, United States, ²Vrije Universiteit Amsterdam, Amsterdam, The Netherlands , ³University College London, London, UK, ⁴Haifa University, Haifa, Israel, ⁵University of Calgary, Calgary, Canada, ⁶University of Cambridge, , UK, ⁷University of Minnesota Twin Cities, Minnesota, USA, ⁸Stony Brook University , New York, USA, ⁹University of Ottawa, Ottawa, Canada, ¹⁰University of Michigan, Michigan, USA, ¹¹Endicott College, Beverly, USA, ¹²University of Amsterdam,, , The Netherlands , ¹³University of Georgia, Athens, USA, ¹⁴Penn State University , University Park, USA, ¹⁵University of Notre Dame, Notre Dame, USA

Introduction and Aim

An unsettled question in attachment theory and research is the extent to which children’s attachment relationships with mothers and fathers jointly predict developmental outcomes (van IJzendoorn et al., 1992). In this study, we used individual participant data meta-analysis to assess whether early attachment networks with mothers and fathers are associated with children’s internalizing and externalizing behavioral problems.

Material and Method

Following a pre-registered protocol, data from 9 studies and 1,097 children (mean age: 28.67 months) with attachment classifications to both mothers and fathers were included in analyses. We used a linear mixed effects analysis to assess differences in children’s internalizing and externalizing behavioral problems as assessed via the average of both maternal and paternal reports based on whether children had two, one, or no insecure (or disorganized) attachments.

Results

Children with an insecure attachment relationship with one or both parents were at higher risk for elevated internalizing behavioral problems compared with children who were securely attached to both parents. Children whose attachment relationships with both parents were classified as disorganized had more externalizing behavioral problems compared to children with either one or no disorganized attachment relationship with their parents.

Conclusion

Across attachment classification networks and behavioral problems, findings suggest (a) an increased vulnerability to behavioral problems when children have insecure or disorganized attachment to both parents, and (b) that mother-child and father-child attachment relationships may not differ in the roles they play in children’s development of internalizing and externalizing behavioral problems.

A Meta-Analysis of the First 20,000 Strange Situation Procedures

Professor Pasco Fearon¹, Dr Sheri Madigan², Dr Marinus van Ijzendoorn³, Dr Robbie Duschinsky⁴, Prof Carlo Schuengel⁵, Professor Marian Bakermans-Kranenburg, Ms Anh Ly², Jessica Cooke², Dr Audrey-ann Deneault², Dr Mirjam Oosterman⁵, Dr. Marije L. Verhage⁵

¹Centre for Family Research, University Of Cambridge, Cambridge, United Kingdom, ²Department of Psychology, University of Calgary, Calgary, Canada, ³Department of Psychology, Education, and Child Studies, Erasmus University Rotterdam, Rotterdam, The Netherlands, ⁴The Primary Care Unit, Institute of Public Health, University of Cambridge School of Clinical Medicine, Cambridge, United Kingdom, ⁵Clinical Child and Family Studies, Vrije Universiteit , Amsterdam, The Netherlands

Introduction
The Strange Situation Procedure (SSP) was developed five decades ago to assess infant-parent attachment relationships. While the procedure itself has remained relatively constant in studies conducted to date, there have been vast sociological changes during this time, and research foci shifts to studying diverse populations. Since its inception, the SSP has also been adopted in over 20 countries.

Aim:
In this meta-analysis we collate this large body of work, with the objectives of producing reliable estimates of the distribution of the four SSP attachment classifications, assessing temporal trends and geographical differences, and determining if and when distributions are different across various populations.

Method
Our synthesis includes 285 studies and over 20,720 parent-child dyads with data on all four attachment classifications.

Results
Results revealed that the global distribution of SSP attachment was 51.6% secure, 14.7% avoidant, 10.2% resistant, and 23.5% disorganized. There were no differences in the distribution among mothers and fathers, and no child age or sex differences. We found a temporal trend in which there was less avoidant attachment over time and there were attachment distribution differences between samples from North America versus other regions of the world, particularly Asia, Australia/New Zealand, and South America. Compared to secure attachment, we found higher rates of avoidant and disorganized attachment in populations with socio-demographic risks and in child maltreatment samples, higher rates of disorganized attachment in samples where parents had psychopathology and when the child was in foster care or adopted from foster or institutional care.

Conclusion
This meta-analysis suggests that 1 in every 2 infants develop a secure attachment relationship with their caregiver. Secure attachment is more likely to develop when fewer stressors are imposed on the infant-parent dyad.
Father involvement matters during early child development: crossing pathways of influence

Mr Nilo Puglisi¹, Dr Sheila ANDERSON², Dr Soledad Coo Calcagni³, Pr Natasha J. Cabrera⁴, Dr Monica Lidbeck⁵
¹University of Geneva, Geneva, Switzerland, ²Weber State University, Ogden, USA, ³University of Desarrollo, Santiago, Chile, ⁴University of Maryland, College Park, USA, ⁵Research and Development Primary Health Care, Gothenburg, Sweden

Father involvement is considered a key source of family well-being and positive child development. Several studies have shown that increasing the quantity (e.g., time shared with the child) and quality (e.g., fathers' positive behaviors) of father involvement improve child development. However, the pathways leading to father involvement and its consequences on child development are not always straightforward and can be influenced by a complex interplay of individual, social, cultural, and ecological variables, particularly during early child development, when the role played by fathers remains poorly acknowledged. This international symposium brings together several contributions that focus on the direct and indirect pathways of influence between the quantity and quality of fathers' involvement and early child development, discussing the role played by parental and family variables (1st, 2nd, and 3rd presentations), new interventions (4th presentation) and social policies (5th presentation) to support father involvement.

Nilo Puglisi will present evidence on the association between the quality of father-infant interactions and 3-months-old infants’ vagal tone, considering father-infant shared time as a moderator.
Sheila Anderson will present a study investigating how early father communicative interaction with 1-year-old children influences longitudinal language and literacy outcomes in the context of mother-child interaction, and family conflict, among rural families with low-incomes.
Daniela Aldoney will present the preliminary results of a study on associations between parental stress, depressive symptoms, parental involvement, and children’s behavioral problems.
Natasha Cabrera will present a study that uses data for first-time parents to examine whether a book intervention with information about child development including play practices has an impact on parents’ playfulness and challenging parenting behaviors.
Monica Lidbeck will present evidence on parental roles and responsibilities concerning the Swedish context where parents have the opportunity to share parental leave equally, which enable fathers to spend time with their infant.
Infant vagal tone during father-infant interactions: two types of shared time as moderators

Mr Nilo Puglisi¹, PhD Hervé Tissot¹-², Dr Valentine Rattaz¹, Prof. Chantal Razurel³, Pre. Manuela Epiney⁴, Prof. Nicolas Favez¹

¹Faculty of Psychology and Educational Sciences, University of Geneva, Geneva, Switzerland,
²Lausanne University Hospital and University of Lausanne, Lausanne, Switzerland,
³Department of Midwifery, University of Applied Sciences Western Switzerland, Geneva, Switzerland,
⁴Department of Obstetrics and Gynecology, University of Geneva Hospitals, Geneva, Switzerland

Introduction

The quality of parent-infant interactions influences infants' vagal tone, an indicator of physiological regulation. Physiological studies have been conducted mainly on mother-infant dyads and less on father-infant dyads, especially during early infancy. The first aim of this study is to investigate the association between father-infant interactive synchrony, an indicator of the quality of the interaction, and infants' vagal tone during interactions. The father-infant relationship is influenced by two types of shared time, dyadic time (father and infant) and social time (father, infant, and others). The second aim is to investigate the moderating role of the amount of dyadic and social time on the associations between father-infant synchrony and infants' vagal tone.

Method

Fathers (N=84) and 3-months-old infants were video-recorded during a standardized situation of observation. Synchrony was coded through the CARE-Index. The infants' ECG was recorded to calculate vagal tone. Fathers reported dyadic and social time using questionnaires.

Results

Father-infant synchrony has no direct link to infants' vagal tone. Moderation analyses revealed that the association between synchrony and vagal tone is moderated (i) by social time (mother present), such as more social time increases the association between synchrony and vagal tone, and (ii) by an interaction between dyadic and social time, such as the association between synchrony and vagal tone increases when fathers report spending little dyadic time and much social time.

Conclusion

Father-infant synchrony and infants' vagal tone are not associated during interactions. At three months, fathers and infants rarely have the opportunity of interacting with the mother not being present, so father-infant synchrony may not be connected yet to the infant's vagal tone. More social time facilitates the association between synchrony and vagal tone. This could be explained by the non-independence between dyadic and triadic interactive contexts and the influence of family variables on the father-child relationship.
Early Father Communicative Support and Family Conflict Among Rural Low-income Families in the US

Dr Sheila ANDERSON¹, Professor Emeritus Lori Roggman²
¹Weber State University, Ogden, United States, ²Utah State University, Logan, United States

M3 - SYM41: Father involvement matters during early child development: crossing pathways of influence, Wicklow Hall 2B, 17 July 2023, 14:30 - 16:00

Introduction
Early responsive conversational parent-child interaction supports children's communicative abilities, that in turn lay a crucial developmental foundation for social and academic success. Understanding early direct and distinctive contributions of fathers, as well as mothers, and contextual influences can aid in designing effective intervention supports for families.

Aim
This study seeks to understand how early father communicative interaction with 1-year old children influences longitudinal language and literacy outcomes in the context of mother-child interaction, and family conflict, among rural families with low-incomes.

Material & Method
Extant video observation and interview data from 63 fathers and 1-year old toddlers who participated at one site of the national Early Head Start Research and Evaluation project in the U.S were used for this study (Vogel, Xue, Moiduddin, Carlson, 2010). Mother and father communicative support was measured with a reduced set of items (7) from the Parenting Interaction with Children – Checklist of Observations Linked to Outcomes focusing on responsive language interactions (Roggman et al., 2009; Anderson et al., 2013; α = .65 - .75). The regression model (R² = .45, Adj R² = .40, p < .001) showed that controlling for children's early language comprehension (MCDI Fenson et al., 1993), father communicative support when children were 1 year positively predicted child language development (PPVT Dunn & Dunn, 1997) at age 5 (effect size = .33, p < .05), and literacy (ECLS-K) at age 10 (effect size = .60, p < .01), but mother communicative support did not. Family conflict (Moos & Moos, 1984) when children were young directly negatively predicted child literacy at age 10 (effect size -.24, p < .05), but this effect was mediated by early father language support.

Conclusions
Fathers’ early communicative interaction may directly support children’s long-term language and literacy development, and mitigate the effects of development stressors such as family conflict.
Parental stress, depressive symptoms and involvement and children’s behavioral problems

Dr Soledad Coo Calcagni¹, Carolina Panesso²
¹Universidad del Desarrollo, Chile, ²Universidad Adolfo Ibañez, Chile

M3 - SYM 41: Father involvement matters during early child development: crossing pathways of influence, Wicklow Hall 2B, 17 July 2023, 14:30 - 16:00

Diverse studies have found a relationships among parents’ symptoms of depression, levels of parental stress and their ratings of their young children’s behavior problems (CBP)¹. On the other side, research has suggested that under conditions of risk for CBP parental involvement would be a protective factor². Few studies have tested this association and even fewer have included mothers and fathers.

In this study we aim to examine (1) differences in fathers and mothers report on CBP and levels of involvement; (2) the relation between mothers and fathers involvement, depressive symptoms, parental stress and CBP; (3) whether parental involvement mitigate the relation between parents’ mental health and CBP.

115 families with a 3-year-old child reported on depressive symptoms (CES-D 10), parental stress (PSS), involvement ³ and children’s behavioral problems (SDQ).

Preliminary results (N=83) showed that mothers and fathers don’t differ in their report on CBP, but mothers reported higher levels of involvement. Mothers and fathers higher levels of depressive symptoms and parental stress were related to higher levels of CBP. Regression analysis showed that for fathers and mothers only parental stress was a significant predictor for CBP. We did not find a mitigating role of involvement on CBP. Parental stress seems to have unique negative influence on children wellbeing.

Parental sensitivity and responsiveness are consistently but moderately related to children’s social competence, suggesting that there may be other parenting behaviors important for social growth (van IJzendoorn, 2019). Challenging parenting behaviors, CPB, is conceptualized as parenting behaviors that push children to go beyond their comfort zone to explore and push boundaries, which can increase social competence (Majdandzic et al., 2016). Research has found parental CPB to be related to lower anxiety in preschool children in middle-class families (Möller et al., 2015) but not to social behaviors in infants in low-income families (Denault et al., 2020). Given the limited and inconsistent findings, there is a need to examine (1) whether low-income fathers and mothers engage in CPB with older children and whether (2) an intervention that educates parents about child development has an impact on parenting behaviors, including CPB.

The sample includes n=210 (66% Latinx, 17% African American) mothers and fathers who participated in Baby Books 2 (Cabrera & Reich, 2017). At 9 months, children were observed in a five-minute no-toy free-play interaction with each parent. Teams coded these interactions using two coding systems: 1) physical and verbal CPB (Majdandzic et al., 2016), and 2) parental behavior (e.g., responsiveness and intrusiveness; Cox & Crnic, 2002). Parents also reported on depressive symptoms when children were 9 months, and their child’s behavioral problems and social competence at 18 and 24 months. Preliminary results show that paternal and maternal CPB are significantly correlated and are differentially related to children’s social behaviors. At the mean level, mothers and fathers in the experimental condition exhibit more CPB than families in the control condition. After controlling for significant determinants, only high levels of fathers’ verbal CPB predicted lower child behavior problems at 18 months. We will run models to test whether the intervention impacted CPB behaviors.
Father involvement in the context of shared parental leave in Sweden

**Phd. Licensed Psychologist Monica Lidbeck**

1Region Västra Götaland Maternal and Child Health Care, Gothenburg, Sweden, 2Region Västra Götaland Research and Development Primary Health Care, Gothenburg, Sweden

M3 - SYM41: Father involvement matters during early child development: crossing pathways of influence, Wicklow Hall 2B, 17 July 2023, 14:30 - 16:00

Introduction

Parents’ opportunities to spend time with their infant vary depending on social and cultural contexts. In Sweden both parents have the same right to parental leave. This social policy enables fathers to establish close relationships to their infant.

Aim

To explore parental roles and responsibilities from a psychological perspective focusing on how parents’ division of parental leave influences family life and interaction within the family.

Material and Method

Father involvement in terms of parental roles and responsibilities in the context of parental leave in Sweden, was investigated by Lidbeck’s thesis (2020) which includes four studies. Semistructured interviews were conducted with 24 parents of 12 infants. Parents’ experiences of equally shared parental leave were explored, with a focus on the shift when mothers on parental leave returned to work and fathers took over the primary caregiving responsibility. 280 parents answered a questionnaire at six and 18 months after their child was born. How parents’ division of leave influences perceived parenting stress, coparenting quality, work-family balance, and the couple relationship was studied.

Conclusion

Parents’ experiences of shared parental leave include consequences of increased father involvement. Spending time with the infant and sharing caregiving responsibilities makes a difference for parental roles and relationships within the family, especially for fathers. Fathers who shared parental leave equally reported positive wellbeing in terms of less parenting stress and higher perceived couple relationship quality, in comparison with fathers who shared parental leave unequally. Parents who shared equally also perceived higher coparenting quality. The main findings indicate that parents’ shared experiences increased their understanding for each other.

In study 1, the RIPOD (or risk of postpartum depression) study by Chechko and colleagues, postpartum follow-ups, risk factors and multimodal neuroimaging data were used for prediction of clinical cases. Cases of Postpartum Depression and Anxiety Disorders were accurately identified by means of a combination of clinical and remote assessment tools.

The impact of perinatal mental health on the infant’s development is well known. However, most studies focus on maternal mental health and mother-baby-bonding and -interaction. More recently, the importance of fathers for the child’s development and father’s perinatal mental health is taken into consideration. Therefore, study 2 presents scientific knowledge and novel data on biological and psychosocial risk factors of maternal as well as paternal perinatal depression and the impact on bonding to the child.

The prevailing emphasis on the importance of early intervention improving both parental functioning and fostering secure attachment relationships in infants support the clinical need to detect very early risks for parents and babies. Study 3 evaluates the impact of parental mental health and the infant’s capacity of state and affect regulation on the quality of the parent-infant relationship assessed by the PIRAT Global Scales. The data supports the relevance of a systematic assessment of relational disturbance and infant’s regulatory problems in combination with standard self-report questionnaires to screen for parental mental health.

The PAULINE-study 4 investigated the relationship between postpartum maternal depression and infant regulatory problems in a sample of mothers and their infants born during the first nationwide lockdown, in comparison to mother-infant dyads assessed before the worldwide pandemic. Particularly, maternal depression revealed to be associated with infant sleeping and crying problems at 7 months in both groups as well as infant’s negative emotionality and maternal parity. Parenthood under COVID-19 showed no significant additional effect on infants’ regulatory problems.
As part of the RiPoD study, a large cohort (n = 700) of new mothers were recruited 1-6 days postpartum at the university hospital in Aachen and were observed for a period of 12 weeks. While 9% of them were found to develop postpartum depression (PPD), 13% developed postpartum adjustment disorder (AD). The PD and AD cases were accurately identified by means of a combination of clinical and remote assessment tools (Hahn et al., 2021). In the exploration cohort, a balanced accuracy of 87% was achieved in week 3 postpartum using a combination of baseline and follow-up depression EPDS scores and mood scores (online mood assessment) for the differentiation between PPD and ND. The results were confirmed in the independent replication cohort. Within the first 6 weeks postpartum, the clinical manifestation of AD and PPD resembled each other based on personal and family history of depression, stressful life events, depressive symptoms, and attachment to the child. Being unmarried, having a lower household income and less support at home were found to contribute to the development of PPD, whereas birth- and child-related complications appeared to trigger AD. A comparison between cumulative hair cortisol and cortisone levels in the third trimester of pregnancy and the first 12 weeks postpartum revealed that only ND and AD (and not PPD) had pregnancy-related physiological adaptation in cortisol/cortisone levels, which reverted to the pre-pregnancy baseline following delivery (Stickel et al., 2021). Using magnetic resonance imaging approximately 2 days after delivery, we also found that women who developed either AD or PPD within 12 weeks did not differ from ND immediately after delivery on the basis of structural and functional neuroimaging data (Schnakenberg et al., 2021). In the very early postpartum period, the mothers showed a significant reduction in gray matter volume in brain areas related to socio-cognitive and emotional processes compared to their nulliparous counterparts, indicating an effect of pregnancy on brain structure (Chechko et al, 2022).
Psychosocial and biological risk factors of peripartal depression and bonding difficulties in mothers and fathers

Prof Dr Sarah Kittel-Schneider, Miriam Kalok, Petra Davidova, Fadia Ben Ahmed, Corina Essel, Jan Grashoff, Prof Dr Franz Bahlmann, Prof Dr Andreas Reif, Dr Patricia Trautmann-Villalba

1University Hospital Of Würzburg, Würzburg, Germany

Introduction
Mental disorders in pregnancy and postpartum period are common worldwide, if not treated sufficiently they might negatively affect not only the mother and father but also the child and the whole family in the long term. Even today, only a minority of postnatally depressed mothers are diagnosed and treated, even less the postnatally depressed fathers.

Aim
Investigating prevalences and risk factors of perinatal depression in mothers and fathers. Furthermore we wanted to assess the impact of parental mental health on bonding to the infant.

Method
N=81 couples were recruited and assessed in pregnancy, 3, 6 and 12 months postpartum.

Conclusion
About 25% of the mothers and 17% of the fathers were at least once in this period above the cut-off for at least a mild depressive episode (using the MADRS interview without the sleep item). Risk factors for depressive symptoms in the peripartal period in both parents were previous depressive episodes (especially fathers), lower income, unemployment, impaired quality of marriage, depressive symptoms of the partner and a history of abuse in childhood. Anxious and depressive symptoms were correlated with impaired bonding to the child. Lower BDNF blood levels were associated with increased depressive symptoms in mothers 3 months postpartum. In fathers, increased postpartum depressive symptoms were correlated with lower levels of testosterone and testosterone precursors. Increased testosterone precursors and corticosone levels were correlated with more feeling of rejection and anger toward the child in the fathers. In the whole male sample, androstendione, DHEA and DHEAS as testosterone precursors were higher in pregnancy than after 3 and 6 months postpartum. Our first results hint at a complex interaction of psychosocial and biological factors in both parents in the peripartum period that could influence peripartal mental health and bonding to the child.
Infant’s Regulatory Problems, Parental Perinatal Mental Health and the Quality of the Parent-Infant Relationship

Dr PhD Susanne Hommel1, Dipl. Psych. Nicola Kuehne1, B.A. Nadine Giehler1, Gabriele Griep1, Rose Volz-Schmidt1,2, Mrs Ruth Wollwerth De Chuquisengo3

1Baby Clinic Hamburg 'SchreibabySprechstunde Hamburg', Hamburg, Germany, 2wellcome gGmbH, Hamburg, Germany, 3Munich Crying Baby Outpatient Clinic 'Schreibabyambulanz', Children’s Centre Munich, Munich, Germany

M3 - SYM42: Perinatal Mental Health, Dysregulated Babies and Early Intervention, Wicklow 1, 17 July 2023, 14:30 - 16:00

Introduction
The prevailing emphasis on the importance of early intervention in improving both parental functioning and fostering secure attachment relationships in young children support the clinical need to detect very early risks for parents and babies. Attachment theory is the buzzword in parenting guides and professional publications, and risk to the child’s attachment development is widely used as the threshold for early intervention. Given the severe impact of inaccurately diagnosed attachment disturbances on the child’s wellbeing, the valid assessment of the quality of the early parent-infant relationship is crucial. This is particularly relevant during the ongoing pandemic which specifically burdens young families.

Method
Based on the assessment of peripartal mental health based on self-report questionnaires such as EPDS, STAI, IES-R, ECR and PBQ this pilot study at the Baby Clinic in Hamburg, Germany - an outpatient early intervention service - evaluates parental postpartum depression, anxiety and traumatic experiences at birth, parental mentalizing capacities and their experience of bonding to their baby. The infant’s affective regulation capacities as well as its regulatory problems are evaluated. The impact of parental mental health and the infant’s capacity of state and affect regulation on the quality of the parent-infant relationship is evaluated based on a psychoanalytic understanding of the parent-infant relationship, its crucial importance for the infant’s emerging self, assessed by using the Parent-Infant Relational Assessment Tool (PIRAT) Global Scales (Broughton, Hommel, the Parent-Infant Project, 2016; Hommel, 2018), conceptualized at the Anna Freud Centre in London, the PIRAT was developed and validated by the first author.

Conclusion
The data supports the relevance of a psychodynamic assessment of relational disturbance in the first year in combination with standard self-report questionnaires to screen for parental mental health in order to securing both parental functioning and fostering secure attachment relationships in young children by an early intervention.
Infant Regulatory Problems and Maternal Mental Health at 7 Months Postpartum under COVID conditions

PhD. Ariane Göbel¹, Anna Perez², Dr Lydia Li¹, Steven Schepanski³, Dominique Singer², Carola Bindt¹, Dr. Susanne Mudra¹

¹Department Of Child And Adolescent Psychiatry, University Medical Center Hamburg-eppendorf, Hamburg, Germany, ²Division of Neonatology and Pediatric Intensive Care, Center for Obstetrics and Pediatrics, University Medical Center Hamburg-Eppendorf, Hamburg, Germany, ³Division of Experimental Feto-Maternal Medicine, Department of Obstetrics and Fetal Medicine, University Medical Center Hamburg-Eppendorf, Hamburg, Germany, ⁴Institute of Developmental Neuropsychology, Center for Molecular Neurobiology Hamburg (ZMNH), University Medical Center Hamburg-Eppendorf, , Germany

Introduction
The SARS-COVID-19 pandemic and its associated disease control restrictions have in multiple ways affected families with children. However, the influence of the pandemic on infants and their development is still understudied. Understanding influences of the current pandemic-related conditions on parent and infant mental health is crucial for health care providers developing supportive and preventive strategies. Infant regulatory problems (RPs) have generally been identified as early indicators of child socio-emotional development, strongly associated with maternal mental health and the parent–infant interaction.

Aim
Our study investigates whether early parenthood under COVID-19 is associated with more maternal depressive symptoms and with a perception of their infants as having more RPs regarding crying/fussing, sleeping, or eating, compared to mothers assessed before the pandemic.

Material and Method
As part of a longitudinal study, 65 women who had given birth during the first nationwide disease control restrictions in Northern Germany, were surveyed at 7 months postpartum and compared to 97 women assessed pre-pandemic. RPs and maternal depressive symptoms were assessed by maternal report. Number of previous children, infant negative emotionality, and perceived social support were assessed as control variables.

Results
Compared to the control cohort, infants born during COVID-19 and those of mothers with higher depressive symptoms were perceived as having more sleeping and crying, but not more eating problems. Regression-based analyses showed no moderating effect of parenthood under COVID-19 on the association of depressive symptoms with RPs. Infant negative emotionality was positively, and number of previous children was negatively associated with RPs.

Conclusion
Pandemic conditions affecting everyday life may have a long-term influence on impaired infant self-and maternal co-regulation and on maternal mental health. This should be addressed in peripartum and pediatric care. Qualitative and longitudinal studies focusing on long-term parental and infant outcomes under ongoing pandemic conditions are encouraged.
M3 - SYM 43.1

Parental mental health problems, dyadic interaction and intervention in pregnancy and early childhood

Dr. phil. Sandra Gabler¹, Julia Festini¹, Dr Jennifer Gerlach³, Anne Jung², Gottfried Spangler¹, PhD Ana Mesquita⁴
¹University of Erlangen-Nuremberg, Erlangen, Germany, ²University of Bielefeld, Bielefeld, Germany, ³University Hospital Erlangen, Erlangen, Germany, ⁴Universidade do Minho, Portugal

Parental mental health and prematurity are risk factors for dysfunctional parent-child-interaction and child development. This symposium presents an overview of maternal mental health and the associations with dyadic behaviour. Furthermore, we report findings from longitudinal studies that elucidate the role of postpartum mood disorders, prematurity and risk prevention for parent-child-interaction and child outcome.

Firstly, Anne Jung will show results from a systematic review of dyadic interaction in mothers with mental illness. It aims at identifying potential distinctive impacts of mothers’ mental health problems on their dyadic behaviour. These findings can potentially aid the design of parenting programs for mothers with mental health problems.

Gottfried Spangler presents findings from longitudinal studies examining short-term and long-term effects of maternal depression and prenatal substance abuse on maternal behaviour and child adaptation.

Subsequently, Ana Mesquita show findings from a longitudinal project that investigates the role of caregiver-child interaction and the development of preterm children’s self-regulation.

Sandra Gabler and Julia Festini report results from a longitudinal study examining maternal postpartum mood disorders and its impact on observed maternal sensitivity and mother-child attachment. Affected mothers show impaired ability to identify infants’ needs and react promptly and adequately to their cues compared to healthy controls. Currently ongoing analyses examine the relationship between postpartum mood disorders and mother-child-attachment later on.

Lastly, Jennifer Gerlach will present initial results from a randomized control-trial study evaluating a behavioural psychotherapeutic and mindfulness-based intervention on maternal stress and substance use in pregnancy. The impact of the intervention on child mental health outcomes (i.e. self-regulation) will be reported.

Finally, we discuss specific implications for intervening adequately with families at risk for dysfunctional parent-child-interaction. Developing effective support for parents with premature infants and those with mental health problems is highly relevant to empowering these vulnerable groups.
Maternal postpartum mental health symptoms: Impact on maternal sensitivity and mother-child attachment

Dr. phil. Sandra Gabler¹, Julia Festini¹, Christine Heinisch¹, Dr. med. Susanne Simen², Gottfried Spangler¹
¹University of Erlangen-Nuremberg, Erlangen, Germany, ²Clinic of Psychiatry and Psychotherapy, Nuremberg, Germany

M3 - SYM43: Parental mental health problems, dyadic interaction and intervention in pregnancy and early childhood, Wicklow 4, 17 July 2023, 14:30 - 16:00

Introduction
About 15% of mothers suffer from mental health problems after giving birth to a child. Various mental health symptoms with postpartum onset are specifically associated with the demands of caring for a child and handling motherhood. Previous research indicates that mothers with perinatal mood and anxiety disorders show deficits in mother-child interaction. However, longitudinal studies examining the consequences of postpartum mental health problems for maternal sensitivity and mother-child-attachment are missing.

Aim
The present study examines the longitudinal associations between postpartum mental health symptoms and maternal sensitivity as well as mother-child attachment.

Method
Current data are part of a larger research-project in cooperation with a clinic of psychiatry and psychotherapy. The sample consists of 38 mother-child-dyads: 19 mothers with postpartum mental health problems and 19 healthy controls. At wave 1, maternal sensitivity was observed and rated using six scales (responsiveness, promptness, appropriateness, intrusiveness, positive and negative affect). In addition, the mothers reported their mental health symptoms on the Edinburgh Postnatal Depression Scale (EPDS) and the Brief Self Report Inventory (BSI). At wave 2, 6 to 12 months after diagnosis, sensitivity and mental health were assessed again. Furthermore, we observed mother-child-attachment using the strange situation procedure.

Result
The results from wave 1 indicate that mothers suffering from postpartum mental health symptoms displayed deficits in maternal sensitivity compared to healthy mothers. Ongoing analyses of wave 2 data explore the long-term effects of postpartum mental health problems on maternal sensitivity and on mother-child-attachment.

Conclusion
Findings will enlarge our knowledge about adequate support for mothers with postpartum mental health problems focusing on maternal sensitivity and mother-child-attachment.
Interrupting the intergenerational transmission of risk: Initial results of a behavioral-psychotherapeutic, mindfulness-based intervention during pregnancy

Dr Jennifer Gerlach¹, Dr. Adriana Titzmann², Constanza Pontones², Prof. Dr. Peter A. Fasching², Prof. Dr. Matthias W. Beckmann², Prof. Dr. Oliver Kratz¹, Prof. Dr. Gunther H. Moll², Eva Siegmann³, Dr. Christiane Mühle³, Dr. Verena N. Buchholz³, PD Dr. Bernd Lenz³, PD Dr. Johannes Kornhuber³, PD Dr. Anna Eichler¹

¹Department of Child and Adolescent Mental Health, University Hospital Erlangen, Friedrich-Alexander University Erlangen-Nuremberg, Erlangen, Germany, ²Department of Obstetrics and Gynecology, University Hospital Erlangen, Friedrich-Alexander University Erlangen-Nuremberg, Erlangen, Germany, ³Department of Psychiatry and Psychotherapy, University Hospital Erlangen, Friedrich-Alexander University Erlangen-Nuremberg, Erlangen, Germany, ⁴Department of Addictive Behavior and Addiction Medicine, Central Institute of Mental Health (CIMH), Medical Faculty Mannheim, Heidelberg University, Mannheim, Germany

Introduction
Adverse prenatal environmental factors increase the risk of birth complications and postpartum child developmental problems. Maternal stress or depression and alcohol or tobacco use during pregnancy are associated with altered child emotional/behavioral outcomes and underlying neurobiological mechanisms (i.e., intrauterine fetal testosterone exposure, child cortisol-stress-system, immune disturbances). These findings highlight the need for low-threshold, tailored interventions supporting pregnant women to interrupt the intergenerational transmission of risks. To clarify the underlying mechanisms of action, appropriate biomarkers and adopting a longitudinal perspective of early child development are essential.

Aim
With this in mind, we examine whether a mindfulness-based and cognitive-behavioral therapy-based psychotherapeutic and mainly App-based intervention program in pregnant women, designed to reduce stress and substance use, affects second-to-fourth-digit-ratio (2D:4D; a biomarker for prenatal testosterone exposure) and mental health in infants.

Method
In this monocentric, prospective, controlled and investigator-blinded MINDFUL/PMI study, part of the “IMAC-Mind” consortium (“IMAC-Mind: Improving Mental Health and Reducing Addiction in Childhood and Adolescence through Mindfulness”), 146 pregnant women are randomized to receive either a behavioral-therapeutic, mindfulness-based program (intervention-group) or general information about pregnancy (control-group) via App on their smartphone complemented by three personal contacts. Maternal stress and substance use are measured in standardized self-report questionnaires. At 11-12 months, child-related outcomes are measured using a multi-level approach combining biomarkers (2D:4D), mother-report questionnaires (self-regulation; behavior problems), and developmental tests (cognition; language).

Results
Data collection is still ongoing. Initial results including adherence during the COVID-19 pandemic are reported alongside the presentation of the program.
Conclusion: Study results indicate the extent to which a mindfulness- and App-based intervention can be implemented during pregnancy and reduce prenatal risks as well as associated adverse effects on child development. Thus, the understanding of the importance of intrauterine environmental factors for early child development is expanded, and important approaches for prenatal prevention and intervention are identified.
M3 - SYM 43.4

Associations between dyadic behavior and maternal mental disorders – a systematic review and meta-analysis

Anne Jung¹, Prof. Dr. Nina Heinrichs¹
Bielefeld University, Germany

M3 - SYM43: Parental mental health problems, dyadic interaction and intervention in pregnancy and early childhood, Wicklow 4, 17 July 2023, 14:30 - 16:00

Mental disorders constitute a risk factor for dysfunctional parenting. Developing effective support for parents with mental disorders is therefore highly relevant to empower this vulnerable group and prevent the transmission of mental disorders. Considering the variety of symptoms and potentially different effects of disorders on areas of social functioning, it seems reasonable to assume distinctive impacts on dyadic behavior domains. An improved understanding of specific impairments or strengths associated with specific mental disorder (groups) might thus help to tailor parent programs.

To our knowledge, a detailed investigation of the association between different mental disorders and dyadic behavior domains has not yet been conducted. To address this research gap, we performed a systematic review and included studies with at least a two-group-design, namely one mental disorder group and another group with a different mental disorder or a control group without any (current) mental disorder. A second criterion for inclusion was the use of behavioral observation. We compared groups of disorders regarding their observed dyadic behavior. We expect significant differences between mental disorder (groups) and control groups in terms of maternal dyadic behavior, and that specific mental disorders are associated with specific dyadic behaviors (e.g. intrusiveness or sensitivity). Furthermore, we hypothesize that symptom severity might have a greater influence on dyadic behavior than the type of mental disorder.

We will present the first results on the associations between specific mental disorders and dyadic behavior domains. We screened 3671 studies, conducted full text review of 988 studies and are currently in the process of data extraction.

Additional knowledge about (non-) significant associations between mental disorder types and dyadic behavior domains (e.g., intrusiveness or sensitivity) can help to decide if parenting programs for mothers with mental disorders may benefit either from a more disorder-specific tailoring or a more general approach.
The Quality of Mother/Father-Child Interaction and the Development of Children Born Preterm

PhD Ana Mesquita², Joana Baptista³, Vanessa Moutinho¹, Carolina Toscano¹, Beatriz Vilela¹, Sara Almeida⁴, Professor Isabel Soares¹
¹Psychology Research Centre (CIPsi), University of Minho, , , ²ProChild CoLAB, , , ³CIS-Iscte - Centre for Psychological Research and Social Intervention (ECSH), , , ⁴Neonatology, Psychology service, São João University Hospital Center , ,

Introduction
According to the World Health Organization, every year, 15 million babies are estimated to be born preterm worldwide (< 37 weeks of gestation), and this number is rising. With an increased survival rate comes important, yet problematic, developmental sequelae. For instance, preterm children seem to be particularly at risk for elevated difficulties in self-regulation, including in cortisol and emotion regulation, as well as impairments in executive functioning. Despite this evidence, the fact remains that not all such children exhibit poor self-regulation. This heterogeneity remains poorly understood.

Aims
The present longitudinal project aimed to investigate the role of mother-child and father-child quality of interaction on the development of preterm children’s self-regulation during the first 3 years post-partum.

Method and Materials
The sample included 150 preterm children and their parents, assessed at 12 months of corrected age (T1), 2 years of corrected age (T2), and 3 ½ years of chronological age (T3). The assessment protocol included tasks with the child, to assess self-regulation. The mother-child and father-child dyads were observed during different structured interactive tasks, allowing the assessment of the caregivers and the child’s interactive behaviours. Saliva samples were collected during those tasks to assess child cortisol reactivity. Mothers and fathers also completed a set of questionnaires.

Conclusions
Overall, results indicated that the quality of parent-child interaction predicted preterm children’s self-regulation, even after controlling for neonatal adversities, parents’ psychological distress, SES, and child mental development. Maternal intrusiveness was found to be a significant (and unique) predictor of observed infant emotion regulation ($\beta=-.46$, $p=.03$), but not cortisol regulation, at T1. Both mothers’ ($\beta=-.27$, $p=.04$) and fathers’ ($\beta=-.29$, $p=.04$) controlling behaviors were associated with worse child executive functioning performance at T3. These findings highlight the importance of primary relational experiences on early regulatory competencies in preterm children.
Maternal psychopathology as a risk for parenting and child development: Findings from two longitudinal studies

Professor Gottfried Spangler

1Freidrich-Alexander Universitaet Erlangen Nuernberg, Erlangen, Germany

Parental mental health is regarded as an essential risk factor for dysfunctional parent-child-interaction and child development. Findings from two different longitudinal samples will be presented, in which the influence of parental mental health problems on the development of attachment and emotional regulation was investigated.

In a short-term-longitudinal study in early childhood we found that high cumulative family risk predicted child lower maternal sensitivity towards the child as well as the child’s attachment security. Analyses showed that maternal sensitivity mediated the effect of family risk on attachment security as which in turn predicted attachment security attachment insecurity, and that the effect on attachment security was mediated by maternal sensitivity and moderated and that this effect was mediated by maternal sensitivity and was suspended when maternal sensitivity was heightened. Results from further analyses will be presented regarding the specific contribution of risk factors concerning parental mental health problems to the cumulative risk score and the mediator and moderator effects.

In a long-term longitudinal study, we investigated long-term effects of maternal alcohol consumption during pregnancy and maternal depression around the child’s birth on maternal sensitivity in middle childhood. The findings indicate an indirect effect, as maternal sensitivity during middle childhood was mostly predicted by contemporary maternal depression which however, was associated by earlier maternal mental health problems. Further analyses will refer to the consequences of maternal mental health problems on child development (attachment, emotional regulation, behavior problems) in middle childhood via maternal behavior. The findings will be discussed from an attachment theory perspective and within the theoretical framework of risk-protection model.
Elements and settings associated to the quality of mother-infant interaction

Professor Barbara Figueiredo\textsuperscript{1}, PhD Adriana Sampaio\textsuperscript{1}
\textsuperscript{1}School of Psychology. University of Minho., Braga, Portugal

Early relationships matter and mother/father-infant interaction is a leading condition to establish early relationships. Therefore, the quality of the mother/father-infant interaction (e.g., eye-contact, affective touch, synchrony, turn-taking) interfere in the quality of the infant early relationships, scaffolding social-emotional interactions from the beginning of lives and promote development and mental health of the infant. To better known the elements and settings associated to the quality of mother-infant interaction, namely at different ages, as presented in the studies of this symposium, is important. These elements and conditions are positively associated to the quality of mother-infant interaction and may contribute to promote a better context to the infant development; namely, in infants with specific difficulties as in premature infants.
Mother-infant breastfeeding and bottle-feeding interactions

Mother-infant breastfeeding and bottle-feeding interactions Bárbara Costa¹, Dr. Raquel Costa², Professor Barbara Figueiredo¹

¹Psychology Research Centre (CIPsi), Universidade Do Minho, Braga, Portugal, ²PIUnit – Public Health Institute, University of Porto, Porto, Portugal

M3 - SYM44: Elements and settings associated to the quality of mother-infant interaction, Wicklow 5, 17 July 2023, 14:30 - 16:00

Introduction
Although the association between the mother feeding method and/or depression and the quality of mother-infant interaction was already been addressed in the literature, inconsistent data were presented regarding the mother-infant interaction during breastfeeding and bottle-feeding, namely in mothers with or without depression.

Aims
The main objectives of this study are to analyze (1) the differences in the quality of mother-infant interaction during breastfeeding versus bottle-feeding, (2) the differences in the quality of mother-infant interaction between depressed and non-depressed mothers and (3) the moderating role of the feeding method on the association of the mother depression on the mother-infant interaction.

Material and Method
A sample of 55 primiparous mothers and their 3-month-old infants were videotaped during breastfeeding or bottle-feeding, and the mother-infant interaction was assessed using the Interaction Rating Scales (IRS). The mothers were recruited at the 3rst trimester of pregnancy, accessed with the Edinburgh Postnatal Depression Scale (EPDS) and the Structured Clinical Inventory for DSM-IV Diagnoses, at the 3rst trimester of pregnancy and 3 months postpartum.

Results
Infants showed worse interactive behaviors during bottle-feeding compared to infants during breastfeed. Depressed mothers showed worse interactive behaviors than non-depressed mothers during feeding. Nonetheless during breastfeeding depressed mothers and infants showed better mother-infant interaction compared to depressed mothers and infants during bottle-feeding. No significant differences were found on the mother-infant interaction between depressed mothers and infants during breastfeeding and non-depressed mothers and infants during breastfeeding or bottle-feeding.

Conclusion
This study results emphasizes the contributes of breastfeeding on the quality of mother-infant feeding interaction.
Maternal Singing in Mother-Baby Interaction: Study carried out with premature babies

Elements and settings associated to the quality of mother-infant interaction Eduarda Carvalho, Fernanda Guimarães, Professor Barbara Figueiredo

1Center for Research in Psychology, University of Minho, Braga, Portugal, 2Center for the Study of Sociology and Musical Aesthetics (CESEM), New University of Lisbon, Lisbon, Portugal

Introduction
The quality of mother-baby interaction is extremely important and interferes with the child development and mental health. The mother-infant interaction is more difficult with the preterm infant, namely due to the lower reciprocity of the infant. However, the maternal singing directed to preterm infant, during the kangaroo care, has been highlighted as a beneficial strategy for the mother-infant interaction.

Aim
The present study with preterm mother-infant dyads during the kangaroo care, aims to evaluate (1) the differences in the quality of mother-infant interaction, in the speech condition and in the singing condition and (2) the association between the quality of the mother-infant interaction - in the condition of speech and in the condition of singing.

Material and Method
The study involved 36 dyads of mothers and their preterm newborns (25-34 weeks of gestational age at delivery), recruited from the Neonatal Intensive Care Unit of a Lisbon Hospital. Each of the mothers was invited to speak and sing to their infants at different times during the kangaroo-supported diagonal flexion positioning. The quality of the dyad interaction was assessed using the Mother-Infant Interaction Rating Scale (IRS).

Results
Previous studies carried out with this sample showed that singing is a more favorable condition for overlapping vocalizations, while speech is a more favorable condition for mother-infant turn-taking.

Conclusion
The present study contributes to a better understanding of which parameters of mother-infant interaction in the condition of singing during the kangaroo method are more favorable for the quality of mother- preterm newborn interaction.
Social touch is a prevalent and essential modality in mother-infant social exchanges (Hertenstein, 2002; Stack & Muir, 1990). Touch also plays an important role in the infant’s early social, emotional, and physical well-being (Field, 2019). Nonetheless, studies of how mothers actually use touch, in tasks representative of the infant’s life, are still limited. This is the case, particularly during the second half of the first year of life, and in non-clinical populations. We analyzed maternal touch behavior, in non-object-oriented and object-oriented play interactions.

Mother-infant dyads were observed at 7 and 12 months during a structured social interaction design with three play tasks: (1) play with objects, (2) play without objects, and (3) difficult object play (above the infant’s developmental level). Social touch was coded using an adapted version of the Mother Touch Scale (Beebe et al., 2010; Serra et al., 2020). Every maternal touch event was coded and categorized into twenty-one types of touch behaviors; each touch was further ordinalized in eight categories, from affectionate touch to intrusive touch (categorization was labeled OMTS).

Bayesian beta regression with mixed effects was used to assess the effect of infant’s age and play tasks on the proportion of time mothers touch their infants considering the total amount and the OMTS categories. Results showed that: (1) the total frequency of maternal touch decreases from 7 to 12 months in all play tasks; (2) this decline is mainly explained by the decrease in static and object-mediated touch at 12 months; (3) mothers touch more often in dyadic than in triadic play tasks; (4) object-mediated touch is lower in play with objects than in difficult play task. Our findings add further evidence regarding the decrease of maternal touch in the first year. Of relevance, our study suggests that the developmental trajectory of maternal touch behavior is modulated by infant’s evolving needs, and by the different challenges in object vs non-object play tasks.
M3 - SYM 44.5

Mother-infant interaction in the first 48 hours of life during the feeding situation

PhD Sandra Simó Teufel¹, Dr Adolfo Gómez Papi, Erica Harnisch
¹University of Valencia, Spain, Valencia,

M3 - SYM44: Elements and settings associated to the quality of mother-infant interaction, Wicklow 5, 17 July 2023, 14:30 - 16:00

From the first hours of the baby's life, feeding is an experience of great psychological relevance both for the mother and the newborn. Feeding ensures growth and development and provides an opportunity for mother-baby interaction and intimacy. In addition, while feeding, the mother activates an important maternal function to sustain the baby's life and help him regulate his physiological and emotional state.

The present exploratory study describes the quality of mother-infant interaction in a sample of mothers who decided to breastfeed (15 dyads) and mothers who chose formula-feed (15 dyads). The study involved 30 mother-baby dyads admitted to the University Hospital of Tarragona maternity clinic in 2017. Healthy babies were included, receiving early contact with their mothers and aged between 24 and 48 hours. The quality of mother-newborn interaction was assessed using the self-developed Mother-Newborn Interaction Observation Scale in the First 48 Hours of Life (EOI-48h), composed of dimensions of a) maternal interaction behaviours, b) newborn behaviours, and c) dyadic functioning. The Newborn Feeding Questionnaire assesses maternal feeding decisions.

Mother-baby interactions in breastfeeding dyads were characterized by increased eye contact, physical contact, enjoyment, positive emotionality and communicative receptivity, with more positive rates of rhythm and synchrony in the interaction.

The study highlights the emotional and communicative benefits of breastfeeding for mothers and babies in the first hours of the postnatal stage. In addition, breastfeeding creates the opportunity for developing parenting skills that enhance the quality of mother-baby interaction and positive patterns of dyadic regulation between mother and baby.
This session will present recent research on care pathways and the clinical process to support service provision in Ontario, Canada for children under 6 years old. For the first presentation, we will share findings from a scoping review of available clinician-administered mental health and developmental screening tools that contributed to the development of a new measure. We will introduce this newly developed communimetric mental health screening tool called the HEADS-ED under 6. For the second and third presentations, we will present utility and decision validity results based on intake workers’ use of the HEADS-ED under 6 at two pilot implementation study sites. The first pilot site includes a community mental health agency that provides mental health and developmental services for children under 6 years. The second pilot site includes a regional, hospital-based coordinated access and navigation service for mental health and addictions care for all children and youth up to 21 years of age. During the fourth session we will share the process and findings from a pilot study that engaged three communities to strengthen collaboration across sectors to develop efficient care pathways that support pregnant people, infants, children under 6 and their families. Each community developed care pathways that considered the unique geographical and regional nuances of the counties, and identified pathways that better attended to the unique and specialized needs of Indigenous clients. The findings from Ontario can be used as a model for other communities to increase capacity, improve identification of need, and access to appropriate intensity of services. The implementation of screening tools and integrated care pathways helps families and care providers by taking the guesswork out of what services are available and when, where and how to access them and ensure families get the help they need and when they need it.
Introduction
The COVID-19 pandemic has highlighted the extent to which infants, young children and their families are impacted by the lack of accessible mental health services, supports and programs in their communities. Families and care providers must be equipped with the right knowledge to recognize and respond to social, emotional and behavioural challenges in the early years.

Aim
The Knowledge Institute on Child and Youth Mental Health and Addictions and Infant and Early Mental Health Promotion partnered to engage three communities in Ontario, Canada to strengthen collaboration across sectors and develop efficient care pathways that support pregnant people, infants, children under 6 and their families.

Method
We meaningfully engaged with care providers across education, primary care, early learning and care, child welfare, child and youth mental health and addictions sectors to create intersectoral care ensuring that families and children they are matched with the best service, at the right time and in the most appropriate modality to meet their needs.

Results
In each community we identified the knowledge and resource gaps in their community, developed care pathways and worked to improve equitable access to mental health services and programs. We provided training to over 600 service providers on foundational concepts in infant and early mental health, standardized assessment tools and a developmental support plan program to equip service providers with the knowledge and skills they need to identify the early signs of mental health challenges.

Conclusion
Investment in early intervention prevents the development of more complex mental health issues and sets children up for long-term success at home, at school and in life. This pilot project identified the various mechanisms intended to strengthen partnerships, accountability, and communications across sectors to develop efficient community care pathways that support pregnant people, infants, children under the age of 6 and their families.
Introduction
Approximately 10-25% of infants and young children (up to 6 years of age) have a mental health (MH) and/or developmental problem; however, most are undetected or untreated. Recognizing and intervening before children reach school age is important for their academic, developmental and MH outcomes. Through routine health visits, clinicians have the opportunity to promptly identify children at risk of, or currently have, a MH or developmental concern. However, clinicians often report that a lack of time, training, clinical guidelines, and knowledge of specialized services impede screening. Although screening tools for young children exist, many are time consuming, assess one area of development, or rely solely on parent, not provider, involvement, thereby limiting their use.

Aim
To enhance clinicians’ awareness of available screening tools that meet their needs (e.g., brief, easy to use) as a first step to improving early identification of MH and developmental problems in young children.

Method
We conducted a scoping review to identify and describe existing brief, multidimensional MH and developmental screening tools for children up to 6 years that are administered by clinicians.

Results
A search of electronic databases and relevant reference lists yielded 10 eligible screening tools. Most tools (n=7) assessed MH and development using checklists and behavioral milestones, while fewer used open-ended questions (n=3). When reported, training was minimal, and cost was free. Tools varied in administrators (e.g., nurse, physician), number of items (7-110) and developmental areas assessed (2-10), associated scores and cut-offs. Most tools underwent psychometric or usability testing and demonstrated good comparability with other standardized measures. One tool provided recommendations for monitoring and support, but none provided information on specialized services.

Conclusion
Although brief, valid and reliable, multidimensional screening tools for infants and children exist, a tool that guides service planning could improve access to specialized care for those in need.
The HEADS-ED Under 6: Piloting a new communimetric mental health screening tool for young children

Dr. Christine Polihronis1,2, Dr. Mario Cappelli1,2, Ms. Paula Cloutier2,3, Mr. Joel Schryer4, Ms. Lori Kempe4
1Knowledge Institute on Child and Youth Mental Health and Addictions, Ottawa, Canada, 2Children’s Hospital of Eastern Ontario Research Institute, Ottawa, Canada, 3Children’s Hospital of Eastern Ontario, Ottawa, Canada, 4Children First, Windsor, Canada

Introduction
Communimetric screening tools are important as they help clinicians identify and communicate their patients’ common areas of need and the corresponding clinical action based on that need. However, few communimetric tools exist for clinicians to identify mental health needs in young children. Based on communimetric theory, in this session we will introduce our new communimetric tool, the HEADS-ED for children under 6. This initial work was piloted at a community mental health agency in Ontario, Canada.

Aim
We aimed to improve their screening and referral process for children under the age of 6 years by: 1) implementing the new HEADS-ED U6 screening tool; 2) Communicating areas of needs that require action, and 3) assisting intake workers with making more informed decisions related to MH service recommendations.

Method
We explored how intake workers used the new HEADS-ED U6 screening tool (from November 2019 to March 2021) to understand the child’s mental health needs that require action from the caregiver’s perspective, and how these needs map on to recommended services. Results: Preliminary results revealed that 94.5% of children under 6 accessing community MH services (n =536/567) were screened with the HEADS-ED at intake. Almost 50% had a lack of discharge or current MH resources. Total HEADS-ED scores and domains were used to inform the required intensity of recommended services. Total scores at intake were significantly higher for those requiring priority services (M = 6.6) and lowest for those exiting services (M = 3.6), indicating a greater need for urgent services (p<.001).

Conclusion
Preliminary results indicate the HEADS-ED U6 was a brief, easy, and valid screening tool for intake workers to use in order to identify MH domains, rate level of action/impairment, and communicate the severity of MH needs, in addition to determining level of service required.
Addressing Mental Health Needs of Young Children Through a Novel Coordinated Access and Navigation Program

Ms. Paula Cloutier1,2, Dr. Mario Cappelli2,3, Dr. Christine Polihronis2,3, Dr. Scott Robson2,3, Josée Blackburn1, Ms. Cynthia Dawson1
1Children’s Hospital Of Eastern Ontario (CHEO), Ottawa, Canada, 2CHEO Research Institute, Ottawa, Canada, 3Knowledge Institute On Child and Youth Mental Health and Addictions, Ottawa, Canada

M3 - SYM47: First steps together: Screening tools and care pathways for infant and early childhood mental health, Wicklow 3, 17 July 2023, 14:30 - 16:00

Introduction
To provide the best mental health and addiction services, it is critical that mental health and addiction systems be able to adapt to fluctuating needs, resources, capacity, and environmental circumstances. To address this gap, 1Call1Click.ca was established to ensure that every child/family in Eastern Ontario has faster access to high-quality, connected, mental health and addiction services. Its goal is to solve challenges such as: siloed care, navigating program eligibility, systematic measurement of outcomes, and inequitable delivery of/access to care.

Aim
1) briefly describe the 1Call1Click coordinated access and navigation program, 2) characterize the demographic and clinical presentations and service needs, of children under 6 contacting 1Call1Click.ca, 3) evaluate if the level of recommended care aligns with identified MHA needs on the HEADS-ED under 6 screening tool.

Method
All children (birth to 5.99 years) whose caregivers have contacted 1Call1Click.ca between June 2021 to August 2022 were included. Descriptive statistics were used to characterize service users in terms of demographic, clinical and health service variables. Correlations were used to examine the association between total HEADS-ED scores and level of recommended care.

Results
245 children (Mean Age: 4.00 years, 59.6% male) accessed the service. The main presenting complaints included aggression (51.5%), parent-child relationship issues (41.6%), ADHD (30.6%) and anxiety (29.8%). 28.1% of HEADS-ED ratings indicated a need for immediate action and most triggered one (47.4%) or two (33.9%) MHA service referrals. The correlation between total HEADS-ED score and ranking of stepped care needs was significant (r=.57, p<.001).

Conclusion
1Call1Click.ca provides a platform for an integrated access and navigation service for identifying, tracking, and matching client/patient needs to services across the healthcare system. Based on the 1Call1Click.ca utilization data, tools such as the HEADS-ED under 6 can help identify patient needs and determine level of care.
The Newborn Behavioral Observation as an Intervention for Front-Line Caregivers

Dr Alexandra Harrison¹, Ms Trish Hurley³, Mrs Anuli Ifezue⁴, Dr Betty Hutchon⁵, Dr Nicola Dawson⁶, Dr Muhammad Zeshan⁷

¹Harvard Medical School at Cambridge Health Alliance, Cambridge, US, ²Supporting Child Caregivers, Cambridge, US, ³Let’s Grow Together, Ireland, ⁴Health Visiting Manchester Foundation Trust, United Kingdom, ⁵Royal Free NHS Trust, United Kingdom, ⁶Ububele Educational and Psychotherapy Trust, South Africa, ⁷Rutgers University New Jersey, United States

Introduction
The Newborn Behavior Observation (NBO) is an effective tool for supporting the relationship between infant and caregiver during the newborn period. A strong caregiving relationship has been shown to buffer the developing child against environmental stressors that negatively affect health outcome. Yet, most NBO practitioners are professionals--nurses, doctors, physical therapists, occupational therapists, social workers. These highly qualified clinicians are more expensive than the large pool of community workers—who, in addition, often have deeper ties to the community, and a stronger connection to community cultural beliefs and values. The search for cost-effective methods of building resiliency in children leads us to ask whether we can train community health workers to provide good NBO care.

Aim
The aim is to answer this question through a demonstration of the challenges and the value of training community workers to implement the NBO in high risk, low resource populations of diverse cultures. We will describe programs training community workers to implement the NBO.

Description
A panel of NBO practitioners and trainers from Britain, Ireland, South Africa, and Pakistan will describe their experience training community health workers as NBO practitioners, including unique features of their programs. Then, using these presentations as a springboard, workshop participants will engage in an in-depth discussion to consider insights gained through the practice of the NBO by front-line caregivers in socio-economically stressed and culturally diverse populations.

Conclusion
Cost-effective infant-caregiver interventions are greatly needed in high-risk, low-resource populations. The study of programs training community health workers offers important insights into cost-effective infant intervention methods for improving health outcome, while also expanding the capacity of the NBO through insights into different cultural perspectives.
Introduction
The NBO is used as a “port of entry” and stepping stone to additional supports and intervention in a high-risk community. Cork City (Northwest) serves a population of over 12300 people, many with a history of poverty, homelessness, unemployment. The Let’s Grow Together! service is open to parents in the community from pregnancy until their child turns 4 yrs. It incorporates an Infant Mental Health approach that supports early childhood social and emotional development by nurturing parent/child relationship, within the context of the culture and the environment in which the families live.

Aim
We will discuss the implementation of the NBO in Let’s Grow Together, a community program, including the barriers and the facilitating factors we encountered.

Description
The NBO is implemented by the Let’s Grow Together multidisciplinary team with qualifications in Early Education or Social Care, Speech and Language Therapists, and Public Health Nurses. This team also hosts online NBO training for practitioners at different backgrounds and educational levels, including community workers in homeless and IPV services—typically indigenous to the community—baby massage, and other allied fields. After accreditation and ongoing mentoring from the Brazelton Institute and capacity building from Let’s Grow Together, these practitioners—including community workers—can facilitate the NBO with families within their own organisations.

Conclusion
The NBO can be successfully implemented in a community program by infant-parent support workers and others working directly in varying capacities with families. This presentation highlights how the NBO offered in the community offers unique and positive opportunities to infants and families that might not be otherwise available.
Introduction
Manchester, a city in Northwest England, is characterized by high ethnic diversity and the environmental risk factors of chronic poverty, low SES, crime, substance abuse, and IPV. The children of Manchester experience a high number of adverse childhood experiences (ACEs) and not surprisingly the population is sicker and die younger than other UK cities with comparable populations. The NBO is an intervention demonstrated to strengthen infant-parent bonding. A responsive infant-parent relationship can increase children’s resiliency by, at least in part, protecting infants from the negative influence of ACEs. Therefore, the NBO can be an effective preventive tool for at-risk infants.

Aim
We will discuss the implementation of the NBO by front line caregivers as part of a multidisciplinary team caring for vulnerable infants and their families in Manchester, UK.

Description
We will report on the Early Help and Thriving Baby projects in Manchester. In 2017 NBO training was instituted for all new and existing health visitors (public health nurses) with the goal of supporting the infant parent relationship and in that way buffering the child against the damaging effect of ACEs. Digital Health visiting records were adopted to provide for the documentation of the administration of NBO at the new birth visit and follow up visits. In early 2022, NBO training was additionally provided for members of the community with secondary school O level certificates. Currently, the NBO is implemented as a universal intervention by a multidisciplinary team. All staff members, including the community health workers, are supported by training, certification, clinical practice workshops, and peer support group in ongoing mentorship programs. The results of this program will be described.

Conclusion
The NBO can be successfully implemented in a community program by NBO-trained nonprofessional front line caregivers with ongoing training and mentorship.
NBO with Frontline Caregivers in an inner London borough - UK Sure Start Programme

Dr Alexandra Harrison, Dr Nicki Dawson, Dr Betty Hutchon 1
1Royal Free NHS Trust, London, UK

Introduction
An inner London borough, Camden is densely populated and ethnically diverse - 34% Black, Asian or other minority ethnic, and 22% non-British White--home to some of the poorest and some of the wealthiest people in the UK. Camden also has a mobile population (5th in the UK)--including a high number of refugees and many non-English speakers--presenting challenges in delivering high quality health care and early education services. The UKSSP integrates health visiting and early education and provides neonatal support and early education to prepare children for entering school at age 5. The program features the NBO to support parent-infant relationships. Accepted by health commissioners for use across the entire population of new-borns, it creates a pathway of services with a strong focus on the first 1001 days. To date over 700 Camden babies and their families have received an NBO in Camden since the first training cohort in May 2021, and 94% of NBOs are completed at the new birth visit.

Aim
To present the implementation of the NBO in an inner London borough involving a range of health and education workers from many different backgrounds and education levels.

Description
We will describe the planning and implementation of UKSSP. The first phase of UKSSP has trained home visitors. The second phase will train community workers, family support workers and early educators. Unique aspects of this NBO programme include: Parent participation, Parent feedback and questionnaires, practitioner-led change, NBO Champions, NBO focus groups, Peer observation tool and NBO “Passport” local best practice guide.

Conclusion
The NBO can be successfully implemented in a densely populated diverse London borough in a community program integrating early education and health. Community workers and family support workers will be trained in the NBO in the second phase of the project.
The NBO in South Africa: NBO Lay Counselors

Dr Alexandra Harrison¹, Dr Nicola Dawson¹
¹Ububele Educational and Psychotherapy Trust, Johannesburg, South Africa

M3 - SYM49: The Newborn Behavioral Observation as an Intervention for Front-Line Caregivers, EcoCem Room, 17 July 2023, 14:30 - 16:00

Introduction
The Ububele Trust is a non-profit organisation providing preventative infant mental health services to residents of Alexandra Township, in Johannesburg South Africa. A designated “black” area under the previous South African Apartheid regime, Alexandra offers affordable housing to many impoverished South and Southern Africans seeking employment in Johannesburg. Overcrowding, poverty and high levels of unemployment leave the community vulnerable to high rates of violence and xenophobia. In this context, parents of neonates are preoccupied with safety and financial security, which can interfere with the developing attachment.

Aim
This presentation will discuss the integration of the NBO as a preventative infant mental health tool into the Ububele basket of parent-infant mental health services.

Description
The Ububele Parent-Infant Programmes is an extensive collection of perinatal and infant mental health services, including home visits, clinic and hospital consultations, parent-infant psychotherapy and parenting courses. The programme makes use of both lay counsellors from the community and psychology professionals. The NBO has become a critical tool across both the range of service providers and services. This presentation will demonstrate how the NBO has been integrated into these various programmes, with careful thought to the contextual and cultural adaptations required to guard against colonised health care practice in South Africa. We put special emphasis on lay counselor home visitors, who provide essential culturally congruent care to the community.

Conclusion
The successful integration of the NBO in to the Ububele Parent-Infant basket of services demonstrates the appropriateness of the tool for use in the South African setting, including through implementation with lay counsellors.
Building Baby Brains: Infant Mental Health Training for Community Health Workers in Rural Pakistan

Dr Alexandra Harrison¹, Dr Muhammad Zeshan²
¹Harvard Medical School, Cambridge, US, ²Rutgers University, New Jersey, United States

Introduction
High neonatal mortality and morbidity in rural Pakistan has plagued the region even before the devastating floods. Lady Health Workers (LHWs)—village women selected by local health departments—are trained by the government and tasked with attending to basic health needs of village families. These community health workers present a unique opportunity to introduce additional support to the infant-parent relationship with the aim of supporting the resilience of infants born into these high-risk environments.

Aim
To describe a pilot study of an infant mental health training that includes an adaptation of the NBO—Building Baby Brains (BBB)—given to LHWs in rural Pakistan.

Description
BBB, a manualized curriculum, was developed to supplement the basic health training of LHWs. BBB includes information about perinatal mental health, early development, and an adaptation of the NBO. An intervention group of 23 LHWs were trained in the BBB, and a control group of 20 LHWs received training as usual. Each LHW in both groups was instructed to randomly choose 2 families in their caseload to include in the study. LHWs in the intervention group implemented the adaptation of the NBO in their 2 selected families. Outcome measures of maternal mental health, LHW job satisfaction, and infant-mother responses on the NCAST feeding scale, will be compared using data from the intervention and control groups of LHWs and their selected families.

Conclusion
A pilot study of a training program for LHWs in rural Pakistan includes an adaptation of the NBO. We will present preliminary results of BBB training to LHWs on the mental health status of mothers, the job satisfaction of LHWs, and on the mother-infant relationship.
Relationship building interventions for young traumatized foster children.

Prof. Frank Van Holen\textsuperscript{1,2}, Drs. Delphine West\textsuperscript{2,3}, Ms. Lenny Trogh\textsuperscript{3}, Dr. Adena Hoffnung Assouline\textsuperscript{4}, Mrs Cigal Knei-Paz\textsuperscript{5}

\textsuperscript{1}Foster Care Service Vlaams-Brabant en Brussel, Kessel-Lo, Belgium, \textsuperscript{2}Vrije Universiteit Brussel, Brussels, Belgium, \textsuperscript{3}Knowledge Centre Foster Care Flanders, Brussel, Belgium, \textsuperscript{4}Hebrew University of Jerusalem, Jerusalem, Israel, \textsuperscript{5}Tel Aviv University, Tel Aviv, Israel

M3 - SYM5: Relationship building interventions for young traumatized foster children, Liffey Meeting Room 3, 17 July 2023, 14:30 - 16:00

As most foster children experienced traumatic events concerns can be raised about the quality of attachment between foster children and their caregivers. This symposium focuses on the relationship(building) between young foster children and their foster parents and birth parents.

First, West describes an empirical study into the attachment relationship between 68 young Flemish foster children (18 to 72 months) and their foster mothers and examines which factors are associated with the attachment relationship. Higher levels of parenting stress in foster mothers and more behaviour problems in foster children were associated with higher scores on insecurity of attachment. Consequently, implications for practice and policy are formulated.

Next, two interventions for young traumatized foster children that focus on relationship building with their foster parents and/or birth parents are presented.

In the second presentation, Hoffnung Assouline and Knei-Paz describe a practice model which implemented both in Israel and Flanders, for professionals accompanying supervised visits between foster children and their birth parents, using principles of Child Parent Psychotherapy, an evidenced based trauma-responsive dyadic intervention for young children. It enables professionals supervising the visits to address the traumatic experiences that led to the circumstances of supervised visitation and respond to the difficult emotions for all those involved.

In the third presentation, Trogh describes the implementation of this model in Flanders based on a clinical case description.

In the fourth presentation West describes the Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline. It is aimed at foster parents of young foster children (1 to 6 years) and is fashioned to promote sensitive parenting, secure attachment and a reduction in children’s behavioural problems. It is an evidence-based intervention. Its effectiveness has been shown for a variety of target groups. This contribution discusses the design and delivery of the intervention and illustrates these with case material.
M3-SYM5.2

Implementation of trauma-informed approach in supervised visitation in Flemish foster care

Miss lenny trogh
Kenniscentrum Pleegzorg, Brussels, Belgium

M3 - SYM5: Relationship building interventions for young traumatized foster children, Liffey Meeting Room 3, 17 July 2023, 14:30 - 16:00

There is an increasing trend in the number of young children placed in foster care in Flanders and Brussels. Familial problems, such as inadequate housing, poverty and domestic violence (81%) and parenting problems, such as neglect and abuse (68%), were the main reasons for placement. On top of these statistics, every foster child necessarily experiences one traumatic event prior to placement, namely the (temporary) separation of their parents. In addition to parental separation, 85% of Flemish foster children experienced at least one other traumatic event.

Combined with the current scientific knowledge about trauma and the large presence of trauma-related difficulties among the foster children in the Flemish Foster Care Services, the need to develop and provide trauma-informed care in supervised visitation is obvious. During visitations, e.g. the behavior of the parents, or their presence, can again evoke feelings of anxiety and distress in the foster child, because he or she is again reminded of possible traumatizing experiences that he or she has already experienced or is reliving in the past.

Therefore, the focus of this presentation is specifically on how a trauma-informed view and trauma-informed framework is used and implemented in the context of supervised visitations between young foster children and their parents.

During the presentation attention will be paid to the already acquired goals and also to the obstacles we confronted in this implementation. The description of the training program and implementation of this model in Flanders will be presented, based on a clinical case description.
Positive parenting in foster care: A video-feedback intervention to promote positive parenting – theory and practice

Drs. Delphine West¹,², Ms An Roelands³, Lisa Van Hove¹,⁴, Johan Vanderfaeillie¹, Laura Gypen¹, Prof. Frank Van Holen¹,⁴
¹Vrije Universiteit Brussel, Belgium, ²Kenniscentrum Pleegzorg, Belgium, ³Pleegzorg Oost-Vlaanderen, Belgium, ⁴Pleegzorg Vlaams-Brabant en Brussel, Belgium

M3 - SYM5: Relationship building interventions for young traumatized foster children, Liffey Meeting Room 3, 17 July 2023, 14:30 - 16:00

Foster children are known to be at high risk for developing attachment problems. Moreover, their associated behavioural problems can be a burden for the foster family and increase the risk of placement breakdown. A sensitive parenting style promotes a secure attachment which, in turn, can reduce the chance of difficulties arising and protect against placement disruption. Interventions using video-feedback of parent–child interactions offer a method of increasing parental sensitivity and improving the quality of the parent–child attachment. The intervention discussed in this presentation is part of a wider initiative, Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD), fashioned to promote sensitive parenting, secure attachment and a reduction in children’s behavioural problems. Its effectiveness has been shown for a variety of target groups. A variant of the approach was developed specifically for foster and adopted children, Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline – Foster Care/Adoption (VIPP-FC/A). During the presentation, the design and delivery of the intervention are discussed and illustrates these with case material.
Factors associated with insecure attachment behavior of young Flemish foster children

Prof. Frank Van Holen\textsuperscript{1,3}, Drs. Delphine West\textsuperscript{1,2}, Camille Verheyden\textsuperscript{1}, Laura Gypen\textsuperscript{1}, Johan Vanderfaeillie\textsuperscript{1}  
\textsuperscript{1}Vrije Universiteit Brussel, , Belgium, \textsuperscript{2}Kenniscentrum Pleegzorg, , Belgium, \textsuperscript{3}Pleegzorg Vlaams-Brabant en Brussel, , Belgium

Family foster care is the option of choice in case of out-of-home placements in Flanders, resulting in rising numbers of family foster care placements. As a number of the foster children experienced traumatic events and all of them were separated from their primary caregivers, concerns can be raised about the quality of attachment between foster children and their foster carers. Additionally, international research regarding associated factors with attachment quality is scarce and inconclusive and to our knowledge, Flemish research into this matter was non-existent. The sample of this research consisted out of 68 young foster children and their foster mothers. The attachment behavior was scored by the foster mothers on the Attachment Insecurity Screening Index. The mean for the total Attachment Insecurity Screening Index was non-clinical, but significantly higher than the mean of the norm group, this points to foster mothers perceiving more insecure attachment behavior in the relationship with their foster children. The rates for insecure attachment were comparable to the regular population. Parenting stress and problem behavior were positively associated with insecure attachment scores and, negatively with self-reported sensitivity of foster mothers. These factors were entered in a multiple linear regression model. This model shows that higher levels of parenting stress and more behavior problems were associated with higher insecure attachment scores. We recommend to pay sufficient attention to the attachment relationship of foster children and their foster carers, parenting stress and behavior problems by monitoring them regularly and providing additional support and interventions when these are indicated.
M3-SYM5.5

A Trauma-Informed Approach to Supervising Contact Visits between young foster children and their parent’s

Dr Adena Hoffnung-Assouline¹, Mrs Cigal Knei-Paz²
¹Hebrew University, Jerusalem, Israel, ²Tel Aviv University, Tel Aviv, Israel

M3 - SYM5: Relationship building interventions for young traumatized foster children, Liffey Meeting Room 3, 17 July 2023, 14:30 - 16:00

Young children who have been removed from their homes as a result of maltreatment and have been placed in foster care, typically meet their birth parents under supervision. Supervised contact is intended to provide children the opportunity to maintain the parent-child relationship in a safe and neutral setting. Unfortunately, findings suggest professionals supervising visits have limited practice skills to help build constructive relationships through contact visits. Moreover, parents of children who are in care often have their own complex trauma and frequently experience mental health issues or substance abuse that can affect their ability to connect with their children. Thereby, in many cases supervised contact can be harmful, undermining the children’s sense of security and placement stability.

While the literature highlights various aspects that need to be implemented in order to improve visits, there is a lack of a trauma-informed approach, whereby professionals supervising the visits can address the traumatic experiences that led to the circumstances of supervised visitation and respond to the difficult emotions for all those involved.

This presentation will provide practical guidelines for professionals accompanying supervised visits derived from the core principles of Child Parent Psychotherapy (CPP), a dyadic trauma-informed intervention for young children that targets a very young population, and that gives abusive or neglectful parents an opportunity to use therapy to reconnect with their children.

Case vignettes will illustrate how these guidelines were applied by professionals supervising contact visits in foster care and adoption services in Israel and Belgium, by providing support to birth parents and foster parents in responding to the child’s attachment needs following trauma, thereby promoting safety and improving child-parent interactions.

Recommendations will be offered for attaining the best clinical practices in supervised contact.
The New Child Development Ambassadors Foster Infant/Child Mental Health in Under-Resourced Countries: Beyond Disciplinary/International Boundaries

Professor Abraham (Avi) Sagi-Schwartz1,2, Dr Ella Levert-Levitt1,6, Mr. Sahilu Baye Alemu3, Aljoša Rudaš4, Dr Melissa Washington-Nortey5

1University Of Haifa, Haifa, Israel, 2Tel-Hai College, Upper Galilee, Israel, 3Enrichment Center Ethiopia, Addis Ababa, Ethiopia, 4International Step by Step Association, Leiden, the Netherlands, 5King’s College London, London, United Kingdom, 6Talpiot College of Education, Holon, Israel

Introduction

The interdisciplinary program in child development – University of Haifa-Israel – was launched with the goal of equipping high-powered professionals from under-resourced countries with cutting-edge knowledge, professional skills and viable tools for their ongoing work, so that they have impact on the lives of infants and young children in the developing world. Inspired by the saying of one our graduates - "We are the new child development ambassadors in our countries" - we assessed the “Impact for good” of six cohorts. These Ambassadors represent diverse backgrounds – pediatrics, nursing, psychology, child psychiatry, education, anthropology, sociology, occupational therapy, physical therapy, law, media, social work, social welfare, speech pathology and therapy, sisterhood and priesthood – to make a substantial impact in the fields of education, welfare, public policy, and healthcare. Outcomes from this journey – in forty countries from five continents – will be shared and discussed.

Aims

The goals of this symposium are to present the "Impact for Good" of the "New Child Development Ambassadors", in advancing practice, policy and research in infant mental health in under-resourced areas of the world.

Description

The three panelist "Ambassadors” are Melissa Washington-Nortey from Ghana, Sahilu Baye from Ethiopia, and Aljoša Rudaš from Slovenia (Roma community). Jointly with the moderator and discussant, they share inspiring professional stories of how to cross disciplinary and international boundaries, shedding light on how early relationships matter in diverse cross-cultural contexts.

Conclusion

Together with the New Child Development Ambassadors, we will illustrate the significant impact of their training in numerous domains of infant mental health, in various developing countries but also with relevance to developed countries. Special attention will be given to how the stories we have learned can be applied in multidisciplinary professional child development programs in the developing as well as the developed world.
M3-SYM75.2

Interdisciplinary training of child caregivers matters in infant mental health: The Ethiopian experience

Mr. Sahilu Baye Alemu

1Enrichment Center Ethiopia (ECE), Addis Ababa, Ethiopia

M3 - SYM75: The New Child Development Ambassadors foster infant/child mental health in Under-Resourced Countries: Beyond Disciplinary/International Boundaries, Liffey Meeting Room 2A, 17 July 2023, 14:30 - 16:00

Introduction

I am the Founder and General Manager of the Enrichment Center Ethiopia (ECE), a non-for-profit organization aiming to impact the lives of infants and young children exposed to extreme difficult life circumstances and adversity. I see myself as a Child Development Ambassador, which I became upon completion of the Interdisciplinary MA Program in Child Development for Developing Countries at the University of Haifa, Israel. As such, I plan to share stories learned in Ethiopia, which I believe are likely to contribute to the field of infant mental health.

Aims

My organization has a clear purpose to impact the mental health of infants and children by bridging the knowledge gap among child caregivers in Ethiopia. Today, ECE is growing and creating even more impact on the mental health of infants and children.

Description

The organization I founded has been actively involved in training child caregivers on “Attachment and Socio-emotional Development of Children”, highlighting the importance of a constant, warm, stable environment and sensitive and responsive caregiving. Thus far, more than 350 thoughtful and insightful caregivers have been trained since 2015.

Conclusion

The positive results of professional collaborations are part of the stories I plan to share in the symposium. The feedback collected has confirmed that we are on the right path for creating a secure base and safe haven for infants. I will also share many difficulties that professionals confront in a developing country like Ethiopia. The caregivers' training program of ECE is consistent with the objectives of the conference: “Early relationship matter: Advancing practice, policy, and research in infant mental health”.
The right of young Roma children in Europe to develop and thrive

M.a. Aljosa Rudas

1International Step By Step Association, Leiden, Netherlands

M3 - SYM75: The New Child Development Ambassadors foster infant/child mental health in Under-Resourced Countries: Beyond Disciplinary/International Boundaries, Liffey Meeting Room 2A, 17 July 2023, 14:30 - 16:00

Introduction
My professional activity began as an early childhood educator in a Roma community in Slovenia. As a child development ambassador, I grew to become a professional with an interdisciplinary cutting-edge knowledge, enabling me to join the International Step by Step Association (ISSA) as a junior program manager overseeing various activities as exemplified below.

Aims
The lack of available data on the status of young Roma children in Europe, picturing their needs and emerging barriers, makes the Romani Early Years Network (REYN) Early Childhood Research Study a unique piece of evidence. It reinforces the urgency of protecting and supporting young Roma children’s development in their early years, as well as influencing the agenda of prioritization and investment in their healthy childhoods.

Description
Exploring key areas that affect children’s development and shape the social determinants of their mental health and overall well-being, in the REYN Early Childhood Study we analyze structural and cross-sectoral emerging issues that might have widened during the COVID-19 crisis, leading to an increase in inequality and social exclusion of young Roma children and their families in Europe. Focusing on the living environment, health and well-being, safety and security, opportunities for early learning, and responsive parenting, as well as on affordability, accessibility, and quality of ECD services, we attempt to bring voices from the community that are often silenced. We draw attention for immediate action of key stakeholders in improving the situation of young Roma children in Europe.

Conclusion
I plan to share data gathered from eleven countries, shedding light on young Roma children and their families throughout Europe. We bring together unprecedented Roma-related early childhood data and catalyze solid evidence for urgent and effective policies and programs enabling each young Roma child to reach full and unique potential – to grow and thrive!
Improving Early Identification of Children with Developmental Disabilities and Equipping Parents in Under-Resourced Contexts

Dr Melissa Washington-Nortey¹, Dr Rosa Hoekstra¹
¹King’s College London, Department of Psychology, London, United Kingdom

Introduction
I completed a bachelor’s degree in Psychology and Geography in Ghana, a master’s degree in International Child Development in Israel, and a PhD in Developmental Psychology in the United States. Since completing my master’s degree, I have worked as a Child Development Ambassador on several projects in low-middle-income-countries (LMIC), where 95% of children with developmental disabilities and their families live and face severe hardships that can compromise their mental health. Currently, I work in as the project manager for the SPARK project, UK.

Aim
SPARK seeks to improve the mental health and wellbeing of children with developmental disabilities and their caregivers in Kenya and Ethiopia by:
1. Developing a community-based tool to improve the early identification of children with developmental disabilities.
2. Testing the effectiveness of the World Health Organization’s (WHO) Caregiver Skills Training (CST) Programme, which teaches parents strategies to promote learning, increase communication, and reduce challenging behaviours in their children with developmental disabilities.

Methods
We use mixed-methods approaches like workshops, interviews, focus group discussions, and quantitative assessments with community stakeholders, community informants, healthcare workers, education assessment officers, supervisors and non-specialist facilitators of the CST sessions, and parents of children with developmental disabilities. We have developed a community informant detection tool to identify children suspected of having developmental disabilities, and a training plan for health workers and education assessment officers to assess children at risk using principles in the WHO’s mhGAP developmental disabilities module. We have also adapted and harmonised the WHO intervention materials for use cross-culturally.

Conclusions
Findings highlight the importance of using culturally appropriate strategies with vulnerable populations in LMIC contexts. Outputs can inform the development and adaptation of cross-culturally relevant tools and materials for interventions. Next steps include testing the identification tool, training staff on intervention delivery, and testing the CST intervention with eligible caregivers.
Early relationships matter—even more when they are in danger due to parents’ separation

MD Barbara Kalckreuth¹, Christisane Wiesler, Irmgard Goettler-Rosset, Tina Wienecke
¹GAIMH, Freiburg, Germany

Separation is a severe threat for the early relationships with life long and transgenerational implications. Separation in the first years of life is frequent due to the complexity of transition to parenthood. Family attorneys and the family court are addressed. Babies and toddlers cannot yet verbalise their feelings and wishes but show their dilemma with body and behavior. Fight, flight and freeze are the innate possibilities to show their helplessness in the loss of their secure base. The emotional needs are to a far extend neglected in the legal decisions.

In a special setting, the cooperative practice, each parent has her or his family attorney who are obliged to cooperate. We would claim to add a parent-infant-psychotherapist to give the child a voice. The parents’ different points of view could also find words for the so far unsolvable conflict. Thus they have the chance of creating a story of their situation which could allow a clarifying therapeutic intervention. At least child and parents could refer to biographic facts without secrets, myths and projections.

We report from an interdisciplinary working-group with family attorneys practising the cooperative practice. the president of the family court, a process attendant, a conflict consultant und parent-infant- psychotherapists.
Introduction
Infants and toddlers are vastly overrepresented in the child welfare system. Yet most practitioners within it have little knowledge of early development. This lack of expertise often contributes to additional harm imposed on the child.

Purpose
The Strong Starts Court Initiative brings expertise in infant mental health into the Family Courts by pairing an experienced clinician with a dedicated Strong Starts Judge. The Family Court becomes a port of entry to high quality clinical and family support services, and engages children's court teams to consider all plans and decisions through the developmental needs of the child.

Description
Strong Starts is a community engagement, systems reform, and multidisciplinary approach to child protection cases for children birth to three years of age. It elevates the importance of children's caregiving relationships and ensures that there are interventions that repair disrupted attachments and the trauma that often accompanies child welfare system involvement. It changes the adversarial nature of Family Court to one that is highly collaborative, and brings all members of children's court teams (family, attorneys, case workers and clinical service providers) together for monthly clinical conferences that promote a strength-based and problem-solving approach to the complexities in children's families and psychosocial contexts. Regularly scheduled trainings promote the knowledge of judges and attorneys in early development, relational and developmental health.

Conclusion
Participation in Strong Starts has reduced re-entry into the child welfare system. Judges and attorneys report they have better knowledge of early development, and of evidence-backed interventions for infants, toddlers and their caregivers. Families report perceived support during a stressful time and better understanding of children's needs. Strong Starts is currently operating in the Family Courts in all boroughs of NYC and in Westchester County. A recent federal grant will promote statewide expansion of these specialized infant toddler courts.
Implementation and Dissemination of the Facilitating Attuned Interactions (FAN) approach in Tennessee’s Infant/Toddler Court Programs

Dr Diana Morelen1,2, Ms. Alison Peak2, Professor Linda Gilkerson, Ph.D., Vinaya Alapatt1
1East Tennessee State University, Johnson City, United States of America, 2Association of Infant Mental Health in Tennessee (AIMHiTN), Nashville, United States of America

Introduction
Infant Toddler Court Programs are increasingly recognized for their ability to move children quickly to a place of permanency through either reunification or permanent placement. These I/T Court Programs are interdisciplinary in their design, bringing together professionals from attorneys to clinicians to child welfare staff. These programs are often in their own developmental process while also actively engaging professionals in various stages of their career development. The inherent systemic difficulties that are brought to these programs are further challenged by the stories and needs of the families who access these services. The Facilitated Attuned Interactions (FAN) approach is a conceptual model and practical tool that helps providers, across sectors and professional roles, hold a developmental, reflective, and relational lens in working with others (Gilkerson & Imberger, 2016). Implementing FAN within an Infant/Toddler Court program provides a guiding framework for reflective practice, a guide to team interactions through a shared framework, a shared theory of change, and a shared vocabulary on IECMH core concepts.

Aim
This presentation will describe the implementation and impact of FAN into Tennessee's Infant/Toddler Court Program.

Description
Introducing FAN into Tennessee's Infant/Toddler Court program, called Safe Babies Court Teams, offered court coordinators, child welfare staff, and other professionals who engage with these courts an opportunity for shared Infant and Early Childhood Mental Health framework and an introduction into reflective practice. FAN offered them a shared language to talk about their interactions with each other and with families, and an expanded skill set of conscious attunement and critical self-awareness. Metrics were taken at pre- and post-completion of core training and after six months of mentored, reflective practice.

Conclusion
This presentation will describe the implementation of this project, key themes that emerged during reflective practice, and the outcomes of the metrics collected.
Introduction
There are many professions who work with or on behalf of infants who have poor infant mental health literacy and are unlikely to receive sufficient training, but nonetheless have responsibility for making decisions that can change the trajectory of the lives of both infants and their families.

Aim
This symposium will hear from three clinicians who have been proactive in making opportunities to educate and inform practitioners in Victoria, Australia to share learnings with participants. The Symposium aims to inspire participants to identify and take advantage of opportunities to speak up on behalf of the infant.

Description
One presentation will focus upon capacity building in a regional Child Protection workforce in the context of severe staff shortages, and an influx of new practitioners and exodus of experienced staff. A second presentation will share efforts to bring the infant into perinatal services, where the needs of the infant are varyingly attended to. A third presentation will share examples of opportunistic infant mental health teaching from the position of expert witness in the Children’s Court and tips and strategies for clinicians to consider for their own practice.

Conclusion
For infants and their families, something is almost always better than nothing, and in every day work there are ample opportunities for the advocacy and develop of infant centred ethical practice.
Representing the subjectivity of infants in the Children’s Court and Child Protection system

Dr Nicole Milburn

1Private Practice, Melbourne, Australia

M4 - BOP23: Courts, the legal system and supporting the parent-infant relationship, EcoCem Room, 17 July 2023, 16:30 - 18:00

Introduction
While each of the 6 states and 2 territories of Australia has different Child Protection legislation, they are all based on the adversarial court system. Parents or caregivers in the state of Victoria are not charged with harms perpetrated towards children except in severe cases. Instead, the court system adjudicates substantiation of harm and then uses the ‘best interests’ principle to make decisions. Children under the age of 10 rarely have their own legal representation except under extreme or complex circumstances and rely upon the representation of their needs and wishes by others.

Aims
This presentation aims to share examples of representing the subjectivity of infants to non infant mental professionals, with a particular focus on the legal system, to inspire practitioners to use their own voices on behalf of infants’ best interest.

Description
Through years of practice, the presenter has generated some guiding principles to assist in representing infants’ needs in the court system, both from the position of an expert witness and from that of a professional involved in a complex system. Guiding principles with examples will be presented to assist practitioners to find their own voice on behalf of the voice of the infant. Examples will include the practice of expert testimony, different responses to cross examination and how to use reports to communicate. Examples will also include mistakes that have been made and traps to avoid. Finally, an example of intervening on a broader level to work towards system change will be shared. All instances come from individual private practice and demonstrate the role of the individual practitioner in a complex system.

Conclusion
As infant mental health practitioners we need to take whatever opportunities available to represent the needs of babies and toddlers and broaden our view of intervention well beyond the consulting room.
Promoting infant mental health through innovative partnerships: adding lawyers to the perinatal care team

Dr. Deborah Perry¹, Director, Perinatal LAW Project Roxana (Roxy) Richardson², Associate Chair, OB/GYN Loral Patchen³, Research Specialist Caitlin Schille Jensen¹, Director of Operations Lisa Kessler², Vice President, Health Care Delivery Research Angela Thomas³


Introduction
Social, economic, political, climactic, and cultural contexts affect the caregiving environment for pregnant and postpartum birthing people and their newborns. Stress negatively affects health across the lifespan, and environmental factors may have multi-generational impacts. Some of the stressors that impact perinatal populations can be mitigated by integrating a lawyer into the health care team.

Aim / Purpose
Legal interventions positively impact the caregiving environment by addressing parents’ unmet legal needs related to their social conditions and physical environment. Legal intervention in the caregiving environment can reduce health disparities that are often rooted in social and economic disadvantages. The Perinatal LAW Project (P-LAW) is an innovative medical-legal partnership (MLP) between the Georgetown University Health Justice Alliance and MedStar Washington Hospital Center Women’s & Infants’ Services. P-LAW provides a continuum of legal services—from brief advice to full representation—in the areas of housing, income supports, employment, and family law.

Description
In this clinical presentation, members of the P-LAW team will share vignettes from cases that demonstrate the power of the MLP model for perinatal populations in an urban U.S. hospital-based care setting. Selected cases will include multifaceted housing problems (substandard conditions, violence, safety, and relocation) that affect perinatal patients and the resolutions medical and legal partners were able to obtain through collaboration in the MLP model.

Conclusion
While lawyers are not traditional partners in infant mental health care, the P-LAW project demonstrates the power of an innovative model of care to impact maternal and newborn outcomes in the perinatal period.
Creating a Reflective Network for Florida’s Early Childhood Courts

Dr Kimberly Renk, Lisa Maddocks, Harleen Hutchinson, Valerie Dallas

Introduction
Florida’s Early Childhood Court (ECC) is based on Zero to Three’s Safe Babies Court Team model and works to best address the child welfare needs of families with young children who have been exposed to traumatic experiences. Unique features of the ECC model are the expectation of intensive contact with families as well as reliance on evidence-based services (e.g., Child-Parent Psychotherapy [CPP]). Florida has the largest network of such courts in the USA.

Aim
Although research has supported ECC’s effectiveness, challenges have arisen. Doing ECC work in the child welfare system is laden with exposure to vicarious trauma for CPP providers and other ECC teammates. Challenges also have arisen in Florida with supporting the growth in the number of ECC sites, onboarding different professionals onto ECC teams, and sustaining capacity and the connection of these professionals to their respective ECC teams. Such circumstances highlight the need for continued reflective supervision/consultation (RS/C) and team building across Florida’s ECC sites.

Description of the Work
To sustain ECCs in the state of Florida, services are including:

1. Weekly RS/C Zoom meetings for groups of CPP providers and ECC teammates.
2. Professional development webinars covering IMH competency and/or ECC team building topics.
3. Reflective practice meetings for new ECC sites as well as established sites who feel that they would benefit from team building.
4. Collaboration between RS/C providers and CPP trainers.

Conclusions
RS/C has been shown to have positive benefits for those ECC teammates who participate and can be a help in warding off the vicarious trauma that can occur when working with ECC families. Anecdotal reports from participants who have taken advantage of RS/C and team building sessions have been positive. RS/C and team building may be the most fruitful ways of sustaining important systems serving the youngest of children.
Understanding Interdisciplinary Collaboration
Within Zero To Three Safe Babies Court Teams

Dr Tina Ryznar

1American Institutes For Research, , United States

Introduction and Aim
In the United States infants and toddlers experience the highest rates of maltreatment. The ZERO TO THREE Safe Babies Court Team™ (SBCT) child welfare intervention was created to address this issue. This approach has consistently yielded improved permanency and well-being outcomes for young children and their families and has increased the voice of infant mental health clinicians within the child welfare field. However, the effectiveness of the SBCT approach requires uncommonly high levels of interdisciplinary collaboration. The aim of this study was to outline the necessary components for interdisciplinary collaboration to occur between members of SBCTs.

Materials and Method
A qualitative, cross sectional, Grounded Theory design was used for this study. Twenty-eight semi-structured interviews were completed with SBCT members from six different SBCT sites across the United States. Interviewees represented nine different child welfare-related professions, including infant mental health clinicians.

Conclusions
The data from this study yielded a theory of interdisciplinary collaboration within the SBCT approach. Modeled after Maslow’s Hierarchy of Needs, this theory posits that the factors and actions needed for interdisciplinary collaboration to occur are hierarchical. At the foundational level are five core components specific to the SBCT approach, including Judicial Leadership, a Local Community Coordinator, Systems Commitment to Continuous Learning and Improvement, Monthly Family Team Meetings, and an Active Community Team. With these components present team members can engage in a set of critical interpersonal actions, which include improved communication, increased familiarity, greater professional competence, and improved understanding for teammates’ professional roles and responsibilities. The presence of these interpersonal actions supports the development of core values, specifically, trust and respect for team members and buy-in to the SBCT approach. These values support the development of professional relationships, thereby creating a favorable environment for the occurrence of interdisciplinary collaboration within SBCTs.
Who’s Helping Us? Exploring the Transition to Parenthood in Infant-Family Professionals During the Covid Era

Assistant Professor Tanika Eaves¹, Professor Joshua Neitlich¹, Ms. Maegan Emmert¹
¹Fairfield University, Egan School of Nursing and Health Studies, Fairfield, United States

Introduction
Public discourse about policies and legislation supporting family life have intensified during the global Covid-19 pandemic. Families having and raising young children have been among the most severely impacted by the stressors of the pandemic (Alon et al., 2020). Over 3 decades of empirical evidence has consistently suggested an increased risk of work-related burnout and secondary traumatic stress in helping professionals due to the intense nature of the relational and emotional labor they must perform in their jobs (Hochschild, 2001; Maslach, 1981; Stamm, 2010). However, there has been little exploration in the area of transitioning into parenthood as a helping professional and how the strains of new parenthood may intersect with work-related strains.

Aim
Professionals who support vulnerable infants, toddlers and families may be at an increased risk of experiencing heightened stress as they become parents themselves. This brief, oral presentation seeks to elevate scholarly and policy discourse about creating family-friendly workplace culture in the U.S. infant-family workforce that reflects the realities new parents and young families are facing as we recover from the Covid-19 pandemic.

Description
This brief, oral presentation is based on a commentary developed from an online survey administered during the pandemic, probing infant-family professionals expecting their first child about workplace and personal supports they accessed while transitioning into parenthood. Reflective supervision, paid parental leave, scheduling autonomy, remote work options and space to pump breast milk in the workplace were identified as facilitators of transitioning into parenthood among infant-family professionals who predominantly identified as social workers (about 70% of the sample N=15/21).

Conclusion
The theory that infant-family social workers may experience less stress transitioning into parenthood when they work for organizations well-resourced enough to implement parent-friendly policies and practices that reflect social work ethics and values, is one worthy of empirical inquiry.
Changes in Child Mental Health During the COVID-19 Pandemic: Meta-Analytic Findings

Mr Jackson Hewitt¹, Dr. Ross Neville², Dr. Nicole Racine³, Brae Anne McArthur¹, Paolo Pador¹, Ms. Celeste Holy¹, Dr Sheri Madigan¹, M. Jenney Zhu¹
¹University Of Calgary, Calgary, Canada, ²University College Dublin, Dublin, Ireland

Introduction
Recent research has suggested that the levels of child depression and anxiety symptoms have increased globally throughout the COVID-19 pandemic. However, there is considerable variability in the reported changes in prevalence rates from pre to during the pandemic throughout the literature.

Aim of the study
We will present a systematic review and meta-analysis with two central aims. Firstly, we will pool studies to provide estimates of the magnitude of change in child depression and anxiety symptoms in longitudinal studies with participant data pre to during the pandemic. Secondly, we will examine whether various factors predict more or less change in child mental health, including age, sex, race/ethnicity, and geographic location.

Material and Method
Databases were searched (e.g., PsycInfo, Embase, MEDLINE) for studies reporting both pre and during COVID-19 child/adolescent depression symptoms. Four themes informed this search: (1) depression, (2) anxiety, (3) COVID-19, (4) children. Included studies had quantitative data and reported pre and during COVID-19 levels of depression and anxiety symptoms in children/adolescents in English.

Conclusion
6822 nonduplicate abstracts were retrieved, 351 full-text articles were reviewed, and results from 44 studies (36,945 children, 11 different countries) were represented. Our meta-analyses of changes suggested a slight to small increase in depression (standardized mean change [SMC], 0·19; 95% CI, 0·11 to 0·27) and anxiety symptoms (SMC, 0·25; 95%CI, 0·08 to 0·42) in children pre to during the pandemic. Moderator analyses suggested greater increases in depression amongst girls versus boys, younger versus older children, and in samples from Europe and North American versus Asia. For anxiety, moderator analyses suggested larger increases for girls versus boys, and younger versus older children. Significant increases in child depression and anxiety levels coincided the COVID-19 pandemic, and increased utilization of child and adolescent mental health care can be expected.
A Strengths-Based Approach to Supporting Parenting During Prolonged Adversity: Lessons Learned from the Pandemic

Lana Beasley¹, Miss Salena King¹, Dr. Jens Jespersen¹
¹Oklahoma State University, Stillwater, United States of America

Introduction
The COVID-19 pandemic created prolonged adversity for individuals worldwide. Emerging research has shown that the pandemic negatively impacted the health and environment of individuals. Moreover, decades of research has shown that caregiver and child well-being are interconnected, indicating that the impacts of the pandemic on caregivers likely contribute to changes in parenting practices and therefore potentially alter the caregiver-child relationship.

Aims
Study aims included understanding parenting difficulties and adaptations during the pandemic and how they relate to broader research focused on interventions to support families facing adversity.

Material and Method
This study utilized individual interviews with a sample of caregivers (N=67) across four states (California, Georgia, Oklahoma, New Mexico). Interviews focused on understanding family experiences during the pandemic and were conducted by phone and audio recorded. Interviews were subsequently transcribed and analyzed by trained qualitative researchers.

Conclusions
Caregivers reported positive and negative parenting changes during the pandemic. Less than one-third of participants reported negative parenting changes such as harsher parenting practices and higher levels of irritability. With regard to positive parenting changes, more than half of caregivers reported increased quality time, heightened levels of attachment to their child(ren) and heightened levels of patience and flexibility with their child(ren). This research provides insight into the impact of prolonged stress on children and families and how families naturally respond to prolonged stress in resilient ways. Data aligns with resiliency models which can be used as a lens to view natural resiliency. In an effort to connect all of these concepts, the current workshop will provide research on the stressors and protective factors families experienced during the pandemic and how these factors can be viewed through resiliency models and interventions. Lastly, time will be spent engaging in activities to apply a strengths-based approach with families experiencing continuous traumatic stress.
Changes in Child Screen Time, Physical Activity, and Mental Health During the Pandemic: Meta-Analytic Findings

Dr Sheri Madigan

1University of Calgary, Calgary, Canada

Introduction
To limit the spread of the COVID-19 virus, numerous restrictions were imposed on the daily lives of children globally, including repeated school closures, cancellation of extracurricular activities, social and physical distancing from peers and other sources of interpersonal support (e.g., teachers, coaches), and mandated home quarantining due to COVID-19 exposure. Parents, in parallel, also experienced substantial challenges, including financial instability, job insecurity, loss of childcare, and increased home-schooling responsibilities, which individually and collectively resulted in increased family stress and mental distress. Hundreds of studies have examined changes from pre-COVID-19 pandemic to during the pandemic; however, considerable variability in the direction and magnitude of change exists across these studies. Thus, there is a need to explain variability across studies in COVID-related changes in children’s screen time, physical activity, and mental health, and determine when and for whom increases were observed.

Materials and Method
In each talk, meta-analyses of global data comparing pre-pandemic to pandemic changes will be described, followed by considerations for future research and clinical applications.

Results
The first meta-analysis of 146 samples (29,017 children) will address the extent to which the COVID-19 pandemic has impacted the duration, content, and context of daily screen time among children globally. The second meta-analysis of 46 samples (14,216 children) will address the extent that the COVID-19 pandemic has impacted the physical activity levels of children. The third meta-analysis with 31 representing >5·25 million hospital visits provides a comparison of the number of paediatric emergency department visits for self-harm and suicidality prior to during the COVID-19 pandemic. The fourth meta-analysis of 40 cohort studies worldwide compares changes in children’s anxiety and depression scores pre-pandemic to during the pandemic.

Conclusion
Together, these studies can inform practitioners, programs, and policies seeking to put children’s physical and mental health at the forefront of global pandemic recovery efforts.
Global Changes in Child Physical Activity During the COVID-19 Pandemic: A Systematic Review and Meta-Analysis

Dr Sheri Madigan¹, Kimberley Lakes³, Will Hopkins⁴, Giampiero Tarantino², Catherine Draper⁵, Rosemary Beck²
¹University of Calgary, Calgary, Canada, ²School of Public Health, Physiotherapy and Sports Science, University College Dublin, Dublin, Ireland, ³Department of Psychiatry and Neuroscience, School of Medicine, University of California, Riverside, Riverside, USA, ⁴Institute for Health and Sport, Victoria University, Melbourne, Australia, ⁵South African Medical Research Council Developmental Pathways for Health Research Unit, Department of Paediatrics, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, ⁶School of Sport and Exercise Sciences, Liverpool John Moores University, Liverpool, UK

Introduction
Numerous physical distancing measures were implemented to mitigate the spread of the COVID-19 virus, which could have negatively impacted child physical activity levels.

Aim
To conduct a systematic review and meta-analysis of the literature that used validated measures to document changes in child physical activity during the COVID-19 pandemic, and to estimate whether changes in physical activity differed between participant-level, contextual, and methodological moderators.

Method
PubMed, PsychInfo, SportDiscus, Web of Science, Scopus, CINAHL, and MedLine were searched (from January 1, 2020, to January 1, 2022). A total of 1085 nonduplicate records were retrieved. Studies were included if they (1) reported changes in the duration of physical activity at any intensity for children comparing before and during the COVID-19 pandemic using validated physical activity measurement tools, and were (2) from general population samples, (3) peer-reviewed, and (4) published in English. 126 articles underwent full-text review. Data were analyzed in January 2022.

Results
Twenty-two studies including 46 independent samples and 79 effect sizes from 14216 participants were included in a random effect meta-analysis. The percentage change in the duration of engagement in total daily physical activity from before to during COVID-19 was -20% (90%CI, -34 to -4%). Moderation analyses revealed that this change was larger for higher intensity activities (-32%, 90%CI -44 to -16%), corresponding to a 17-minute reduction in children’s daily moderate-to-vigorous physical activity levels.

Conclusion
Children have experienced measurable reductions in physical activity on account of the COVID-19 pandemic. Findings underscore the need to provide bolstered access to support and resources related to physical activity to ensure good health and social functioning among children during pandemic recovery efforts.

Dr Shira Yuval Adler¹,², Miss Anat Miller Arad¹,²
¹Psychological-Developmental Treatment Clinic, District Health Office, Haifa, Israel, Haifa, , ²The School of Psychological Sciences, University of Haifa, Israel, Haifa,

The COVID-19 pandemic, which has severely disrupted almost every aspect of life, created new challenges for therapeutic work as well. New circumstances that challenged our "natural" therapeutic stance emerged, accompanied by complex therapeutic dilemmas, which intensified in the face of the unique population in our clinic of toddlers and preschoolers with emotional-developmental difficulties. The attempt to maintain the continuity and consistency of treatment, gave birth to a new hybrid therapeutic space in which we moved back and forth between face-to-face and screen-to-screen sessions and integrated old and new therapeutic elements.

As clinicians, we learned the "hybrid language", a language that entails flexibility, creativity, adaptation, and curiosity. Just like the amphibian, a hybrid animal, we were required to grow gills and breathe both on land and in water. We made great effort converting the virtual space into a ‘potential space’, adapted ourselves as much as possible to the variety of families and each unique situation and maintained the therapeutic attunement for the well-being of the child and the parent. In addition, we encouraged parents to become their children’s “therapeutic agents”, turning the home to a secure space, co-construct an emotional narrative and strengthen parent-child relationship, which is in the core of the dyadic psychotherapy.

In this presentation, we would like to (1) describe the complexity of parent-child psychotherapy during the pandemic from the perspective of the therapist, parent, child, and therapeutic relationship (2) share ways we developed to maintain the therapeutic framework, reduce the emotional-developmental risk for the children, and increase the protective factors in the children’s environment (3) discuss the new hybrid dyadic psychotherapy and its advantages in increasing the well-being and mental health of this unique population of preschoolers and their parents. The presentation will be accompanied by vignettes from treatments and insights to dyadic therapeutic work.
The Emotional Vaccine: Sensitive caregiving in infancy shapes future preschooler stress response to Covid-19

Yael Schlesinger1,2, Dr. Yael Paz1, Dr. Sofie Rousseau1, Prof. Naama Atzaba-Poria2, Dr Tahli Frenkel1
1Baruch Ivcher School of Psychology, Reichman University, Herzliya, Israel, 2DUET center and the department of Psychology, Ben-Gurion University of the Negev, Beer Sheva, Israel

Introduction
The COVID-19 pandemic is a large-scale stressor imposing detrimental impact on children’s mental health. Studies reveal variation in severity of children’s stress-response to COVID19. Variation in children’s vulnerability largely depends on environmental factors. Elevated caregiver-stress assessed during the pandemic, has been found to mediate detrimental pandemic impacts on children’s mental health. In addition to caregiving influences exerted in real-time, the ‘stress sensitization model’ posits that early caregiving experiences influence children’s future vulnerability to stressful events. Developmental neuroscience establishes infancy as a sensitive time window during which caregiving can foster neural circuitry supportive of stress-regulation, thus shaping long-lasting stress-vulnerability and resilience.

Aim
The present study examined whether infant early care increased/attenuated children's future vulnerability to Covid19. This is the first study to simultaneously assess both concurrent and early caregiving to examine unique contributions of each in shaping children's stress response to Covid-19.

Material and Method
Preschool-aged children previously assessed in infancy, were re-assessed several years later during nationwide lockdown (N=200). Maternal behavior was observed at 4-months. At four years, during lockdown, preschoolers’ dose of exposure to Covid-related psychosocial stressors (DOE) was reported along with child internalizing symptoms, and maternal stress and behavior.

Conclusion
Structural Equational Modeling revealed links between preschoolers’ DOE and symptoms (β =.19, p < .01). Concurrent maternal-stress underlies significant indirect links between the two. Maternal sensitive care experienced in infancy significantly moderated future associations between DOE and preschoolers’ internalizing symptoms (β =-.16, p =.04), controlling for concurrent caregiving. Children who experienced low levels of maternal sensitivity during infancy, revealed significant links between DOE and symptoms during lockdown (β =.37, p <.001). At high levels of infant maternal-sensitivity, no such Covid-related effects emerged. Findings demonstrate that infant caregiving shapes children’s future response to large-scale stressors underscoring the need for policy which promotes optimal infant care.
A Meta-Analysis of Global Changes in Screen Time Among Preschool-Aged Children During the COVID-19 Pandemic

Rachel Eirich1,2, Paolo Pador1, Brae Anne McArthur1, Dr. Ross Neville3, Dr Sheri Madigan1,2

1University Of Calgary, Calgary, Canada, 2Alberta Children’s Hospital Research Institute, Calgary, Canada, 3University College Dublin, Dublin, Ireland

Introduction
To mitigate the spread of COVID-19, numerous restrictions were imposed on children and families (e.g., social distancing, working from home, quarantining, cancelled extracurriculars), which may have influenced how much screen time children were getting. While most studies suggest that screen time has increased during the pandemic, there is variability in the direction and magnitude of change observed.

Aim
To meta-analytically estimate changes in preschooler’s duration, content, and context of screen time before to during the pandemic, and to determine when and for whom screen time has increased the most.

Method
A search of electronic databases was conducted for articles published between January 1, 2020, and March 5, 2022. 2,474 nonduplicate records were retrieved. Abstracts were assessed for eligibility with inclusion criteria of: (1) reported changes in duration (min/day) of screen time before and during the pandemic; (2) children (age ≤ 18 yrs); (3) peer-reviewed, (4) published in English. Full-text review was conducted on 136 articles, resulting in 46 studies included and analyzed using a random-effects meta-analysis and 12 studies specifically looking at preschoolers (age ≤ 5 yrs).

Results: From a baseline pre-pandemic value of 162 min/day (2.7hrs/day), there was an +84-min/day (+1.4hrs/day) increase in screen time during the pandemic across all age groups. For preschoolers, there was an increase of approximately 66 min/day. Increases were particularly marked for handheld devices and personal computers. Moderator analyses revealed that increases were possibly larger in retrospective versus longitudinal studies.

Conclusion
The COVID-19 pandemic has led to considerable disruptions in the lives and routines of children and families, which has likely increased their levels of screen time. Practitioners working with families should focus on promoting healthy device use habits, including screen time limits, prioritizing sleep and physical activity, and encouraging families to use screens to meaningfully connect with others.
Follow-up of neuropsychomotor development of preterm infants: a university extension experience

Amanda Schöffel Sehn¹, Simone Zeni Strassburguer²
¹Universidade Regional do Noroeste do Estado do Rio Grande do Sul, Ijuí, Brazil, ²Universidade Regional do Noroeste do Estado do Rio Grande do Sul, Ijuí, Brazil

Introduction
In emerging countries such as Brazil, prematurity is a public health issue partially aggravated by the pandemic scenario. Therefore, the accompaniment and the quality of the service of these babies, after the hospital discharge, are of utmost importance to prevent and intervene in possible delays in global development.

Aim
This study aims to present a university extension project that follows, evaluates, and early detects risk factors in the neuropsychomotor development of premature babies after hospital discharge.

Method
Participating in the project are 26 premature babies and their families who are followed by an interdisciplinary team, composed of students and professionals from psychology, medicine, and physiotherapy, linked to the Regional University of the Northwest of the State of Rio Grande do Sul, Brazil. The premature babies are evaluated in the developmental milestones (3, 6, 9, 12, 15, 18, and 24 months), considering the corrected age, at which time the companion (usually the mother) is also listened to.

Results
The results have shown a misknowledge on the part of families about the specificities of a premature baby (e.g. corrected age). For that matter, the actions of the project have enabled health education, as well as the early detection of risk to the development of the baby and the referral to early intervention. Furthermore, listening to the anguish of parents, especially mothers, has contributed to the recognition of the real baby and the support of parenthood experience.

Conclusion
There is a welfare gap in the Brazilian public policies regarding the outpatient follow-up of premature babies. Therefore, it is understood that the actions of this extension project can contribute to the investment in early childhood, through the follow-up of premature babies and their families and the early detection of risk to neuropsychomotor development.
The effect of Early Vocal Contact on preterm infants' pain: the role of oxytocin

Professor Didier Grandjean¹, Prof. Maria Grazia Monaci, Mrs Carmen Spagnuolo, Dr Roberta Daniele, Dr Paolo Serravalle, Prof. Didier Maurice Grandjean
¹University of Geneva, Geneva, Switzerland, ²University of Valle d’Aosta, Aosta, Italy, ³Parini Hospital, Aosta, Italy

Introduction and Aim
Preterm infants experience long periods of separation from their parents and are exposed to frequent painful clinical procedures, with short- and long-term effects on their neurological development and on the parental mental health. In the present study we aimed to evaluate the effects of Early Vocal Contact on pain expression in preterms and on maternal stress. Oxytocin (OXT) in newborns and mothers was investigated as a potential modulator of neonatal pain and parental stress.

Methods
Twenty preterm infants were exposed to three conditions in a randomized order - the mother's direct voice (speaking or singing) and standard care - during a painful heel prick procedure. Salivary OXT was quantified in both infants and mothers. In infants, the Premature Infant Pain Profile was blindly coded by a trained psychologist and a nurse.

Results
During live maternal speech, pain scores decreased in the neonate, with an increase in OXT levels. The effect was marginally significant for singing. Mothers showed an increase in OXT and a decrease in stress levels.

Conclusions
Endogenous OXT released during Early Vocal Contact in both mother and infant is a promising protective mechanism for preterms’ pain, and the active involvement of parents during hospitalization may have positive effects on both, parents and newborns.
The impact of low-birthweight in infant emotional regulation, mother-infant quality of interaction, and attachment

Professor Marina Fuertes1,4, Msc Sandra Antunes3, Professor Francisco Dionisio2
1Escola Superior De Educação de Lisboa &Centro de Psicologia da Universidade do Porto, Lisbon, Portugal, 2Center for Ecology, Evolution and Environmental Change & CHANGE—Global Change and Sustainability Institute, Faculdade de Ciências, Universidade de Lisboa, Lisboa, Portugal, 3Faculdade de Psicologia da Universidade de Lisboa, Lisboa, Portugal, 4Centro de Psicologia da Universidade do Porto, Porto, Portugal

M4 - BOP29: Supporting outcomes with pre-term infants, Wicklow Hall 1, 17 July 2023, 16:30 - 18:00

Introduction
It remains unclear whether infants born preterm, particularly the ones born very or extremely preterm, are more likely to develop an insecure attachment with their mothers. Instead of using gestational age criteria, we observed attachment in infants born with very low birthweight (VLBW; less than 1500g). Although the collinearity between gestational age and birthweight is high, infants born VLBW tend to stay more days in NICU and to have more comorbidities than other infants with the same gestational age.

Aim
Study the impact of low gestational birth (per se) in infants’ regulatory behavior, the quality of mother-infant interactions, and attachment security.

Participants and Method
The participants are 71 infants’ weight lower than 1599g of gestational weight (varying between 23 and 34 weeks of gestational) and their mothers. Dyads were observed in free play and during Face to Face Still-Face paradigm with infants at 3 months of corrected age. At 12 months of corrected age, mother-infant attachment was observed during Strange Situation.

RESULTS: Results indicate that infants born with VLBW have high levels of insecure attachment (70%) and non-positive patterns of regulatory behavior (64%). Maternal and infant interactive behavior is highly associated with infant attachment. In turn, maternal interactive behavior is associated with gestational age, birthweight, and number of days in NICU. Interestingly, we also found that 76% of the ambivalent-attached infants took antibiotics in the first year of their lives (against 47% of secure and avoidant attached infants). Such contrasting proportions agree with past research performed with full-term (90% of infants classified ambivalent against 35% of secure and avoidant).

Conclusion
In VLBW, the quality of interaction is determined by the difficulties of each participant to regulate emotional states, express clear communicative messages, and respond to their partner affective communication, leading progressively to patterns of attachment.
Association between maternal sensitivity and moderate preterm Infants’ social withdrawal and development at 12 months

Dr Andrea Mira

1Exercise and Rehabilitation Sciences Institute, School of Occupational Therapy, Faculty of Rehabilitation Sciences, Universidad Andres Bello, Santiago, Chile, 2Hospital Luis Tisne, Neonatal Intensive Care Unit, Santiago, Chile

Introduction
Premature infants are considered a vulnerable population, having a greater risk of presenting medical and neurobehavioral problems. Moderate preterm infants represent a significant number of preterm-born infants; however, they remain a poorly studied group despite their vulnerability, which has led to limited knowledge of the developmental trajectories of moderate and late premature babies.

Aim
describe the association between maternal sensitivity and moderate preterm Infants development and social withdrawal at 12 months

Material and method
This is part of a longitudinal study that followed 85 dyads from birth to 12 months corrected age. Instruments used: Tuned-In Parent Rating Scale, Adult Sensitivity Scale, Alarm Distress Baby Scale, and Ages & Stages Questionnaires. Multiple regression and correlation were used for analysing the data.

Conclusion
The relationship between the infant’s withdrawal and the sensitivity of caregivers was observed, showing a negative and significant correlation. The infant’s withdrawal was significantly related to their development. A moderating effect of maternal sensitivity was observed in the development areas such as communication, problem-solving and personal social. The results of this study can give important information about the transactional relationship between premature infant and their mother. In this way, the mother’s ability to respond to their infant’s behavioural cues promptly and appropriately could positively affect their infant’s development.


Mother’s mental health and the interaction with her moderate preterm baby in the NICU.

Dr Andrea Mira, Msc Rodolfo Bastías

1Exercise and Rehabilitation Sciences Institute, School of Occupational Therapy, Faculty of Rehabilitation Sciences, Universidad Andres Bello, Santiago, Chile, 2Hospital Luis Tisne, Neonatal Intensive Care Unit, Santiago, Chile

Introduction

A great majority of preterm neonates must spend a period of hospitalization in neonatal care units, where they are exposed to various unpleasant stimuli and experiences. During the hospital stay, parents must not only deal with the stressors of the NICU environment but must also face complications regarding their child’s health status, physical and emotional separation, and the stress of parenting. Maternal mental health problems have been associated with difficulties in the mother-infant relationship. Despite the significant information about the implications of maternal stress, maternal depression, and the mother-infant relationship in the context of prematurity, few studies have addressed these issues in moderate preterm infants.

Aim

Was to describe the impact of having a moderate preterm infant hospitalized in the NICU on the mother’s mental health and how this relates to the interaction between the dyad.

Material and method

During the hospitalization period, 85 moderate preterm mother-infant dyads participated in this study. The participants provided self-reports of depression (Edinburgh Postpartum Depression Scale), parental stress, and skin to skin strategy. Mother-infant interaction was assessed in the NICU with an observational scale.

Conclusions

Mothers evidenced high levels of parental stress and depressive symptoms. Stress and depressive symptoms were negatively associated with their interaction with their babies. Mothers of small for gestational age babies showed more difficulties interacting with their newborns. This results could contribute to a better understanding of the relationship between the characteristics of moderate preterm babies, maternal emotional well-being, and the quality of mother-infant interactions in the NICU.


Observing Patterns of Maternal Proximity and Maternal-Infant Engagement in a Neonatal Intensive Care Unit

Dr Christine Neugebauer1,2, Dr. Wonjung Oh2, Dr. Michael McCarty2, Dr. Ann Mastergeorge2
1Texas Tech University Health Sciences Center, Lubbock, United States, 2Texas Tech University, Lubbock, United States

M4 - BOP29: Supporting outcomes with pre-term infants, Wicklow Hall 1, 17 July 2023, 16:30 - 18:00

Introduction
Relationship development between mothers and their preterm infants are influenced by the frequency, duration, and quality of dyadic social encounters.

Aim
This study examined patterns of maternal proximity and maternal-infant engagement in the NICU, as well as categorized alternate activities and disruptions to focused engagement.

Method
Trained observers conducted 52 hours of field observations in a NICU and recorded maternal proximity, non-engagement, unfocused versus focused engagement, and their respective social contexts. In addition, observers documented what mothers were doing when they were not engaged with their infant as well as what mothers were doing when engaged but not focusing on their infant due to attention towards an alternate activity. Analyses included both quantitative and qualitative strategies. Results include data coded for 88 mother-infant dyads with 83% of the dyads observed during periods of maternal proximity without engagement, 97% observed during periods of focused engagement, and 65% observed during periods of unfocused engagement. Unfocused engagement occurrences were most frequently observed during nurturing contexts (M=6.50 minutes; N=48). Mothers who were in proximity to their infant but not engaged were most frequently observed using a personal mobile device followed by talking to a member of the healthcare staff. Similarly, when mothers were observed in unfocused engagement, they were most frequently observed using a personal mobile device followed by talking to healthcare staff. Interestingly, occurrences of unfocused engagement due to using a personal mobile device occurred only during nurturing contexts (N=27). Of those mothers, 44% immersed their attention for ten minutes or longer to their mobile devices versus to their infant.

Conclusion
While it is expected that occasional interruptions to mother-infant interaction in the NICU will occur, more research studies are needed to determine if brief or prolonged disruptions during dyadic interactions impact maternal sensitivity or interaction quality in the NICU.
Finding Goldilocks: Balancing Parental Reflective Functioning, parental trauma, and attachment perception in Neonatal Intensive Care

Dr Megan Chapman¹,²,³, Dr Julia Charlton²,³,⁴, Associate Professor Campbell Paul¹,²,³
¹The Royal Children’s Hospital, Melbourne, Parkville, Australia, ²University of Melbourne, Parkville, Australia, ³Murdoch Children’s Research Institute, Parkville, Australia, ⁴Mercy Hospital for Women, Melbourne, Australia

M4 - BOP29: Supporting outcomes with pre-term infants, Wicklow Hall 1, 17 July 2023, 16:30 - 18:00

Introduction
Parents of infants admitted to quaternary neonatal intensive care units (NICU) need to establish relationships with their very sick infant while navigating complex medical situations and coping with their own emotional distress. A parent’s capacity to display Parental Reflective functioning, that is to think about the physical and emotional experience of their sick infant, may be impacted by the diverse and stressful factors common in NICU.

Aim
This prospective study, “Reflecting on Babies in NICU” (ROBIN), aimed to determine whether measuring PRF in NICU identified families at risk of attachment difficulties, and parents at risk of Acute Stress Disorder (ASD) or later Post-Traumatic Stress Disorder (PTSD).

Description
The ROBIN study collected data for 69 infants who were admitted to a quaternary NICU without ever being home, together with 67 mothers and 38 fathers. Follow-up data collected at 10 months allowed paired results at baseline and follow up for 57 parents. PRF was evaluated using the Parental Reflective Functioning Questionnaire (PRFQ).

Parental trauma symptoms were classified using the Acute Stress Disorder Scale (ASDS) and Posttraumatic Stress Disorder Checklist (PCL-5). Higher baseline PRFQ Interest and Curiosity about Mental States (IC) score predicted concurrent ASD, and PTSD at follow-up. The relationship between baseline PRF and parent self-reported feelings of attachment was measured with the Maternal, and Paternal, Postnatal Attachment Scales (MPAS/PPAS), showed higher PRFQ Pre-Mentalizing Mode (PM) scores in NICU predicted dyads with subsequent “at risk” attachment at follow up.

Conclusions
These findings present a dilemma. Lower capacity for PRF in NICU may jeopardise the developing parent-infant relationship, but higher PRF may create emotional trauma for parents. Infant Mental Health clinical resources and a “nested mentalization” approach to care is vital for infants and their parents in NICU, so they can be held in mind in supported ways.
The Impact of Parents Coping Strategies on Early Detection of Autism in NICU graduates.

**Dr. Kenia Loiret Gomez**

1Brigham and Women’s Hospital, Boston, United States

M4 - BOP31: Early autism detection and intervention, Wicklow Hall 2B, 17 July 2023, 16:30 - 18:00

Introduction
Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that causes social communication difficulties and restricted repetitive behaviors. The Center for Disease Control and Prevention (CDC) estimates the prevalence of ASD in the U.S is 1 in 44 children. While the etiology of ASD is unknown, infants admitted to the Neonatal Intensive Care Unit (NICU) have a higher risk of ASD. With children showing signs very early in childhood, the early detection and intervention of ASD is paramount to improving behavioral and social outcomes. Parents readiness is an important component to ensure the child is evaluated and engaged in treatment.

Aim
The purpose of the project is to understand the impact of parents' readiness to support a diagnostic evaluation and understand parents perception of an early diagnosis of Autism.

Description
Our population consist of a total of parents of 18 children evaluated at the our Child Development Clinic as part of the NICU follow-up program and meet the criteria for Autism Spectrum Diagnosis prior to three years. Clinician explored parents experiences and perceptions from the first visit they were informed of their child’s symptoms, to the evaluation, and intervention phase.

Conclusion
Parents varied in their ability to cope with their child early signs of autism from denial, anger, bargaining to feeling hopeful. In addition, cultural factors, having another child with diagnosis of Autism, and family perceptions impacted the decision to obtain an evaluation and treatment for their child. Clinician will discuss strategies to talk to families throughout this difficult process.
Cooperative Parent Mediated Therapy for toddler younger than 24 months. An Italian randomized control trial.

PhD Maria Grazia Mada Logrieco¹, Dr Laura Casula², PhD Francesca Lionetti¹, Dr Ilaria Nicoli¹, PhD Maria Spinelli³, Prof Stefano Vicari², Dr Giovanni Valeri², ordinary professor Mirco Fasolo¹
¹Gabriele D’annunzio University, Chieti, Italy, ²Ospedale Pediatrico Bambino Gesù, Rome, Italy

Introduction
Parent-mediated intervention is widely used for pre-schoolers with Autism Spectrum Disorder (ASD). Previous studies indicate small-to-moderate effects on social communication skills, but with a wide heterogeneity that requires further research.

Aims
In this randomized controlled trial (RCT) pilot study, cooperative parent-mediated therapy (CPMT) an individual parent coaching program for young children with ASD was administered to toddler with ASD. CPMT is based on the most significant models of parent training for ASD, in the perspective of Naturalistic Developmental Behavioral Interventions-NDBI with specific attention to the promotion of cooperative interactions.

The aim of CPMT was to improve parental skills, to enable parents to promote in their child the following seven target skills: Socio-emotional Engagement, Emotional Regulation, Imitation, Communication, Joint Attention, Play and Cognitive Flexibility, and Cooperative Interaction. Parents and their child followed the therapy for six months, for a total amount of 15 sessions of 60 minutes each.

Description
Twenty infants younger that 24 months with ASD and their parents were assigned at the CPMT group or therapies as usual (speech therapy and neuropsychomotricity) group. The primary blinded outcome was social communication skills, assessed using the ADOS-2 social communication algorithm score (ADOS-2 SC). Secondary outcomes included ASD symptom severity, parent-rated language abilities and emotional/behavioral problems, and self-reported caregiver stress. Evaluations were made at baseline and post-treatment (at 6 months) by an independent multidisciplinary team.

Conclusion
Results documented that CPMT significant improvements of the primary blinded outcome, socio-communication skills, and of some secondary outcomes such as ASD symptom severity, emotional problems and parental stress related to parent–child dysfunctional interaction. Additional benefit was found for language abilities. Findings of our pilot RCT show that CPMT provide an additional significant short-term treatment benefit on ASD core symptoms.
Genetic- and metabolic testing in infants with ASD and GDD in clinical academic practice

Jessie Rozemuller¹, Md Tamar Rozendaal¹
¹Levvel Amsterdam, Amsterdam, the Netherlands

Introduction
Both Autism Spectrum Disorder (ASD) and Intellectual Disability (ID/GDD) are heterogeneous conditions that can be detected in early childhood (0-5 years). The co-occurrence, early presence of symptoms and clinical overlap raise the question whether common genetic- or metabolic causes can be found. Although different tests with promising diagnostic yields (12-70%) are available, and benefits for healthcare providers and parents seem clear; recommendations for testing vary across disciplines and research showed implementation of testing in clinical practice is strained.

Purpose of the project described
We aimed to inform and encourage healthcare providers, especially those working in the professional field of child- and adolescent psychiatry, to start implementing (referral for) genetic- and metabolic testing in young children with ASD and ID/GDD on a structural basis by creating recommendations for day-to-day practice.

Description of the project
At our academic center for child- and adolescent psychiatry we performed both a literature study and an in-clinic assessment. We stressed the scientific and social importance of testing and illustrated the process of referring to the geneticist and paediatrician. Between 2019-2022 we saw 129 children of whom we diagnosed 62 with ASS and ID/GDD. After referral a diagnostic yield of 16.67% was found, more results will follow in the months up to the congress.

Conclusions
To diagnose a clinical genetic disorder is of great importance in very young children with ASD and ID/GDD, because knowledge about the clinical genetic disorder may have important implications for further treatment. This may result in a better understanding of the problems presented and leads to an early adaptation of the environment. Ultimately, it is expected to contribute to an overall improvement of development.
Very early detection of risk of ASD in infants before 12 months: a systematic review

Ms. Catherine Saint-Georges¹,²,³, Dr Maud Godignon⁴
¹Department of Child and Adolescent Psychiatry - Hôpital Universitaire Pitié-Salpêtrière, Sorbonne University, Paris, France, ²Institut des Systemes Intelligents et de Robotique, Sorbonne Université, Paris, France, ³GRC15 Psydev, Sorbonne Université, Paris, France, ⁴Hôpital Sainte Anne, Université Paris Cité, Paris, France

Introduction
There is a consensus about the idea that the earlier the intervention the better the prognosis. Hence, the diagnosis of autism can be made from the age of 3 years, which makes the management of autism somewhat late. Screening for risk of autism before the age of 3 years is now considered a public health issue because it could make it possible to advance the time of care, thus improving the child developmental progresses. Very early detection (i.e. before 1 year) especially in at-risk populations (e.g. siblings of children diagnosed with autism) may be all the more relevant, in the perspective of inflecting or even shifting the child developmental trajectory.

Aim
We present a literature review on tools screening for risk of autism in infants before 12 months.

Material and Method
Our research focused on documents related to the screening for ASD risk in babies before or at 12 months, published in English or in French from PubMed, PsycInfo and Cochrane. We have identified observational screening tools (parent questionnaire, or inventory for professional examiners) focusing on infant behavioral or interactive patterns and also other screening tools exploring biological or body or motor parameters of the infant. We will describe these screening tools, their psychometric properties, their use on at-risk populations (such as siblings) in order to discuss the most suitable tools for the detection of autism under 12 months of age.

Conclusion
Some tools are easy to implement and showed interesting psychometric properties, that could make them usable on at-risk populations such as siblings. Some of them focusing on physical and motor assessment have a good predictivity, but the predictive value of some other motor patterns should be more studied and specified. Very early detection and preemptive intervention should be an important public health issue.
Can we early change the way the pre-autistic difficulties of a baby disrupt its environment?

Mrs Marie-Christine Laznik\textsuperscript{1}, Mrs Muriel Chauvet\textsuperscript{2}, Mrs Annik Beaulieu\textsuperscript{3}, \textbf{Ms. Catherine Saint-Georges}\textsuperscript{3,4}
\textsuperscript{1}Association Santé Mentale du 13 arrondissement, Paris, France, \textsuperscript{2}Institut de Formation André Bullinger, Paris, France, \textsuperscript{3}Department of Child and Adolescent Psychiatry - Hôpital Universitaire Pitié-Salpêtrière, Sorbonne University, Paris, France, \textsuperscript{4}GRC15 Psydev, Sorbonne Université, Paris, France

As early as 2008, Geraldine Dawson, pointed out that susceptibility genes and other risk factors don’t lead directly to abnormal development of neural circuits and autistic syndrome. This happened because the baby’s organic and sensory difficulties disrupted his environment producing cascading effects leading to abnormal circuitry development. She even hypothesized that when the environment was particularly fragile, it could affect gene expression and increase the abnormal development of neuronal circuits. From that time on, she thought that intervening in this environment could remarkably improve the baby’s neural organization. Our transdisciplinary team acts on the baby’s organic difficulties, generally related to motor problems and pain, but also on the environment. With the agreement of both parents, we are going to show movies made during the treatment of a baby, whose brother is an autistic child. We will see how the therapist allows the parents to modify their mode of relationship with the baby according to its innate difficulties. How to find forms of shared pleasure, though this baby is so poorly equipped that he seems to reject any adult approach. How to talk to it with a prosody that enchants him. We know in the literature how these babies induce “regulations up” that finally lead them to close themselves even more. The therapist is like an interpreter who allows parents to find their way with a baby whose equipment problems make him incomprehensible. We will listen the mother in all the difficulties she encounters in understanding him and even in coping with some of his symptoms. This baby later presented a typical development, like dozens of others treated by our team. They are the pilot cases for our current clinical trial project assessing a very early threefold (psychotherapeutic, psychomotor and osteopathic) preemptive intervention with autistic siblings screened positive with PREAUT grid.
A DYNAMIC EXPLORATION OF INTERSUBJECTIVITY’S IMPACT ON OUR PROFESSIONAL RELATIONSHIPS WITH CHILDREN WITH AUTISM

Ms Denise Taddonio¹, Ms Rosalie Woodside¹
¹Rivendell School, BROOKLYN, United States

Introduction
Throughout decades of early intervention experience, intersubjectivity is critical to our success. In 2002 we developed Rivendell School’s CORE Program to bridge attachment research with clinical and educational practice. Twenty-one years later we continue to co-construct relationships with children, teaching them to form and find meaning in their engagement with others as they develop social thinking skills.

Aim / Purpose
In CORE, we work to create coherent narratives with our students. But, what of our own narratives? How does our experience with each child strengthen or alter us? Relationships, reciprocal in nature, influence the ability to share our collective experiences. Reflective supervision and collaboration with our colleagues help us to “understand other minds”. The aim of this project is to explore the impact of that understanding.

Description
Our dynamic workshop features videos of supervision sessions, interviews with CORE practitioners, and videos of dyadic work with CORE students as we face the challenge of making coherent stories out of fragmented narratives. Active participation will be encouraged throughout this workshop.

Conclusion
Our workshop acknowledges the range of our work as global providers of services to young children and their families and the impact that WAIMH has on us by providing us with the opportunity to share our experiences.
Observations and care in psychomotricity with sensory-motor approach in few-months-old at-risk-infants: a preemptive threefold intervention

Mrs Muriel Chauvet¹,², Mrs Marie-Christine Laznik², Mrs Annik Beaulieu³, Ms. Catherine Saint-Georges³,⁴
¹Institut de Formation André Bullinger, Paris, France, ²Association Santé Mentale du 13e arrondissement, Paris, France, ³Department of Child and Adolescent Psychiatry - Hôpital Universitaire Pitié-Salpêtrière, Sorbonne University, Paris, France, ⁴GRC15 Psydev, Sorbonne Université, Paris, France

Nowadays, we can be quite affirmative that a large proportion of babies at risk of neurodevelopmental disorders present anomalies in the way they organize their body. More precisely, the fragility of their sensory-motor equipment is expressed by tonic and postural disharmonies and sensory peculiarities which are often in the foreground. Assessing the difficulties of these babies and treating them in psychomotricity in conjunction with their parents is fundamental. Indeed, the biological, tonic, and emotional mesh that is the construction of the body constitutes the foundation of the psychic activity and the representation still in construction. This mesh is also the basis of instrumental and relational capacities. Over the last 15 years, we have improved our results in treating at-risk babies by combining psychotherapeutic follow-up with care around their body organization, in psychomotricity and osteopathy. We are now planning a multicentric clinical trial assessing the impact of this preemptive threefold intervention on a sample of siblings screened at-risk with PREAUT grid.

As an illustration, let me introduce you to Enrico, an autistic brother that I met at 4 months: With a fragile equipment (poor general movements and gastro-esophageal reflux), the conditions of a difficult birth, Enrico presented a precarious sensory-tonic balance. He was a very irritable baby with important regulation difficulties when confronted to the variations of his physical and human environment. His postural development was based on an imbalance between flexion and extension favoring an extension pattern. Food diversification was difficult because of digestive pains but also because of the painful traces of a frenectomy. It is therefore urgent to rule out the possibility of a pediatric eating disorder.

Thanks to a threefold preemptive intervention, Enrico improved his sensory integration capacities, reharmonizes his posturo-tonic imbalances, stabilizes his regulation and invests with pleasure his oral space with a beautiful food curiosity.
To repeat or not to repeat?

Ms Heidi Fjeldheim\textsuperscript{1,2}, PhD Anne Werner\textsuperscript{3}, PhD and Specialist in Clinical Psychology Teija Anke\textsuperscript{4}, Dr Vibeke Moe\textsuperscript{2}, PhD candidate and Specialist in Clinical Pedagogy Helen Suizu Norheim\textsuperscript{1,2}, PhD Marianne Aalberg\textsuperscript{1}

\textsuperscript{1}Akershus University Hospital, AHUS, Lørenskog, Norway, \textsuperscript{2}University of Oslo, UiO, dep. of Psychology, Oslo, Norway, \textsuperscript{3}Health Services Research Unit, Ahus, Lørenskog, Norway, \textsuperscript{4}Vestre Viken Hospital Trust, Drammen, Norway

Introduction
There is substantial evidence that intergenerational transmission of trauma, violence, neglect, and abuse may have profound negative impact on the next generation. The complex work of addressing such generational adversities through perinatal psychotherapy is an understudied area. Especially noticeable is the lack of studies giving voice to the therapists involved. To explore the specificities of therapeutic work with intergenerational adversities in pregnancy and early childhood, we have conducted a study using individual interviews and a follow-up focus group with therapists in the perinatal field. The study is embedded within a larger Norwegian mixed-Method study on families with ACEs: “To repeat or not to repeat – how to interrupt intergenerational transmission of adversity in pregnancy and early childhood?”

Material and Method
A qualitative approach was chosen using semi-structured individual interviews and a follow-up focus group with seven therapists working in an infant mental health outpatient clinic. A reflexive thematic analysis was applied to analyze the data.

Results
We identified one overarching and two main themes, with associated subthemes. The overarching theme was the reflective therapeutic functioning required to tailor treatment. The two main themes were 1) Alliance work when a caring system comes to therapy to fight generations of adversities, termed “A crowded therapy room”, and 2) The complex psychological, relational, and practical work of addressing generational adversities in perinatal psychotherapy, termed “Therapy in working clothes”.

Conclusion
Preliminary findings indicate that the primary vehicle of change in perinatal psychotherapy is a safe therapeutic alliance to explore new ways of being and reflecting together, contrasting earlier parental experiences. Reflective therapeutic functioning seems key to navigate the complexities of perinatal psychotherapy. It is essential to ensure that changes reach the child in time, not compromising its safety and developmental needs.
Adverse Childhood Experiences: Promoting Awareness, Advancing Practice and Prevention

M4-BOP32.3

Dr Margaret O Rourke1,2,3, Dr Maeve Hurley2

1School of Medicine, University College Cork, Ireland, 2Relationships In Practice, Social and Health Education (SHEP), Ballintemple, Ireland, 3Irish Centre for Foetal and Translational Research (INFANT), University College Cork and Cork University Maternity Hospital, Ireland

M4 - BOP32: A systematic approach to trauma-informed care, Wicklow 1, 17 July 2023, 16:30 - 18:00

Several studies have elucidated the wide range of biological, neurological, psychological and social correlates of various traumatic and adverse childhood experiences. This knowledge base can serve as a foundation to promote awareness and develop policies and practices that support infants, children and families. This paper presents work undertaken 2018 - 2021 to raise awareness of infant and childhood adversity and highlight the importance of responsive relationships and their potential for buffering, prevention and protection.

The aim of the project was to promote frontline practitioner awareness of Adverse Childhood Experiences’ and explore with practitioners how this awareness could translate into action, advocacy and support.

The Project involved facilitated screenings of the award-winning documentary Resilience: The Biology of Stress and the Science of Hope* to frontline practitioners. 23 separate events were offered, hosting 625 practitioners from health, education, youth, community development and social care across Ireland. Each session began with information to introduce and contextualise the topic and the documentary, followed by the screening, small group discussion, reflection and debriefing and concluding with formal and informal practitioner evaluation.

Audit and thematic analysis revealed five core themes, these and other key findings are summarised to include practice and action points. 74% of participants reported that the session had significantly increased their awareness; 71% reported that it helped them reflect how they could advance practice and enhance buffering and protective influences. An output from this work, a resource handbook is described. **

The conclusion highlights frontline practitioners roles in building hope and resilience in communities and their considerable potential to make a difference in children’s lives.

*James Redford, (2016), Resilience Documentary
**O'Rourke, M, Hurley, M, O'Sullivan, N and Hennessy, D (2021) Adverse Childhood Experiences: 50 Reasons to Support Relationships in Practice, Relationships in Practice Publication,
Respect for indigenous knowledge through co-creating with communities: BRAC’s Approach to humanitarian work

Ms Nadya Khan¹, Ms Pooja Bhattacharjee¹, Ms Nazia Sharmin¹, Mrs Sakila Yesmin¹
¹BRAC, Dhaka, Bangladesh

At the end of 2018, an estimated 15.9 million people across the globe were seeking refuge while living in situations of protracted displacement. Data from the United Nations High Commissioner for Refugees [UNHCR] determine such displacement now last an average of 26 years. Infants and young children healthy development cannot wait for settlement, and BRAC has committed to doing all it can to assist displaced communities care for their young children. From their work with displaced and refugee communities in Bangladesh and Uganda, BRAC has demonstrated the most effective interventions for a humanitarian context are community-driven and culturally responsive. The communities are involved in every step of the process of designing and implementing every new program. Their voices are integrated into the content, building capacity within the community, the spatial designs, the implementation process of all BRAC early childhood programs, as well as in the research and monitoring. The work BRAC does is iterative, evidence-based, and scalable, and remains accountable to the community.

This presentation will describe some of the ways that BRAC and partners work with a community to co-create solutions that is effective, sustainable and meaningful for them. The ways that BRAC’s experience now informs an approach which ensures that the community’s culture, heritage, and knowledge are respected and protected and, as consequence will be discussed, and the early data confirms that healing and well-being are promoted will be presented.

Key lessons about the importance of respecting culture to build a nuanced understanding of the values of the community, and the rewards from doing so, will be shared through stories from our work with the displaced and Refugee communities now living in the camps of Bangladesh and Uganda.
An Integrated Multidisciplinary Culturally-Responsive Pediatric Model for Children with History of Adverse Early Experiences

MD Judith Eckerle⁴, MD, MPH Kimara Gustafson², OTR/L Megan Bresnahan³, Dr Maria Kroupina¹
¹Pediatric Department, University Of Minnesota, Minneapolis, United States, ²Pediatric Department, University Of Minnesota, Minneapolis, United States, ³Pediatric Department, University Of Minnesota, Minneapolis, United States, ⁴Department of Pediatrics, Minneapolis, United States

M4 - BOP32: A systematic approach to trauma-informed care, Wicklow 1, 17 July 2023, 16:30 - 18:00

Childhood maltreatment and trauma-exposure have long-term impacts on children’s brains, health, physical growth, and immune development. These children often present with complex medical needs, sensory, mental health and developmental concerns. The effects can be worse for those in out-of-home placements given it is also related to child and parent relationship. Consequently, foster children often require greater healthcare visits and evaluations across multiple specialty care clinics, which ultimately delays access to intervention services. Early identification and intervention are necessary to mitigate the long-term effects of trauma-exposure. Given the unique contextual challenges that accompany foster care, a culturally-informed integrated multidisciplinary care model has the potential to reduce the burdens placed on families by centralizing care with experts from varying expertise (medical, mental health, occupational therapy).

In this session, our team will present clinical cases on the implementation of a collaborative, multiculturally-centered model adapted specifically for 0 to 5 years children in foster care that integrates prenatal and postnatal risk factors. The integrated model includes a medical examination of infectious diseases, growth, nutritional deficiencies, gastrointestinal, and vision/hearing concerns. The model will also address children's mental health, neurodevelopmental, and sensory needs. We will provide strategies to provide a comprehensive assessment for evaluating complex concerns within the DC 0-5 framework and including caregiver-report questionnaires, interviews, and clinician observations. Importantly, our team will emphasize the importance of embedding multicultural assessment in the model and practical strategies to facilitate discussions about identity development for trans-racially composed foster families.

Throughout the session, we will highlight how research can advance the development of an integrated care model to better evaluate and mitigate the effects of early adversity. Further, this presentation will highlight the translation of this integrated care model to practice through case examples with the ultimate goal to highlight areas of strength and challenges.
Quality of Trauma Informed Care: A Statewide Organizational Assessment

Dr Kristin Murphy, Dr. Tasha Olson, Dr. Margie Woodruff

1Family Support Centers Of Utah, Salt Lake City, United States

M4 - BOP32: A systematic approach to trauma-informed care, Wicklow 1, 17 July 2023, 16:30 - 18:00

Introduction
Providing trauma informed care to children and families who experience abuse can lead to better outcomes for individuals and communities for years to come (Garza, et al., 2019). The National Child Traumatic Stress Network’s Trauma-Informed Organizational Assessment (TIOA) was developed to help organizations who serve families that have experienced trauma.

Aim
This project will administer the TIOA through a statewide network of 17 Family Support Centers in Western United States to evaluate the degree and quality of current organizational practices.

Method
The TIOA includes nine domains of trauma-informed care including trauma screening, workforce development, and strengthening resilience and protective factors. After completing the TIOA with one center in early 2022, with a response rate of over 90%, the statewide network is now working to administer the TIOA at all sites in early 2023. Every staff member from every center will complete the TIOA, with the goal of obtaining at least an 80% response rate at each site. The TIOA takes about one to one and a half hours to complete and all employees will be given time during work hours to complete the assessment.

Conclusion
Results from the single center assessment have already been used to improve leadership and communication with its staff members. Results from each center will be analyzed and presented individually, as well as from a statewide perspective. This will be informative to both individual centers as well as the statewide network, and a Description of how results will be used to drive change that will help support children and families as well as staff will be presented.

Bootstrapping Sustainability: Building Statewide Capacity for Early Childhood Trauma Intervention

Dr Cathleen Yackley

1Center for Trauma-Responsive Practice, Bradford, USA

introduction
Early-childhood trauma poses major risks to children’s healthy development, yet access to evidence-based mental health (MH) interventions for children 0-6 is often sparse. Widely held erroneous beliefs—e.g., young children do not need or cannot benefit from MH treatment—lead to benign neglect within the MH service array. This presentation describes the development of a robust, sustainable network of Child-Parent Psychotherapy (CPP) providers across an entire state.

Purpose
Prior to CPP implementation in the state, the capacity for MH intervention for young children was negligible. The CPP Provider Network was created to recruit, train, and sustain an interdependent network of CPP-trained MH clinicians. The Network’s purpose is to increase access to CPP, an evidence-based MH treatment effective with the youngest, most traumatized children. Over the past seven years, the Network has upscaled workforce capacity to address the thousands of young children involved with the child welfare and foster care systems due to impacts associated with the opioid crisis.

Description
The presentation will explain how a Network of over 150 CPP providers across over 40 agencies was built and sustained by leveraging contextual factors such as: strong leadership and quality staffing processes, utilization of CPP "champions," cross-system partnering, community awareness building, and legislative advocacy for funding supports. The Network surveys providers annually in order to better understand barriers and facilitators to CPP implementation and this data was leveraged to successfully advocate for legislation that funds CPP sustainability, including conducting a time cost study to address the barrier of reimbursement shortfalls identified by Network clinicians.

Conclusion
To date, the Network has expanded CPP capacity tenfold and has demonstrated strong clinician retention within the Network. With the national crisis in access to MH treatment for young children, the Network offers an innovative approach to addressing this need.
Paternal postnatal distress on early father-baby interaction, relational withdrawal and psychomotor development.

Dr Stéphanie Culot¹, Prof. Justine Gaugue¹
¹University Of Mons, Mons, Belgium

The perinatal period offers suitable conditions to develop psychiatric disorders (Dayan, 2007; Goodman, 2004). Despite a growing interest on the father in this context, a major gap remains in the French speaking population. Although the effects of paternal distress, mainly depression have been the subject of research for some years now, few studies have focused on the early period of child development. For example, there is a lack of consensus about the impact of paternal mental health on father-baby interactions (Field et al., 1999, Hossain et al., 1994).

The objectives of our research are therefore to assess the presence of distress in a sample of French-speaking fathers, in immediate and late postpartum, and to identify whether this distress is related to the infant's psychomotor development, early father-baby interactions and relational withdrawal in the late postpartum period.

Paternal distress (depression and anxiety) is investigated through Edinburgh Postnatal Depression Scale (Cox et al., 1987) and State-Trait Anxiety Inventory (Spielberger, 1983). Father-infant interactions are assessed using the Guide for the Evaluation of Adult-Infant Dialogue (De Roten & Fivaz-Depeursinge, 1992). The presence of relational withdrawal towards the father and towards the experimenter is assessed using the Baby Distress Alarm Scale (Guedeney & Fermanian, 2001). Psychomotor development is assessed with the BLR (Brunet & Lézine, 2001). Distress data were collected at two postpartum time points: 5 days (immediate postpartum) and 3 months after birth (late postpartum). Clinical characteristics of the dyad were assessed in the late postpartum.

The association between depressive, anxious or anxio-depressive state and the baby's clinical characteristics will be presented on the basis of 11 father-baby dyads that constitute our sample, in order to highlight a potential repercussion of the father’s psychological state towards his baby. The moderating effect of maternal distress will also be discussed.
Engaging Fathers in Perinatal Home Visitation: Physical Child Abuse Findings from a Randomized Controlled Trial

Professor Neil Guterman¹, Professor and Associate Dean for Research and Faculty Development Jennifer Bellamy¹, Assistant Professor Aaron Banman¹, Professor Emeritus James Jaccard¹, Assistant Professor Justin Harty¹, Ms. Sandra Morales-Mirque¹

¹New York University Silver School Of Social Work, New York, USA

M4 - BOP33: Fathers in prenatal and early childhood contexts, Liffey Meeting Room 1, 17 July 2023, 16:30 - 18:00

Introduction and Aims
Perinatal home visitation programs are expanding in a number of nations given a strengthening evidence base of their effectiveness in supporting infants’ development and in preventing child maltreatment. Such programs, however, have only begun to consider the important role of fathers. To address this gap, the Dads Matter study examined an enhancement strategy to optimize fathers’ positive involvement in support of their infants. Here, we focus on program impact upon mothers’ and fathers’ physical child abuse risk, and trace mediating pathways through which the intervention influences parenting.

Method
A multisite clustered randomized controlled trial was conducted with 17 home visiting teams serving 204 families across two study conditions: Dads Matter plus standard services, versus standard home visiting services alone. We examine outcomes of mothers’ and fathers’ self-reported physical child abuse risk at 4-months (immediately post-intervention), and at 12-month follow-up. Using structural equation modeling (SEM) and accounting for sample clustering and covariates, we examine the effect on physical child abuse, and trace hypothesized mediators including the quality of the home visitor-father relationship, parental partner support and abuse, and the timing of service initiation.

Results
A high proportion of the families (either mother, father or both parents) (90%) were retained (n=183) to follow-up. The SEM mediational analyses indicated that the Dads Matter enhancement predicted improved home visitor relationships with fathers, but only for families receiving services initiated postnatally. The quality of the home visitor-father relationship predicted improved parents’ mutual support and reduced bidirectional mother-father partner abuse at 4-months, which in turn predicted lower maternal and paternal physical child abuse risk at 12-month follow-up.

Conclusion
Dads Matter can augment the preventive benefit of home visitation on physical child abuse risk when such services are initiated postnatally, and operates through improved home visitor-father relationships, which strengthens the mother-father co-parenting dyad.
Fathers as caregivers are important in the lives of their infants. Many first time fathers have little to no experience to care for an infant, thereby leaving them with feelings of incompetence, lack of confidence, anxiety, and fear (Kasovac, 2021). Minimal opportunities exist for fathers to learn about infant care and how to foster a relationship with their baby. “Few [perinatal] parent education programs include fathers. Among those that do, there is little effort to report program effects on father outcomes” (Lee et al, 2018). When considering social risk factors, including non-residential fathers, many have even fewer options or choices to prepare for a new baby due to racism, poverty, health disparities, and other systemic challenges outside their control (Pearson & Wildfeuer, 2022).

This leaves inexperienced, first time fathers anxious, stressed, and fearful of their impending new role. Not only are there limited programs for new fathers, the ones that exist focus on basic care tasks with little to no focus on the relationship that needs to occur and its importance for the child, the father, the family, and the community as a whole.

This workshop will present an outline of an existing class for fathers during the prenatal period that takes a relationship-based approach to infant care. Concepts are strategically chosen to engage fathers in ways that pique interest, sustain attention, facilitate learning, and aid retention of material. Co-regulation is highlighted as it’s a component of reflective functioning, mentalizing, and fostering empathy with and for the infant and can be infused within basic infant care, thereby nurturing the integration of relationship and caregiving. This dynamic process encourages and facilitates the reciprocal nature of a bidirectional relationship that is being newly established between a “new” father and a “new” baby. Anecdotes and examples will also be shared.
New fathers’ experiences of an individual conversation with the child health nurse

Dr Pamela Massoud1,2, Lic.clin.psy Amanda Wikerståål3, Dr. Viktor Carlsson4,5, Dr Birgitta Gunnarsson6
1Dept. of Research & Developement, Region Kronoberg, Växjö, Sweden, 2Dept. of Psychology, University of Gothenburg, Gothenburg, Sweden, 3Maternal and Child Healthcare Psychologists’ Unit, Region Kronoberg, Växjö, Sweden, 4Regional Department of Competence in Family Medicine and Primary Health Care, Region Kronoberg, Växjö, Sweden, 5Department of Psychology, Linnaeus University, Växjö, Sweden, 6Department of Health and Rehabilitation, Institute of Neuroscience and Physiology, University of Gothenburg, Gothenburg, Sweden

Introduction and Aims
Swedish Child Health Services provides regular health surveillance of children 0-5 years and support to parents. The intention is to contribute to equitable child healthcare and to promote physical, emotional, and social health for children. While individual conversations with the child health nurse, including screening for postnatal depression, are implemented for mothers, routines for a visit specifically for the non-birthing parent vary and are not well studied. As part of a project, child health nurses conducted individual conversations with fathers, aiming to support their parenthood and well-being related to having a new-born child. This study aimed to explore how non-birthing parents experienced the individual conversations with their child health nurse, three months after the birth.

Materials and Method
Semi-structured interviews were conducted with 16 fathers who had participated in individual conversations with a nurse at their child health centre. Interviews were audio-recorded and transcribed, and data analysed with qualitative content analysis.

Results
The preliminary findings are presented in three categories: The first, “Being invited into a supportive context” about how father appreciated being invited as well as the framework for the conversation. The second, “Talking about what was significant”, about how fathers had talked about experiences and relationships. The third category, “Taking it home” described how fathers felt validated and relieved, and that the conversations with the child health nurse had led to reflection and finding new ways as a father.

Conclusions
Individual conversations, without the mother present, can make fathers feel important and allow for a different type of content, tailored to their own needs. Furthermore, individual conversations can lead to changes in daily routines with the infant.
Intervention Approaches with Fathers who have Caused Harm

Authors:
Dr. Carla Stover¹,², Dr. James Mchale², Dr. Henning Mohaupt³,⁴, Dr. Katherine McKay², Mr. Rashid Mizell², Florence Guillet²

Affiliations:
¹Yale University Child Study Center, New Haven, United States, ²University of South Florida, St. Petersburg, United States, ³Alternatives to Violence, Norway, ⁴Center for Child and Adolescent Mental Health, Eastern and Southern Norway

M4 - BOP33: Fathers in prenatal and early childhood contexts, Liffey Meeting Room 1, 17 July 2023, 16:30 - 18:00

Introduction
Intimate partner violence (IPV) can start or escalate during pregnancy and post-partum. Infants’ and toddlers’ development can be seriously impacted by the consequences of IPV. Interventions for infants and young children affected by IPV have typically targeted dyads with violence-exposed mothers and children with little focus on treatment that may help a father who has used IPV change his behaviors to have healthy parenting and coparenting relationships. However, most men who come to treatment for IPV are fathers and have contact with their children. Often, they have poor representations of their children’s mental states, are poor models of affect regulation and have limited relationship skills.

Aims and Purpose
Figuring it Out for the Child, Fathers for Change and Child Parent Psychotherapy are three approaches that can be safely provided to new fathers who have caused harm to their partners that can include direct work with their coparents and children. The purpose of these interventions is to provide fathers the opportunity to think about their parenting roles and learn skills to have healthier relationships for the benefit of their young children.

Description
We will present key features of these interventions. Case vignettes illustrating how these therapeutic approaches can be safely applied to work with infants and young children when men have used IPV will be presented. We will present different families with different risk-profiles where IPV coincides with some or all the following: father’s trauma, a history of alcohol or substance use, mental health problems, immigration, or low socioeconomic status.

Conclusion
Adding intervention approaches that work directly with fathers who have used IPV around their roles as fathers and coparents to the services available for IPV is important and can help with family recovery.
M4-BOP33.7

Fatherhood desire as a predictor of paternal mental health and father-infant bonding

Ms Imogene Smith1,2, Ms Lauren Francis1,2, Ms Kayla A Mansour1,2, Dr Jacqui Macdonald1,2,3,4
1Men And Parenting Pathway’s Study At Deakin University, Burwood, Australia, 2School of Psychology, Centre for Social and Emotional Early Development, Deakin University, Burwood, Australia, 3Murdoch Children’s Research Institute, Melbourne, Australia, 4Department of Paediatrics, University of Melbourne, , Parkville, Australia

M4 - BOP33: Fathers in prenatal and early childhood contexts, Liffey Meeting Room 1, 17 July 2023, 16:30 - 18:00

Introduction
A lack of desire to have children or hope to have another baby may be risk factors to men’s postpartum mental health and ability to form a strong bond with the infant. However, longitudinal studies are lacking where desire for children is assessed prior to conception.

Aim
The aim of this study was to prospectively investigate associations between men’s preconception desire for children and (1) postpartum symptoms of depression, anxiety and stress; and (2) father-infant bonds.

Material and Method
Data were from 207 fathers of 255 infants (M = 29.94 years, SD = 1.43) participating in the Australian longitudinal Men and Parenting Pathways (MAPP) study. Mental health was assessed with the 21-item Depression, Anxiety and Stress Scale (DASS-21) at each of 5 annual waves of data collection. Father-infant bonds were assessed with the Paternal Postpartum Attachment Scale (PPAS). The DASS-21 scales and the PPAS were separately regressed onto two indicators of future parenting plans (assessed prior to conception): the Desire to Have Children Scale (asked only of men not already fathers); and, a single item question, which asked all participants if they hoped for a child or another child in the future (Responses 1 = very much, 2 = moderately, 3 = a little, 4 = not at all).

Results/Conclusions
Men’s hope to have future children, whether a first or subsequent child, was negatively associated with postpartum depressive symptoms. Higher desire to have a child prior to conception predicted stronger father-infant bonding. No associations were found between hope or desire to have children and fathers’ symptoms of anxiety or stress. Pregnancy intentions are often asked of women to identify risk for postpartum mental health or bonding problems. Screening men for unintendedness or ambivalence around pregnancies is also of importance to identify men in need of parenting and mental health support.
Infant Mental Health Curriculum Development in Graduate Education

Dr. Margo Candelaria¹, Ms. Kate Sweeney¹, Dr Ruth Paris²
¹University Of Maryland, School Of Social Work, Baltimore, United States, ²Boston University, Boston, United States

M4 - BOP34: IMH training for students and new practitioners, Liffey Meeting Room 2A, 17 July 2023, 16:30 - 18:00

Introduction
There is a shortage of workforce with specific knowledge of Infant Mental Health (IMH). Although IMH has roots in social work (Walsh et al., 2021), social work education typically does not include IMH. In recognition of greater curricular needs related to children’s behavioral health in social work programs, in 2016 SAMHSA funded the Behavioral Health Curriculum Development Initiative which funded teams to create social work evidence-based curriculum content to expand coverage of children’s behavioral health. This resulted in several curriculum additions including an IMH curriculum (Hussey & Coen Flynn, 2019) that is free and shareable. The IMH health curriculum has been implemented at both Boston University and University of Maryland Schools of Social Work (SSWs).

Purpose
The purpose of this workshop is to discuss the development and implementation of an IMH course within SSWs, as well as opportunities for adaptation and expansion to other universities. Course content to be reviewed include attachment, dyadic assessment, DC: 0-5 diagnostic practices, evidenced-based practices, and IMH serving systems and programs.

Description
This workshop will offer an in-depth review of two different IMH classes, including content, assignments, and competencies addressed. We will also review an informal community of practice that operated for three years with those teaching the class to support and learn from one another. Furthermore, as each year classes are revised, discussion will include suggestions for additions, changes and opportunities for syllabi to be altered and implemented at additional universities.

Conclusion
At the end of the workshop, participants will have increased knowledge about an IMH class that can be offered at the MSW or other graduate degree level. Furthermore, participants will be able to take with them two syllabi that have been implemented for the past five years and understand successes and challenges with implementation as well as opportunities for local adaptation.
M4-BOP34.2

Introducing IMH Concepts and Self-Reflection to Students and New Practitioners in the Field

Dr. Elvia Cortes 1,2, Early Intervention Professional Development Consultant Lisa Terry 3, Dr. Christine Spence 4

1California Polytechnic University, Pomona, USA, 2FINE Infant Program, Rancho Cucamonga, USA, 3Virginia Commonwealth University/Partnership for People with Disabilities, Richmond, USA, 4Virginia Commonwealth University, Richmond, USA

M4 - BOP34: IMH training for students and new practitioners, Liffey Meeting Room 2A, 17 July 2023, 16:30 - 18:00

Introduction
Entering the workforce of IMH requires professionals to be aware of their own feelings and emotions servicing vulnerable families. There is limited research examining the importance of social-emotional competence in new students/providers entering the workforce.

Purpose of work
Higher education students’ and new practitioners’ recognizing IMH competencies such as unique individual characteristics to support interventions, are imperative to their professional development. This presentation brings awareness to the needs and abilities to invest themselves in recognizing responsive interactions as essential skills to prepare for the workforce servicing infants, young children, and their families (Virmani et al., 2020).

Description of work
Multiple life stressors and past difficult child life experiences could deteriorate new practitioners’ ways of connecting with families in their caseloads (Virmani et al., 2020). This presentation will allow attendees to guide higher education students and new practitioners on becoming socially and emotionally competent in providing IMH practices. This interactive presentation will actively explore ways to build self-awareness and reflective thinking and share this process with their students.

Conclusion
The importance of socially and emotionally competent students and new practitioners in the workforce is imperative. Having intentionally present practitioners to support families’ and children’s social and emotional well-being in their early years is a critical factor in the child’s success. Therefore, entering the workforce of IMH requires professionals to be attuned to their own feelings and emotions to enable them to work with vulnerable families.

References
Using simulation to improve practitioner responses to mothers experiencing intimate partner violence and their infants

Dr. Angelique Jenney

University Of Calgary, Calgary, Canada

M4 - BOP34: IMH training for students and new practitioners, Liffey Meeting Room 2A, 17 July 2023, 16:30 - 18:00

Introduction
Infants and young children are developmentally impacted directly by their environments. Nowhere is this more pronounced than in families where violence and trauma are regular occurrences, specifically when caregivers are harming others or being harmed. Nearly 1 million Canadian children are exposed to intimate partner violence (IPV) annually with the majority of reports to child protection services being for children under the age of 3 years. Experiencing IPV was exacerbated globally by the COVID-19 pandemic while at the same time, real-life practice opportunities to learn how to appropriately respond to infants experiencing this violence against their mothers was reduced.

Purpose
The use of simulation-based learning (SBL) has been demonstrated to be effective in training students and practitioners in client-centered professions such as social work, nursing and medicine, all professions that are likely to encounter mothers experiencing violence. The presentation illustrates the use of simulation-based learning (SBL) within a community-based setting to improve access to training and the development of clinical practice competencies in practitioners to improve intervention outcomes for infants with mothers experiencing intimate partner violence.

Description
This presentation will discuss an innovative training approach that provides access to experiential learning using Virtual Gaming Simulations (VGS) to increase access to training and upskilling opportunities for both student and professional practitioners.

Conclusion
Presenters will illustrate the use of SBL as a unique pedagogical approach to training practitioners in this field and provide opportunities for participants to engage in the mother-infant VGS learning experience.
Integrating Infant Mental Health within Higher Education Coursework in Undergraduate and Graduate Programs

Ms Melissa Mendez

1University of Connecticut, Storrs, USA, 2Southern Connecticut State University, New Haven, USA, 3CT Association for Infant Mental Health, New Haven, USA

M4 - BOP34: IMH training for students and new practitioners, Liffey Meeting Room 2A, 17 July 2023, 16:30 - 18:00

Efforts to development infant mental health (IMH) courses at higher education institutions can be challenging. While there may be interest and acknowledgement of importance, many efforts are left without success due to university approval processes and even student interest and enrollment. This presentation will focus on how to integrate IMH core concepts and content into coursework across programs that educate those students most likely to move into the helping professions, specifically those that aim to focus on children and families. The presenter will discuss the development of IMH-infused courses, both theory and practice courses, and discuss timing and placement of topics that are central to IMH: neurodevelopment, the importance of caregivers, cultural humility and diversity informed tenets, and reflective practice. Participants will learn about how to be purposeful with building coursework, including class assignments and activities, that give students the opportunity to learn and experience IMH knowledge and work.
Introduction
The Solihull Approach training programs have an overarching aim of supporting quality relationships. With the uptake of the training increasing across Australia, the reach to a variety of professionals is expanding. One notable outcome of the training has been the interest participants have shown in learning about IMH concepts presented within the training.

Aim/Purpose
To explore experiences of a range of professionals following The Solihull Approach training.

Context
The Solihull Approach is underpinned by theoretical frameworks derived from neuroscience, infant mental health, psychotherapy, and relational disciplines. It has been providing a platform for understanding behaviours and enabling emotional regulations and quality relationships for many years. The training content includes influences of early life experiences, caregiving environments, genetics and intergenerational factors that shape the infant through to adulthood. The scope of trainings is expansive. Targeted training is currently offered to managers, first responders, school teams and anyone working with another. An unanticipated outcome of the training has been the extend of participant interest in the IMH concepts within the training.

Method
This quality assurance study captures the experiences of 48 professionals up to three months following the Solihull Approach training.

Results
Data was clustered using thematic analysis, from which two strong themes emerged. The majority of participants commented on their surprise at the information that was available on IMH. A second theme related to how understanding early life experiences influenced adult behaviours was benificial to the participants in a number of ways in both their personal and professional lives.

Conclusion
The plethora of research on the Solihull Approach identifies a range of positive outcomes derived from the trainings. This study, however, revealed new data that supports the notion that IMH concepts can reach and are valued by a range of disciplines, not just early years and mental health professionals.
Mobile-Based Intervention for Parents of Infants with Crying/Sleeping/Feeding Problems: Results of a Randomized Controlled Trial.

MSc Michaela Augustin¹, Dr. Maria Licata-Dandel¹,², Dr. Linda D. Breeman³, MSc Mathias Harrer⁴,⁵, Dr Ayten Bilgin⁶, Professor Dieter Wolke⁷,⁸, Prof. Dr. Volker Mall¹,², Dr. Margret Ziegler², Prof. David Daniel Ebert³, Dr Anna Friedmann⁴

¹Chair of Social Pediatrics, Technical University of Munich, Munich, Germany, ²kbo-Kinderzentrum Munich, Munich, Germany, ³Health, Medical, and Neuropsychology Unit, Leiden University, Leiden, Netherlands, ⁴Psychology & Digital Mental Health Care, Department of Sports and Health Sciences, Technical University of Munich, Munich, Germany, ⁵Clinical Psychology and Psychotherapy, Institute for Psychology, Friedrich-Alexander-University Erlangen-Nuremberg, Erlangen, Germany, ⁶School of Psychology, University of Kent, Canterbury, United Kingdom, ⁷Warwick Medical School Department of Health Sciences, University of Warwick, Coventry, United Kingdom, ⁸Department of Psychology, University of Warwick, Coventry, United Kingdom

Introduction
Excessive crying/sleeping/feeding problems in infancy are significant stressors for families that can result in parents’ feelings of social isolation and low self-efficacy. Affected infants are at increased risk for being maltreated and for developing mental health problems. Thus, the development of an innovative, interactive psychoeducational app for parents of children with crying/sleeping/feeding problems may provide a low-threshold access to scientifically based information and alleviate negative outcomes for families.

Aim
We investigated whether parents of children with crying/sleeping/feeding problems following the use of the app experience less parenting stress (1), gain more knowledge about crying/sleeping/feeding problems (2) and more self-efficacy (3), perceive themselves as better socially supported (4) and whether their child’s symptoms decrease more (5) than parents who did not use the app.

Method
N=136 parents of children (age 0–24 months) were recruited in a German cry baby outpatient clinic. In a randomized controlled design, families in the intervention group (IG; n=73) used the app during the usual waiting time until their consultation (average 3 weeks), while families in the waitlist control group (WCG, n=63) did not. Parenting stress, knowledge about crying/sleeping/feeding problems, perceived self-efficacy, perceived social support as well as child symptoms were assessed using validated questionnaires at baseline (t1) and post-test (t2) and compared between both groups at post-test.

Results
The IG reported significantly lower levels of parenting stress (p=.03, d=-.23) and a higher level of knowledge about crying/sleeping/feeding (p<.001, d=0.38) after app use compared to the WCG. No differences in change were found between groups in terms of parental efficacy (p=.34, d=0.05), perceived social support (p=.66, d=0.04), and child symptoms (p=.35, d =0.10).

Conclusion
This study provides initial evidence for efficacy of a psychoeducational app for parents with infant crying/sleeping/feeding problems as a secondary-preventive service. Additional large-scale studies are needed to investigate long-term benefits.
Development of a psychomotor stimulation protocol for malnourished infants and young children

Elisabetta Dozio\textsuperscript{1}, Clara Bigel\textsuperscript{1}
\textsuperscript{1}Action contre la Faim, Paris, France

M4 - BOP53: Feeding, Wicklow Hall 2A, 17 July 2023, 16:30 - 18:00

Introduction
Severe acute malnutrition causes great psychological suffering and has negative consequences on the development of infant and young children (cognitive, emotional, motor, etc.). Numerous studies show that children who survive severe acute malnutrition are not only at increased risk for illness and early mortality (but also impaired cognitive and emotional development. However, there is evidence that early psychosocial stimulation with disadvantaged infants and young children can result in short- and long-term benefits for cognitive and social development. These interventions are designed to teach parents to interact and respond appropriately to encourage their child’s play and development. For these reasons, it is important to provide complementary psychosocial support, with a focus on psychomotority, for this vulnerable population directly served in health centers.

Objective
The objective of the study is to adapt and measure the effectiveness of a psychosocial psychomotor intervention focused on severe acute malnutrition in infant and young children in two countries of Central African Region. The care device is proposed by health workers, in order to measure the impact of psychosocial therapeutic approaches adapted to the management of severe acute malnutrition.

Method
Quantitative data are collected at two points in time: at admission and at the end of treatment. Data will be collected through a standardized questionnaire that will include demographic data of children and adults, observation grids and psychometric scales.

Conclusion
The expected results of this project aim to demonstrate that psychomotority care for malnurished children is possible, feasible by non-specialists and that it allows a large coverage since it is part of a public health approach. At the global level, the results of this research serve to increase the recognition of the psychosocial aspects of severe acute malnutrition and his impact on the development of children and the need to implement effective care.
Introduction
Feeding difficulties and feeding disorders are common among infants and toddlers. And yet, parents of these children experience high levels of caregiving-related stress which place them in increased risk for parental distress, maladaptive parent-child relationship and negative child behaviors. These risk, in turn, may negatively impact child growth and development. Our Failure to Thrive (FTT) and Feeding Problems in Early Childhood Clinic at Schneider children’s Medical center of Israel provides diagnosis and multidisciplinary treatment of infants and toddlers with feeding difficulties. However, waiting list for an appointment is extremely long.

Aim
The goal of the brief online group intervention for parents on the clinic’s waiting list is to provide parents with “first aid” coping strategies and to attempt to modulate level of parental stress. Group session is an efficient way to reach more families.

Description
The intervention consists of two online 60-minutes weekly group sessions for parents on the clinic’s waiting list via TEAMS, facilitated by a pediatrician and additional professional from the clinic: a psychologist, occupational therapist or a clinical dietician. Parents are presented with medical and developmental information as well as given a chance to share their experiences and reflect on their reactions during feeding interactions. Parents from two pilot group interventions have reported high satisfaction from participation, a moderation of parental stress and even a minor decrease of behavioral and emotional symptoms in their children.

Conclusions
These preliminary reports provide evidence of the potential for positive impact of a brief online group intervention for parents of infants and toddlers showing symptoms of feeding difficulties. A decrease in parental stress level and child symptomatology may prevent further negative impact on development and relationships while waiting for treatment.
Treating infant eating disorders, traditional and contemporary concepts and tools

Prof Dr Delphine Jacobs

UCLouvain, Brussels, Belgium

Introduction
A young child’s feeding experience profoundly impacts the parent – child relationship, and the child’s sense of basic trust and inner sense of self. Intense transferences and countertransferences in the treatment setting can be worked-through by a psychodynamic interactive multidisciplinary work making the link between body and mind, child and adult, the individual and the relationship.

Aims / Purpose
Presentation of traditional and contemporary concepts and tools guiding our therapeutic work, illustrated by means of video recordings of a case history throughout the treatment trajectory.

Description
After reviewing the current state of art concerning infant eating disorders, we present the concepts and tools used in our child psychiatric day hospital. The port of entry is mostly pediatric with an infant refusing to eat. Stressed family relationships and parental feelings are only addressed later in the trajectory. We invite parents to hand over meals, also at night if the relationship is particularly tense and parents are exhausted. Video-recorded meals will show participants which co-regulation tools help the child in regulating overwhelming anxieties concerning control and separation-individuation issues. Psychomotor therapy guides the dyad/triad in regaining vitality and pleasure. Sensory discovery sessions help the child to overcome her fears and pick up interest in manually and orally exploring food. Other activities accompany the child in enhancing self-trust. An interactive multifunctional context allows the diffraction and working-through of transferences of both parents and child. In a separate parental guidance space parents’ own relational history, projections and attributions are received. Finally, family meals take place with gradually less professional involvement, first at the unit and at last at home.

Conclusion
The profound and lasting impact of infant eating disorders can be successfully hampered by a contemporary psychodynamic intervention.
International Perspectives on the Effects of Trauma on Young Children

Dr. Joy Osofsky¹, Associate Professor Campbell Paul², Professor Miri Keren³, Dr Hisako Watanabe⁴, Professor Astrid Berg⁵
¹Louisiana State University Health Sciences Center, NEW ORLEANS, United States, ²Royal Children’s and Royal Women’s Hospitals Melbourne, the University of Melbourne, Melbourne, Australia, ³Bar Ilan University Azrieli Medical School and at the Schneider Hospital for Sick Children, Ramat Gan, Israel, ⁴Life Development Center, Kanagawa, Japan, Kanagawa, Japan, ⁵Tygerberg Hospital and Stellenbosch University ,, Capetown, South Africa

M4 - INVS5: International Perspectives on the Effects of Trauma on Young Children, The Auditorium, July 17, 2023, 16:30 - 18:00

Introduction
Research has demonstrated that trauma can affect the neurobiological development of young children and increase their risk for behavioral, social, emotional, linguistic, and cognitive problems early in development and across the lifespan. Infants as young as 3 months of age can show traumatic stress reactions through their emotions and behaviors following direct exposure to abuse, neglect, domestic violence, and even high levels of stress in their caregivers or environment.

Aim or Purpose
Population-based data from about half the countries in the world indicate that over one billion children and youth, ages 2-17 years, experience violence every year. With established evidence of the negative effects of such exposure, there is a critical need for prevention, intervention, and trauma-focused evidence-based services to help young children exposed to trauma.

Description
During this symposium, presenters from different parts of the world will elaborate on some of the ways that trauma impacts on young children and ways to help them by addressing the negative experiences. Ways to build capacity for trauma-informed case in the child welfare system will be described. Information will be shared and elaborated related to infants’ rights during wartime. Further, different ways to support vulnerable infants and young children will be presented. The impact of the COVID-19 pandemic including the traumatic effects of lockdowns, the changing requirements leading to indefinite uncertainty, and developmental concerns will be presented. Finally, the discussant will provide an overall perspective on the importance of a prevention perspective by addressing effects of trauma on infants and young children from around the world.

Conclusion
For infants and young children, it is important to recognize that the child’s response and outcomes is impacted by both their developmental level and the crucial protective factor of support from a caring adult.
Introduction
Infants and preschoolers are particularly vulnerable to the adverse effects of trauma, especially within the family, where parents have experienced profound intergenerational trauma or mental illness. Child protection services may become involved where parents are unable to provide safe and attuned care. Infant mental health (IMH) has much to contribute to the legal and child protection services surrounding very vulnerable infants.

Aim
Child safety and family support services are often overwhelmed with limited access to therapeutic interventions for traumatized infants and preschoolers. Although there is increasing awareness of the need for trauma-informed care, those in protective and family support services may not have training or resources to provide therapy which prioritizes the infant (Berliner 2016). With clinical vignettes, this presentation will suggest ways that IMH can support agencies directly engaged with infants and families holding the needs of the infant as a person at the forefront of engagement.

Description
Family Preservation and Reunification programs are designed to provide intensive family support for families where infants may be facing removal from the family’s care. IMH can provide training and reflective supervision for family workers to facilitate understanding of the infants’ crucial needs and the parent capacities. IMH consultations can help the child protective worker access the impact of trauma upon the infant, and the infant-parent relationship. Tools such as the Newborn Behaviour Observation and AMBIENCE Brief complement clinical expertise and enable a deeper understanding of the infant’s experience within the stressed infant-parent relationship. Children’s courts can provide better outcomes for infants and families when informed by IMH principles, with non-adversarial approaches and child-centred practices.

Conclusion
There is increasing evidence that providing infant mental health training and supervision for frontline family support, protective workers and child and family courts, is essential to meet the immediate developmental and emotional needs of severely traumatized infants who are at high risk.

Reference:
The Rights of the Infants in Times of War: Our role as Mental Health Professionals

Professor Miri Keren¹
¹Bar Ilan Azrieli Medical School, , Israel

M4 - INVS5: International Perspectives on the Effects of Trauma on Young Children, The Auditorium, July 17, 2023, 16:30 - 18:00

Introduction
The needs and rights of all children are the same everywhere and quite obvious: nutritious food, adequate health care, a decent education, shelter and a secure and loving family, access to treatment. These rights have been well-defined by the Children Rights Convention (1989), and recently by WAIMH Infants’ Rights Declaration (2016) presented at the Children Rights Committee (September 2017).

Aim
To discuss what happens to these Rights in situations of War with its related traumatic experiences.

Description
Based on the UN 10 attachment-theory based recommendations, guiding principles to aid war-affected children, regardless of their age will be presented. We will use the ACE paradigm to understand the impact of war on development and to formulate the goal of these recommended actions to make toxic stress become tolerable stress.

Conclusion
We, as infant mental health clinicians, need advocate for the infant’s right to have these war-related specific recommendations be applied to him/her, while emphasizing the crucial need to provide emotional support to the infants’ caregivers, in the light of Selma Fraiberg’s saying “Nurturing the parent in order to nurture the infant.”
Exploring Ways to Mobilize and Enhance Intuitive Caregiving Capacity through a Relationship-Based, Culturally-Centered Approach

Dr Hisako Watanabe
1
1of LIFE DEVELOPMENT CENTER, Watanabe Clinic, Japan

M4 - INV5: International Perspectives on the Effects of Trauma on Young Children, The Auditorium, July 17, 2023, 16:30 - 18:00

Introduction
Against the backdrop of increasing worldwide disasters, infant and early childhood professionals today are urged to step up and develop competencies in responding to diverse and multi-layered needs of infants, families, and communities in adverse situations. Navigating such a momentous task requires us to be emotionally available and able to explore and track the ‘felt sense’ (Levine, 1997) not only in infants and families but also in ourselves.

Aim
This presentation aims to raise awareness of the role of non-verbal, affective communications, which prevail in infancy and in supporting survivors of trauma. Exposed to massive threats, our primitive instincts are instantaneously switched on, inviting both victims and supporters into a vigilant mode of survival and adaptation. Interventions aligned to this mode, anchored in early intimate relationship and indigenous culture, are crucial in reviving the sense of core self (Trevarthen & Butt, 2021).

Description
Post-disaster community-based interventions for infants and children in two parts of Asia, in Japan and Bangladesh, will be described. They shared in common key infant mental health principles that focused on the needs of infants and young children in any given moment. Feeling secure and restored again in familiar relationships, infants who received the community-based interventions became playful again. Provided with age-appropriate play space and programs that honored the generational wisdom of the community, they became relaxed and vibrant, making adults feel relieved with a sense of joy, pride and dignity. Infants became agents of hope, revitalizing their communities. When the ensuing COVID-19 pandemic complicated the ongoing hardships, the communities were able to endure. Memories of trauma may not fade easily, but a newly acquired resiliency helped them move forward.

Conclusion
Focusing on the sensitive world of infants and attuning to their non-verbal visceral affective communication would help infant mental health professionals to deepen their competencies. While this approach is universal, there is much that can be learned from Asian communities that value interdependence.
The Effects of Trauma on Young Children and Ways to Promote Resilience

Dr. Joy Osofsky

1Louisiana State University Health Sciences Center, , United States

M4 - INVS5: International Perspectives on the Effects of Trauma on Young Children, The Auditorium, July 17, 2023, 16:30 - 18:00

Introduction
Young children around the world continue far too often to be exposed to ongoing traumas of abuse and neglect, exposure to domestic violence and substance use. In the past three years, the additional traumas from COVID-19 including death of parents or caregivers, financial hardship, and increased stress in families have contributed to more child distress.

Aim
During the COVID-19 pandemic, it has been estimated that in the United States, more than 240,000 children lost a parent or caregiver to COVID-19.

Description
In comparison with natural disasters, the COVID-19 pandemic has resulted in many more losses without needed support. These losses can be devastating for development and long-term well-being of young children leading to emotional and behavioral dysregulation, regression in sleeping, eating, toileting, difficulties with attachment and separations, and mental health issues that may increase over time without supportive interventions. Racial and ethnic disparities in caregiver loss have also been identified. Relationships with caring adults are very important to support resilience.

Conclusion
Support for caregivers and children accompanied by positive early childhood and community settings can play key roles in supporting resilience by being present, emotionally available, and listening to the children.
M4 - INVS13

Exploring Progress in Embedding Infant Mental Health Principles and Practice: Perspectives from Colleges of Practice and National Health Service Delivery in Ireland

Dr Audrey Lonergan, Ms Catherine Maguire, Dr Aoife Twohig, Ms Anne Pardy, Ms Grace Walsh, Dr Eithne Ni Longphuirt

M4 - INVS13: Exploring Progress in Embedding Infant Mental Health Principles and Practice: Perspectives from Colleges of Practice and National Health Service Delivery in Ireland, Liffey Hall 2, July 17, 2023, 16:30 - 18:00

Introduction
The development and integration of infant mental health principles and practice has been growing steadily in Ireland over the past two decades. However, if we are to build promotion, prevention and early intervention systems in our country which address the mental health as well as the physical health of infants and young children, building workforce capacity must also be a key priority. Progress has been made across a range of disciplines in embedding the science and practice of infant mental health within professional training. In addition, developments have taken place to incorporate aspects of this knowledge base within continuous professional development modules in frontline service delivery. However, significant gaps exist and must be addressed between policy and practice regarding this pivotal period of early childhood development.

Aim
This Invited Symposium will report on progress to date in Ireland within Psychology Services, Speech and Language Therapy, Child and Adolescent Psychiatry Services and within the National Health Service Executive Healthy Childhood Program regarding the integration of infant mental health theory and practice into professional training and service delivery.

Description
Invited speakers will highlight key developments within their respective disciplines and organisations, while also discussing barriers or gaps encountered.

Conclusion
It is anticipated this Symposium will highlight the strengths and barriers of integrating the science and practice of the infant and early childhood into education, training and professional practice. It will also provide an opportunity for discussion and to hear the collective wisdom of our international WAIMH colleagues. It is also hoped this forum will be the first of many other collective discussions on progressing developments which will bring change and efficiency in the upskilling of frontline practitioners across all primary, secondary and tertiary domains and simultaneously ensure this scientific knowledge base is incorporated into infancy and early childhood service delivery.
Developments in infant mental health in child and adolescent psychiatry and paediatric settings in Ireland

Dr. Aoife Twohig

Introduction
In this presentation the historical context of infant mental health in Ireland will be reviewed initially, with a focus on child psychiatry and paediatric settings. The welfare and well-being of young children and their families in Ireland has been of considerable concern to a range of health care professionals including within medicine and specifically psychiatry. This concern became more specific and organised with the advent of child guidance clinics and development of training opportunities within the country. These clinics became the cornerstone of what we now call Child and Adolescent Mental Health Services with clinical and therapeutic remit for all children between birth and their 18th birthday. Key national mental health policies have shaped our psychiatry and primary care services. Within paediatric settings there has been significant development in the care of the most vulnerable and medically fragile infants and associated with this increased awareness of the impact of both risk factors such as prematurity and congenital diagnoses and the experience of early separation and hospitalisation on infants and their mothers and fathers.

Aims
The aim of the presentation is to highlight the developments over time of infant mental health within child and adolescent psychiatry and in paediatric hospital settings in Ireland and to explore current issues, strengths and gaps in services.

Description
Having reviewed the development of the specialty, current issues in infant mental health in Ireland will be described. The presentation will highlight initiatives to develop awareness of infants’ social-emotional needs within paediatric settings in addition to the importance of developing multidisciplinary and interdisciplinary relationships in order that this area thrives. These initiatives include education and training, clinical experiences and research developments. Challenges facing infant mental health developments and gaps in these areas will be discussed.

Conclusion
The developmental needs of infants and young children encompass a range of domains. Optimal infant mental health service development and training will include a broad range of disciplines including psychiatry and paediatrics. Integrating the centrality of the parent-infant relationship within these developments will be key.
Integrating Infant Mental Health into universal child health services - Learning from the Nurture Programme - Infant Health and Wellbeing

Ms Anne Pardy

M4 - INVS13: Exploring Progress in Embedding Infant Mental Health Principles and Practice: Perspectives from Colleges of Practice and National Health Service Delivery in Ireland, Liffey Hall 2, July 17, 2023, 16:30 - 18:00

Introduction
Since 2015 the Nurture Programme, as a key enabler of the National Healthy Childhood Programme has sought to increase awareness, knowledge and skills in Infant Mental health, embedding an IMH approach throughout the programme through both development of training and practice resources for practitioners and the provision of information on public platforms. IMH resources have been informed by parents identified information needs and developed with IMH practitioners throughout the country along with frontline practitioners within child health services to ensure best ‘fit’ within service settings.

Aim/Purpose of the project
The programme works in partnership with stakeholders across practice, training and communications to support public and practitioner awareness and build capacity in child health and related settings.

Description of the work or project
Baseline awareness and understanding of IMH in practice settings was collated through surveys and focus groups. Practitioner resources were developed including e-learning units, prompts in practice manuals and documentation of IMH within a new national Standardised Child Health record used at each developmental assessment check with the Public Health Nurse. The principles of IMH underpin an extensive suite of training developed for the new programme, with specific IMH training modules developed to support IMH in practice.

Infant mental health promotion and information content has been developed for the HSE’s national public-facing child health website www.mychild.ie and the suite of My Child books (My Pregnancy My Child 0 to 2 years and My Child 2 to 5 years). This information is promoted through social media posts and other communication channels.

Conclusion
Alignment of IMH content and key messages across parent information and practice resources is a key factor in building awareness of IMH. Embedding an IMH approach in clinical settings needs active supporting structures, ongoing practice development and benefits from structured documentation of interactions.
Let's learn together: bringing the role of the Speech & Language Therapist in Infant Mental Health practice to life

Ms Grace Walsh

M4 - INVS13: Exploring Progress in Embedding Infant Mental Health Principles and Practice: Perspectives from Colleges of Practice and National Health Service Delivery in Ireland, Liffey Hall 2, July 17, 2023, 16:30 - 18:00

Introduction
Let’s Grow Together! Infant & Childhood Partnerships CLG is a community-based prevention, promotion and early intervention programme. Since its establishment in 2015, the programme has included Speech & Language Therapists (SLTs) as core members of the interdisciplinary team. The SLTs utilise early contact points with families as opportunities to support and enhance the nature and quality of parent-baby interactions through developmental guidance and coaching to promote speech, language, literacy and communication within the context of overall child development and wellbeing. This work is founded on an Infant Mental Health (IMH) framework and is a shift to an earlier promotion and preventative role for SLTs rather than the more typical model of intervention where intervention is provided when children become symptomatic.

Aim/purpose of the work or project
Let’s Grow Together has been working in partnership with University College Cork to embed the principles and practice of IMH into the undergraduate SLT training, including lectures, workshops, research and student placements.

Description of the work or project
Exploring, acknowledging and sharing the role of Speech & Language Therapists within the field of Infant Mental Health has been a key goal of this work. The student experience with the model has enabled them to see themselves within this work, enhance awareness and build capacities. This work has also led to collaborations for research funding to support an evaluation of a ‘Babbling Babies’ programme.

Conclusion
Collaborative, interagency, partnership based working relationships need to be fostered to allow for connection, interaction and interplay between the academic sector and frontline service provision across Ireland. Embedding a culture of continuous, shared learning across the lifespan and across a broad range of settings and disciplines is required to ensure that the voice of the baby can be fully seen and heard and ultimately responded to, nurtured and amplified.
Introduction
Psychological theory and practice have consistently acknowledged the importance of early development as a pillar of its understanding of the human condition. Advances in the last number of decades have increased our understanding of the human brain, and the lasting impact of the early nurturing environment. Disseminating this knowledge in a meaningful way to psychologists and the system they work within has gained momentum in the last decade. Across our primary care, intensive care, disability and child and adolescent mental health service psychologists are integrating the science of early development into their practice.

Aims
This presentation aims to outline the advances in Psychological Practice as well as Psychology services in Ireland over the last number of years. It will describe the development of Infant Mental Health Practice both through organisations like the Psychological Society of Ireland, as well as professional training programmes and clinical practice.

Description
This speaker will outline developments in Infant Mental Health informed practice within the Psychology profession in Ireland. This will include advocacy by the Psychological Society of Ireland’s Special Interest Group in Infant Mental Health (SIGPIMH). Since the early stages of the SIGPIMH, developments in research, legislation, culture, and best practice have broadened the focus of activities. This talk will provide participants with information regarding the work of the SIGPIMH in providing evidence-based information and advocacy on matters relating to perinatal and infant mental health in Ireland.
The speaker will also outline developments in service provision across the state, and examples of psychologists work across a range of settings. Furthermore, the inclusion of the science and practice of Infant Mental Health in professional training will be addressed.

Conclusion
This presentation aims to promote the many important developments in psychological practice relating to Infant Mental Health in Ireland. It will also however highlight barriers to the development of IMH practice in psychological services in Ireland.
M4-PW4.1

Tread softly because you tread on my dreams: Parental experiences of receiving a rare diagnosis

Dr. Claire Crowe¹, Ms. Ann Mc Crann¹, Dr. Charlotte Wilson¹, Ms. Jacqueline Lyons¹, Ms. Elizabeth Hayden¹, Professor Edna Roche¹
¹Children’s Health Ireland At Tallaght Hospital, Dublin, Ireland

Introduction
Learning that your infant has a rare genetic disorder is a seismic moment in any family. The words that are used to describe this new-born baby matter as they paint a picture of how life with this baby might look into the future and can influence how parents engage with and form an attachment to the baby in the present.

Aim
The study aimed to explore the experiences of parents learning about their child’s rare genetic diagnosis for the first time in the days and weeks post birth.

Methods and Materials
Parents of children with rare genetic disorders attending a multidisciplinary clinic at Children’s Health Ireland at Tallaght Hospital were invited to partake in this study on their experience of their infant being diagnosed with a rare condition. Twenty six parents – three fathers and twenty-three mothers consented to share their experiences with the principal researcher. Their stories were analysed using Reflexive Thematic Analysis (Braun & Clark, 2021).

Conclusions
Language at diagnosis was identified by parents as a key contributor in the mental health of the parents and their relationship with their new-born baby. When clinicians focused on difficulties that might arise in the future, parents grappled with how to relate to this tiny infant in the here and now. When clinicians focused only on problems in the immediate context, parents struggled to find any hope or feel empowered in how to relate to their baby. These conversations have led us to develop a template for policy guidelines whereby diagnoses are given only by those professionals working in that specialist area to ensure accuracy, accountability, and a support structure that allows for the careful minding of both infant and parents at a crucial juncture in their lives.

Braun & Clark 2021 Thematic Analysis: A practical guide
Infants in paediatric hospital: Empowering parents; nurturing infants; protecting the relationship

Ms Catherine Cunningham

1CHI at Crumlin, Dublin, Ireland

Introduction
“My Little Voice – the messages your baby is communicating to you” is a parent/caregiver support and education tool for use in an acute paediatric hospital setting.
It was developed by the Speech and Language Therapy (SLT) department in a tertiary paediatric hospital and is grounded in IMH research, in particular research on infant communication.
Responsive relationships, which are central to protecting and nurturing Infant Mental Health, start on day 1 of life. This can be interrupted if the infant and mother are separated as happens for emergency and lifesaving medical interventions or if parents/caregivers are traumatised.

Aims
To encourage and support responsive relationships in a hospital setting, in particular to increase parent/caregiver knowledge of baby communication, to support parents/caregivers in tuning into their baby’s communication and recognising the messages that their baby is sending.

Description
This project is for parents and caregivers of babies who are inpatients in an acute tertiary paediatric hospital for 4 weeks or more.
Members of the MDT notify the SLT department of suitable families. Parents/caregivers are given the booklet which illustrates the many ways and the different messages that babies communicate e.g. an illustration of a baby rooting; the message here is “I’m hungry”. They are also given a baby book to read aloud with their child.
The SLT is not there to assess the baby but to introduce the concept of baby communication and give general advice, using the pictures to illustrate the range of messages that babies communicate.

Conclusion
This project aims to helps parents/caregivers to tune into their baby’s communication and recognise the messages that their baby is communicating. Supporting responsive relationships in this way protects infant mental health. We plan to evaluate the usefulness of this intervention by surveying members of the MDT who recommend families to this service.
Prioritizing Infant Mental Health for complex medical and surgical neonates in Children’s Health Ireland (CHI).

Ms Jenny Dunne¹, Lorraine O'Reilly, Ms Stephanie Galvin, Elaine O’ Rourke, Ms Karen Prunty, Aisling Lawson, Sarah Horan
¹Children’s Health Ireland, Dublin, Ireland

Introduction
Hospitalization, illness and often separation from primary caregivers can disrupt the natural bonding and attachment that is necessary for an infant’s social and emotional development impacting their mental health. However early interaction, positive intervention and prevention can reverse this trend. A holistic approach to care delivery involves raising awareness of IMH amongst health care workers and parents.

Aim
To embed an Infant Mental Health philosophy in our care of complex medical and surgical neonates by raising awareness amongst staff and parents.

Description
- Raising awareness amongst primary caregivers. All parents want what is best for their infant but may not know how to provide this in the hospital setting.
- Raising awareness amongst staff of prioritizing the IMH needs of the sick infant in the same context as the medical/nursing needs.
- Introduction of individual milestone cards, to record and celebrate the triumphs achieved despite illness including hand & footprints and family poster
- “This is what Brave is” tote bags, containing books, knitted items, bonding squares, information on kangaroo care, skin-to skin, and breastfeeding
- Dictaphones to record messages/ books from siblings/grandparents
- Introduction of a safe messaging service vCreate to enable parents to stay connected with their hospitalized infant, preventing separation anxiety and facilitating closeness and bonding.
- Introduction of a neonatal library in our Pediatric intensive care and infant ward areas.
- Introduction of IMH information boards for staff and families.
- Lactation Support for expressing and breastfeeding.

Conclusion
Prioritizing bonding and attachment empowers parents to advocate for their infant and supports the parent-infant relationship. Embedding a culture of Infant Mental Health awareness encourages a holistic approach to the care we provide for our complex surgical and medical neonates across CHI.
Tread softly because you tread on my dreams: Parental experiences of receiving a rare diagnosis

Dr. Claire Crowe¹, Ms. Ann Mc Crann¹, Dr. Charlotte Wilson¹, Ms. Jacqueline Lyons¹, Ms. Elizabeth Hayden¹, Professor Edna Roche¹
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Aim
The study aimed to explore the experiences of parents learning about their child’s rare genetic diagnosis for the first time in the days and weeks post birth.

Methods and Materials
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Conclusions
Language at diagnosis was identified by parents as a key contributor in the mental health of the parents and their relationship with their new-born baby. When clinicians focused on difficulties that might arise in the future, parents grappled with how to relate to this tiny infant in the here and now. When clinicians focused only on problems in the immediate context, parents struggled to find any hope or feel empowered in how to relate to their baby. These conversations have led us to develop a template for policy guidelines whereby diagnoses are given only by those professionals working in that specialist area to ensure accuracy, accountability, and a support structure that allows for the careful minding of both infant and parents at a crucial juncture in their lives.

Braun & Clark 2021 Thematic Analysis: A practical guide
**M4-PW4.2**

**Infants in paediatric hospital: Empowering parents; nurturing infants; protecting the relationship**

*Ms Catherine Cunningham*¹
¹CHI at Crumlin, Dublin, Ireland

**Introduction**

“My Little Voice – the messages your baby is communicating to you” is a parent/caregiver support and education tool for use in an acute paediatric hospital setting. It was developed by the Speech and Language Therapy (SLT) department in a tertiary paediatric hospital and is grounded in IMH research, in particular research on infant communication. Responsive relationships, which are central to protecting and nurturing Infant Mental Health, start on day 1 of life. This can be interrupted if the infant and mother are separated as happens for emergency and lifesaving medical interventions or if parents/caregivers are traumatised.

**Aims**

To encourage and support responsive relationships in a hospital setting, in particular to increase parent/caregiver knowledge of baby communication, to support parents/caregivers in tuning into their baby’s communication and recognising the messages that their baby is sending.

**Description**

This project is for parents and caregivers of babies who are inpatients in an acute tertiary paediatric hospital for 4 weeks or more. Members of the MDT notify the SLT department of suitable families. Parents/caregivers are given the booklet which illustrates the many ways and the different messages that babies communicate e.g. an illustration of a baby rooting; the message here is “I’m hungry”. They are also given a baby book to read aloud with their child. The SLT is not there to assess the baby but to introduce the concept of baby communication and give general advice, using the pictures to illustrate the range of messages that babies communicate.

**Conclusion**

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Aim
To embed an Infant Mental Health philosophy in our care of complex medical and surgical neonates by raising awareness amongst staff and parents.

Description
- Raising awareness amongst primary caregivers. All parents want what is best for their infant but may not know how to provide this in the hospital setting.
- Raising awareness amongst staff of prioritizing the IMH needs of the sick infant in the same context as the medical/nursing needs.
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Conclusion
Prioritizing bonding and attachment empowers parents to advocate for their infant and supports the parent-infant relationship. Embedding a culture of Infant Mental Health awareness encourages a holistic approach to the care we provide for our complex surgical and medical neonates across CHI.
The ‘My Story’ journal – enhancing communication and partnership between parents and paediatric inpatient teams

Dr Kylie L'estrange, Dr Eleanor Molloy, Ms Karen Prunty

1CHI At Crumlin, Dublin, Ireland

Introduction
Parents of newborn infants admitted to the paediatric hospital are often faced with an overwhelming amount of information and worry regarding the health of their baby. We recognised how communication around treatment and prognosis between parents and medical teams can bring heightened stress.

Aims
We sought to enhance communication between parents and medical teams by introducing an ancillary communication tool. Outcomes we hoped to achieve were reduced stress and increased partnership between parents and teams.

Description
Employing a quality improvement framework, we first surveyed parents’ experiences of communication with the Neonates team in a large national paediatric hospital in Dublin. From this feedback we designed an initial draft of a tool to enhance communication – the ‘My Story’ journal. We completed successive PDSA (Plan-Do-Study-Act) cycles to co-produce with parents a version of this journal which provided space for parents to document updates on their baby’s condition and care, to take note of questions they had, a space for team members to write updates in directly, and also sections for recording developmental milestones and ‘mighty moment’ achievements unique to hospitalised infants, their antenatal and birth journey, messages from family members and sections for photos.

Conclusion
Qualitative data will be presented from parents and staff regarding the perceived value of the ‘My Story’ journal and any challenges that they have encountered in using the journal. Potential benefits will be discussed in terms of building confidence in challenging roles as hospital parents, nurturing the parent-infant bond in an acute medical environment and protecting infant mental health through layers of relationships.
Developing an Infant Mental Health Initiative within a Tertiary Paediatric Hospital in Ireland.

Denise Dockery¹, Mrs Fiona Feeney, Ms Catherine Cunningham, Ms Jenny Dunne, Eithne Lennon, Catherine Mathews, Mary Whelan, Edel Mc Carra, Dr. Aoife Twohig
¹Childrens Health Ireland Crumlin, Dublin, Ireland

Introduction
Infant mental health is increasingly becoming a focus of clinical attention due to the growing evidence that mental health across the lifespan has its roots in infancy (Von Klitzing et al, 2015). A multidisciplinary approach was a central component to this project. Our team of eight disciplines comprised of nursing, medical (Psychiatry, Neonates, General Paediatrics) and Health and Social Care Professional’s (Occupational Therapy, Physiotherapy, Psychology, Social Work & Speech and Language Therapy).

Aim
The initiative aimed to increase awareness amongst staff on the importance of infant mental health as part of the Quality Improvement and Patient Safety (QIPS) Module in Childrens Health Ireland (CHI).

Description
An infant ward was selected, and the team engaged with stakeholders on this ward (e.g., Clinical Nurse Manager) to inform project development. Staff were surveyed to establish baseline knowledge, attitudes and confidence levels. The need for workshops was identified to understand staff experiences and barriers. During workshops staff identified education on Infant Mental Health as a priority which led to the development and delivery of an education module by the project team. The team found measuring change of staff awareness levels of Infant Mental Health challenging to quantify due to its subjectivity. We found targeting smaller audiences proved beneficial as a starting point from which to learn and plan future work.

Following the delivery of education modules staff on the ward were resurveyed. Staff requested continued education and reflective sessions demonstrating an appetite for continued practice development.

By influencing beliefs and behaviours on the ward the team achieved some transforming actions to promote infant mental health. For example, environmental changes, provision of resources and encouraging increased skin to skin contact with infants.

Conclusion
There is a high level of staff interest in the development of an Infant Mental Health initiative within CHI demonstrated through staff engagement and commitment to future projects.
When a life time lasts just a minute and minute has to last a lifetime

Ms Catherine Matthews¹, Lorraine O’Reilly², Julie Edwards²
¹Chi Crumlin, Dublin, Ireland, ²Crumlin Hospital, , Ireland

A cardiac antenatal diagnosis can prepare families for the real challenge of survival at birth. Within the neonatal period continued life may not be within the grasp of the ICU team, parents and infant. When time is short the most difficult parenting challenge of all is presented, that is how to bravely create a relationship that will last the infant and their parents a lifetime. The mdt support parents and infant in the unusual nursery that is ICU. For some parents it will feel emotionally unsafe to open their hearts to their infant whose loss has the power to devastate. The myth of short-term self protection is challenged in favour of long term emotional connection. Parents are supported to delicately enact their expression of love, care and protection when an infant is on life support. On the occasions when medical intervention is futile the infant’s emotional needs are now considered paramount in the medical setting of ICU. When facing an inevitable and devastating loss, for parents the enactment of their love relationship is actively sought and supported to expression. In grief parents are able to recall conscious actions of love drenched in personal and family meaning. This clinical presentation will describe the dance to which the medical, nursing and psychosocial MDT work. Within a concise period of time the goals worked towards are to safeguard the infant’s medical and mental health while ensuring better parental mental health in grief. The enactment of IMH and grief theory in a paediatric ICU with emotionally protective outcomes for infants, parents and staff are explored and illustrated.
Parental mentalization and psychological distress: associations with parent-infant interaction and child socio-emotional and cognitive competence

Dr Dana Shai1, Mrs. Adi Laor Black, Dr Dr Rose Spencer, Dr. Michelle Sleed, Mrs Tessa Baradon, Dr. Tobias Nolte, Prof. Peter Fonagy, Professor Cristina Riva Crugnola
1Academic College Tel-Aviv - Yaffo, Tel-Aviv - Yaffo, Israel

Research has shown that children’s cognitive and language development, being a central aspect of human development with wide and long-standing impact, is significantly shaped by the parent-infant relationship. Associations between quality of parental care, namely parental sensitivity, and children’s cognitive and language development have been documented repeatedly. Nonetheless, whether, the extent to which parental mentalizing—a parent’s understanding of the thoughts, feelings, and attitudes of a child, and presumed to underlie sensitivity—is involved in children’s cognitive functioning, has yet to be extensively investigated. According to the epistemic trust theory, parents with high mentalizing often use ostensive cues, which signal to the infant that he or she are considered by the parent as unique subjective beings. By doing so, parents foster epistemic trust in their infants, which in turn encourages the infant to use the parents a reliable source of knowledge to learn from. Parental mentalizing has been traditionally limited to verbal approaches and measurement. In the current presentation, work including both verbal and nonverbal, body-based, approaches to parental mentalizing to examine whether parental mentalizing in a clinical sample predicts children’s cognitive and language development 12 months later will be presented. Specifically, results from a longitudinal intervention study of 39 mothers and their infants showed that parental embodied mentalizing (PEM) in infancy significantly predicted language development 12 months later and marginally predicted child cognitive development. Importantly, PEM explained unique variance in the child’s cognitive and linguistic capacities over and above maternal emotional availability, child interactive behavior, parental verbal mentalizing, depression, ethnicity, education, marital status, and number of other children. The clinical implications of these findings will be discussed.
PARENTAL MENTALIZATION MODERATES THE RELATIONSHIP BETWEEN PARENTAL STRESS AND ALLIANCE AND CHILD’S SOCIAL-EMOTIONAL COMPETENCIES

Dr Simone Charpentier Mora1, Dr Chiara Bastianoni1, Marta Tironi1, Prof Donatella Cavanna1, Prof Fabiola Bizzi1
1University Of Genova, Genoa, Italy

M4-SYM57: Parental mentalization and psychological distress: associations with parent-infant interaction and child socio-emotional and cognitive competence, Liffey Meeting Room 3, 17 July 2023, 16:30 - 18:00

Introduction
Several studies have explored the link between parental mentalization and child’s psychological outcomes. However, there is a paucity of studies that have addressed the role of these processes on the experience of parental stress and alliance also exploring their impact on the child. In addition, few studies have explored these themes within middle childhood, a crucial period of significant changes in both the child and the family.

Aim
For these reasons, the present study aims to explore: (1) the association between parental stress and alliance and child’s psychological outcomes; (2) the role of parental mentalization as a moderator within the link between parental stress and alliance and child’s psychological outcomes during middle childhood.

Material and Method
86 parents and their 50 school-age children (M=10.10, SD=1.13, 60% males) were involved. Parenting Stress Index Short-Form and Parental Alliance Measure were used to assess parental stress and alliance while Insightfulness Assessment Procedure and the Parental Reflective Functioning Questionnaire were used to assess parental mentalization. Finally, child’s psychological outcomes were measured as psychological difficulties – both internalizing and externalizing problems – and social-emotional competencies through the parent-report questionnaires Child Behavior Check List and Devereux Student Strengths Assessment.

Conclusion
Our results firstly showed that parental stress and alliance were significantly linked with both child’s psychological difficulties and social-emotional competencies. Secondly, regression analyses showed that mother’s pre-mentalizing modes have a moderating role on the link between both maternal perceptions of stress and alliance and child’s social-emotional competencies. As the overall result of research indicates, parental mentalization difficulties may play an important role in the subjective experience that parents feel within both parental and parent-child dyads. Clinical implications of parenting and family processes are discussed.
Research has shown that children’s cognitive and language development, being a central aspect of human development with wide and long-standing impact, is significantly shaped by the parent-infant relationship. Associations between quality of parental care, namely parental sensitivity, and children’s cognitive and language development have been documented repeatedly. Nonetheless, whether the extent to which parental mentalizing—a parent’s understanding of the thoughts, feelings, and attitudes of a child, and presumed to underlie sensitivity—is involved in children’s cognitive functioning, has yet to be extensively investigated. According to the epistemic trust theory, parents with high mentalizing often use ostensive cues, which signal to the infant that he or she are considered by the parent as unique subjective beings. By doing so, parents foster epistemic trust in their infants, which in turn encourages the infant to use the parents a reliable source of knowledge to learn from. Parental mentalizing has been traditionally limited to verbal approaches and measurement. In the current presentation, work including both verbal and nonverbal, body-based, approaches to parental mentalizing to examine whether parental mentalizing in a clinical sample predicts children’s cognitive and language development 12 months later will be presented. Specifically, results from a longitudinal intervention study of 39 mothers and their infants showed that parental embodied mentalizing (PEM) in infancy significantly predicted language development 12 months later and marginally predicted child cognitive development. Importantly, PEM explained unique variance in the child’s cognitive and linguistic capacities over and above maternal emotional availability, child interactive behavior, parental verbal mentalizing, depression, ethnicity, education, marital status, and number of other children. The clinical implications of these findings will be discussed.
Maternal depression and anxiety: relation to maternal embodied and verbal mentalization, and styles of interaction

Professor Cristina Riva Crugnola¹, Dr. Adi Dascalu¹, Dr. Dana Shai¹, Dr. Rose Spencer³, Dr. Elena Ierardi¹
¹Department of Psychology, University of Milano-Bicocca, Milan, Italy, ²SEED Center, School of Behavioural Studies, Academic College of Tel Aviv-Yafo, Tel Aviv, Israel, ³Department of Psychology, University of East London, London, UK

Introduction
Depression and anxiety, often in comorbidity, are among the most frequent disorders for mothers in the perinatal period, affecting maternal parenting and their mentalizing abilities (Cameron et al., 2016). Researches showed mixed results on associations between maternal distress and maternal mentalization, focusing for the most part on verbal level. Parental Embodied Mentalizing (PEM) system was developed in the effort to investigate non verbal mentalizing, through an embodied relational and non verbal communication perspective (Shai & Belsky, 2011).

Aim
The aim of the study is to evaluate the relation between maternal depression and anxiety, maternal style of interaction, and different level, verbal and non verbal, of mentalization.

Method
88 mother-infant dyads that have been recruited at Azienda Sanitaria Locale No.2 Savonese in the Northern Italy. At infant 3 months, EPDS for maternal depression, STAI-Y for maternal anxiety, AAI for reflective functioning were administered to the mothers; the videorecordings of mother–infant interactions were coded to analyze parental embodied mentalizing (PEM), mind-mindedness (MM), and maternal style of interaction with Care-Index.

Results
Pearson correlation and mediation analysis were performed. Results showed that embodied non verbal mentalizing was negatively correlated to maternal depression, state anxiety and maternal controlling style; it was not associated to verbal mentalizing (RF and MM). Moreover, maternal depression and anxiety had direct effects on maternal sensitivity; maternal depression had an indirect effect partially mediated by PEM on controlling style; maternal anxiety had an indirect effect totally mediated by PEM on controlling style.

Conclusion
Our study found significant associations between maternal depression, anxiety and embodied mentalizing, highlighting how they could influence the quality of maternal interaction styles with three-months-old infants through mediation effects. Results show the importance of early prevention and clinical programs focused on embodied mentalizing aimed to mothers with psychological distress in the perinatal period.
INFANT TEMPERAMENT AND PARENTING STRESS: RELATION TO MATERNAL AND PATERNAL REFLECTIVE FUNCTION

Dr. Laura Vismara¹, Professor Cristina Sechi¹, Dr. Roberta Fadda¹, Prof. Loredana Lucarelli¹
¹Department of Pedagogy, Psychology, Philosophy, University of Cagliari, Cagliari, Italy

Introduction
Temperament is a basic disposition that differentiates individuals in terms of reactivity and regulation, and it is the result of complex interactions among genetic, biological, and environmental variables across time.

Aim of the study
The current study aims at evaluating parental reflective function (RF) as a relevant environmental co-determinant of temperament. Indeed, reflective function facilitates within the interactive exchanges the child’s capacity to fully experience, regulate and organize a wide range of affect and other mental states.

Material and Method
RF was evaluated in 40 first-time parents’ couples - mothers’ mean age was 32.7 years (SD = 4.2 years), and fathers’ mean age was 36.8 years (SD = 5.4) - during the seventh month of pregnancy, through the Adult Attachment Interview. Also, at six months of the baby, parents filled out the Infant Behavior Questionnaire–Revised to assess the infant’s perceived temperament, and the Parenting Stress Index–SF.

Results
Both maternal and paternal lower RF during pregnancy was related with higher child dysfunctional interaction. Moreover, lower maternal RF was related with higher perceived infant sadness, while lower paternal RF was related with higher infant negative affectivity.

Conclusions
Our findings highlight that early parenting programs should target reflective functioning in both mothers and fathers, considering their potential differential impact on child temperament and parental mental health. Indeed, supporting and enhancing parental reflective functioning may favor the child's development and her family’s wellness.
"That's just like me!" Universal Baby shares responsive caregiving across the globe

**Dr. Martha Vibbert**\(^{1,2,3}\), **Alice Kabwe**\(^3\), Christa Griest Nehil\(^2\)

\(^1\)Boston University Medical School, Boston, USA, \(^2\)Boston Medical Center, SPARK Center, Boston, USA, \(^3\)Universal Baby, Nairobi, Kenya

The Universal Baby Project (UB) is a video- and technology-based public health intervention that builds on global partnerships, equitable power and knowledge sharing, and passion for helping young children thrive. UB uses video production and mobile tech delivery to spotlight and celebrate individual caregivers from within any culture, race/ethnicity, language, and location in the world, as they engage in naturally-occurring, responsive interactions with their young child.

The aim of UB is to expand access to evolving global neurodevelopmental science, and to empower parents and caregivers in their roles as experts in caring for their children. UB features responsive and stimulating parent-child interaction as central catalysts for the developing brain, for nurturing healthy attachment and relationships, and for building the foundation for future well-being.

We will describe how UB can be launched in any community, any country, and any cultural context, to inspire parental efficacy and intentionality about responsive and reciprocal caregiving. We will show video samples of UB's work with partners in Peru, South Africa, Cherokee Nation (USA), and Uganda in order to demonstrate the key elements of UB video production and content to capture caregivers' attention, honor local contexts, increase awareness of infant signals and nuanced interactional patterns, and enhance intentional reciprocity. We will describe the process of building video partnerships around the world, and show the nuts and bolts of how we co-create video content with caregivers and child development providers to ensure ecological validity, inclusion, efficiency, and cost-effectiveness.

UB videos offer strong behavioral validation and inspiration to communities where messaging about child development may not be easily accessible. UB empowers parents to be active participants in protecting and nurturing their child's brain development and mental health, even in the most adverse environments. WAIMH audience reactions will be especially welcomed to inform future iterations of UB's process.
Preparing Providers to Effectively Engage and Support Diverse Families

Helenia Quince¹, Dr Vivian Tamkin², Dr. Chioma Torres³, Professor Tova Walsh¹

¹University of Wisconsin-Madison, Sandra Rosenbaum School of Social Work, Madison, United States of America, ²Santa Clara University, Department of Counseling Psychology, Santa Clara, United States of America, ³Department of Pediatrics, Michigan State University College of Human Medicine, East Lansing, United States of America

Introduction
The provider-client relationship is critical to therapeutic success, however, building a successful therapeutic alliance is complex. Our quality improvement project revealed home visitors have little exposure or training with culturally different or diverse families prior to engagement with clients as home visitors. Consequently, they are often left to navigate complex cultural dynamics on their own. Lack of attention to sociocultural factors may inhibit providers’ ability to bridge the gap into successful provider-client relationships.

Aims
This workshop will address strategies for navigating cultural dynamics within therapeutic settings. Specifically, the workshop focuses on ways to improve the therapeutic bond when there are differences in culture, ethnicity, race, socio-economic status, and fundamental communication skills. Additionally, this workshop will address provider implicit bias, how to engage with different types of family structures, and how reflective supervision can be a useful tool to support navigating cultural differences.

Description
First, we will present lessons learned from a quality improvement project and introduce strategies to build a foundation of culturally responsive, relational connection with the client. Next, we will provide an overview of implicit bias and discuss why and how providers should reflect on their own positionality as it relates to their client’s. We will then explore how reflective supervision can be used to address cultural stuck points in the therapeutic alliance. We will explore the unique experiences of Black and minoritized IMH home visitors and offer strategies to promote better access and inclusion. Last, we will engage the audience in conversation about how to think about our recommendations in the context of attendees’ communities, barriers, and successes.

Conclusion
Therapeutic alliance is a key element of IMH services. This workshop will offer strategies to bridge the gap between provider and client and engage participants in reflection and discussion on navigating cultural differences in IMH practice.
M4-WSH35

Centering Critical Consciousness, Critical Self-Reflection, Racial Equity and Inclusion in Reflective Supervision/Consultation

Dr Nucha Isarowong¹,6, Dr Kandace Thomas²,6, LICSW, MS.ED, IECMH-E Carmen Rosa Noroña³,6, Dr Karen Frankel⁵,6, LCSW, IECMH-E Ayannakai Nalo⁶

¹Barnard Center for Infant and Early Childhood Mental Health, University of Washington School of Nursing, Seattle, United States, ²First 8 Memphis, Memphis, United States, ³Boston Medical Center, Child Witness to Violence, Boston, United States, ⁴University of California San Francisco, San Francisco, United States, ⁵University of Colorado School of Medicine, Denver, United States, ⁶Diversity-Informed Tenets for Work with Infants, Children and Families Initiative, Irving Harris Foundation, Chicago, United States

M4 - WSH35: Centering Critical Consciousness, Critical Self-Reflection, Racial Equity and Inclusion in Reflective Supervision/Consultation, Wicklow 3, 17 July 2023, 16:30 - 17:30

Introduction

Dominant models of practice and understanding of Reflective Supervision/Consultation (RS/C) in infant and early childhood mental health do not fully integrate the perspectives of culturally and racially diverse practitioners and families. Because these models are rooted in Eurocentric and colonized paradigms, (Hernandez-Wolfe, 2011; Ramirez, Chin & Graham, 2020) they have reproduced harmful patterns of inequity and exclusion. The interests, values, beliefs and practices of dominant, socially positioned groups have been protected, perpetuating disparities in leadership positions, valued knowledge and power in the field to the detriment of minoritized individuals and groups.

Aims and Description

Dr. Jeree Pawl reminded us “you are yourself and your roles” (Pawl & St. John, 1998, p. 6); “who we are” intersects with “how we are” and “what we do”. Inspired by this reminder and using the compass offered by the Diversity-Informed Tenets (Thomas, Noroña, & St. John, 2019), as well as antiracism, racial equity, and decolonization lenses, this workshop: (1) Examines how social and institutional structures and policies around our social positionality shape our existence, social interaction and practice (Burton, Winn, Stevenson & Clark, 2004); (2) Describes the role of self-awareness, critical consciousness and critical self-reflection in changing frameworks and catalyzing transformative actions towards social and racial justice change; (3) Highlight the potential and critical role of RS/C for the promotion of critical thinking/critical self-reflection and for the protection of providers from marginalized communities; (4) Provide an overview of the dominant frameworks for RS/C and introduce and describe new advancements and related research finding for best practice that captures or considers the experiences of professionals from marginalized communities in RS/C; (5) Reflect on and discuss practitioners’ next step in advancing social and racial equity through RS/C. Workshop participants will engage in individual and group reflective exercises and discuss case vignettes.
Addressing the Challenges of Center/School Readiness, Suspension and Expulsions with Young Children, Parents and Educators.

Dr. Jennifer Farley¹, Mrs Melissa Threadgould
¹Eastern Michigan University, Ypsilanti, U.S.

Introduction
Early childhood mental health clinicians continue to tailor services to mitigate the impact of the pandemic on young children, parents and the family caregiving system. A growing concern is school readiness (Ready at Five, 2021) and subsequently, the number of young children being asked to leave, suspended or expelled from centers/schools. This is problematic because young children are missing valuable social and emotional early learning opportunities with peers and teachers, which may impact later academic outcomes (Gilliam, 2017). To ensure access and equity, we need to support centers/schools in understanding how the pandemic impacted young children and disproportionately impacted racial, ethnic and/or low-income families and communities (Tai et al., 2020).

Aims or Purpose
This workshop will explore the current challenges related to center/school readiness, suspensions and expulsions and identify relationship-based strategies to empower parents, support teachers and adapt center/school policies.

Description of the work
Using an infant and early childhood home-visiting model (Tableman & Weatherston, 2015), this workshop will explore and discuss how early childhood clinicians tailor mental health services to address these challenges. Using case studies, participants will learn strategies to work with parents to foster child emotional and social development at home and empower parents to effectively collaborate with centers and schools. This workshop will also explore how clinicians are working to support teachers and build partnerships with schools to adapt emotional, social and behavioral expectations and policies. Finally, this workshop will identify ways mental health administrators can support clinicians in reflective supervision and their advocacy work within school systems.

Conclusion
This workshop will provide the space for mental health clinicians and early childhood educators to discuss and identify effective strategies to address current challenges associated with school readiness, suspensions and expulsions.
Innovations in Efficiently Integrating Infant Mental Health in Primary Care

Dr Rebecca Pillai Riddell¹, Dr. Nicole Racine²
¹York University, Toronto, Canada, ²University of Ottawa, Ottawa, Canada

M4 - WSH37: Innovations in Efficiently Integrating Infant Mental Health in Primary Care, Wicklow 5, 17 July 2023, 16:30 - 17:30

Introduction
Pregnancy and the first year postpartum period provide a unique window of opportunity where the identification of infant-caregiver relationship difficulties and the provision of relational support can have impacts beyond early childhood. However, identification can be challenging as many families struggle with barriers to accessing primary mental health care.

Aim
This workshop will provide practical guidance to clinicians and researchers, grounded in the latest transdisciplinary evidence from primary medical healthcare. New approaches integrating trauma-informed practice and parent-infant relationship screening into primary care settings will be presented in an engaging and interactive workshop.

Description
The first presenter, Dr. Nicole Racine, will provide both quantitative and qualitative evidence for the importance of trauma-informed approaches in the maternity care setting. Based on an evaluation of the implementation of a trauma-informed care (TIC) initiative at a large low-risk maternity clinic, Dr. Racine will present data on the deleterious impacts of trauma on maternal mental health (Racine et al., 2022) and evidence of enhanced birth outcomes for mothers who receive trauma-informed care (Racine et al., 2021). Interactive discussion will be facilitated using a case-example to illustrate the key components of the TIC initiative.

Based on thousands of vaccination appointments over the first years of life in the largest cohort of its kind (The OUCH Cohort), Dr. Pillai Riddell’s team created two tools to help primary care vaccinating professionals (The OUCHIE; Pillai Riddell, Gennis et al., 2018) and pediatric researchers (The OUCHIE-R; Badovinac et al., submitted) feasibly screen dyads who may have relational difficulties, by examining parent behavioural responses to their highly distressed child. Workshop participants will explore both tools through an interactive video-mediated activity.

Conclusion
Transcending disciplinary silos to create feasible mental health interventions that are integrated into primary medical care is an important way to get better support to families earlier.
Art at the Start: Art-based approaches to facilitating positive interactions and supporting early attachments

*Mrs Vicky Armstrong¹, Dr Josephine Ross¹*

¹University Of Dundee, Dundee, UK

**Introduction**
Art at the Start have been delivering and researching gallery-based parent-infant art therapy intervention for early relationship difficulties alongside participative arts activities to support early relationships among the general population.

**Aims**
The project has conducted the first controlled trial of parent-infant art therapy and is now piloting this model in sites across Scotland. The aims of the intervention are to use the shared art process to create moments of positive interaction between infants and their caregivers which are the building blocks of secure attachments, while the support from the art therapist and the group environment can have additional benefits for parental wellbeing. At a community level, art workshops aim to encourage parents to try early art making with their children, raise awareness of the benefits and promote families’ ownership of creative spaces.

**Description**
The workshop will give an overview of the Art at the Start model and share the outcomes from our control trial, highlighting the benefits of art therapy for vulnerable parent-infant dyads. We will use video footage of parent-infant interactions during art making to show some of the features of art making together which are supporting early relationships – the way art draws the dyads into shared experiences, the opportunities for non-verbal ‘conversations’, the infant’s ability to express their agency and for this to be recognised by the parents, and the scope to facilitate infant voice. We will also explore observation tools for capturing the infant’s experience of the activity.

**Conclusion**
Shared art-making can improve wellbeing and attachments for parent-infant dyads and a clinical and population level. Participants will have the chance to explore the mechanisms for change in this model through the use of footage of interactions and the use of observation tools.
Parental infertility and developmental coordination disorder in children

Anne AGÜERO¹, Dr Sarah Bydlowski¹
¹Director of Alfred Binet pedopsychiatric center (Paris 13) Teacher HDR-, , France

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

An increasing number of children are conceived using assisted reproduction technologies (ART), specially since the adoption of the bioethic laws on septembre 2022 but little is known about the long-term risk in terms of mental health outcomes. This research is at the crossovers of: medicine, legality, society

WHAT IS KNOWN ALREADY?
This considerable body of literature on the psychological experience of infertility and its treatment has predominantly considered the psychological state of women before treatment, during treatment, and/or after unsuccessful treatment. There are few studies that prospectively assess the experience of pregnancy for IVF patients. Furthermore, there are no studies with a sufficient number of IVF and control subjects that have assessed pregnancy prospectively over time. Although most of the studies which have examined risk of ASD after ART show no association, the results are mixed. Thus, further studies are needed to clarify this association. Consequently, we know little about the experience of the successful patient, i.e., those who have conceived as a result of treatment.

BACKGROUND
A clinical study conducted at the Alfred Binet ASM13 center in 2017 concluded an over-representation of children born through ART. It is necessary to understand the reasons for this overrepresentation. A longitudinal research conducted at the Alfred Binet Center since March 2019, supported by the biomedicine agency.

DESIGN, OBJECTIVES AND HYPOTHESIS
Design: prospective, comparative and longitudinal study

Objectives
We compared depressive/anxious symptoms and infertility stress dimensions between individuals undergoing homologous and heterologous MAR.
We also explored the association between the infertility stress dimensions and depressive/anxious symptoms separately in two MAR pathways.

Hypothesis
The purpose of this study was to assess the psychological status (marital adjustment, self-esteem, and levels of depression and anxiety) of IVF patients compared to normal fertile women during the first and third trimesters of pregnancy and at postpartum.

PARTICIPANTS: subjects receiving art treatment
Seventy families were recruited from 4 IVF or any other type of assisted reproduction programs when the baby is about 3 months old
Inclusion criteria included first time parents able to read french.
Exclusion criteria excluded neurological pathologies for the baby
The study protocol was approved by the institutions
PROCEDURE
Couples who underwent IVF were contacted by one of the authors after the childbirth. The study was described and the parents were invited to participate. Seventy-six percent of the parents who underwent IVF agreed to participate.

TOOLS/INTERVENTIONS
MEASURES: administration of a set of questionnaires
Scores à l’échelles de Brunet-Lézine: T3
self-administered questionnaire: l’EPDS.
Direct observation: harmonious qualities of exchanges, distance of the parents-baby in interaction.

CONCLUSION
This study will conduce to educate parents, identify risk factors and favorable factors and improving care in a transdisciplinary way.
“Evimiz Okul”: Living And Learning Together At Home

Mrs Funda Aksu Baş

Child Development Specialist, Ankara, Türkiye

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction

It is of vital importance for children with developmental risk to have access to intensive early interventions between 0-3 ages. Early interventions should be experienced whenever and wherever when awake. As in many parts of the world, in Turkey, developmental support is only available outside home, in special education centers, usually behavioral methods, mostly without the involvement of the parents and without prioritizing relationships. Therapy rooms are entrenched rooms and experiences are limited during once weekly therapy sessions. Evimiz Okul’ is a home-based intervention program designed using the principles of infant mental health, neuroscience and child development and aims to support the development of children at risk with relationships and interaction based programs.

Purpose

‘Evimiz Okul’ provides the families with basic play and communication strategies and offers direct relational support. The aim of the program is to be ‘the voice of both child and the parents’ through the processes prepared for the developmental needs of the child. Reflective supervision and parallel processes support parental functioning by making them feel heard. Achieving sustainable parenting by providing education in home routines and daily routines, and improving developmental disruptions in children are among the main goals. Equal and fair early intervention is aimed for all.

Methods

Experts guide the process by supporting parent and child mentalization. Home-based intervention programs are prepared using neuroscience modeling, through providing direct relational support. Regular parent interviews are conducted and play videos are evaluated and shared to improve the parent’s experience with play and support the relationship. Meanwhile a multidisciplinary collaboration takes place between experts.

Conclusion

It was evaluated that the parents who internalize the process had improved relationship with their children and the developmental tests showed that the difference between the calender age and the developmental age of the children rapidly decreased.
Providing education in Keys to Infant Caregiving to enhance practitioners' knowledge of parent child interactions

Ms Beverley Allen

1Tweddle Child & Family Health Service, West Footscray, Australia

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

The Keys to Infant Caregiving is a research-based learning program from the Barnard Centre, University of Washington. It provides information on newborn and infant behaviour which builds competence and confidence in practitioners. It provides a framework to support clinical observation of parent child interactions and provides parent education on infant states, behaviour cues, state modulation and feeding.

Tweddle Child & Family Health Centre is a State funded hospital and community service which provides support to over 2000 families with babies, toddlers and preschoolers 0-4 years. It provides residential and community programs which offer parenting education and support in sleep and settling, health and wellbeing, child behaviour, attachment and other parenting challenges a family maybe experiencing.

Tweddle made a decision to provide all clinical practitioners with mandatory training in Keys to Infant Caregiving. This training has improved practitioners' knowledge of parent child interactions and provided a framework for parenting education. The project followed the journey of practitioners and surveyed their knowledge of infant states, behaviour cues and feeding. All practitioners completed a pre and post training questionnaire. This showed an increase in knowledge of the framework and observations. Practitioners reported an increase in their confidence in providing families with consistent information and education. The Clinical Nurse Consultant met with practitioners and observed changes in the staff handover which reflected use of the framework. This poster presentation provides details of the findings from the survey and practitioner comments about the way this training has enhanced their practice. They also reflect on what they observe in parent child interactions when families are provided with the Keys to Infant Caregiving parenting education.

These changes observed and reported support improved parent child interactions and understanding of the world of the infant. Practitioner knowledge of Keys to Infant Caregiving promotes increased confidence and consistency in providing parents with education to improve their understanding of their child's behaviour and ways to communicate and respond. Tweddle continues to promote the keys to Infant Caregiving training and now provides education to other hospital and community services.
Paternal challenging sensitivity during play and sensitive guidance of dialogue: Similar or different?

Professor Ora Aviezer¹,², Ms Alex Chaldi¹
¹Tel Hai Academic College, Upper Galilee, Israel, ²University of Haifa, Center for the Study of Child Development, Haifa, Israel

Young children’s relationships with fathers and mothers contribute to their psychological security, however while mothers’ sensitivity is directed to children’s emotional needs, fathers’ sensitivity is directed to children’s exploration needs and play (Bretherton, 2010). This study examined the assumption that fathers will show more sensitivity during play interaction with their children compared to an emotional conversation about events involving negative emotions. Hence, paternal sensitivity was evaluated in two father-child dyadic interactions.

Fifty-five 5-years-old children and their fathers were observed in a challenging play interaction, and in a joint discourse about child-experienced emotional events. Fathers also completed questionnaires. Fathers’ sensitive challenging during play was coded with SCIP (Grossmann et al., 2002), and their sensitive guidance of dialogue was coded with the AEED (Koren-Karie, et al., 2000). A dependent samples t-test revealed a significant difference (t(109)=2.372, p<.02). Fathers’ sensitive challenging (M=7.21, SD=1.61) was higher than their sensitive guidance (M=6.41, SD=1.73).

Furthermore, child temperamental surgency contributed 17.9% to the explained variance in sensitive challenging, as higher surgency was associated with more sensitive challenging. Child surgency also contributed 14.5% to the explained variance in sensitive guidance, but higher surgency was associated with lower sensitive guidance. Findings suggest that fathers’ sensitivity in play and in emotional dialogue involve different skills, and fathers tend to offer more sensitive challenging to children’s exploration needs.

Introduction
Parents play a central role in supporting children through painful medical experiences, particularly during infancy. Previous research has shown that insensitive parent behaviour has stronger associations with infants’ pain-related distress than do sensitive parent behaviours.

Aim
The current study aimed to validate a novel observational measure of parent insensitive behaviour in an acute pain context (i.e., routine vaccinations).

Method
224 parent-toddler dyads were observed during toddlers’ 12-month, 18-month, or 24-month routine vaccinations in a pediatric primary care setting. Vaccination appointments were video-recorded and electrocardiograph (ECG) data were collected from parents. Parents reported on their state anxiety and parent and toddler behaviour were coded from video footage of appointments. To explore the psychometric properties of the measure, inter-rater reliability was examined (using intraclass correlations) and validity was examined (using correlations and cross-lagged path analyses) based on associations between distress-promoting parent behaviours (i.e., affect incongruence, attention disengagement, and physical distance) and parent soothing behaviours, state anxiety, and physiological arousal, as well as toddler pain-related distress behaviour.

Results
The measure exhibits strong inter-rater reliability. Parents’ use of distress-promoting behaviour during toddler vaccination is negatively associated with parents’ use of physical comfort and rocking and positively associated with toddlers’ pain-related distress. Results of a cross-lagged path analysis indicate significant positive concurrent and time-lagged associations between parents’ use of distress-promoting behaviour and toddlers’ pain-related distress behaviour. Collectively, results support the validity and reliability of this novel measure.

Conclusion
Parent behaviours that have been shown to promote and maintain child distress in other distress contexts also show significant associations with toddlers’ pain-related distress in an acute pain context. This suggests that teaching parents what not to do when their child is in pain may be equally important as teaching them what to do.
Life After the NICU: A Comparative Study of Parental Mental Health Using Ecological Momentary Assessment

Miss Islay Barne¹, Miss Sophie Houghton¹, Ms Simona Di Folco¹, Prof Matthias Schwannauer¹
¹University Of Edinburgh, Edinburgh, Scotland

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Parents of infants admitted to the NICU are vulnerable to developing a range of mental health conditions, potentially leading to poorer parent-infant interactions. However, using trait measures of wellbeing and attachment, previous studies fail to account for the variability of emotions parents report following discharge and the dynamic nature of parent-infant interactions in day-to-day life. By accounting for daily mood and stress variability we can understand the characteristics of the relationship between mood, parent-infant interactions, and mental wellbeing including the identification of where and when parental mood might have an impact on interactions with their infant, and compromise their adaptation.

Aim
This study aims to deeper understand the effect of a NICU stay on parents’ day-to-day mental wellbeing using Ecological Momentary Assessment (EMA), which will gather a picture of daily parental wellbeing. Specifically: 1) how a stay in the NICU might affect day-to-day fluctuations in parental wellbeing, and 2) how such a stay might affect parents’ daily interactions with their infant, including whether this might be mediated by daily fluctuations in mood.

Method
Parents of infants who had a stay in the NICU, and a control group, completed questionnaires on their NICU length of stay and mental health symptoms. They also completed one week of EMA on their mood, feelings towards their infant, and the activity they were momentarily engaged in.

Conclusion
Using EMA with parents who experienced a NICU stay, compared to those who did not, we will gain an insight into the differences between these groups in daily mood fluctuations and how these might momentarily impact their feelings towards their child. We will also identify risk factors exacerbating the effects of a NICU stay on parental wellbeing and the parent-infant relationship, providing a crucial and novel contribution to the impact of NICU admission on parental daily functioning.
Moderating effect of trauma in the association between prenatal personality dysfunction and postnatal maternal bonding

Miss Florence Bordeleau¹, Ms Julia Garon-Bissonnette¹, Dr Roxanne Lemieux¹, Professor (Ph.D.) Dominick Gamache¹, Professor (Ph.D.) Claudia Savard², Dr Nicolas Berthelot¹
¹Université du Québec à Trois-Rivières, Trois-Rivières, Canada, ²Université Laval, Québec, Canada

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Maternal trauma and personality disorders have repeatedly been associated with parenting difficulties, disorganized parent-infant attachment relationships and early developmental delays in offspring. However, the complementary contribution of these two risk factors in the prediction of maternal bonding difficulties remains to be determined.

Aim
The aims of the study were 1) to examine the association between prenatal personality dysfunction and postnatal maternal bonding and 2) to evaluate whether this association was moderated by mothers’ exposure to childhood trauma.

Material and Method
A sample of 118 mothers (Mage = 29.61, SD = 4.61, 58.5% primiparous) completed self-reported questionnaires during the second trimester of pregnancy (T1) and between 6 and 12 months postpartum (T2). More than half (55.1%) reported having been exposed to trauma according to the cut-offs of the Childhood Interpersonal Trauma Checklist. Personality dysfunction and the quality of maternal bonding were assessed using the Self and Interpersonal Functioning Scale and the Maternal Postnatal Attachment Scale.

Results
Multiple linear regressions revealed that personality dysfunction, B = -2.62, 95%CI [-3.74; -1.51], but not maternal trauma, B = 0.21, 95%CI [-0.73; 1.14], predicted maternal postnatal bonding (R²=16%, F (2,115) = 11.02, p<.001). A marginally significant moderation effect of trauma was however observed in the association between the severity of prenatal personality dysfunction and the quality of postnatal maternal bonding, b=-2.22, t (114) =-1.92, p=.06. Indeed, higher levels of personality dysfunction were associated with a significant decrease in the quality of postnatal bonding only in mothers having been exposed to childhood trauma, b = -3.44, t (144) = -4.91, p<.001.

Conclusions
Our findings that personality dysfunction prospectively predicted poorer maternal bonding and that such associations were particularly apparent in women who experienced childhood trauma call for trauma-informed prenatal interventions targeting women who developed some levels of personality dysfunction in the aftermath of trauma.
Evaluation of a Personalised, Psychology-Informed, Home-Based Intervention to support Parent-Infant Relationships and Interactions

Dr Nicola Canale¹, Dr Sarah Fitzgibbon¹

¹Cardiff Parents Plus, ,

This study described and evaluated the effectiveness of a personalised, psychology-informed, parenting intervention, delivered in the home, for parents and children aged 0-4 years old. The intervention aims, in the short-term, is to improve parent-child interactions and relationships, child behaviour and parental satisfaction, to support child development and wellbeing in the longer term. Anonymised data were collected from an opportunistic sample of five hundred and fifty-two parents, who had completed the intervention, between the period of April 2018 and April 2022. Parents completed outcome measures of parenting satisfaction once at the initial assessment (pre-intervention) and twice at the end of the intervention (post-intervention and retrospective pre-test). Parenting satisfaction scores were significantly higher after the intervention than before the intervention and parents’ retrospective accounts of parenting satisfaction were significantly lower than their initial pre-intervention scores. The implications of these findings, along with areas of future development of the model is discussed.
Psychotic Parents: Good Enough Parents? Between stigma and the parental role

Dr. Ana Vera Costa¹, Dr. Ana Miguel¹, Dr. Rosário Basto¹, Dr. Mariana Pessoa¹, Dr. Sofia Pires¹, Dr. Joana Calejo Jorge¹
¹Hospital Center of Vila Nova de Gaia/Espinho, Vila Nova de Gaia/Espinho, Portugal

Introduction
Clinical approach to children of parents with psychotic illness is particularly challenging owing to tripled stigma: by society, health professionals and the parents themselves (because of the illness itself and in the face of feelings of shame and guilt for the doubt of not being “perfect parents”). The transient inability to continue child care, during episodes of decompensation and hospitalization, as well as social isolation are risk factors. Studies demonstrate an interactive deficit mediated by the severity of psychotic illness and adverse social circumstances. The increased risk of insecure attachment depends on the quantity and quality of care, number and type of caregivers.

Purpose
Addressing the impact of psychotic pathology on parenting and development, exploring the associated stigma and raising awareness of the need for a comprehensive, multidisciplinary and integrative approach.

Description
Mothers referred to the “ghost” of the illness in the next generation and the fear of losing custody. In one case it had been boosted right away in the maternity ward, where the mother assumed that have to do “everything straight” in a “threatening way”. In the other case it had been triggered by rivalry between mother and grandmother for the role of the “best caregiver”.
Brief interventions focused on interaction were carried out in order to empower and positively connote these mothers, also aiming at responsiveness, sensitivity and mutual involvement.

Conclusion
Given the complexity and multiple challenges inherent when one of the parents has a psychotic pathology, a comprehensive and multidisciplinary intervention is recommended, from the perspective of the parent, the dyad, the infant, the family and community support network. Collaboration between services facilitates an integrative approach. Multifamily parent support groups could be an asset of intervention.
The FirstPlay Infant Play Therapy Model Enhances Healthy Attachment Relationships through Nurturing Touch Experiences

Dr Janet Courtney

1Developmental Play & Attachment Therapies, Inc., Boynton Beach, United States, 2Florida Association for Infant Mental Health, , USA, 3Barry University, Miami Shores, USA

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

This workshop will introduce practitioners to a parent-infant nurturing touch attachment-based manualized model called, FirstPlay® Infant Play Therapy. Centered around the research in touch and presented from an informed neuroscience perspective, the theoretical foundations of FirstPlay® including Developmental Play Therapy, Filial Play Therapy, and attachment theory will be presented. Supported by the therapeutic powers of play, participants will learn how FirstPlay interventions are implemented following a “baby-centered” infant play therapy approach. Through experiential exercises, practitioners will learn at least three different Firstplay® baby-led activities that can be used with parents and infants to promote attunement and attachment. Case studies will be presented to demonstrate FirstPlay® Infant Play Therapy in action including with abused and neglected infants, neonatal abstinence syndrome, and with preemie infant families.


Supporting relational capacity: lessons from the pandemic.

**Ms Edwina Deegan**

1Blue Skies Initiative, Clondalkin, Ireland

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Transitioning into parenthood represents a complete shift in the dynamics of the family system. While this can be a welcomed life event; some parents may struggle with the strong emotions and the life shift that occur as a result. This can be exacerbated by a lack of support during the postnatal period. Research highlights that infant massage provides a welcome space for caregivers to learn about their babies and create a support network. Newborn Behavioural Observation (NBO) in the early days of the infant/caregiver relationship could be a way to bridge the gap in the timing of infant massage while creating connection to other supports for caregivers. This poster presents two perinatal practices that can be used to support parents in the postnatal period. Firstly, drawing from qualitative research through semi-structured interviews with mothers participating in online infant massage during the pandemic (n=4, mothers). Thematic Analysis was used to analyse qualitative data which presents lessons for practitioners. Secondly, a case study conducted using Newborn Behavioural Observation (NBO) with a mother/father and infant who due to social isolation in the early part of the pandemic, struggled significantly after the birth of their first baby. Qualitative research highlighted improvements in bonding and reciprocity between mothers and infants it also highlighted the need for the ‘holding of’ the facilitators delivering the classes. Recommendations led to service changes in an NGO by offering reflective space for those delivering IM classes. The case study supports the use of NBO to enhance the social support for parents’ thus mitigating feelings of isolation while enhancing the relational capacity of parents.
Connecting with books: Developing parent-infant bonding during an inpatient hospital stay; a readathon initiative.

Dr Mairead Diviney¹, Dr Anne-Marie Casey¹, Catherine Matthews¹, Ms Jenny Dunne¹,², Ms Stephanie Galvin¹, Tracey Redmond²
¹Children’s Health Ireland at Crumlin, Dublin, Ireland, ²Children’s Health Ireland at Temple St, Dublin, Ireland

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Parents of infants who are medically unwell may not easily achieve bonding with their infant. This can be due to mechanical barriers including monitors and breathing supports, in addition to the higher medical care needs of their child, which may reduce parental autonomy while their baby is an inpatient in hospital. Parents reading to their child is an activity that has a long history of facilitating positive interactions between caregiver and child.

Aim
The purpose of the project was to provide an opportunity for parents to begin, develop or enhance their reading journey with their infants during an inpatient stay across two paediatric hospital settings.

Description
A readathon initiative took place over a one-week period in September 2022. It was offered to parents on a number of wards throughout the two hospitals including the neonatal ward, PICU, TCU, cardiology inpatient ward and cardiology day unit. Parents were provided with information regarding the readathon and books made accessible on the wards. Staff involved in the initiative introduced the concept to families throughout the week, including education around the importance of reading and tips on how parents/caregivers can read to their baby.

Conclusions
Feedback from parents highlighted the important role of reading to their infant during an inpatient stay. Parental feedback themes included a normalcy in an abnormal parenting setting, connection with their baby in a non-medically focused way, a sense of control and new observations of their infant including emerging personality attributes. One father described the experience of reading to his baby as “being good at something” while his baby was receiving ongoing medical intervention. There was also a sense of lightness and humour to the initiative for parents and a new focus with their baby for the duration of the readathon.
The use of videos in analytical parent-infant-therapy

Laura Meinardi-Weichhart, Dr. Phil. Avramidou Eleftheria, Lucia Steinmetzer

1Akademie für Psychotherapie und Psychoanalyse München, Munich, Germany

Video-based observations of parent-child interactions are increasingly used in clinical practice across a wide range of applications of diagnosis, intervention and evaluation. A large number of studies indicate that the use of video is both helpful and useful. However, how video might be incorporated in the analytic setting remains sparsely discussed. From a psychoanalytic perspective, the use of video is often opposed because it may limit the therapist's perception, fantasies, and emotional space. In this poster, besides the risks, the possibilities that family video could offer to analytic parent-infant therapy will be highlighted. A study in which the use of video recordings were used in an attempt to identify and analyze the central neurotic conflict theme that is unconsciously reenacted in the current interaction between parent and child will be discussed in more detail. An attempt was also made to hypothesize about the consequences and impact of the psychodynamic conflicts on the baby and the development of specific defense strategies. Instruments from the DC:0-5, OPD-2, and the CARE -Index were used to evaluate this video-based study of parent-child interaction.

Video analysis could provide detailed information in terms of the "binocular view" regarding the specific dyadic dynamics that take place in parent-infant therapy. Moreover, video use could be considered as "the third party" with a triangulating function in parent-infant therapy. Thus, the use of videos could provide specific information for diagnosis, planning, and follow-up in parent-infant therapy.
Ensuring Regular and Predictable Contact Post-separation: Creating Developmentally Sensitive Parenting Roadmaps for Infants (age 0-3)

Dr Deborah Gilman¹
¹Fox Chapel Psychological Services, Pittsburgh, United States of America

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

A parenting plan should be more than a simple listing of dates and times, or a schedule of who will exchange the child and where. The parenting plan should serve as a road map for the parties’ post-separation relationship, and it should be crafted to maximize the chances of fostering positive relationships with both parents. Because infants and young children have distinct developmental needs, as recognized by most experts and researchers when addressing infant post-separation care, proposed approaches for meeting those needs are inconsistent and, oftentimes, incongruent. Attachment theory and joint parental involvement research will be discussed and explored in relation to infant development. Methods to assess attachment security post-separation will be discussed. Clinical and forensic decision making processes will be explored to understand how to best incorporate both attachment organization and parental involvement prioritizing conditions of safety and the minimization of stress. A responsive parenting plan would allow the child to benefit from the ways that parent-child relationships in early childhood differ normatively, and enable access to the full complement of emotional, cognitive, family, social, and economic resources each parent can offer. Creating parenting plans that focus simultaneously on the developing child and his/her significant relationships is not only theoretically possible but empirically supported. This workshop reviews an integrated perspective that suggests the goals of both attachment and parental involvement are mutually attainable by applying a core set of assumptions about the individual and family conditions under which parenting plans are most likely to support the developmental needs of very young children. The workshop aims to provide ideas for working with the courts, legal professionals, and families to create the most developmentally sensitive and appropriate roadmap for the parenting plan over time, based on the overall co-parenting cooperation, coping and adjustment of the child, and the family system.
Associations between maternal wellbeing, child development, smartphone use, and mother-infant interactions: A cross-sectional survey.

Ms Lisa Golds¹, Dr Karri Gillespie-Smith¹, Dr Angus MacBeth¹
¹University Of Edinburgh, Edinburgh, UK

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Smartphone use is increasingly prevalent, and emerging evidence suggests that it may have adverse effects on mother-infant relationships in the first 3 years of life. While research suggests that mother-infant responsiveness is reduced in the presence of a smartphone, the mechanisms that influence mothers to use their smartphone have been under-researched.

Aim
The present study aimed to conduct a cross-sectional survey design exploring some of the mediating factors of smartphone use impacting on mother-infant responsiveness.

Material and Method
This cross-sectional survey recruited 414 mothers with infants aged 3–9 months, in the UK. We used a number of well-validated and reliable scales to measure predictor variables of i) infant social and emotional development; ii) maternal mental health; iii) maternal wellbeing; iv) perceived social support; v) maternal smartphone use and an outcome variable of mother-infant responsiveness (Maternal Infant Responsiveness Instrument; MIRI).

Conclusion
Linear multiple regression analysis provided a significant model (R² = .307) containing three significant predictor variables for mother-infant responsiveness: infant social emotional development, perceived social support (appraisal), and smartphone use interfering with parenting. Mediation modelling found a significant indirect effect of infant social emotional development on mother-infant responsiveness through smartphone use interfering with parenting, and a significant indirect effect of perceived social support (appraisal), on mother-infant responsiveness through smartphone use interfering with parenting. These results suggest that suboptimal infant social emotional development and a lack of perceived social support for mothers are risk factors for smartphone use interfering with parenting, which in turn may impact on the mother-infant relationship. This has strong implications for the early support and intervention that mothers may need in the first months of their infant’s life.
The influence of perinatal attachment and depression on Infant Directed Speech

Mrs Giulia Carlotta Guerra, Research Fellow Odette Nardozza, Research Cinzia Di Matteo, Research Marco Liberati, ordinary professor Mirco Fasolo, Marianna D’Aria
1Department of Neuroscience, Imaging and Clinical Sciences, University of Study G. D’Annunzio Chieti-Pescara, Chieti, Italy, 2Department of Obstetrics and Gynecology, University of Study G. D’Annunzio Chieti-Pescara, Chieti, Italy

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction and aim
Infant Directed Speech (IDS), is a specific vocal register used by adults when addressing children, characterized by simple, concrete, and redundant vocabulary, short sentences, and prosodic emphasis, aimed at affective communication and facilitation of language acquisition. This specific vocal register could be influenced by various maternal factors.

While previous studies have investigated the relationship between maternal depression and maternal involvement on the quality of IDS during the child’s first year of life, studies on the possible influence of perinatal attachment and perinatal depression on maternal IDS are lacking.

The present study aimed to investigate the possible influence of perinatal attachment and perinatal maternal depression measured during pregnancy on maternal IDS during the interaction with their 3-month-old infants.

Material and Method
40 mother-child dyads were recruited from the pre-natal course at the hospital. At the 36th week of gestation, mothers filled two questionnaires: the PAI - Prenatal Attachment Inventory (Italian version), to measure perinatal attachment, and the EPDS (Edinburgh Postnatal Depression Scale) to measure maternal depression during pregnancy. At infants’ age of 3 months mother-infant face-to-face interaction (3 minutes) was video-recorded. Maternal speech was transcribed using CHILDES software and prosodic analysis of the IDS was performed using PRAAT software.

Preliminary results showed an influence between perinatal attachment and maternal IDS and between perinatal depression and maternal IDS at 3 months. Low attachment and high depressive symptoms were associated with low verbal complexity and low prosodic variations in maternal IDS.

Conclusion
These findings add to the literature on prenatal factors influencing IDS. The study highlights the importance of the effectiveness of designing intervention programs to promote the development of secure attachment at the perinatal level and to act early on maternal depression to safeguard the child’s language outcomes.
Workshop on Senses & Sensations: their role in the context of Parent – Infant Relationships

Mrs Lindsay Hardy¹, Mrs Emily Hills¹
¹Pace, Aylesbury, United Kingdom

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
We grow and are sculpted by the sensations we encounter, and no more salient to development and wellbeing are the sensations our parents introduce us to and encircle us with. Our relationships develop through sensory interactions and exchange. In understanding the sensory needs of both infants and parents, we can help create better nurturing and attuned relationships leading to wellbeing.

Aims:
To support everyone in becoming more sensory informed in supporting infant – parent relationships.
• To enhance understanding of our 8 sensory systems, how these develop, how they give a sense of self and others.
• To outline how interpretation of sensory experiences is influenced by environment.
• To describe how out of synch, unattuned or unavailable sensory experiences can result in stress and possibly trauma leading to longer term sensory processing, behavioural and wellbeing challenges.
• To outline sensations’ role as an intervention.

Description of work areas addressed:
• The 8 sensory systems.
• These begin to develop and are influenced even within the womb.
• Neurodevelopment’s dependency on the availability of appropriate sensations, especially in the first two years of life.
• Sensory processing’s creation of memories and generating our behaviours.
• Sensory processing and perceptions flexing with environmental demands, our stress status and our sense of safety.
• Early sensory development laying the foundation through which we will interpret sensations for life.
• Relationships between infant and parents evolve during the countless sensory “dances”, the exchanges of extrasensory messages that resonate against the sounding board of our embodied sensations.
• Sensations can be targeted agents for positive change.

Conclusion
By introducing participants to the role of sensation in the infant-parent environment, you will be better able to observe and interpret:
• the meaning infants and parents take from sensory exchanges,
• how sensations can be used to support development,
• connections, safety, regulation of state and exploration of the world.
Associations Between the Intensity of Sensory Input Provided and Infant Sensory Reactivity During Mother-infant Play

PhD Cristin Holland¹, John Sideris², Pat Levitt³, Barbara Thompson⁴, Grace Baranek⁵
¹Department of Psychiatry, Vagelos College of Physicians and Surgeons, Columbia University Irving Medical Center, New York, USA, ²The Mrs. T.H. Chan Division of Occupational Science and Occupational Therapy, University of Southern California, Los Angeles, USA, ³Program in Developmental Neuroscience and Neurogenetics, The Saban Research Institute, Children’s Hospital Los Angeles, Department of Pediatrics, Keck School of Medicine, University of Southern California, Los Angeles, USA, ⁴Department in Pediatrics and Human Development, College of Human Medicine, Michigan State University, Grand Rapids, USA, ⁵The Mrs. T.H. Chan Division of Occupational Science and Occupational Therapy, University of Southern California, Los Angeles, USA

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Daily activities provide opportunities for bonding but sensory experiences associated within them can impact infants’ arousal, regulation, and ability to engage with caregivers. Infant characteristics and environmental context, including the caregiver and sensory-related characteristics, influence how infants respond to sensory information, such as demonstrating sensory reactivity.

Aim
This study investigated how sensory input provided by mothers impacted infant hyper- and hypo-reactivity across infancy.

Materials and Method
Fifty-six mother-infant dyads were recruited from a community pediatric practice serving a diverse population for a larger longitudinal study. At 2, 6, 9, and 12 months of infant age, the intensity of sensory input mothers’ provided and infants’ sensory reactivity were behaviorally coded during two minutes of mother-infant play, which was divided into distinct activity segments. At the end of each activity, a global rating of 1 (minimal) to 5 (extreme) was assigned based on the sensory intensity of the mother’s use of objects, vocalizations, and affect during the activity. Ratings were weighted by length of activity, summed and averaged by the total number of activities. infant sensory hyper-reactivity was evidenced by withdrawal, aversion or avoidance behaviors. Hypo-reactivity was evidenced by lack or delay of orienting or disengagement. Frequency and duration of hypo- and hyper- were totaled across the two minutes of play. Cross-lag analyses were used to assess associations between infant hypo- and hyper-reactivity and maternal sensory intensity.

Conclusion
Sensory experiences mothers’ provided during play were related to infant reactivity. Infants who demonstrated early hypo-reactivity had mothers who increased sensory input they provided their infants. Infants who experienced early increased sensory intensity from mothers demonstrated more and longer observable hyper-reactivity, which could impact the ability to engage with their caregivers. Practitioners should consider addressing the sensory environment caregivers provide during play to promote optimal engagement and relational development.
Parental Reflective Functioning as a Moderator of the Link Between Parental Stress and Technoference

Mrs. Orya Horesh¹, Prof. Naama Atzaba-Poria¹, Professor Nelly Elias¹
¹Ben Gurion University Of The Negev, Beer Sheva, Israel

Introduction and Aim
The ubiquity of screens in the context of parenting may interfere with parent-child interactions and eventually harm parent-child relationships, especially with young children. Distracted parenting due to screen use has been labeled "parental technoference" (PT). Parental technoference was significantly associated with parental stress (PS). Although research indicates the negative implications of screen use, our study investigated resilient factors, in particular parental reflective functioning (PRF), as a moderator of the link between parental stress and technoference. We hypothesized that high levels of PRF would weaken the link between PS and PT.

Material and Method
Twenty-eight mothers (M child age = 4.36 years; SD = 0.44) from southern Israel reported on their PS, PT, and PRF using well-validated questionnaires.

Results
The prementalizing mode (subscale of PRF), representing the parent’s inability to enter into the subjective world of their child, was related to both more stress (r = .59; p < .001) and technoference (r = .61; p < .001). Additionally, PRF acted as a resilience factor mitigating the link between parental stress and technoference, as seen in the significant interaction (r = .33; p < .029). This indicates that parental stress was linked to more technoference only when mothers had lower levels of PRF (r = .58; p < .01). However, when mothers had higher levels of PRF, no association was found (r = .03; p < .85).

Discussion
PRF reduces the link between parental stress and technoference. It seems that when parents are able to consider their child’s mind, they can better buffer the occurrence of technoference that may arise during stressful times. Further investigation of PRF may help promote beneficial parent-child interactions given the potential interruptive force of parental screen use.
Eyes on Home Visits! An Observational Study of the Facilitation of Caregiver-Child Interactions

Dr Kere Hughes-belding¹, Dr Gina Cook², Luke Huber¹, Faith Molthen¹
¹Iowa State University, Ames, United States, ²California State University-Stanislaus, Turlock, United States

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
While there is considerable evidence that early childhood home visiting programs support a variety of child and family outcomes, results are often mixed and have modest effects. Precision home visiting examines the dynamic relationships between families, home visitors, environmental factors and strategies as they relate to improved outcomes for young children. While the study of precision home visiting can seem daunting with complex contextual and relational factors under consideration, there is much we already know about the types of caregiving behaviors that should be supported. Thus, precision home visiting becomes more a question of how home visitors support these behaviors across a variety of caregivers and environmental contexts rather than what behaviors to support or why they should be supported.

Method
A modified grounded theory approach was used to study the facilitation of caregiver-child interactions. Sixteen home visit video recordings from MIECHV funded programs were observed (eight previously rated as high quality and eight adequate quality). Two graduate students open-coded videos and then applied axial coding to examine contextual factors related to facilitation.

Results
Axial coding examined the causal conditions, context, intervening conditions, strategies and resulting consequences surrounding facilitation events. Specific behaviors and environmental factors were compared for the high and adequate quality home visits revealing 10 behaviors that seem to greatly increase the likelihood of successful facilitation. Home visitor behaviors related to planning with parents, coaching and encouraging were found with greater frequency in high quality facilitation videos. In addition, specific caregiver responses (consequences) were more evident in high quality observations.

Conclusions
The current study was conducted to advance the professional development efforts for improving facilitation of caregiver-child interactions during home visits, which is central to home visit theory of change but difficult to consistently implement. Results provided specific information about key home visitor behaviors to support.
Adult attractiveness ratings of cleft affected infant faces: does familiarity matter?

Mr Benjamin Hunt\textsuperscript{1}, Dr Holly Rayson\textsuperscript{3}, Dr Alexis Makin\textsuperscript{1}, Dr Leonardo De Pascalis\textsuperscript{1}, Dr Colin Bannard\textsuperscript{2}

\textsuperscript{1}University of Liverpool, Liverpool, United Kingdom, \textsuperscript{2}University of Manchester, Manchester, United Kingdom, \textsuperscript{3}Institut des Sciences Cognitives Marc Jeannerod, Lyon, France

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Infants’ facial appearance may be especially important during adult-infant interaction, with “babyish” features thought to signal vulnerability to adults. Studies exploring the effect of malformations on adult responses to infant faces have found infants affected by cleft lip/palate (CLP) tend to receive lower ratings on indices of attractiveness such as “cuteness.” Familiarity with CLP may play a role in acceptance of CLP affected infants, as striking differences have been observed in how naïve participants and parents of infants born with CLP (naturally familiar) respond to the infant face in experimental research. We investigated whether previously naïve participants would rate images of CLP affected infants higher in “cuteness” and “willingness to play” after being familiarised with CLP related stimuli, and whether these ratings would be higher than ratings provided by naïve participants.

Two groups of participants were exposed to images of infants – with and without CLP – and were required to provide ratings of “cuteness” and “willingness to play” on two occasions, one week apart. Experimental participants were required to access active familiarisation (AF) materials during this intervening week (seven sessions). This training consisted of viewing ~20 slides of text and images relating to infant CLP.

No difference was found between ratings of CLP and typical images for AF participants after familiarisation. Additionally, significantly higher ratings of both “cuteness” and “willingness” were provided for CLP affected infants by familiarised participants at follow up versus baseline. Attractiveness ratings for CLP affected infants increased in response to AF to CLP related stimuli. No difference in ratings for CLP versus typical images was observed for participants after receiving AF training, suggesting prior familiarity with infant CLP has a positive effect on attractiveness ratings for CLP affected infants. Our findings have possible implications for intervention in supporting adult caregivers in the context of neonatal facial malformations.
Parenting Stress and Depression while Enrolled in Higher Education

Dr. Audrey Juhasz¹, Anne Reither¹, Makenzy Turner¹, Professor Lisa Boyce¹
¹Utah State University, Logan, United States of America

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Two- and four-year institutions of higher learning have steadily seen increased enrollment of students raising children (Brown & Nichols, 2013). Although higher education has future long-term benefits, students’ are typically low-income and student-parents accrue more debt than childless college students (Gault, et al., 2014). Low education and income have been associated with high levels of parents’ stress which can contribute to parental depression and problem behaviors in young children (Horwitz, Briggs-Gowan, & Carter, 2007; Puff & Renk, 2014).

Aim
Describe intersections of depression, the experience of being a University student, and parenting stress.

Material/Methods
Students were drawn from an evaluation of one Child Care Access Means Parents in School (CCAMPIS) program which provides child care subsidies to low-income University students (N=78). Average age: Children=26 months; Parents=29 years. Depression measured by Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977). Parenting Stress Inventory (PSI-4; Abidin, 2012)

Conclusions
Nearly 30% of parents scored in the depressed range. T-test comparisons of those who did and did not score in the depressed range revealed statistically significant differences in 13 out of 14 domains measured by the PSI-4 indicating that parents who experience depression also experience more parenting stress in multiple domains. Although not statistically significant, inspection of demographic variables revealed interesting patterns. Students who scored in the depressed range were more likely to be in households where all available parents were enrolled in classes (13% were single parents), enrolled as full-time students, have more children (2.29 verses 1.78), have lower household income, and pay less for child care. Given that child age was not drastically different between groups, the lower cost of child care, and lower subsidy amount, may indicate that families were selecting care that cost less over all.
Illustrative cases will be presented and clinical implications for practice will be discussed.
Health Informed Relational Intervention For Toddlers With Prolonged Exposure To Screen Time

Md Handan Kilinc¹, Mrs Funda Aksu Baş²
¹Private pediatrician, Küçükçekmece, Türkiye, ²Developmental therapist, Ankara, Türkiye

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
For healthy brain development, it is essential for a child to interact with the environment and have sufficient level of social interaction. During the pandemic, screens have become parents’ window to the outer world, as remote work and lack of daycare create added layers of stress. Children exposed to prolonged periods of screen time have been observed to show significant developmental delay and autism like symptoms.

Purpose
The purpose of this poster is to report on the implementation and preliminary findings of an ongoing study evaluating the value of a simple multidisciplinary relational developmental intervention for children with prolonged screen exposure, developmental delay and autism like symptoms.

Description
A group of 56 between the ages of 1-6 with prolonged exposure to screen time, developmental delay were enrolled in the study. All of them were seen by a private pediatrician in Istanbul and referred to a developmental therapist who followed them remotely. Both practitioners received infant mental health training and group and individual reflective supervision. After initial testing with general developmental and ASD specific inventory, children and families were enrolled in the home-based intervention programs developed by Developmental Specialist according to the pre-test results. Relationship focused intervention using parent coaching and was supported by the reflective parallel process. Families were also offered direct relational support and developmental education. The study is planned for 12 months.

Conclusion
Excessive exposure to screen time during the pandemic has caused detrimental effects on early development. Preliminary findings of our study demonstrates that a multidisciplinary approach and a simple home based developmental, relationship centered program resulted in a decrease in autism like symptoms, improvement in overall developmental and play skills.
Salivary Cortisol Activity and Maternal Mind-Mindedness in Clinical and Comparison Groups of Preschoolers

Dre Camille Laberge1,2, Dre Jessica Pearson3,4, Mr alain liebel1,2, Dre Julie Achim5,6, Dre Karine Dubois-Comtois1,7
1Department of Psychiatry, Université de Montréal, Montréal, Canada, 2Research Center, CIUSSS du Nord-de-l’Île-de-Montréal, Montréal, Canada, 3Department of Psychoeducation, Université du Québec à Trois-Rivières, Trois-Rivières, Canada, 4Centre de recherche universitaire sur les jeunes et les familles (CRUJeF), Québec, Canada, 5Department of Psychology, Université de Sherbrooke, Sherbrooke, Canada, 6Centre de recherche Charles-Le Moyne (CRCLM), Longueuil, Canada, 7Department of Psychology, Université du Québec à Trois-Rivières, Trois-Rivières, Canada

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Mothers who demonstrate parental sensitivity tend to use appropriate mind-minded comments, enabling their children to be soothed under stressful situations1. However, the role of maternal mind-mindedness (MM) on cortisol stress-response and the hypothalamic-pituitary-adrenal (HPA) axis regulation is not clearly established. Furthermore, while many studies have shown HPA axis alterations in children diagnosed with a psychiatric disorder2, cortisol secretion patterns of both mothers and children in this population remain unclear.

The aim of this study is to evaluate the association between MM and HPA axis activity in mother-child dyads from clinical and community samples.

This study included 72 preschoolers (39% girls; mean age=59.4 months, range=23-83 months) and their mother. Forty-one dyads were recruited in a child psychiatry clinic and thirty-one from the community on the same territory. Salivary cortisol was obtained for every mother-child dyad on their arrival (T1) and at the end of the 1.5h-visit (T2). MM was assessed halfway through the experimentation during a videotaped free play interaction.

Children in the clinical sample had higher cortisol levels at T1 then T2, implying overstimulation of the HPA axis and ability to regulate over time. A lower MM was found in the clinical sample, but mothers who made more appropriate mind-minded comments had children with the lowest T2 salivary cortisol values. After controlling for both samples, higher MM was associated with significantly decreased cortisol secretion in children and mothers. These results underline the importance of sensitive parenting when children are exposed to stressful situations, particularly when living with a psychopathology.

Your Baby and You

Mrs Karen Murray¹, Dr Pauline Lee¹
¹NHS Greater Manchester, Greater Manchester, England

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
During the pandemic the NHS Greater Manchester Perinatal and Parent Infant Mental Health Programme refreshed and developed a number of resources for our universal and targeted service users.
The resource 'Your Baby and You' was refreshed, a booklet with accompanying videos to encourage early interaction and early relationship development.

Aim
To share this great piece of work and inspire others!
The booklet aimed to reach all the families in Greater Manchester (37,000 birth rate) who are expecting a child.
The written information and booklet style was co produced with the local maternity voices partnership. The booklet content and accompanying videos aim to reflect our diverse and unique community with greater representation of minority ethnic groups and our LGBT + community. Families self filmed to make the videos in their own homes giving unique insight into their Parent Infant relationships aiming to speak directly to the families we serve.
The booklet and videos can be used as a tool or talking point during antenatal appointments or education.

Description
For videos and plain text: https://www.penninecare.nhs.uk/your-baby-and-you

It's content covers:
Attachment and bonding
Why is it important to develop a good relationship with your baby?
What can I do to help build this important relationship?
Learning more about your baby
Soothing a crying baby
Soothing and Settling
Baby mindfulness
Playing and talking with your baby
Baby 'time out' signals
Feeding your baby
Parental mental health
If your baby is admitted to neonatal care
Useful contacts
It is printed in a small glossy booklet the same size as the child health record, with the aim to be stored together for reference throughout the perinatal period.

Conclusion
Infant parent services, midwifery and health visiting have reported back that they have found the resource extremely useful and helpful for families.
Ghosts and Angels in the NICU: Reducing Trauma and Building Hope

Maria Neiers¹, Mariana Cerqueira¹
¹The University of Denver, Denver, United States

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Selma Fraiberg’s work regarding “ghosts [and angels] in the nursery” identify how adverse or benevolent experiences caregivers faced from their parents influence their own parenting style (Lieberman et al., 2005). The NICU is unfortunately no stranger to trauma, whether it be what caregivers are bringing in or leaving with. Promoting positive experiences in infant-caregiver relationships though may be essential to addressing these ghosts while in the NICU and the transition out.

Purpose
The aim of this work is to make space for NICU families who may by at-risk due to factors such as domestic violence and substance abuse, and to promote interventions to support early infant-caregiver interactions and care.

Description
The NICU can be the starting point for healthier relationships in high-risk infants or families. Too often, caregivers with a history or current substance abuse are treated different and fear retribution in perinatal settings. The same wariness exists for caregivers impacted by family violence. Through trauma-informed care, NICU providers would not only have more awareness of how this setting impacts caregivers, but may also find themselves better able to support these families and not re-traumatize them. Additionally, caregivers should also feel supported in building more secure relationships with their child and receive support themselves judgement or retribution.

Conclusions
Utilizing trauma-informed care in the NICU centers caregiver and infant experiences from the start and can provide caregivers with a safe, supportive experience. By making space for such interventions, families may be given the tools to break cycles of trauma and build hope for the future.

Citations

Marcellus, L. (2014). Supporting women with substance use issues: Trauma-informed care as a foundation for practice in the NICU.
The Camden Model: Baby Bonding - Best Start for Baby and You.

Cathy Pajak\textsuperscript{1}, Mrs Jane Hutcheson, Helen Hibbard

\textsuperscript{1}Camden IEYS, Camden: London, United Kingdom

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Camden’s Integrated Early Years’ Service (IEYS) Vision
Children have the best start in life, high-quality early education, and are ready for school at age 5.

Camden’s integrated service builds on good practice to further integrate systems and develop new ways of working, with enhanced universal services and a pathway of 0-5 services. Including the adoption of NBO, Camden has developed an enhanced pathway of services – pregnancy to age 5 to support the achievement of this vision for all Camden children.

Aim
The incorporation of NBO within post-natal support groups in Camden aims to:
Foster mental & emotional well-being to influence future outcomes for children.
Focus on continuity and the quality of early relationships
Support parents to create a positive home learning environment during pregnancy
Promote Early communication and language development.

The work.
Baby Bonding: Post-Natal use of NBO in group run sessions.
Family Workers with a strong focus on ante-natal and postnatal support for mums, dads, and carers have been trained in the use of NBO.

Description
The principles of the NBO are used within a post-natal group session to support mums, dads, and carers to practice the techniques of noticing and reading a baby’s cues. This approach aims to support parents to understand and respond sensitively to their child’s needs. This work continues the messaging around the importance of positive early relationships and communication delivered by the Health Visitor at the New Birth Visit using NBO. This is part of Camden’s overall approach to developing the pathway, including enhancing universal services and support for all parents in the first 1001 days.

Conclusion.
In collaboration with the Anna Freud Centre, we are evaluating the outcomes of the approach.
Sensitive parenting and the relation between observed and reported parental feeding behavior among vulnerable infants

Phd-student Dr.med.sci. Clara Parellada¹, Dr Janni Ammitzbøll, PhD-student, cand. polit Therese Alexandra Evald, Professor Anne Mette Skovgaard
¹National Institute Of Public Health - University Of Southern Denmark, Copenhagen, Denmark

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Parental feeding practices highly influence child eating behaviors and related health outcomes. Sensitive parenting takes a key position in parental feeding practices, in particular among infants at risk of mental health problems and unhealthy weight development. Research linking parents’ reports of feeding practices with independent observations and ratings is limited.

Aim
In this sub-study of the Infant Health Study, exploring a new intervention to promote sensitive parenting to infants with regulatory and developmental vulnerabilities at ages 9-10 months, we are focusing on parental feeding measured through parent-reported questionnaires and video recordings of feeding behaviors at family mealtimes.

Method
The Infant Health study uses a cluster randomized controlled trial design conducted within the home visiting program delivered by community health nurses to all infant families in Denmark. Sixteen municipalities are randomized to start intervention at three different timepoints, and a standardized program, the PUF-program (In Danish: “ Psykisk Udvikling og Funktion” ) is used to identify infants with major problems of regulation and development. The intervention builds on the Video-Feedback Intervention to Promote Positive Parenting (VIPP), adapted to the PUF-context and named the VIPP-PUF. Follow-up at age 24 months includes measurements of height and weight, parental questionnaires regarding feeding and eating and a sub-study using video recordings of play- and mealtime. Primary outcome is sensitive parenting during mealtime, analyzed using the Coding Interactive Behavior (CIB). Secondary outcomes are child behavior, parent behavior and dyadic codes using the CIB as well as parent-reported questionnaires on feeding behavior.

Conclusion
The results of this ongoing study, available in 2024-2025, are considered to extend the existing knowledge on developmental vulnerabilities regarding problematic eating behaviors and unhealthy weight in early childhood. Specifically, the study has the potential to identify possibilities of prevention within the municipality child healthcare using approaches to promote parental sensitivity during child feeding.
From inner to dyadic connection: effect of a mindfulness-based intervention on mother-infant dyadic synchrony

Dr Ilenia Passaquindici¹, PhD Maria Grazia Mada Logrieco¹, PhD Student Gilberto Gigliotti¹, Research Fellow Odette Nardozza¹, Dr Ilaria Nicolì¹, PhD Student Giulia Carlotta Guerra¹, Professor Maria Spinelli¹

¹Università degli studi Gabiele d'Annunzio, Chieti-Pescara, Italy

INTRODUCTION AND AIM
Several studies showed the impact of mindfulness-based interventions not only on intrapersonal skills (e.g., experiencing a state of attention to present events without judging the experience) but also on interpersonal processes (e.g., improving the quality of social interactions), based on the assumption that we connect better with others if we are aware of and connected with our own experience. Likewise, mindfulness-based intervention protocols directed to mothers aimed to promote the quality of mother-infant relationship by improving maternal mindfulness abilities. The aim of this study was to test the effectiveness of a mindfulness-based intervention directed to mothers of 9 months old infants in enhancing dyadic synchrony as defined by the mutual adaptation of attention and affect between the mother and the infant during the interaction.

MATERIAL AND METHOD
30 mother-infant dyads (Mean age = 10 months) randomly divided into an experimental group and a waitlist-control group, were videotaped during 3 minutes face-to-face interaction. The quality of dyadic synchrony was coded using Fogel's Relational Coding System. Mothers completed the Five Facet Mindfulness Questionnaire and the Interpersonal Mindfulness in Parenting Scale to assess maternal dispositional mindfulness and mindful parenting. The experimental group attended a 5 weeks mindfulness-based intervention, that consisted in listening twice a week to audios related to main mindfulness topics (i.e., mindful breathing, body scan, mindful walking, expanded awareness, loving kindness). After 5 weeks the quality of dyadic synchrony and maternal mindfulness were reassessed.

RESULTS
Preliminary results showed positive associations between maternal mindfulness and the quality of dyadic synchrony, and the effectiveness of mindfulness-based interventions in improving it.

CONCLUSION
These results suggest the importance of interventions that promote maternal mindfulness abilities through an improved understanding and awareness of self and others. These interventions could have cascade positive effects on children's healthy development.
Mothers’ rejection sensitivity and children’s social cognitions: The mediating role of maternal supportive behaviors

Esther Polachek¹, Professor Efrat Sher-Censor¹, Dr. Nurit Gur-Yaish¹², Prof. Yair Ziv¹
¹University of Haifa, Haifa, Israel, ²Oranim Academic College of Education, Oranim, Israel

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Children’s cognitions regarding social relationships in early childhood predict their social competence and wellbeing over time, making it imperative to identify what shapes these cognitions. Several studies have suggested parents’ predisposition to aggression, anxiety, altruism, and sociability can affect children’s social cognitions.

Aim
The aim of the present study was to extend this body of work in two ways. First, we examined a parental predisposition, rejection sensitivity, not explored thus far. Second, we investigated the process by which parental predisposition to rejection sensitivity may affect children’s social cognitions. Specifically, we examined whether mothers’ behaviors in situations that might suggest their children were rejected would mediate the link between a maternal predisposition to rejection sensitivity and children’s social cognitions.

Material and Method
Participants were 122 Jewish Israeli mothers and their kindergarten children (50.82% female; MChild age in months = 67.52, SD = 6.35). Mothers completed the Adult Rejection Sensitivity Questionnaire and reported their likely behaviors in scenarios suggesting the rejection of their children by peers. Children were interviewed using the response evaluation scale for the rejection stories in the Social Information Processing Interview–Preschool Version and the peer acceptance subscale of the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children.

Results
Results revealed indirect links between mothers’ rejection sensitivity and children’s maladaptive response evaluations and lower social self-perceptions, through fewer supportive maternal behaviors.

Conclusion
These findings highlight the need to consider parents’ dispositions and behaviors in the context of their children’s peer interactions for a more complete understanding of the development of children’s social competence.
Cardiac vagal tone and effortful control in infancy: the moderating role of father-infant interactive synchrony

Mr Nilo Puglisi¹, Dr Valentine Rattaz¹, PhD Hervé Tissot¹,², Prof. Chantal Razurel³, Pre. Manuela Epiney⁴, Prof. Nicolas Favez¹
¹Faculty of Psychology and Educational Sciences, University of Geneva, Geneva, Switzerland, ²Center for Family Studies, Department of Psychiatry, Lausanne University Hospital and University of Lausanne, Lausanne, Switzerland, ³Department of Midwifery, University of Applied Sciences Western Switzerland, Geneva, Switzerland, ⁴Department of Obstetrics and Gynecology, University of Geneva Hospitals, Geneva, Switzerland

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Psychophysiological studies have found associations between mother-reported children’s effort control (EF), as a dimension of temperament related to self-regulation, and two cardiac vagal tone measures, basal cardiac vagal tone (BVT) and changes in cardiac vagal tone (CVT) during mother-infant interactions. No studies have tested these associations during father-infant interactions. Parent-infant interactive synchrony, a measure of the quality of interactions, facilitates the transition from mutual to self-regulation in infancy. We aim to investigate the association between the father-reported infant’s EF, BVT, and CVT; and father-infant interactive synchrony as a moderator.

Method
Interactions between fathers (N=62) and 3-month-old infants were recorded in a standardized laboratory situation to assess father-infant interactive synchrony. Infant’s ECG was recorded to obtain cardiac vagal tone. Fathers reported the infants’ EF through questionnaires. Analyses controlled for the influence of the infant’s gender, the father’s education, and the positive (more engagement) and negative (less disengagement) direction of vagal tone changes.

Results
BVT and CVT are associated with the father-reported infant’s EF, such that high BVT predicts more EF, and high CVT predicts less EF. These associations are not moderated by interactive synchrony and are not influenced by infants’ gender, father’s education, and directions of vagal tone changes. Correlational analyses revealed that high CVT has positive correlations with the positive direction of vagal tone changes.

Conclusion
There are associations between (i) infants’ ability to regulate independently of social interaction (when high BVT) and more father-reported EF, and (ii) infants’ greater use of behavioral and emotional strategies during father-infant interactions (when high BVT) and less father-reported EF. The rare father-infant interactions without the mother present could explain the lack of influence of synchrony at three months and the less father-reported EF. Less EF might reflect fathers’ understanding of infants’ increased strategies of engagement as a manifestation of poor self-regulation.
Fatherhood in adolescence: young father-infant interaction at infant 3 months

Dr. Elena Ierardi1,2, Margherita Moioli2, Alessandro Albizzati2, Professor Cristina Riva Crugnola1
1Department of Psychology, University of Milano-Bicocca, Milano, Italy, 2ASST Santi Paolo e Carlo, Milan, Italy

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
The literature on adolescent and young fathers is still poor; few studies show that adolescent father’s life is characterized by several risk factors (Kiselica & Kiselica, 2014). Paternal style of interaction has specific characteristics that differentiate it from maternal style (Nordahl, 2014), focusing on physical play, such as tickling, rough and tumble play, chase and the horse on the knees. However, to our knowledge, only one study evaluated adolescent father-infant interactions, showing that young fathers were less sensitive and less engaged in social play with their babies than young mothers (McGovern, 1990).

Aims
The aim of the study is to examine the quality of adolescent and young father interactions at infant 3 months.

Materials and Method
33 adolescent and young father-infant dyads have been recruited. At infant 3 months, father-infant interaction was video-recorded and codified with Neuropsychomotor Video Analysis of Adult and Child Interaction-NVA® (Moioli, 2017).

Results
The results showed that adolescent and young father had low scores on NVA Sensitive category and high scores on intrusive and controlling NVA categories, placing in at high risk range. Infant had high score on NVA Controlling and Excluding-avoidant categories and low score on NVA Sensitive category, placing in at risk range.

Conclusion
Findings indicated that the quality of adolescent and young father-infant interactions is characterized by negative behaviors and low responsivity, highlighting the important clinical implication of promoting early intervention to support the father-child relationship.

The effects of perinatal attachment and childhood traumatic events on mother-child affective synchrony

Research Fellow Odette Nardozza¹, PhD Student Gilberto Gigliotti¹, Research Cinzia Di Matteo², Research Marco Liberati²
¹Department of Neuroscience, Imaging and Clinical Science, University of Chieti, Chieti, Italy, Chieti, Italy, ²Department of Obstetrics and Gynecology, University of Chieti, Chieti, Italy.

Introduction and Aim
Positive mother-child dyadic synchrony is a type of interaction, characterized by coordination and mutual regulation of affect. Through this kind of interaction, children develop efficient emotion regulation strategies to deal with stressful events. The quality of dyadic synchrony can be influenced by several maternal factors, such as sensitivity, mental health, attachment, and traumatic life events. However, how perinatal attachment and maternal childhood traumatic events affect the quality of dyadic synchrony has not been investigated previously. The aim of this study is to explore the effects of perinatal attachment and childhood related maternal trauma on mother-child synchrony during infancy.

Material and Method
40 mother-child dyads were recruited from hospital’s prenatal courses. At 36 weeks of gestation, mothers were asked to complete two questionnaires: the PAI - Prenatal Attachment Inventory to measure perinatal attachment, and the ACE (Adverse Childhood Experience) to investigate experiences of physical and emotional abuse in the first 18 years of life. At the infant age of 3 months, mothers and infants participated at the Still Face paradigm. Mother’s and infants’ affective behaviour were coded with Tronick’s Infant and Caregiver Engagement Phases (ICEP) coding system. The relative duration of affective matches was calculated to assess dyadic affective synchrony.

Conclusion
Preliminary results showed that less maternal trauma and a secure perinatal attachment were associated with high levels of positive affect mother-child synchrony. On the other hand, high maternal trauma was associated with high negative affect synchrony. The results of our study add to the literature on perinatal factors that may influence the quality of dyadic synchrony. In addition, the importance of preventive intervention programs to promote the development of secure attachment during gestation emerged.
Parental Smartphone Use and Parental Sensitivity: What is the Role of Parental Stress?

Larissa Schneebeli¹, Dr. Katrin Braune-Krickau¹, Dr. Michael Gemperle², BSc Anouk Joliat², Meret Isabelle Carmen Hug¹, Professor Agnes von Wyl¹
¹Zurich University of Applied Sciences, School of Applied Psychology, Zurich, Switzerland,
²Zurich University of Applied Sciences, School of Health Sciences, Winterthur, Switzerland

Introduction
Smartphones are ubiquitous in everyday life. Parents’ smartphone use does not stop at the door to the nursery. Especially for first-time parents, parenting is challenging and confronts them with many new issues and questions. This can lead to increased parental stress. Parents see the smartphone as helpful in dealing with the challenges. However, parents’ use of smartphones when they are with their young children has led to a concern that they are no longer or only partly sensitive to children’s signals and can respond to them only with a delay or not at all. Initial studies found that parental smartphone use reduces parental sensitivity and responsiveness (for an overview, see Braune-Krickau et al., 2021).

Aim
The aim of this study is to examine parental sensitivity and smartphone use and to investigate whether parental smartphone use has a long-term negative effect on parental sensitivity. In addition, we examine what influence parental stress may have.

Material and Method
We used data from a subsample (N = 129) of a longitudinal study on the third trimester through 36 months postpartum, with total measurements at 6 time points. The data used were collected at three time points (3 months, 14 months, and 20 months postpartum) by questionnaires and video recordings. At the Congress, we will report initial findings in the form of a poster presentation.

Conclusion
Research implications for counselling and psychotherapy concerning early childhood issues will be drawn from the results.

Parenting Behaviors as Mediators in Relationships Between Coparenting Adjustment and Young Children’s Internalizing/Externalizing Behaviors

Kristina Schoenthaler¹, Michaela Weimer¹, Dr Kimberly Renk¹  
¹University Of Central Florida, Orlando, United States of America

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Research has suggested that marital and parenting stress is related to significant strain on the parent-young child relationship as well as to increased adverse outcomes for young children’s development. Such outcomes may include behavior problems that can derail young children’s socioemotional capabilities with their parents and in other interpersonal relationships.

Aim
Although research has examined associations among the coparenting relationship, parenting behaviors, and young children’s behavior problems, little attention has been given to the mediational value of parenting behaviors in the relationship between the marital/coparenting relationship and young children’s behavior problems. Specifically for this study, it was hypothesized that coparenting adjustment would be related to parenting behaviors and to young children’s behavior problems. Further, it was anticipated that parenting behaviors would mediate the relationship between coparenting adjustment and young children’s behavior problems.

Material and Method
Data was collected from a diverse group of 146 mothers and 137 fathers with young children (M age = 5.35-years, SD = 1.65-years). Mothers and fathers completed the Dyadic Adjustment Scale as a measure of coparenting adjustment, the Parent-Child Relationship Inventory as a measure of their parenting, and the Child Behavior Checklist as a measure of their young children’s behavior problems as a part of a more extensive study in a Psychology Department-based community clinic.

Results/Conclusions
Hypotheses were examined using correlation and regression analyses that showed different patterns of relationships for mothers and fathers. Of particular interest, the relationship of mothers’ coparenting adjustment and young children’s externalizing behavior problems was mediated by parenting support. In addition, the relationship of fathers’ coparenting adjustment and young children’s internalizing and externalizing behavior problems was mediated by limit setting. It is hoped that the study’s findings will further the understanding of how to remediate young children’s behavior problems by addressing adjustment in the coparenting relationship and parenting behaviors.
Reports of early intervention in mother-infant relationships by focusing on the mother's worries in the infant health check setting

Dr Yuko Tanaka¹
¹Eiju General Hospital, Ueno, Japan

Introduction
It is known that the early mother-infant relationship has a significant effect on the healthy growth and development of that infants, and the quality of the relationship has a reciprocal effect not only on the child's growth but also on the quality of the childcare and their mental state. In Japan, infant health checks are held at 1m, 3-4m, 6-7m, 9-10m, 18m, and 36m attended by all the infants, and infants have examined development and are good opportunities to observe the mother-infant relationship.

Aim or Purpose of the project or work described
To examine the effectiveness of the health checkup as an opportunity to intervene in the early mother-infant relationship.

Description of the work or project
Mothers were asked about her parenting stress including other families and an extra session was offered at their request. 10 cases are reviewed.

Conclusions
About the background, there were 7 cases in which the mother’s unresolved mother-child relationship exist, one case in which trauma at birth was recognized, 1 case in which the child’s neurodevelopmental disorder was recognized, and 1 case in which the father's interpersonal relationship was recognized as problematic. 4 of mothers needed psychological medication. 3 mothers talked about their stress with their older children who were in the separation-individuation phase. The results suggested that asking about the mother’s stress in the infant health check setting may prevent early mother-infant relationship disorder.
Mother, Speak to me with Mentalization

Maternal mentalizing moderates links between Infant Negative-Emotionality and Maternal-Intrusiveness

Mrs Bat-El Terehovsky, Dr Tahli Frenkel
1Baruch Ivcher school of psychology, Reichman University (IDC, Herzliya), Herzliya, Israel

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

One of the most prominent predictors for the healthy development of a newborn is the caregiving behavior of his mother, specifically maternal sensitivity and intrusiveness. Maternal Sensitivity is the mother’s ability to be aware of her baby's cues, interpret and respond to them appropriately. Maternal Intrusiveness is the extent to which the mother interacts with her baby in an interruptive and controlling manner. Maternal behavior may be influenced by the infant's temperament. Infant’s Negative Emotionality (NE) is a temperamental disposition which poses risk for the emerging mother-infant relationship. Specifically, several studies suggest that infant’s NE associates with compromised caregiving behaviors, yet findings remain inconsistent. The current study examined whether Maternal Mentalizing, in the form of Mind Mindedness (MM), i.e., mother’s ability to understand and interpret her own and her infant’s behavior in terms of underlying mental states, may exert a moderating protective effect. Mothers and their 4-month-old infants (N=148) were assessed in their homes. Maternal narratives were coded offline for MM (Meins et al., 1998). Infant NE was observed using a standard reactivity task (Kagan et al., 1994). Maternal caregiving behaviors (sensitivity/intrusiveness) were coded from video-recorded mother-infant interactions using the "Emotional Availability scale" (EA; Biringen, 1998). Analyses tested whether maternal Mind-Mindedness moderates the link between infant NE and maternal behaviors. Results revealed no direct associations between infant NE and Maternal behavior (sensitivity/intrusiveness). However, a significant interaction emerged between infant NE and maternal infant-focused mentalizing in predicting maternal intrusiveness. At low levels of maternal mentalizing, NE was significantly positively associated with maternal intrusiveness (β=.31, p=.03). At high levels of maternal mentalizing, there were no significant associations between infant NE and maternal intrusiveness (p=.11). Findings demonstrate the protective role of infant-focused maternal mentalizing in the context of infants’ temperamental risk in the form of high NE. Clinical implications are discussed.
Interventions For Foster Carers of Infants: A Systematic Review of the Literature

Mr Dyfed Thomas¹,², Ms Esther Congreave¹
¹Human Development Scotland, Glasgow, Scotland, ²NHS Lanarkshire, Scotland

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Infants in Foster Care are a particularly vulnerable demographic, due to their age and developmental stage and due to the high likelihood that they will have experienced trauma. Foster-Carers of infants have a particular relational role which is defined by its provisional nature. A systematic literature review was conducted for interventions to support Foster-Carers of infants – this was with the aim of identifying what interventions exist, the effectiveness of these interventions if measured, and to generate further questions which might guide clinical practice in this area. Interventions with infants in foster care which focused on birth families/kinship care were excluded as were interventions with a physical health focus. Method: A comprehensive search, including studies of all types was conducted on 7 databases with additional hand searching to cover a 20-year period. Results: 18 papers were identified including: 1 meta-analytic review, 4 systematic reviews, 3 Randomised-Control-Trials, 1 Controlled trial and 1 Mixed-Methods trial. One intervention was well researched and appeared in multiple studies and was evidenced as effective in supporting attachment between infant and foster-carer. Discussion: There is some evidence of effectiveness for interventions to support foster-carers of infants which aim at increasing infant-carer attachment and at increasing carer sensitivity. There is a lack of consensus on what aspects of treatment are most effective and what outcome measures are appropriate. There are some common themes to interventions, in particular the need for focused attention to the infant-carer relationship. There is some agreement around the need for including the system around infant and foster-carer in interventions, and in determining outcomes, however no consensus currently on how this might be achieved. At the WAIMH event, I will also discuss the possibilities of future research that this review will contribute towards.
Assessment of interaction: action research on children with language impairment and their parents

MA Anna Maria Ülviste¹, PhD Marika Padrik¹
¹University Of Tartu, Tartu, Estonia

Teaching parents how to communicate with their children is necessary, as the quality of the parental linguistic input plays an important role in the speech development of children with developmental language disorder (DLD). So far, there is no assessment tool in Estonia to assess the parental linguistic input. The objective of this study was to construct an assessment tool for a structured measurement of the parent-child interaction. The assessment tool was used during pre- and posttreatment assessment to assess maternal linguistic input and maternal behavior and how these change as a result of therapy. This action research was conducted with two children with DLD and their mothers. Children’s speech development was assessed by a standardized speech test. Building on the relevant literature, an assessment tool was developed to assess the parent-child interaction on the basis of video recordings pre- and posttreatment. Between pre- and posttreatment assessments on parent-child interaction, parents were provided counselling sessions based on the level of the children’s speech development and the assessment of parent-child interaction. The outcomes of a posttreatment assessment showed positive changes in both parents’ interaction in terms of speech and behavior. Based on the results of the study, it can be concluded that it is possible to assess the parent-child interaction on the basis of the developed tool. The practical result of this work is an initial evaluation tool for Estonian speech therapists that allows them to assess the quality of the child-parent communication based on video recordings and to set goals for parent counselling.
Where is Grandma? -

Therapeutic group with motherless mothers and their babies

Dr Adva Vengrober¹, Mrs Erga Kassif¹
¹Ziama Arkin Infancy Institute, Reichman University, Herzelia, Israel

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

This paper will describe a group intervention with motherless mothers who have not resolved their loss, and their babies age under 12 months.

Motherless mothers are women who lose their mothers to death prior to having their children, and therefore raise their children without the maternal support and guidance afforded to many women whose mothers are still alive (Edelman, 2006).

On becoming a mother herself, unresolved grief for her own mother can be traumatic and potentially impact the new mother’s sense of self. It may also increase the risk of postnatal depression which can impact her confidence as a mother and her mothering capacities (Mireault et al., 2000).

Empirical studies and clinical evidence indicate the risk these factors present for the mother-infant interaction.

In Israel, the value of the family is very strong, and grandmothers play an important role in mothering the new mother and her infant. The intergenerational break in mothering can be critical in many other circumstances when the grandmother figure is lost, common today among the refugees worldwide.

We decided to tailor our intervention for motherless mothers using a group format that was inclusive of the baby, considering our experience in parent-infant psychotherapy.

Through meeting other women who were undergoing similar emotional and social experiences, mothers were able to achieve deeper self-understanding and awareness of the impact of their grief on their babies. The presence of babies as members in their own rights enabled us as facilitators to address the babies’ own feelings in the context of the familial loss.

We will present our clinical experience and mothers’ feedback, from three groups each of 12 sessions. We obtained their consent to be videoed. Our intent is to shed light on the meaning of this unique therapeutic group setting on both the babies and the mothers.
Maternal Breastmilk Composition Boosts Infant Oxytocin, Immunity, and Social Behavior

Dr Karen Yirmiya¹, Dr Orna Zagoory-Sharon¹, Tamar Feldman¹, Itai Peleg¹, Rachel Sanderlin¹, Prof. Ruth Feldman¹
¹Baruch Ivcher School of Psychology, Reichman University (IDC), Herzliya, Israel

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

The benefits of breastfeeding to infants’ and mothers’ physical health and psychological well-being have long been documented. The postpartum months define a sensitive period for the maturation of neuroendocrine and immune systems as well as a critical time point for the initiation of the mother-infant bond, with breastfeeding playing an essential role in the consolidation of maternal-infant attachment. Although extant research has demonstrated the short- and long-term benefits of breastfeeding, there are no studies, to our knowledge, that tested how specific biomarkers associated with the immune and affiliation systems in the mother’s milk support the maturation of the mother-child relationship and infants’ social behavior.

In the current study, 55 dyads of mothers and infants 4-7 months old participated. We measured oxytocin (OT) and secretory immunoglobulin A (s-IgA) levels in the mother’s breast milk and infants’ saliva. OT is a hormone that regulates breastfeeding and involves in social relationships, and s-IgA is one of the main biomarkers of the immune system in human milk serving as a first-line protector. We examined the association between these biomarkers and mother-child behavior using a Structural equation model. We found that while mother’s OT and s-IgA levels in breast milk did not correlate with dyadic behaviors, an indirect association was found: maternal breast milk OT correlated with s-IgA levels in breast milk, which linked to infants’ salivary OT and s-IgA levels. Infants’ s-IgA levels were linked in turn to mother-child synchronous behavior and infant’s s-IgA and OT were associated with infants’ involvement score. Our findings are the first to highlight the effects of maternal biomarkers in breast milk on infants’ biobehavioral systems in the first months of life.
A Meta-Analysis of the Association Between Parental Relationship Quality and Fathers’ Sensitivity

M. Jenney Zhu¹, Dr Audrey-ann Deneault¹, M. Harshita Seal², Dr. Jean-Francois Bureau², Dr Sheri Madigan¹
¹University Of Calgary, Calgary, Canada, ²University of Ottawa, Ottawa, Canada

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction and Aim
Paternal sensitivity, referring to a father’s ability to accurately perceive, interpret, and respond effectively to a child’s needs (Ainsworth et al., 1978), has implications for child developmental outcomes, including the development of secure father-child attachment (Lucassen et al., 2011). However, paternal sensitivity may be influenced by contextual factors. For example, family systems theory suggests that relationships between family members are interconnected (Browne et al., 2015). Thus, the relationship between parents may influence the parent-child relationship. Accordingly, the present research meta-analytically examined the association between parent relationship quality and paternal sensitivity.

Materials and Method
A systematic search yielded a total of 35 studies (3,469 fathers) which met inclusion criteria. A random-effects meta-analysis assessing parent relationship quality and paternal sensitivity was conducted. Moderator analyses were performed.

Results
The current research demonstrated a significant association between parental relationship quality and paternal sensitivity: r = .13, 95% CI [.07, .19]. Moderator analyses were not significant.

Conclusion
The results supported the notion that higher parental relationship quality is associated with greater paternal sensitivity. These findings strengthen our understanding of family systems theory and the contextual factors that influence fathers’ roles.


Introduction
Presently, the “gold standard” measure of parental reflective functioning is scored using Parental Development Interview (PDI), which is costly and time intensive to use. To overcome these barriers, a new measure of reflective functioning, the Reflective Functioning Five Minute Speech Sample (RF-FMSS), was developed specifically for a mentalizing intervention for foster parents. Preliminary results indicated that the RF-FMSS correlated with a self-report measure of parental RF and it was sensitive to change in RF following a brief mentalizing intervention for foster carers. The aims of this study are to evaluate the psychometric properties of this new measure and compare and contrast the RF-FMSS to the PDI, examining concurrent validity while exploring how they differ and how it might be utilized both in research and clinically.

Method
During 2019-2021, a total of 62 parents in central Texas were recruited and completed this study. All parents were given both a PDI and a RF-FMSS. This sample of parents had a mean age of 38, consisting of 70% females and 30% males. All interviews were transcribed and coded by coders rated as reliable for coding RF on the PDI.

Results
Preliminary results have evaluated 15 of the 62 parents and indicate the correspondence between RF scores on the two measures was exact for 9 cases (60% of the sample), and within one-point difference for a further 3 cases (20%). Thus, for 80% of this initial sample, the scores were within an acceptable range of reliability.

Conclusion
The remaining data is presently being analyzed, however, these initial results indicate the RF-FMSS might correlate well with the PDI, particularly for low and high scoring parents. This preliminary data along with previous studies indicating it is sensitive to changes in RF, lends support that it could be a valid new measure of parental reflective functioning.
LINK International Forum for "Best Practices" in Authentic Assessment for Early Childhood Intervention

Professor Of Psychology & Pediatrics Stefano Bagnato¹, Prof Marisa Macy², Prof Emer Ring²
¹University Of Pittsburgh/LEND-UPMC Children's Hospital, Pittsburgh, United States, ²Mary Immaculate College in Limerick, Ireland

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction and Aim
We have conducted a unique virtual, Zoom-based "social validity study" of 83 international (n=18 countries) & interdisciplinary professionals (8 disciplines) in the fields of early childhood intervention & infant mental health.

We seek consensus on current professional processes, practices, pros-cons, new perspectives & needed changes on the why, how, what, whom, when, & where of early childhood assessment for applied & research Purposes.

Materials and Method:
Our methodology relied on the following:
* 8 disciplinary focus groups
* 3 meetings of each via Zoom
* Facilitation by a focus-group leader
* Debates & discussions
* Consensus decision-making using the Nominal Group Technique process
* Completion of a LINK Forum Qualtrics Survey by all (91 items) of importance/quality ratings & open-ended comments
* In-vivo coding/transcription of discussion-debate themes

Results and Conclusion
The following results & conclusions in 6 overarching categories were generated from the LINK Forum process on "best practices" and new directions for assessment to accomplish the major Purposes of the early childhood intervention field:
Essential Assessment Purpose:
* To determine severity of neurodevelopmental & neurobehavioral needs for individualized intervention & goal-planning
* To document individual progress & intervention impact
Essential Assessment Format:
* To ensure ecological assessments based on structured observations in natural environments and everyday settings and routines
* To promote parent-professional teamwork
Essential Assessment Content:
* To observe real-life skills with engagement in real-world settings & activities
* To ensure the focus on functional competencies
* To sample environmental supports to promote adaptation and progress
Essential Assessment Method:
* To expand the use of clinical judgment/informed opinion measures
* To ensure the broader use of integrated frameworks such as the ICF-CY & DC:0-5 which focus on authenticity, activities, and participation, universal design
*To develop Method with greater cultural alignments and applicability
*To embrace & expand the use and applicability of DEC & NAEYC Professional Standards
A multidisciplinary co-therapy of a child with an eating disorder

Dr Lee Sela¹, Diklah Barak¹
¹Schneider Children's Medical Center of Israel, the Child Development and Rehabilitation Institute, Petach Tikva, Israel

Pediatric eating disorders are characterized by under-, over- or abnormal eating behavior. Eating disorders are associated with diverse etiologies and, accordingly, lead to different treatment methods. In Schneider Children's Medical Center “Failure to Thrive” Clinic, a multidisciplinary approach combines medical, psychotherapeutic, occupational and dietary therapies. This setting offers a holistic and effective treatment allowing unique therapeutic collaborations, as demonstrated in the present case.

This clinical case study involves a family with a 2.5 YO boy with an extremely restricted diet, and parents with no history of known eating disorders. The boy’s sensory processing difficulties led to focus on the sensory aspects of eating by food-play method led by an occupational therapist. After seven months of treatment, the boy showed more curiosity towards new foods, demonstrated some change in his diet, and the parents were less stressed by feeding issues. However, eventually, the boy stopped cooperating with the therapy, leading the team to focus on the complex family relationships as the source of the patient’s eating disorder. This view was communicated to the parents, and a children psychiatrist was added as a co-therapist. Therapy includes weekly sessions of the two therapists with either the parents alone, or the child with one of them, and it is still ongoing.

In this case study we analyze the merits and challenges of a co-therapy in a dyadic psychotherapy setting, and its complexity when it is exercised by therapists that are from different disciplines. The psychiatrist addresses the emotional and relational sources of the disorder while the occupational therapist focuses on its functional and participatory components. They take somewhat different therapeutic approaches, balancing observation and active participation in the relationships’ dynamics and play activity. This may be challenging at times, and just as enriching for both the family and the therapists.
The association between child-therapist interaction and response trajectories during Autism intervention

Mr. Giulio Bertamini1,2,3, Mrs Silvia Perzolli1, Arianna Bentenuto1, Ms. Eleonora Paolizzi1, Mr. Cesare Furlanello4,5, Paola Venuti1

1Laboratory of Observation, Diagnosis, and Education (ODFLab) - Department of Psychology and Cognitive Science, University of Trento, Rovereto (TN), Italy, 2Department of Child and Adolescent Psychiatry - Hôpital Universitaire Pitié-Salpêtrière, Sorbonne University, Paris, France, 3Data Science for Health (DSH) - Bruno Kessler Foundation (FBK), Trento (TN), Italy, 4HK3 Lab, Rovereto (TN), Italy, 5Orobix Life Science, Bergamo (BG), Italy

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Introduction
Studying interaction is becoming increasingly important in the context of intervention in neurodevelopmental conditions like Autism. Research highlighted the need to understand predictors and process variables to explain the high interindividual variability observed in treatment response (Frost et al., 2020; Wetherby et al., 2018). Further, Naturalistic Developmental Behavioral Intervention (NDBI) models foster the quality of child-therapist relationship and exchanges, as well as exploiting child motivation, shared pleasure and interpersonal synchrony (Vivanti et al., 2020). However, interaction features are still under-investigated, mainly due to the lack of objective, quantitative and scalable instruments. This translational effort could be important to bridge research and clinical practice (Dawson and Sapiro, 2019).

Aim
This study aimed at investigating longitudinal predictive relationships between interaction features and treatment response in Autism early NDBI.

Material and Method
N=25 preschool children (mean age=38.36 months; sd=10.36) with ASD were monitored from diagnosis and after one year of NDBI intervention. GMDS-ER and ADOS-2 were administered before and after. Developmental Learning Rates (LR, Klintwall et al., 2015) were used to measure the response trajectories over time. A quantitative observational coding system was employed to annotate 20-min segments of video-recorded sessions of intervention at four time points. A set of interaction descriptors was automatically extracted and a pipeline for model selection and evaluation was employed to predict the LR at one year using interaction features in combination with known baseline predictors.

Conclusions
The efficacy in engaging the child, respecting the timing after behavioral synchronization, and modulating the interplay to prevent withdrawal may be important factors for response-to-treatment. Further, the early phase of the intervention may be predictive of the overall outcome and may represent a critical window for treatment monitoring. Clinical implications are discussed, stressing the importance of promoting emotional self-regulation.
Al-based non-invasive analysis of child-clinician acoustic interaction features with preschool children in unconstrained clinical contexts

Mr. Giulio Bertamini1,2,3,4, Mr. Cesare Furlanello5,6, Mrs Silvia Perzolli1, Arianna Bentenuto1, Ms. Eleonora Paolizzi1, Mr. Mohamed Chetouani3, Mr. David Cohen2, Paola Venuti1

1Laboratory of Observation, Diagnosis, and Education (ODFLab) - Department of Psychology and Cognitive Science, University of Trento, Rovereto (TN), Italy, 2Department of Child and Adolescent Psychiatry - Hôpital Universitaire Pitié-Salpêtrière, Sorbonne University, Paris, France, 3Institut des Systèmes Intelligents et de Robotiques (ISIR) - Centre National de la Recherche Scientifique (CNRS), Sorbonne University, Paris, France, 4Data Science for Health (DSH) - Bruno Kessler Foundation (FBK), Trento (TN), Italy, 5HK3 Lab, Rovereto (TN), Italy, 6Orobix Life Science, Bergamo (BG), Italy

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Introduction
Unconstrained clinical contexts challenge the automation and the objective quantification of behavior and interaction patterns to bridge research and clinical practice, especially relevant for intervention in neurodevelopmental alterations (Moffitt et al., 2022). Non-invasive systems leveraging Artificial Intelligence (AI) may significantly help to fill this gap.

Aim
To validate a Deep Learning (DL) system for automatically classifying audio signals from video-recorded clinical sessions of assessment and intervention with preschool children. Specifically:
(1) identify the presence of human voice;
(2) perform child-therapist diarization;
for the analysis of the child-clinician interaction dynamics in unconstrained, noisy clinical contexts, non-invasively and in presence of data scarcity and imbalance.

Materials and Method
For audio analysis, we trained a Siamese Deep Learning architecture over a set of Mel-Frequency Cepstral Coefficients extracted from 1-sec audio and performed similarity-based classification. The train set comprised N=10249 segments. Classification was evaluated through accuracy, F1-score, sensitivity, specificity, Positive Predictive Value, and Matthews Correlation Coefficient, robust to data imbalance. The model was evaluated on: (1) a test set of N=762 segments not in the train set sessions; (2) an external robust test set of N=430 segments involving previously unseen children, clinicians, recorded elsewhere by different devices, to evaluate generalization. We compared our architecture with Machine Learning and state-of-the-art DL models by means of Area Under the Curve and DeLong test.

Conclusion
The feasibility of an accurate AI-based acoustic analysis in real-world settings is relevant for a translation for clinical contexts, possibly enabling AI-assisted “Precision Psychology”. Current research aims at applying the DL model on longitudinal clinical data and videos in order to integrate acoustic features with dyadic interaction features in the predictive analysis of treatment outcome and clinical diagnosis.
AI may represent a valuable resource to provide clinicians precious information for diagnosis, treatment monitoring, and optimization in naturalistic clinical contexts.
Communicating beyond words

Dott. Alessia Fuselli, Dott. Elisa Alessi, Dott. Elena Coletti, Dr.ssa Sofia Rocchigiani

Centro Studi Martha Harris, Florence, Florence

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

The Infant Observation, according to Esther Bick, has made a fundamental contribution to the understanding of the child and to child psychoanalysis, allowing the development of an in-depth capacity for listening and understanding of non-verbal and preverbal mental and emotional states. Therefore, its applications are numerous, such as speech therapy, especially for patients with complex communication needs (BCC) and non-verbal.

The aim is to illustrate how the Infant Observation can become an integral part of the clinical work of the speech therapist who, trained in this area, has developed a particular sensitivity in understanding the patient's non-verbal mental and emotional states.

In the present work we will discuss the case of Susanna, a 25-month-old child, non-verbal, diagnosed with unspecified developmental delay, following perinatal hypoxic-ischemic suffering. The treatment was carried out in hospital for one month at the neurorehabilitation department of the Bambino Gesù Paediatric Hospital in Rome. The speech therapy consisted of daily sessions lasting one hour, based on the enhancement of communication skills. The possibility of integrating the work of the Infant Observation with the speech therapy practice has emerged in the ability to know how to stay within the relationship and to tolerate the frustration of waiting, without anticipating the communicative needs of the child. This gave her the opportunity to communicate her intentions even if with slow execution times. Thanks to the observation it was possible to understand the emotions and thoughts of the child, through the gestural and bodily communication channel.

Through the enhancement of the gestural movements of the hands, Susanna began to request objects that were absent and present within the therapy setting. Starting from these evidences, this work will try to highlight how the application of the Infant Observation method is useful also in speech therapy, especially in non-verbal patients and with BCC.
Pediatricians and mental health professionals—multidisciplinary team at a large infant’s feeding and thriving clinic.

Dr Shay Ehrlich¹
¹Schneider Children’s Medical Center Of Israel, Petach Tikva, Israel

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Infant Feeding disorder and failure to thrive, are one of the most common complaints to a pediatrician by families in the first months of life.

In many cases, the failure to gain weight is a symptom of a much more complex medical issue, and in some cases, the caregivers’ mismanagement also contributes to the extent of the infant’s difficulties.

In the past 20 years, a multidisciplinary approach towards families with infants who fail to thrive, is being executed in our large clinic at Schneider Children’s. Our team consists of pediatricians, developmental psychologists, psychiatrics, dietitians, Occupational Therapists, and a social worker. Each, with her/his unique perspective on the infant’s feeding disorder.

At our large outpatient clinic, 2 new patients are being examined every day, as long with 10-12 families for follow up visits. We treat 40 new cases every month, and about 200 follow up visits. In each new visit, the entire multidisciplinary team watches the child eats, talks to the family, and decide together (pediatrician, mental health professionals & para-medical team) about child’s objectives (concerning way of feeding, caregivers responses, calorie enrichment etc.) for the next meeting.

During the follow up period of infants (from months to 2-3 years), we diagnosed children suffering from almost every known medical diagnosis - heart defects, genetic syndromes, endocrine hormone deficiencies, prematurity, and more. Never the less, the primary medical diagnosis is only one of the many difficulties of the infants, and our team deals together in the infant’s behavioral eating disorders, treats the family as a whole (dyadic treatment for example), makes connection with the child’s kindergarten staff and more.

We believe that such complex matter as infant’s feeding, needs a large scale multidisciplinary team to treat and follow up in the most important time of life - the early 0-5 years.
Evaluation of family intervention offered to parents of Infants with sleep problems at nursing outpatient-clinic

*Mrs Kristin Bjorg Flygenring*¹,², A.O. Sigurdardottir¹,², E.K. Svavarsdottir²

¹Landspitali - The National University Hospital of Iceland, Reykjavik, Iceland, ²University of Iceland, Reykjavik, Iceland

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction

Infants sleep problems are often significant concern of parents. This study aimed to research the benefit of a face-to-face family education and support intervention concerning ‘Better sleep better well-being’ (FES-BSBW)

Background and Purpose

In early childhood, learning to fall and stay asleep is fundamental and can contribute to infants self-regulation and to regulating emotions and behavior. Healthy development of infants and toddlers is associated with adequate parent-child interactions, infant sleep patterns and infant nutrition. However, sleep problems in infancy are often significant concern. The purpose of this study was to evaluate the benefits of the FAM-BSBW intervention which focused on the parent-child interactions and normal child development, temperament, parents beliefs about the infants sleep patterns, and the impact of the infants sleep problems on the parents quality of life.

Methods

Mothers (n=51) and fathers (n=11) of infants with moderate to severe sleep problems who were receiving health care services at a pediatric nursing outpatient sleep clinic, at a University Hospital, participated in the study. The FAM-BSBW program is based on the Calgary family models and the Family Strength Oriented Therapeutic Conversation intervention. The families received 2-3 sessions of the FAM-BSBW intervention. The aim of the program was to educate families on typical child development, temperament, sleep rhythm and parent-child relationship.

Results

The main results indicated the mothers (n=51) and the fathers (n=11) reported significantly higher family support and higher sleep patterns beliefs after the FAM-BSBW intervention compared to before. Further, the mothers but not the fathers reported significantly higher quality of life after the intervention compared to before. The fathers on the other hand reported better communication and to be less worried after the intervention.

Conclusions and Implications

These findings are promising and might prevent sleep problems in infants/toddlers from escalating into more sever health problems.
Adapting assessment and interventions with under-fives in care proceedings during the covid-19 lockdown

Dr Alanna Gallagher¹,², Dr Clare Lamb¹,²

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Evidence indicates that the consequences of the Covid-19 pandemic have increased exposure of the very young to adverse childhood experiences, with potential long-term impacts on mental health. The impact of the pandemic “lockdowns” has contributed to unemployment, poverty, and stress among many families who were already disadvantaged. Children continued to be placed under local authority care and protection, and care proceedings were ongoing during this period. Despite lockdown restrictions, which prevented face-to-face work, the London Infant and Family Team (LIFT) was required to provide ongoing parenting assessments for the Court and supportive intervention to children and families.

It is important to explore the effects of adaptations made to assessment and interventions carried out under lockdown restrictions, in order to help identify what works well, the challenges and pitfalls, and how the adaptations are experienced by infants and families.

Aims
Using clinical examples, this presentation aims to illustrate the implementation and impact of adaptations to the assessment methods and treatment of under-fives and their families in care proceedings in England during Covid-19 restrictions, and to consider the challenges of working in this way. It aims to consider implications for future practice, and support attendees to reflect on their own practice.

Description
This poster describes how LIFT adapted assessment and treatment for under-fives during Covid restrictions. It outlines the challenges of working in this way and implications for future work.

Conclusion
It was possible to conduct a large part of assessment and intervention virtually: however, there were limitations, including the impact on developmental assessments, thorough risk assessment, and problems with access to technology by disadvantaged families. Unexpected outcomes included the ability to carry out robust parenting assessments through a mixture of virtual and face-to-face appointments, and the successful engagement of young children in virtual therapeutic intervention, including Child Parent Psychotherapy.
Self-reported depressive symptoms of 3-8-year-olds in a clinical sample: Correlations with diagnostic status and severity

Dr. rer. nat. Patricia Grocke¹, Ms Annette M. Klein², Steffen Elsner¹, Dr. Lars White¹, Prof Kai von Klitzing¹, Dr. Sarah Bergmann¹,²
¹Department Of Child And Adolescent Psychiatry, Psychotherapy, And Psychosomatics, University Of Leipzig, Leipzig, Germany, ²International Psychoanalytic University, Berlin, Germany

Introduction
In the psychiatric assessment process it is suggested to use a multi-informant approach which includes the child’s perspective (Kraemer et al., 2003). The Berkeley Puppet Interview (BPI; Ablow & Measelle, 1993) provides an interactive technique to assess young children’s self-perception of social and emotional difficulties. Some studies showed correlations between depressive symptoms reported by children in the BPI and a depressive disorder diagnosed in a clinical interview with their parents (e.g. Luby et al., 2007), others found no such relation (e.g. von Klitzing et al., 2014).

Aims
The purpose of this study was to investigate the relation between self-reported depressive symptoms of children (BPI) and the diagnostic status and severity of a depression assessed by a clinical interview with their parents.

Method
A sample of N=63 three-to-eight-year-old children of a clinical population were interviewed with the BPI. Their parents were interviewed with the depression and anxiety modules of the Preschool Age Psychiatric Assessment (PAPA; Egger & Angold, 2004). The diagnostic status in the PAPA showed two groups: (1) children with depression (with or without comorbid anxiety disorder) and (2) children without depression (no diagnosis or merely anxiety disorder). A univariate analysis of covariance was used to investigate, whether there is a significant difference in the BPI sum score of depressive symptoms between these two groups. Additional correlation analyses were performed to show potential relations between depressive symptoms reported in the BPI and the severity level of the depression derived from the parent interview.

Results
Children with and without a depression diagnosis did not differ in their self-reported depressive symptoms (F(1,58)=0.911, p=.344). However, significant correlations with the corresponding BPI scales were found for anxiety disorders. Hence, in this study the BPI proved to be a suitable tool for the assessment of self-reported anxiety but not depressive disorders in young children.
A Novel Observational Measure of Parental Reflective Functioning and Sensitivity: Validity and Initial Findings

Michael Hager¹, Miss Hunter Crespo¹
¹The New School For Social Research, New York, USA

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
The Parent Rearing Coding System (PRCS) is a novel observational measure of parental behavior within caregiver-child dyadic contexts across five distinct domains: Reflective Functioning, Emotional Attunement, Affect Regulation, Reticence, and Nurturance. The rearing framework was initially designed to capture the key components of therapeutic action within the Group Attachment-Based Intervention (GABI), an attachment and trauma-informed group intervention for families facing adversity. The framework has presently been adapted to focus solely on parental behavior.

Aim
The current study aims to outline preliminary internal consistency/interrater reliability and convergent validity results and introduce initial findings of the between group differences (control vs. GABI intervention) at the end of treatment.

Materials and Method
Reliability. 3 trained coders were assigned N = 20 videos of parent-child dyads (enrolled in GABI RCT) interacting in a free play setting. Instructions were to code the first five minutes from each video using the full range of codes. Validity. To assess convergent validity, N = 14 videos of parent-child dyads were coded using PRCS and the Coding Interactive Behavior (CIB) global rating scale by two independent coding groups. Between Group Differences. N = 19 (N = 9 intervention (GABI) and N = 8 control (Systematic Training for Effective Parenting (STEP)) 5 minute videos of parent-child dyads at end of treatment were blindly coded using the full range of PRCS codes.

Conclusion
Initial findings show significant moderate-high reliability within each construct and on the full scale. Convergent validity testing shows significant strong correlations between related constructs of the PRCS and CIB, providing the basis for study with a larger sample. Comparisons between GABI and STEP show equal to or higher median values for GABI parents compared to STEP parents in all sensitivity codes and less variability amongst all PCRS scores in GABI as compared to STEP.
The mother-infant interaction is a reflection of their mutual relationship - it’s a measurable and visible part (Bruschweiler-Stern & Stern, 1989). Therefore, the assessment of the interaction gives a possibility to explore the relation which is crucial both for researchers and clinicians. Various mother-infant interaction measures were created whose forms are dependent on specific scientific assumptions (e.g. Zeanah et al., 2000). Similarly, the I&R Mother-Infant Interaction Coding Scale was used for the goals of the specific research project. The interaction was defined as coordinated behavior exchange shown by two active partners (Shugar, 1982). The main goal was to assess the coordination of mother and child actions. Two mutually exclusive behaviors were defined: initiative and reply. In the coding process, the coders mark both the mother’s and infant’s behavior on a timeline. As a result, two lines of behaviors were created. It gives a possibility to assess the course of interaction, the level of its coordination and its time structure.

The process of the scale validation included several steps. The first step was the consultation with the experts who distinguished the behavior units based on videotapes from the pilot research. Afterwards, three coders were trained to code the mother-infant interaction. They were assessing tapes and the level of reliability was checked after each attempt. The process of training and coding was repeated five times to obtain adequate reliability. The reliability was checked using the percentage agreement for all coders for each rating and finally was rated at 0.6.

The validated I&R Mother-Infant Interaction Coding Scale gives a possibility to code the interaction in an innovatively way. The researcher can assess neither dimensions of the interaction nor specific behaviors but categories of behavior - initiative and reply. It gives a possibility to study the course of the interaction.
Parenting Interventions for Preschoolers Experiencing Abuse by Kindergarten Teachers: Emotion Regulation and Trauma Disclosure/Processing

Dr Shu-Tsen Liu¹
¹Division of Child and Adolescent Psychiatry & Division of Developmental and Behavioral Pediatrics, China Medical University Children’s Hospital, Taichung, Taiwan

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Institutional abuse committed by kindergarten teachers, who should be trusted adults, puts young children at risk for stress/affect dysregulation and trauma-related psychopathology. It hinders social learning and socialization processes, causing difficulties in developing epistemic trust and conscientiousness and subsequently imposing challenges on parenting and schooling. Early identification of preschoolers experiencing abuse provides the foundation for interventions to foster resilience. However, trauma-related symptoms in preschoolers are often masked by early behavioral problems, such as separation anxiety, inattention, hyperactivity, temper tantrums, and aggression. In addition, forensic research indicates that preschoolers are reluctant to disclose abuse (possibly due to their limited cognitive and verbal capacities, avoidance of trauma re-experiencing, and threats by perpetrators), and have vulnerabilities to suggestions.

Aim / Purpose
A parenting intervention program was developed to support the parents of preschoolers experiencing physical, emotional, and sexual abuse by their kindergarten teachers in child distress management and trauma processing.

Description
The intervention consisted of five sessions biweekly, based on assessments of child development and psychopathology, parent-child interactions and parenting stress, parental interpretations about the trauma and the child’s changes post-trauma, and family dynamics shattered by the trauma. The intervention focused on (1) facilitating child regulation of sleep, emotions, and behaviors with the use of sensitive disciplines (including sensitive time-out without disrupting attachment; (2) emotional coaching, creating a safe atmosphere for discussing anger, fear, and painful chaotic traumatic experiences; (3) Avoiding suggestive and repeated questions and preparing the child for forensic interviews. (4) Positive parent-child activities as routines during schooling disruption.

Conclusions
Parenting interventions can support the child experiencing abuse to go through trauma. Promoting parental sensitivity and sensitive disciplines to respond to the child’s distress with facilitating child self-regulation should be the key initial step.
Introduction
Dialectical Behavior Therapy (DBT) is an integrative treatment that blends change-based strategies of cognitive behavioral therapy with acceptance-based approaches and Eastern philosophies. Parenting skills training program teaches parents more adaptive ways of coping with emotions and interpersonal situations without maladaptive behaviors. Intervention targets affective and behavioral dysregulation by teaching parents general parenting skills, how to create validating environment, coping skills and problem solving. “TAYSHuoma” mobile application is digital version of DBT based parenting skills training program.

Aim
The Family ward and Infant Psychiatry Unit at Tampere University Hospital assesses and treats children from infancy to six years with symptoms of behavioral and emotional disorders, difficulties of psychological development or severe difficulties in parent-child interaction. We have brought into use four different DBT parenting skills training programs on mobile application in 2022: Taming tantrums, Eating with ease, Softly to sleep and Easier everyday with kids.

Description
Each DBT based parenting skills training program consisted of eight weekly sessions that included psychoeducation via text, short video clips and assignments. Parents monitored their daily feelings and parenting behaviors and reported them by diary card in mobile application. “Parenting coach” monitored progression and parents could use phone coaching or mobile chat when they had questions or need discussion. Parents completed the feedback form after the program.

Conclusion
DBT based parenting skills training program on mobile application seems to be promising child psychiatric treatment. Parents who were involved in the program reported that the application was easy to use and they had received new useful information about emotion regulation and parenting. It seems that this intervention activates parents to change their own and child’s maladaptive behaviors and to make everyday life with children easier.
Interdisciplinary Exploration of Authentic Assessment Purposes & Practices

Prof Marisa Macy¹, Professor Of Psychology & Pediatrics Stefano Bagnato², Prof Emer Ring³
¹University Of Nebraska Kearney, Kearney, United States, ²University of Pittsburgh, Pittsburgh, United States, ³Mary Immaculate College in Limerick, Ireland

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

The measurement tools and procedures used for assessment should be able to accurately measure child development. Unfortunately, mismeasurement occurs frequently which misrepresents children’s development and growth. Mismeasurement has significant consequences for children and their families. The purpose of this qualitative study is to better understand the perspectives of professionals who assess young children. To better understand assessment practices from diverse perspectives, seven disciplinary-specific expert focus groups were conducted to gather evidence from the field. Use of national and international expert panel focus groups were: Early Childhood Educators/Early Intervention/Early Childhood Special Educators; Speech/Language Specialists; Physical Therapists; Occupational Therapists; Psychologists; University Faculty Representatives; International Professionals. The central question was: How Can Authentic Assessment Accomplish Early Childhood Intervention Purposes? Each discipline held their own expert panel focus group via Zoom in which they collected information, engaged in discussions and debates using Nominal Group Techniques for consensus decision-making, and completed individual surveys. Findings of this qualitative study suggest there are limitations with pre-service training for authentic assessment practices. Implications for practices are described.
Assessing infant’s mental health – consider child characteristics, parent-infant interaction and family risks

**MD, PhD Mirjami Mäntymaa**1,2, M.Sc.; Ph.D Raili Salmelin3,4, MD, PhD Anne-Mari Borg3,4, Dr Marie Korhonen5, MD, PhD Reija Latva3,4, Professor Ilona Luoma6,7, Prof Kaija Puura3,4

1Oulu University Hospital, Child Psychiatry, Oulu, Finland, 2University of Oulu, Research Unit of Clinical Medicine, Child Psychiatry, Oulu, Finland, 3Department of Child Psychiatry, Tampere University Hospital, Tampere, Finland, 4Faculty of Medicine and Health Technology, Tampere University, Tampere, Finland, 5Department of Child Psychiatry, Helsinki University Hospital, Helsinki, Finland, 6University of Eastern Finland, Faculty of Health Sciences, Kuopio, Finland, 7Kuopio University Hospital, Centre of Paediatric and Adolescent Medicine, Department of Child Psychiatry, Kuopio, Finland

**Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15**

**Introduction**

Infant development is embedded in parent-child interaction (PCI). When assessing infant and young child’s psychosocial well-being and mental health, child characteristics, quality of PCI as well as family risks compromising PCI and possibly affecting child symptoms should be considered.

**Aim**

Aim of the Study was to examine associations between child functioning (CF), symptoms of emotional and behavioural (SEB) problems, PCI, and family risk-factors (FRFs), and to assess whether FRFs have a cumulative effect on CF, SEB problems and PCI.

**Material and Method**

680 children aged 0-3 years were assessed with Infant mental health assessment form (I-MHA), completed by health care professionals working in primary health care or child psychiatric specialised care. I-MHA is a screening tool assessing child’s psychosocial well-being and mental health: child characteristics (including SEB problems and CF), PCI and FRFs (family functioning, mental health problems in the family, parental substance use, domestic violence). To analyse the associations between the sum variables CF, PCI, SEB and FRFs, Spearman correlation and Poisson regression were used.

**Results**

The quality of PCI was significantly correlated with CF (ρ = 0.68), SEB problems and severity of FRFs (both ρ = 0.70). FRFs were to somewhat lesser degree correlated with CF and SEB problems (both ρ = 0.48). When regressing, one at a time, CF, SEB problems and PCI on either the severity or number of FRFs and gender, a dose-response effect was seen: the larger the number or the more severe the nature of FRFs, the more serious the problems in CF, SEB and PCI; male gender mildly increased the risks.

**Conclusion**

CF, SEB problems, PCI and the number and severity of FRFs were significantly correlated. Both the larger number and the stronger severity of FRFs predicted more difficulties in CF, SEB problems and PCI.
The toddler wanted to communicate, but the specialists did not recognize this

Dr Desislava Maslinkova1,2, Svetla Staykova1,2, Atanaska Avramova1,2, Mihaela Hristova1,2, Dora Simeonova1,2, Elena Ivanova1,2, Nadia Polnareva1
1Clinic of Child Psychiatry "St. Nicholas" University Hospital "Alexandrovska", 1, Georgi Sofiisky str. 1431 Sofia, Bulgaria, 2Medical University Sofia, Sofia, Bulgaria

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Early diagnosis in childhood is a challenge for every specialist, as very often the clinical picture fluctuates and there is an overlap between symptoms of different diagnostic categories, especially within the group of neurodevelopmental disorders. The challenge is even greater when a congenital syndrome is present in a child’s medical history. We share our experience with the diagnostic evaluation of a child with neurodevelopmental symptoms and Marcus Gunn syndrome (unilateral ptosis associated with synkinetic movements of one upper eyelid synchronized with jaw movement).

Aims
We analyze some specifics in the process of diagnostic assessment of young children and illustrate it through a case.

Description
S. is a 34-month-old toddler who was admitted to the child psychiatry clinic for the first time as part of a day ward diagnostic program. The reasons for admission are the parents’ concerns about the child’s development and the fact that various neurodevelopmental diagnoses had been assigned over a short period in an outpatient setting (a neurologist diagnosed the child with “mental retardation” at 30 months, and a child psychiatrist diagnosed him as autistic at 32 months). Detected deficits during the assessment by our team are mainly in the field of expressive speech, and the active use of compensatory nonverbal communication signals and clear intention to communicate were considered. There was no evidence of a more general or complex developmental delay. The observed unusual responses to sensory stimuli and unusual sensory interests that were probably the main cause of the earlier neurodevelopmental diagnosis can be a manifestation of the Marcus Gunn Syndrome but can also be interpreted in the context of specific early childhood diagnosis according to DC:0-5 - Sensory Over-Responsivity Disorder.

Conclusion
We discuss the conditions neurodevelopmental diagnosis is elaborated in early childhood, and whether co-occurrence is considered not only in mental but also in somatic terms.
Developmental Trauma or ADHD? Recognition and Early Intervention with Caregivers and Infants

**Maria Neiers**, Mariana Cerqueira

1 The University of Denver, Denver, United States

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

While ADHD has been a buzzword in recent years, developmental trauma has had more of a slow-burn start in research. In examining these etiologies as occurring in the perinatal period and during the caregiver’s own experience, a roadmap can be paved for how symptoms of trauma versus neurodevelopmental disorders might manifest later in life. Tu et al. (2021) discusses how maternal distress like depression, anxiety, and trauma can impact attention in infancy, which can subsequently be related to neurodevelopmental disorders, like ADHD. There is also growing research on how children exposed to more adverse childhood experiences (ACEs) have a higher chance of developing symptoms related to ADHD, which can mirror or be symptoms of trauma. To help tease symptoms apart later in a child’s life so treatment can be better informed, it is necessary to start preventative work in the perinatal and developmental periods. By acknowledging maternal mental health and identifying developmental trauma in individuals and families, assessments and screenings can play a key role in early prevention. This includes creating multiculturally competent, stigma-free resources to gain a holistic view of how these experiences affect folks. The presenter’s goal in exploring this research is to start with systemic work, looking at the infant-caregiver dyad, and understanding how their experiences can be composed of risk and protective factors. In recognizing and identifying how development trauma impacts lives whether through mental health struggles, substance abuse, domestic violence, and other traumatic experiences, intervening at early stages could mitigate the expression of trauma-related and neurodevelopment disorders later on.

Tu, Skalkidou, A., Lindskog, M., & Gredebäck, G. (2021). Maternal childhood trauma and perinatal distress are related to infants’ focused attention from 6 to 18 months. Scientific Reports, 11(1), 24190–24190
Paternal Mental Health Screening: Creating a New Standard of Care

Benjamin Neihart Neihart, Dr Edward Stephens¹,²
¹Montefiore Mount Vernon, Mount Vernon, US, ²Foundation for Male Studies, White Plains, US

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
In our current standard of care regarding the threshold event of pregnancy, the focus is on the mother and the fetus. While this is central to good obstetrical practice, it is unnecessarily narrow. A nuanced challenge to this standard of care is called for. There is an emerging emphasis on the bio-psych-social aspects of medicine which are accentuated in our understanding of epigenetic implications of factors that impact health. The health, including mental health, social circumstances, genetics, the relationships of the mother and the future child and family unit as they relate to the father or significant other are all integral to a modern medical assessment of a pregnancy.

Aim
Bringing measurable attention to the male’s role in the bio-psycho-social event of pregnancy as a routine consideration has the same import as tobacco screening. It alerts the physician and family to markers for preventable illness, facilitates treatment of affective disorders when present and sets the groundwork for care.

Description
The first step of our proposed plan for building a new standard of care is a meta-analysis of studies of paternal peripartum depression. Though comparatively few, the existing studies are wide ranging and global in expertise and populations studied.

Conclusion
Upon completion of the meta-analysis, we will present the findings to the World Association for Infant Mental Health, American College of Obstetrics and Gynecology and the American Academy of Pediatrics with recommendations for additions related to fathers and genetics and mental health on their template for Antepartum records, or intake forms. Simultaneously, we will present the findings to large medical systems to establish a partnership for a pilot longitudinal study following families over a five-year period from intake with their obstetrician through birth and the first years with their pediatrician.
Measuring Connectedness to Support Parent-Child Interactions with Preschool Children with Autism

Beth Osten

1Fielding Graduate University, Santa Barbara, USA, 2Positive Development, 4121 ST. NE, USA

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Strengthening parent-child interaction is often a goal for young children with autism. Interventions often focus on joint engagement or interactive synchrony. The construct of connectedness goes beyond engagement states to encompass a full range of coordinated dynamic social behaviors resulting in shared and embodied affect states between parent and child. Researchers have studied interaction using detailed micro-analysis of video (Beebe et al., 2010) and global assessments like the CIB (Feldman, 1998). These assessments have been useful for research but are beyond the scope of most clinicians.

Aim
I will report on the validity of a simple clinical tool, the Connection Coder (SymPlay, 2018), to capture connectedness in preschool mother-child dyads.

Materials and Method
The Connection Coder is a smart device app that allows users to video record and score connectedness over a 5-minute observation. Correlations between the Connection Coder and the CIB, Parenting Stress Index (PSI4-SF; Abidin,2012), and CARS2-ST (Schopler et al., 2010) were good, suggesting the Connection Coder is a valid clinical measure for young children with autism.

Conclusions
I will discuss this study's outcomes and clinical implications for early autism intervention and the importance of parent-mediated interventions.

References
Introduction
Playing is a tool for exploration and representation of the world, which provides typical child development, improving basic neuro psychomotor functions and stimulating the adequate production of neurotransmitters.

Aim
To construct an inventory and to observe its reliability for children aged 18 to 47 months old.

Material and Method
Inventory construction by reviewing national and international literature articles and books. The Inventory of Toys and Games is composed of closed questions (22 possibilities of toys and games); which investigates the playing in 4 stages: 1) Whether the child plays with the proposed game; 2) The interaction during the playing in four levels of increasing symbolic complexity (pre-symbolic; symbolic; symbolic combinations and combined sequences), 3) Partners per game; and 4) Time available to play. To test internal consistency, this inventory was applied to 42 parents and typical children of both sexes, followed in a Pediatrics service, after signing the informed consent form voluntarily. The tests were analyzed using descriptive percentages and Cronbach's alpha coefficient (>0.6).

Conclusion
From the 22 games presented, all of them had Cronbach's alpha >0.6 and 8 items had strong coefficients: dolls, pans, toy food, doll’s house, drawing and coloring, mirror, play dough, and wheel toys with values α>0.8. When investigating how the child plays at the symbolic level, all items in the inventory showed Cronbach's alpha (>0.8). Playing with blocks, dolls, balls, pans, food, house, drawing and coloring, play dough, wheel toys, and rule games obtained α = 0.890. Although the number of participants was small, the results suggest that the inventory has a high level of reliability for the population studied, showing that it is an instrument that can be efficient in the investigation of children playing between the age of 18 and 47 months.
An Examination of using of the SDQ in the 5-Year-Old Child Health Checkups in Japan

Dr Kana Yokoyama¹, Kenji NOMURA¹
¹Nagoya University, Nagoya, Japan

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
In Japan, the effectiveness of health checkups for 5-year-old children as a system for early support for developmental disorders is attracting attention. This study examined the relationship between the results of 5-year-old children’s health checkups and the results of parental ratings of the Japanese version of the SDQ by utilizing the strength and difficulties questionnaire (SDQ) in 5-year-old children’s health checkups.

Material and Method
Children aged five were examined in Kanie-cho, Aichi Prefecture, Japan, from 2010 to 2012. Of 884 children for whom parental consent was obtained and no missing values were included in the analysis.

Results
The results of the chi-square test showed significant differences in the relationship between the presence or absence of follow-up at the 5-year-old health checkup and grouping by SDQ scores (Low Need group or Some Need + High Need group) for each subscale of the SDQ or total difficulties score (TDS), indicating that the proportion of children receiving Some Need or High Need on the SDQ was significantly higher for those requiring follow-up at the 5-year-old health checkup. Additionally, a chi-square test of the relationship between the presence or absence of the diagnostic categories of PDD, ADHD, MR, LD, and motor skill disorder and the grouping by SDQ scores at the follow-up after the 5-year-old child’s health checkup revealed a significant difference between the two groups; in terms of prosocial the results showed significant differences in prosocial behavior, hyperactivity-inattention, conduct problems, peer problems, and TDS.

Conclusions
The above results suggest a relationship between the presence or absence of follow-up, and the presence or absence of developmental problems in 5-year-old children’s health checkups and the adjustment status of the children as perceived by their parents. It demonstrates that using the SDQ to quantify parents’ concerns in 5-year-old children’s health checkups is effective.
A communication skills training for home visitors in a children's program. Case study in Chile

Profesor Asociado MD Marcela Aracena¹, MD Jennifer Baquedano², MD Monica Molina¹, MD Alejandra Angelats¹, Marcela Cortéz¹, MD Adriana Ortiz¹, Erika Kopplin¹, Dr Jon Korfmacher²
¹Catholic University Of Chile, Santiago, Chile, ²Chapin Hall at the University of Chicago, Chicago, United States of Northamerica

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Using home visits to promote child development and caregiving skills in early childhood has not always achieved effective results, due to the complexity involved in working with families living in highly vulnerable settings. Staff training may support home visiting effectiveness. A recently developed toolkit to improve home visitor’s ability to engage in responsive partnerships with caregivers (Home Visiting Applied Research Collaborative, 2020/2022) focuses on specific communication techniques shown to relate to family engagement. The toolkit was developed in English but it is unclear how its use would translate to other languages and cultures.

Aim of the study: Evaluate home visitor use of communication strategies from a toolkit adapted and translated after online training and compare them with an untrained group of home visitors

Material and Method
Eight home visitors from a Chilean infant parenting program received virtual training in communication strategies using the toolkit during 10 online weekly sessions during fall 2020. Home visitors conducted virtual visits with families on a weekly basis, practicing the communication techniques reviewed during the training sessions. Virtual visits were filmed and analyzed by the instructor team and used during the training to provide feedback to the home visitors. Videos were collected again six months after training from this group and from a similar group of home visitors who did not participate in the training.

Conclusion
The use of communication strategies increased through training time in all categories. However, 6 months later, use decreased significantly to the level of the comparison group. Home visitors reported that the toolkit helped them focus on their relationship with the caregiver and emphasize the caregiver’s role in supporting their child’s development. This communication toolkit is suitable to use in a Spanish-speaking context, but likely requires ongoing supervision for longer-term implementation.
Infant Mental Health in Primary Care - a Pilot Project in Sweden

Licensed Clinical Psychologist, Specialist In Clinical Child And Adolescent Psychology Karin Colliander¹, Area manager, Licensed Clinical Psychologist, specialist in clinical psychology, Licensed psychotherapist. Elisabeth Tullhage¹
¹The Psychologist Service For Parents And Young Children, Regionhälsan, Västra Götaland, Gothenburg, Sweden

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Studies have shown that infants have a similar prevalence of mental illness as older children, yet they are rarely referred to mental health services in Sweden. The Swedish primary care system for pre- and post-natal care has a nation-wide preventive program including almost 100% of all parents and children. There is, however, a gap between this preventive program and treatments on a specialist level for infants and young children with early psychological symptoms which may lead to some young children not being diagnosed and treated in time.

Aims and purpose
In 2021, the political committees of the largest region in Western Sweden (“Västra Götalandsregionen”, VGR) distributed funds to “create and test a model of Primary Care Infant Mental Health Provision”. The psychologist service for parents and young children was appointed to lead the project.

Description
VGR is a large and multifaceted region with 1.7 million inhabitants and includes both Sweden’s second largest city Gothenburg by the coast as well as rural areas in the inland and close to the Norwegian border. The project covers the entire region and collaborates with the child and adolescent mental health service in order to secure a coherent and functioning stepped care. The psychologists in the project work with assessment and treatment of children between 0-5 years who show early symptoms of mental illness. Some of the methods used are “Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood” (DC: 0 – 5), “Video feedback Intervention to promote Positive Parenting” (VIPP-SD), “Child-parent psychotherapy” (CPP) and “Watch, Wait and Wonder” (WWW) as well as screening for domestic violence.

Conclusion
A model for an Infant Mental Health Service within the Swedish primary care system will be developed, tested and evaluated during 2022-2024.
Early Childhood Mental Health in the Context of Complex Pediatric Cardiac Care: A Case Report

Claire Dahl1,2, Dr. Arif Somani2, Dr Maria Kroupina2
1University of Delaware, Newark, USA, 2University of Minnesota, Department of Pediatrics, Minneapolis, USA

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Hospitalization in childhood disrupts normative developmental processes and induces significant stressors on both children and their parents. Necessary but uncomfortable therapeutic interventions, the loss of a familiar and predictable environment, and the limited opportunities for exploration all contribute to an abnormal developmental environment. Separation from primary caregivers further exacerbates possible threats to normal development in this environment. The following case report exemplifies the implications of inpatient stress on long-term outpatient child development.

Purpose
This brief case report outlines a novel approach to supporting the development of a pediatric complex cardiac care patient.

Description
Patient P is a 19-month-old patient who spent 5.5 months in hospital and underwent multiple surgeries including heart transplantation. This case report explores the impacts of his condition and care on his development and family functioning within the framework of an integrated care model. There are no standardized dyadic interventions formalized for the pediatric critical care environment. During hospitalization a mixed model was implemented in which the clinician saw the family twice per month offering supportive resources for parents and suggestions on how to enhance interactions. In the first six months post-discharge the patient continued to show an abnormal stress response. This is noteworthy as the child attended these visits with both parents from his home, once an intensive stressor is removed children are expected to signal their distress to primary caregivers and seek comfort. Continuing abnormal stress responses in the absence of the inpatient environment and in the presence of his parents was of concern. The family is now engaging in weekly Parent-Child Psychotherapy. Throughout care Patient P met criteria for both a traumatic stress disorder and global developmental delay.

Conclusion
This case study highlights the threat complex intensive care poses to neurodevelopment, pediatric mental health, and family dynamics as well as opportunities for intervention.
This study examines the position and development potential of training programs that incorporate the findings of infant mental health, based on a systematic survey of in-service training programs for childcare professionals in Japan. Infant mental health focuses on the relationship between infants and caregivers, and aims for healthy infant development by observing and understanding psychosocial interactions through behaviors, sounds, words, and other interactions between infants and caregivers, and by carefully examining the interactions, including caregivers’ self reflection. Although there are great variety of in-service training programs for childcare providers in Japan, this knowledge of infant mental health has not yet been introduced. We conducted a survey of the actual situation of in-service training for child caregivers in Japan in 2022, which is a part of our research "Development of a Draft In-service Training Program for Child Caregivers Utilizing Infant Mental Health" (JSPS No. 21K02374). It was found that child caregivers feel in their daily work that relationships with caregivers and parents are important for children, and that themes such as attachment and basic trust are included in the lecture topics in the in-service training program. We are currently surveying the framework for in-service training for child caregivers, by collecting and analyzing data published by local governments and childcare-related organizations. The results are expected to show that while items necessary for childcare (understanding young children, practical skills, etc.) are covered, the underlying philosophy is often not described.
Caregiver perspective on the Circle of Security (COS) Parenting Group during the COVID-19 pandemic

Dr Barbara Deren¹, Usha Sreekumar¹, Genevieve Brabant¹, Dr Esther Carefoot², Dr Lara Postl¹, Dr. Katherine Matheson¹
¹Children’s Hospital Of Eastern Ontario, Ottawa, Canada, ²University of Ottawa, Ottawa, Canada

Introduction
A secure attachment between child and caregiver is critical to that child’s current and future well-being. The COS Parenting Protocol aims to promote and foster secure parent-child relationships. This 8 week, group-based, parent education and psychotherapy intervention, is designed to shift patterns of attachment to a more secure, developmentally appropriate pathway.

Aim
1. Appreciate the factors that impact the experience of caregivers participating in the COS Parenting Protocol.
2. Understand how to structure the COS Parenting group to minimize attrition, better support caregivers and optimize participant gains.
3. Discuss the benefits and barriers of delivering COS during the pandemic.

Description
Caregivers participating in COS completed pre and post-intervention scales including the Coping with Children’s Negative Emotion Scale, Circle of Security Caregiver Questionnaire and Patient Health Questionnaire-9. Demographic and service data were also collected. Qualitative feedback was obtained via telephone calls from participants who dropped out. Informal interviews were conducted with completers. We retrospectively compared quantitative and qualitative measures from groups before and during the COVID-19 pandemic.

Prior to the COVID-19 pandemic, 5 COS groups were attended, in-person, by 28 caregivers. During the COVID-19 pandemic, there were 4 COS groups, attended virtually, by 29 caregivers. Barriers to participation pre-pandemic included lack of child care, transportation and finances. Completers strongly agreed that the group was worth their time, that being in the group with other parents was helpful and that the information they learned helped them feel more capable parenting their child(ren). Initial results from the post-2020 group suggests that the virtual platform improved access to high-risk families and those living in remote/rural areas.

Conclusions
The results of this retrospective study will help us structure the COS parenting group to minimize participant attrition, better support caregivers and optimize reported participant gains, regardless of whether the intervention is delivered virtually or in-person.
Summary of family demographics and interventions during care proceedings in an infant and family team

Dr Alanna Gallagher1,2, Ms Megan Barnett2,3, Dr Michaela Archer1,2
1NSPCC, London, UK, 2South London & Maudsley NHS Foundation Trust, London, UK, 3IoPPN King’s College London, London, UK

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
The Infant & Family Team (IFT) is an innovative service, based on the New Orleans Intervention Model, that targets the mental health needs of infants age 0-5 years old who are in foster care, and provides evidence-based assessment and interventions for infants, their parents, and foster/kinship carers within the framework of the Family Court in England. The service is part of a randomised controlled trial (RCT) that completed recruitment in August 2021, with expectations that the research paper will not be published until 2024. Families were recruited from multiple boroughs.

Aims
This poster aims to establish the numbers and characteristics of cases assessed by IFT, numbers of cases who were offered intervention, and the types of interventions offered. It is useful to consider who is seen by the service and who is offered intervention.

Materials and Method
This poster describes the demographic information of children and adults who were referred into IFT for assessment after random allocation to the service during care proceedings between 1st November 2015 and 1st January 2021. This resulted in a total of 52 cases included in data analysis. Demographic and outcome information included: gender, age, and ethnicity, what proportion of these groups were offered intervention and which interventions were offered (Circle of Security, Video Interactive Guidance, and Child-Parent Psychotherapy).

The poster suggests possible explanations and further discussion of these figures.

Conclusion
The poster shows a higher number of boys undergoing assessment and a subsequent higher proportion of boys being offered intervention. A higher number of mothers were assessed than fathers, although similar proportions were offered intervention. The majority of children at assessment and intervention with IFT were recorded as having White British ethnicity.

Suggested changes or areas of learning for the service are also explored.
Development of the First Neonatal Psychology Service in Aotearoa New Zealand

Ella Hall¹, Dr Gabrielle Bisseker¹, Associate Professor Nicola Austin¹, Dr Bronwyn Dixon¹, Debbie O'Donoghue¹, Rachel Hodge², Chrissy Gregory¹
¹Neonatal Intensive Care Unit, Christchurch Women's Hospital, Te Whatu Ora - Waitaha, , Aotearoa, ²Allied Health Leadership Team, Te Whatu Ora - Waitaha, , Aotearoa

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Parents of pēpi (babies) in neonatal care have been widely shown to have significantly higher rates of mental health challenges compared to the general population. Despite this, no neonatal specific psychology service existed in Aotearoa until this year.

Purpose
The Neonatal Intensive Care Unit (NICU) in Waitaha (Canterbury) is a 44-bed facility offering full medical and surgical care. Following a gap analysis, funding was received for 1 Full-Time-Equivalent Psychologist. In January 2022, two psychologists commenced development of the first neonatal psychology service in Aotearoa.

Description
Initial development of this service included ward orientation, literature review of international guidelines for NICU psychology practice, and liaison with existing perinatal services nationwide. Preliminary referral criteria were developed and pertained to the impact of neonatal admission on parental well-being and the dyadic relationship. More than 200 referrals were made in the first ten months, with the majority related to maternal coping and adjustment. On average, referrals were made on day 8 of admission, most commonly by the Social Work team. Majority of pēpi referred were identified as NZ European (68%), followed by Māori (24%).

Both whānau (family) and staff anecdotally supported the presence of psychologists within NICU. Evaluation of psychological intervention to support this anecdotal evidence is ongoing.

As expected, several challenges with development of the psychology service were encountered and continue to be a focus. These include establishing psychology within the multidisciplinary team, environmental conditions, bicultural practice, COVID-related restrictions, note storing procedures in health records, service provision to fathers, staff psychoeducation to increase psychological understanding, and referral pathways to community psychology services post-discharge.

Conclusion
At the end of 2022, the first neonatal psychology service in Aotearoa will have completed its initial year. This project is ongoing as we reflect, evaluate and continue to build an evidence-based neonatal psychology service relevant to Aotearoa.
A Mixed Methods Evaluation of Reflective Practice Groups for Health Visitors

Dr Fiona Hill¹, Ms Kate O'Meara¹
¹NHS Lothian, Edinburgh, United Kingdom

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Background
Clinical Psychologists within NHS Lothian’s Parent and Infant Relationship Service (PAIRS) currently offer regular reflective practice groups (RPG) to health visitors. These groups are informed by the Solihull Approach with the aim of providing a containing space to reflect on work with infants and families, process dynamics, and hold in mind the perspective of the infant. Reflective Practice has been found to increase professional competence, reduce burnout in clinicians and increase job satisfaction (Mann et al., 2009; K. Hyrkas, 2005).

Research Question
What impact have the reflective practice groups had on health visitors’ experience of supporting infant parent relationships within NHS Lothian?

Method/ Results
A mixed methods design will be used to explore health visitors experience of attending the reflective practice groups in South Edinburgh and Midlothian from June 2022 - May 2023. An online survey will be sent to health visitors to gain quantitative feedback using a 5-point likert scale. Questions will focus on; overall helpfulness, the level of containment provided, focus on the infant’s perspective, and impact on supporting infant-parent relationships. Qualitative data will be gathered via semi structured interviews with health visitors to explore the impact of reflective practice groups on clinical practice. Thematic Analysis (TA) will be used to analyse this data (Braun & Clarke, 2006). Results will be discussed, as well as clinical implications.

Infant Mental Health training in Dutch hospitals: reflection and evaluation

Dr. B.A. Houtzager1,2,6, MSc. Fernanda Sampaio de Carvalho3,6, MSc. Gerda Boer-Zoet, de4,6, Dr Anneke Smeets-Schouten5,6

1Deventer Hospital, Deventer, The Netherlands, 2Jeugdggz Dimence, Deventer, The Netherlands, 3Erasmus Medical Centre, Rotterdam, The Netherlands, 4De Kinderkliniek, Almere, The Netherlands, 5Medisch Spectrum Twente, Enschede, The Netherlands, 6RINO, Amsterdam, The Netherlands

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Infants with medical vulnerabilities are at risk for developmental and psychosocial difficulties. The hospital environment can easily induce stress in parents as well as infants and can compromise the parent-infant relationship. The principles of Infant Mental Health can enable hospital staff to facilitate parent infant bonding and prevent medical distress. Training hospital staff in the principles of Infant Mental Health (IMH) may help generating more optimal conditions in caring for vulnerable infants and their parents.

Aims
The present pilot study aims to evaluate the training of pediatric and obstetric hospital staff in the basic principles of IMH in a general hospital in the Netherlands.

Material and Method
IMH training was developed for hospital staff by a national working committee of trained psychologists and pediatricians and was offered in-company in 5 hospitals. The present preliminary results concern the Deventer Hospital. The course consisted of 2 days of theoretical and practical training and 1 day of reflective intervision. Principles of IMH that were trained: IMH-attitude, reflection on parent-child relationship, awareness of intergenerational transmission, impact of traumatic stress, dealing with parent and child vulnerabilities, stress within the relationship between professional and parent, child or team. A multidisciplinary team (n=16) was trained. Before the training interviews were conducted with a selection of participants. Before and after the training, participants completed a questionnaire.

Conclusion
The training was evaluated positively. Participants rated the training an 8 out of 10. Preliminary analyses show that after the training, participants reported being more reflective and reported communicative skills concerning the parent, child and parent-child relationship more often compared to before training. Theoretical concepts of IMH were reported being more familiar and applied more frequently by participants after training, compared to before. Data analysis concerning the other hospitals is in progress. Further qualitative research is needed.
Building a System of Care and Improvement for Infant and Toddler Caregivers in Alabama

Dr. April Kendrick¹, Dr. Kimberly Blitch¹, Shanice Campbell¹, Stephanie Waters¹
¹University Of Alabama, Tuscaloosa, United States

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
The University of Alabama Child Development Resources in partnership with the department of Human Development and Family Studies was funded by the state Department of Human Resources to create and implement an Infant Toddler Specialist Network.

Aim
This program identified a multilayered approach to support teachers of infants and toddlers in the state, including creating a community of practice and providing generalized trainings, technical assistance/consultation, and coaching.

Description
Working with existing state agencies that provide training for childcare providers, the system of care added and embedded Infant Toddler Specialists across the state who: (1) provide specialized trainings, targeting topics unique to infants and toddlers; (2) provide consultation to childcare programs and additional infant and early childhood mental health supports; and (3) coach infant and toddler teachers.

Material and Method
Focus groups were conducted with childcare administrators (n = 49) and teachers of infants and toddlers (n = 63) to inform the implementation of this statewide program. Findings from interviews informed development of the coaching pilot with 27 teachers. Following the coaching pilot, evaluations were completed by Specialists (n = 9) and teachers (n = 14).

Conclusion
Several themes emerged from interviews:
- Significant turnover and teacher shortages led to many teachers being inadequately trained. Many directors taught in classrooms and were unable to provide onboarding, training, and ongoing support to teachers.
- Teachers reported a notable increase in challenging behaviors among children following COVID isolation and quarantine.
- Teachers reported significant delays in toddler language development following COVID isolation and quarantine.

Findings from the program evaluation suggest (1) linkages among state partners, (2) collaborative coaching partnerships, (3) effective coaching strategies, and (4) focused trainings and reflection opportunities for Infant Toddler Specialists are useful mechanisms to build an effective system of care that supports infant and early childhood mental health training and consultation.
Attachment focused interventions offered by an Infant Mental Health Team to foster and kinship carers

Dr Laura Kerr\textsuperscript{1,2}, Ms Sarah Adam\textsuperscript{2,3}, Dr Jala Rizeq\textsuperscript{3}
\textsuperscript{1}NSPCC, Glasgow, United Kingdom, \textsuperscript{2}NHS Greater Glasgow & Clyde, Glasgow, United Kingdom, \textsuperscript{3}Institute of Health and Wellbeing, University of Glasgow, Glasgow, United Kingdom

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\textbf{Introduction}

The Glasgow Infant and Family Team (GIFT) is a partnership between third sector, local authority and NHS which targets the mental health needs of under 5s who have been removed from their birth parents due to maltreatment. Alongside comprehensive work with birth parents to assess whether a child can safely return home, GIFT also work with foster and kinship caregivers who assume the role of 'primary caregiver' when an infant is placed with them. To maximize mental health outcomes, the service undertakes an extensive assessment of an infant's needs within their current placement which represents an expansion of typical service provision for this population.

\textbf{Aim / Description}

The aim of the audit is to understand the outcomes from this additional assessment of an infant in their current placement. Specifically, the number of cases in which a need for intervention to a foster or kinship carer was identified, how many were offered and accepted, the type of intervention offered and whether there were differences between interventions offered to foster and kinship carers will be reported.

The poster will:
1. Explain the rationale for attachment focused interventions being offered to substitute caregivers following maltreatment in infancy.
2. Provide an overview of the attachment focused interventions offered.
3. Describe the methods of data collection, demographic information and results.
4. Discuss the findings in relation to: the training needs of foster and kinship carers, the mental health needs of this population of infants and the systemic and resource barriers that can impact delivery of interventions.
5. Review the unique opportunity provided by a partnership between three agencies to promote improved mental health outcomes for infants.

\textbf{Conclusions}

The poster will promote attendees' understanding of the needs of a vulnerable population of infants and how they can be supported through attachment focused intervention with caregivers.
The Impact of Reflective Supervision Training on Supervisee Experiences in Early Childhood Mental Health Workforce

Mohamad* Khalaifa¹, Mikaila Leonard¹, Dr Robert Gallen², Dr Jennifer Willford¹
¹Slippery Rock University, Slippery Rock, United States, ²University of Pittsburgh, Pittsburgh, United States

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The Infant and Early Childhood Mental Health (IECMH) workforce is at increased risk for experiencing job-related trauma exposure, burnout, and compassion fatigue. Reflective Supervision/Consultation (RSC) focuses on building the capacity for supervisees to reflect on their thoughts, feelings, and experiences, and enhancing staff wellbeing and job performance. The Purpose of this study was to examine the impact of a one-year RSC project in which 49 IECMH supervisors participated virtually in small RSC training groups during the COVID-19 pandemic. In addition to supervisors, their current supervisees (N=18) from the IECMH workforce were also recruited through email to complete an online pre- and post-survey, one before and one after their supervisors completed RSC training. It was hypothesized that training supervisors in RSC would lead to their supervisees reporting improved supervision quality and increased supervisee reflective capacity. These outcomes were assessed through supervisees completion of the Manchester Clinical Supervision Scale (MCSS), which measures the efficacy of clinical supervision from the perspective of supervisees, and the Reflective Practice Questionnaire (RPQ), which measures reflective capacity. Results suggested that supervisees reported significant improvements on each of the MCSS Subscales: Normative (values supervision), Restorative (trust and rapport with supervisor) and Formative (support for and ability to provide high quality care) as their supervisors were engaged in RSC training. In addition, supervisees reported a significant increase in the RPQ: Reflection in Action Subscale, a measure of their ability to reflect during interactions on the impact of their own pre-existing beliefs, and personal thoughts and feelings on the interaction with clients. Overall, the results of this study indicate that when RSC supervisors train and provide RSC for their staff, the supervisees describe improved supervisory experiences and increased reflective capacity.
Resilience in Practice: Two-year Outcomes of Reflective Supervision/Consultation Training in Early Childhood Mental Health Workforce.

Mikaila Leonard¹, Mohamad Khalaifa¹, Dr Robert Gallen², Dr Jennifer Willford¹
¹Slippery Rock University, Slippery Rock, United States, ²University of Pittsburgh, Pittsburgh, United States

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Reflective Supervision/Consultation (RSC) is a form of supervision within which the supervisor creates a “holding” experience through the establishment of a safe, caring, and supportive relationship. RSC is considered a best practice for supporting the Infant and Early Childhood Mental Health (IECMH) workforce. In 2020, 49 IECMH supervisors participated in small, virtual RSC training groups for one year. From pre-to post-training, supervisors showed significant improvements in positive emotions and work engagement, with concurrent decreases in ruminative thinking and negative work experiences. Supervisors reported that many factors played a role in their RSC training experience, with the relationships with supervisors and fellow group members as critical to positive outcomes. The Purpose of this study is to examine the long-term impact of RSC after a second year of RSC training for supervisors in IECMH. Supervisors completed a second post-training survey after completing the second year of the project. Several measures were included in the survey to assess resilience in practice, including positive emotions, rumination, and positive and negative work experiences. Measures included the Brief Emotional Experience Scale which measures emotional well-being; the Reflection-Rumination Questionnaire which measures the ability of supervisors to reflect about their lives (reflection) and the tendency to have repetitive thoughts about the past (rumination); the Utrecht Work Engagement Scale which measures positive work engagement; and the Oldenburg Burnout Inventory which measures severity of job burnout. Analyses will be conducted to determine the long-term impact of two-years of RSC training. The implications of RSC training and practice based on these findings will be examined.
Dil-Er Daktar “Doctors of the soul”: BRAC Para counsellor Model brings hope through psychosocial support

Ms. Kuri Chisim¹, Md Taifur Islam¹, Ms Pooja Bhattacharjee¹, Farjana Sharmin¹
¹BRAC, Dhaka, Bangladesh

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

In Bangladesh “mental health” continues to be misunderstood and stigmatized. Misinformation and ill-informed beliefs about mental health act as barriers to accessing mental health support. Even without such barriers, for those living in isolated, marginalized communities, the possibility of support is remote. The heightening of families’ suffering during the COVID-19 pandemic emphasized for BRAC the urgency to develop effective and sustainable ways to offer psychosocial support to distressed men, women & children.

The Para counsellor (PC) Model is one intervention that BRAC has invested in, as part of its commitment to promoting mental health & wellbeing for all, from the oldest to the youngest citizens. Currently, more than 130 Para counsellors are working in Bangladesh.

This presentation will describe the PC model, in which young women, from widespread districts of Bangladesh, are trained, supervised and supported by a team of BRAC psychologists, to provide counselling and psychosocial support to people in need in remote regions and/or marginalized communities. From 2021, a pool of BRAC psychologists started collaborating with BRAC Uganda, remotely in capacity building to implement PC model.

For many of the families, the PC’s friendly face and offerings of kindness and empathy can be the first step to soothing their minds and healing their hearts. The Para counsellors are affectionately called Dil-er Daktar (Doctors of the Soul) by the Rohingya people in Bangladesh, and stories from the field will be shared.

The presentation will end with BRAC’s vision for the future as Bangladesh’s Government partners with BRAC to invest in Para counsellors as frontline workers who provide access to mental health support for populations who would otherwise be deprived of the support they urgently require.
Travelling with Families: mapping & responding to mental health complexity in an early parenting service.

Dr Nick Kowalenko1,2,3, Associate Professor Robert Mills1, Dr Alice Dwyer1,4, Adjunct Associate Professor Jenny Smit1, Ms Tanya Crawford1, Ms Ann DeBelin1
1Tresillian Family Care Centres, Sydney, Australia, 2Emerging Minds, Adelaide, Australia, 3NSW Health, Sutherland, Australia, 4NSW Health, Royal Hospital for Women Randwick, Parent Baby Unit, RPAH, Western NSW LHD, Australia

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Introduction
Tresillian is Australia’s largest not-for-profit Early Parenting Service offering professional advice, education and guidance to families with a baby, toddler or pre-schooler. Its vision is that ‘Every child has the best possible start in life.’

Recently, expert review, clinician feedback and the policy environment highlighted the considerable need for enhanced PIEC-MH support for Tresillian families, and the wider community. The Tresillian Board prioritised this in the Organisation’s 2021 to 2024 strategy. This presentation will outline the context and learnings that have emerged in the process of developing PIEC-MH, and explore the potential next steps in realising its potential.

Aim or Purpose
The PIEC-MH model of care for Tresillian aims to respond effectively and efficiently to the considerable mental health vulnerabilities of Tresillian families and the wider community. The model focusses on the presence of parental distress but equally prioritises the parent-infant relationship in order to ensure Tresillian’s vision is realised.

Description
The stages that have informed the project will be outlined, with potential next steps being considered also outlined.

The stages include:
1. Identifying the need: clinicians, policy setting, families’ experiences
2. Piloting a model: reflection and learning
3. Workforce development and recruitment: embedding a multidisciplinary team approach
4. Reflection and consultation: ‘Bottom up’ engagement, clinicians and families
5. Work plan

Conclusions
There is increasing awareness of the significant need for integrated, comprehensive and effective models of care to attend to vulnerable families. Establishing organisational commitment and identifying core processes to realise this imperative are crucial to succeed.
The Challenges of Early Childhood Consultation on Mental Health, Emotional, Developmental, and Behavioral Disorders

Dr Mary Leppert
1
1Kennedy Krieger Institute/johns Hopkins School Of Medicine, Baltimore, United States

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
In the United States, 23% of children have a disorder of mental health, emotion, development or behavior (MEDB). A severe workforce shortage in consultants specializing in MEDB care has increased the burden of identifying these disorders on pediatric primary care clinicians (PPCCs), who report being under prepared to manage these conditions. In response to this crisis, new strategies have been established to improve access to early childhood consultants.

Aim
To report the frequency of diagnostic overshadow comorbidity of early childhood MEDB disorders presented to consultants in child development and child and adolescent psychiatry in 3 different consultant venues; a PPCC to specialist phone consultation program, a multidisciplinary developmental consultation clinic, and a PPCC to specialists consultation using the extension community healthcare outcome (ECHO )model.

Method
Cases from three venues were reviewed (100 phone consultations, 101 multidisciplinary clinics, 85 ECHO consultations) to evaluate the frequency of comorbid MEDB conditions in early childhood consultations for concerns about development or behavior. Behavioral disorders were often the initial complaint for which consultation was sought. However, underlying developmental or trauma-related disorders were suspected or identified in 52-71% of cases for which behavior was the presenting concern. Co-morbid MEDB disorders were identified or suspected in 52-76% of all cases, irrespective of the presenting venue.

Conclusion
Diagnostic overshadowing and comorbid MEDB disorders are very common in early childhood cases seeking consultation with specialists despite the venue of consultation.
All parents matter. Experiences of parental interviews with father/nonbirthing parent in Swedish Child Health Service

Dr Monica Lidbeck¹
¹Region Västra Götaland Maternal and Child Health Care, Gothenburg, Sweden

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Introduction
Since 2018 Swedish Child Health Service (CHS) offers a parental interview with the father/nonbirthing parent. In line with CHS’ family-oriented perspective, the interview method was developed for closer contact with fathers/nonbirthing parents and meets the ambition to offer equal support to all parents.

Purpose
To share experiences from the implementation process of the parental interview with the father/nonbirthing parent. Present how the method works in context of the voluntary and free of charge CHS visits with the aim to strengthen the parental role. Describe how support concerning the interaction with the child, the couple relationship, or signs of mental ill health can be acknowledged.

Description of the parental interview:
The parental interview with the father/nonbirthing parent is offered in connection to a CHS visit 3-5 months postpartum. The conversational guide is structured as a puzzle with openness for the parents’ own thoughts concerning:
• The child/ Together, Comfort, Needs, Reflections
• Being a parent/ Expectations, The future, Easy and difficult
• The family/ Responsibilities, Relationships, Networks, Parental leave
• Your self/ Feelgood/concern, Sleep, Support
Two questions regarding mental illness (i.e. Whooley questions), are presented if the parent’s answers indicate signs of fatigue, irritability, sadness, or other mental health problems, and the Edinburgh Postnatal Depression Scale (EPDS) is given in case they scored on the Whooley questions.

Conclusion
The parental interview with the father/nonbirthing parent was introduced to promote close contact with both parents. The CHS nurses’ experiences of using the method indicate the interview provide a way to explore broader information from a family-oriented perspective, which enable a better understanding of the child’s need and to establish parental support for all parents.
Impacting Practices: Innovative Professional Development to Build a Diversified Infant Mental Health Workforce

Ms Kathleen Magin¹, Ms. Lana Nenide¹

¹Wisconsin Alliance For Infant Mental Health (WI-AIMH), Madison, US

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Introduction
Wisconsin Alliance for Infant Mental Health (WI-AIMH) developed and implemented two professional development projects for Early Care and Education (ECE) and Clinical Mental Health (MH) professionals.

Aims/Purpose
To increase the capacities of professionals to provide relationship-based services to infants, young children, and families, by
• recognizing their unique needs.
• conducting meaningful outreach and establishing partnerships.
• offering carefully curated, intentionally designed, relevant, and choice-driven professional development.

Description
ECE and MH professionals, especially those from underserved communities, were targeted in for their ability to impact the trajectory of life for very young children and their families during the Covid-19 pandemic.

The Clinical Pathways to Expanding Your Practice project offered support and professional development to a diverse workforce of mental health clinicians who treat adults. These clinicians face unique challenges in supporting their clients’ roles as primary caregivers and need specialized skills to address their clients’ needs and understanding of the vital role of early relationships in healthy child development. This project focused on supporting clinicians’ ability to provide their clients with tools and knowledge to bolster responsive and sensitive parenting.

The Better than Free Professional Development for ECE Providers project offered Early Educators and Directors five options for professional development. Project participants selected the path that was most interesting and relevant to them, and were placed into a cohort with others who chose the same focus. Each path included training, reflection, pre-and post-self-assessment, monthly group participation, and time for preparation and reading. Recognizing the low pay rates for many ECE providers, participants received a significant stipend to offset participation costs and barriers.

Conclusion
Evaluation results confirmed a positive impact, with participants reporting higher engagement with clients and higher levels of connection with other professionals.
Accessing timely infant and early childhood mental health care through a regional navigation service

Ms. Nicole Sheridan¹,³, Ms. Cynthia Dawson¹, Dr Barbara Deren¹,², Dr. Katherine Matheson¹,²
¹Children's Hospital of Eastern Ontario, University of Ottawa, Ottawa, Canada, ²University of Ottawa, Ottawa, Canada, ³Faculty of Health Sciences at Western University, London, Canada

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Introduction
As the field of infant and early childhood mental health (IECMH) expands, access to timely mental health care remains pivotal to families of young children in order to have the potential of achieving the most efficient treatment journey and positive outcomes. In 2019, the Children’s Hospital of Eastern Ontario (CHEO) launched an IECMH clinic to provide a specialized service for treating children ages 0-6 with complex emotional and behavioral concerns. Referrals are received through a regional coordinated access and navigation service for mental health service called 1Call1Click.ca.

Aim
The aim is to describe the patient characteristics and uptake rates to CHEO’s IECMH clinic from 1Call1Click and determine whether children with specialized level of need are referred to the CHEO IECMH clinic or community resources.

Description
Families referred to 1Call1Click complete an intake to assess their level of need, then are matched with appropriate service or resources. Families are screened by completing a demographic questionnaire and clinical interview (HEADS-ED 0-6) with the intake worker. Information collected determines their level of need for services, ranging from general (primary care) to complex needs (specialized services). From June to October 2022, 247 intakes were completed by 1Call1Click for children ages 0-6. The average age at the time of intake was 4.45 years (SD=1.14). Those with moderate to severe level of need were more likely to be referred to the CHEO IECMH service compared to those with low level of need (p=0.032). Most families referred to CHEO IECMH were accepted to the service (81.7%).

Conclusion
We conclude that using 1Call1Click to match children with more complex emotional and behavioral concerns with appropriate services is feasible. Further evaluation is required to understand the clinical outcomes of children and caregivers accessing services after being matched to tertiary vs. community services.
Evaluating the Impact of Earning Endorsement on Infant and Early Childhood Mental Health Professionals

Ashley McCormick¹, Dr. Lorraine Kubicek², Mrs Keena Friday-gilbert³, Cindy Horwitz⁴, Dr Diana Morelen⁵, Dr. Cheri Shapiro⁶, Dr Angela Tomlin⁷, Angela Webster³

¹Alliance For The Advancement Of Infant Mental Health, United States, ²University of Colorado School of Medicine, United States, ³Association of Infant Mental Health in Tennessee, United States, ⁴Florida Association for Infant Mental Health, United States, ⁵East Tennessee State University, United States, ⁶University of South Carolina, United States, ⁷Indiana University School of Medicine, United States

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The Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant and Early Childhood Mental Health (MI-AIMH, 2017) is a standardized credential that documents expertise of infant and early childhood mental health (IECMH) professionals serving ages 0-3 or 3-6 years. Within each age range, there are four different categories related to scope of practice, level of education, and access to reflective supervision (RS).

As an initial step toward building an evidence-base for the impacts of Endorsement, Endorsed professionals completed an electronic, self-assessment survey, Perceptions of Endorsement, reporting perceived personal and professional benefits of earning Endorsement. Participants provided demographic information and answered questions about perceived benefits of Endorsement (e.g., “Earning Endorsement has had a positive impact on my confidence as a professional”), perceived Impact on professional skills (e.g., “Earning Endorsement has had a positive impact on my skills in relating to and/or engaging with families”), perceived opportunities to engage in professional activities related to Endorsement (e.g., Obtaining Endorsement impacted opportunities to train others in IECMH), and access to relevant supports (e.g., “Did access to an RSC provider impact the category of Endorsement for which you applied?”).

911 of 1887 endorsed professionals, representing 28 of 33 member AIMHs, completed the survey. Participants identified as predominately female (97%) and Caucasian (77%). Most had advanced degrees (72% with masters or above), although a broad range of work settings was reported. Results revealed an overall positive experience with Endorsement and some specific strengths. (e.g., increased confidence in their practice with infants, young children). Limitations of Endorsement were also reported, including lack of access to RS creating a barrier to participation in Endorsement category of choice for BIPOC providers. Areas for future exploration were identified.
Social Inequality and Infant Mental Health

Dr Anne McFadyen¹, Ms Susan Galloway², Professor Helen Minnis³
¹Scottish Government, , UK, ²National Society for the Prevention of Cruelty to Children, Glasgow, UK, ³Institute of Health and Wellbeing, University of Glasgow, Glasgow, UK

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Introduction and Aim
An analysis of routinely recorded data held at a national and local level was undertaken as part of a needs assessment exercise to inform the development of an infant mental health service in one area of Scotland.

Material and Method
The data reflected the services from which it was drawn, many of which were woman- or infant-focussed, thus information about fathers and the wider family was not captured.

Results
We found evidence that income deprivation was linked to a range of adversities. There was also evidence of an inverse care law with unequal access to services providing support to women and their babies in the perinatal period.

Conclusions
The study confirmed that many parents have difficulties in their lives, and a significant number of infants have experiences that can compromise their wellbeing and development. The complex interplay between these factors merits further investigation. A clear social gradient runs through the data and provides evidence that structural inequalities in society may predetermine unequal developmental outcomes for infants. The analysis highlighted the relative risks of experiencing adversity, which were more likely to be experienced by infants living in socioeconomically deprived areas. For example, babies and parents living in deprived were more likely to be affected by substance use and mental health difficulties. Concerns can arise unexpectedly after birth in all families if, for example, an infant is born prematurely or has significant developmental problems, but these too were associated with social deprivation. These associations should inform the delivery of public health initiatives as well as service design to ensure that those most in need are prioritised.
Development of an introductory seminar on Infant Mental Health for interdisciplinary professionals by clinical psychologists

Dr Paula Hurley\textsuperscript{2}, Dr Hannah O'Connor\textsuperscript{1}
\textsuperscript{1}HSE, Cork, Ireland

Infant mental health (IMH) focuses on social and emotional development of infants in the context of early relationships. Over the past ten years, the development of the IMH framework within mental services in CHO4 has gained momentum. The IMH Special Interest group (SIG) was established by psychologists working in child and adult secondary mental health services to promote awareness of IMH. The IMH-SIG, guided by the Michigan Association for Infant Mental Health (MI-AIMH) model Competency Guidelines, aimed to disseminate awareness of the IMH model to interdisciplinary professionals working in child and adult services within CHO4. The MI-AIMH training model supports training staff from multiple disciplines in basic theories & principles guiding IMH practice.

Facilitators sought to develop an introductory seminar to develop the competencies of interdisciplinary professionals to support the social and emotional development of infants aged 0-3 years. Guided by IMH best practice guidelines, the seminar focuses on IMH topics including an introduction to the model, brain development, emotional regulation and attachment and IMH framework. Anonymous feedback from seminar attendees was analysed using thematic analysis to create a more targeted presentation and better meet the needs of future attendees. Additional sections on embedding IMH into national policy frameworks and application to practice were included.

A half day seminar was delivered to 500 (aprox.) interdisciplinary professionals, on eight occasions, including once on line. Learning resources included psychoeducational videos, case studies and an overview of the theoretical models informing the IMH framework. Attendees completed a post training evaluation including qualitative and Likert scale questions. The seminar was recorded and will be used to support further training events.

The findings indicate that disseminating awareness of IMH to interdisciplinary staff can be beneficial for staff and service users. Future introductory trainings may draw on the findings from this research to enhance their effectiveness.
Using the Candidacy Framework to Conceptualise Systems and Gaps when Developing Infant Mental Health Services

Dr Tze Hui (Fifi) Phang¹, Miss Alicia Weaver², Dr David N Blane², Dr Fionnghuala Phang³, Dr Andrew Dawson², Dr Sophie Hall¹, Ms Anna De Natale², Professor Helen Minnis⁴, Dr Anne McFadyen⁵

¹CAMHS, NHS Lanarkshire, Glasgow, Scotland, United Kingdom, ²School of Health and Wellbeing, University of Glasgow, Glasgow, Scotland, United Kingdom, ³Specialist Children’s Services, NHS Greater Glasgow and Clyde, Glasgow, Scotland, United Kingdom, ⁴Institute of Health and Wellbeing, University of Glasgow, Glasgow, Scotland, United Kingdom, ⁵Perinatal Mental Health Scotland; IMH Implementation and Advisory Group, Scottish Government Perinatal and Infant Mental Health Programme Board, Scotland, United Kingdom

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The development of infant mental health (IMH) services globally is still in its early stages. This qualitative study aims to understand the challenges of setting up IMH services and explores the views and experiences of 14 key stakeholders who are part of the IMH implementation group in a large Scottish health board. Data was derived from 14 interviews. Six major themes were identified. This paper examines the biggest perceived factor “Systems” alongside the theme “Gaps in Current Service”. The theoretical framework of ‘candidacy’ is used to conceptualise the complex systemic layers of micro, meso and macro factors that contribute to the challenges of setting up services. At the micro level, key themes included the view that services must be accessible, involving families and individualised. At the meso level, in line with the aims of the service, multiagency integration, aspects of early intervention and clear operating conditions were all seen as important. Finally, at the macro level, perhaps the biggest challenge perceived by stakeholders is delivering a service that is entirely infant-focused. These findings will help inform policy makers about factors considered by professionals to be vital in the establishment of infant mental health services in Scotland and across the globe.
Individuals in helping professions are simultaneously co-creating and impacted by the systems, institutions, organizations, and communities they serve (Pyles, p. 14). Individuals in helping professions are not exempt from experiencing or reproducing social inequities. Within the infant and early childhood mental health (IECMH) field, attention has focused on integrating social justice into the main priorities of the field. Many IECMH professionals practice in contexts that perpetuate colonialism and white supremacy.

This poster will explore the relevance of the healing justice framework to decolonizing IECMH practice and the practice of reflective supervision and consultation.

While the healing justice framework is relatively new, it provides the field of IECMH with new conceptualizations of healing and transforming practice through reintroducing the whole self. The healing justice framework was developed and created by Black, Indigenous, and people of color and ushers in Eastern philosophies that have often been commodified and colonized in Western practices. This framework offers a new theoretical foundation to explore reflective supervision and consultation that focuses on the embodied experience within reflective supervision and how that experience extends from the supervisor and practitioner to the relationship between the practitioner and the family, as we are all interconnected.

Promoting and assisting in developing nurturing relationships for all infants is the primary goal of the IECMH profession. This healing justice framework translates into practice skills in that it encourages the reconnection of the body, mind, and spirit of ourselves and others. In reflective dyads, this would call attention to the need to move from just intellectualization of the emotional content of cases to embodying the feelings that arise in being with clients and with the supervisor to ensure the interconnectedness of all parties present within the parallel process.

Training and Educational Program for Nurses working with families having sleep disturbed infants.

Clinical Nurse Specialist Arna Skuladottir
1
1The National University Hospital of Iceland, Reykjavik, Iceland

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The „better sleep better well-being programme”: Is a training program for community healthcare nurses in developing interventions for families of infants with moderate sleep problems.

Background and purpose
Sleep problems among infants are reported among 20-40% of parents. The aim of the study was to promote a better service for infants sleep problem at the Health care centers.

Methods
A course including education and training on infants sleeping problems, was held for health care nurses. That included 4 whole days of teaching (one day per week) developing into a weekly guidance where the health care nurses started to bring their own cases /families to reflect on and receive guidance. This quasi experimental study was conducted to test the effectiveness of the course on children’s sleep and well being of their parents. Data was collected before and 7-10 days after the intervention ended, from parents of 35 infants with sleep problems. The intervention included two interviews with a nurse and one phone call in between, all with 3-4 week’s spectrum. The theoretical framework is based on the knowledge of the individuality of the child, empowerment of parents, and the important of individualized care within a family context. The relationship of the nurse with individual members of the family is viewed as partnership in whice each person contributes to the treatment protocol. Treatment can be different for individual child/family.

Results
The main findings the sleep duration of the infants improved, with less night waking per night as well as increased self-soothing ability of the infants. Higher proportion of mothers 28.6 %(10/35) scoring 12 or higher on EPDS is of great concerns.

Conclusions
Focusing attention on effective intervention which can be implemented into health care service may result in a better health care for infants with sleep problem.
Bridging the gap: Holding the baby in mind in perinatal mental health services

Dr Dr Rose Spencer¹, Dr Fiona Seth-Smith¹, Ms Denise Sullivan¹
¹CNWL Perinatal Mental Health Service

Introduction
Perinatal mental health (PMH) difficulties are those that occur during pregnancy or in the first year following the birth of a child. Specialist PMH services provide care and treatment for women with complex mental health needs and, increasingly, support the developing relationship between parents and babies. CNWL PMH Service provides treatments across five large London boroughs, and includes a national 10-bedded mother and baby unit. Local teams work with multiple agencies, including social services, adult mental health, and maternity teams.

Purpose
staff joining CNWL PMH often have a background in adult mental health in which infant development is not included as part of any core training. To address this gap and to promote awareness of infant well being and of the long-term impact of poor infant mental health, as well to enhance inter-agency working, we developed a training programme to help educate the perinatal taskforce and the wider system.

Description
We piloted a Masterclass teaching programme series on Perinatal and Infant Mental Health for local children’s social services practitioners across the borough. The programme includes sessions delivered by internal and guest speakers’ specialist in their field, sessions are held weekly, virtually, recorded and available to CNWL perinatal service and the wider trust staff. Over 150 staff have attended these sessions to date, many joining sessions each week.
We have also delivered targeted specialist training to health visitors, midwives and social workers as well as consultation spaces to help facilitate inter-disciplinary learning, psychoeducation and skills in infant mental health and related interventions.

Conclusion
PMH offer a unique and crucial opportunity to bridge the gap between adult and infant mental health. Training and consultation facilitates inter-disciplinary team working and enhances the workforce’s ability to safeguard infants and hold the baby in mind.
A qualitative evaluation of health professionals’ perceptions of a State-wide Outreach Perinatal Mental Health service

Ms Debbie Tucker1, Dr Sara Cibralic2, Dr Tracey Fay-Stammbach1, Dr Valsama Eapen2, Dr Deborah Song2

1NSW Health, Australia, Westmead, Australia, 2University of New South Wales, Sydney, Australia

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
The State wide Outreach Perinatal Service - mental health (SwOPS) is a unique consultation-liaison perinatal telepsychiatry service based in Sydney, Australia, which provides support to clinicians, and their clients with moderate-severe and complex mental health concerns and/or mother-infant attachment vulnerabilities in rural and remote areas of the state, that have limited access to tertiary services.

Purpose
As part of a formal service evaluation, health professionals' perceptions of the service were explored to provide additional information on which to base service strategic direction decisions, and to gain insight into clinicians’ experiences of using telepsychiatry.

Project description
12 health professionals who had utilised the service were voluntarily recruited to participate in a semi-structured individual interview. Data was analysed using a thematic analysis approach.

Conclusions
Four primary themes were identified; Accessing the service, unique and valuable service, benefits to health professionals, and room for improvement. Of particular interest were sub-themes around a need for tertiary mental health services in rural areas and bridging the gap, an appreciation for the use of holistic management plans, improved access to clinical supervision, timely response and reduction in the need for in-patient admissions, and clinician capacity building.
Results underscored the impactful role of perinatal telehealth services in upskilling health professionals, improving quality of care, and empowering clients, and provide direction for the implementation of similar programs both nationally and internationally.
Emerging competencies of Assistant Psychologists' in Infant Mental Health settings: what gets evoked and developed

Laura Ward¹, Ms Catherine Maguire
¹Childhood Matters, Blackrock, Ireland

Introduction
Infant Mental Health (IMH) is an emerging science and a highly evocative clinical area. Assistant Psychologists (AP’s) working in these settings, and those on their journey towards doctoral clinical training are awarded opportunities to expand their developmental knowledge and experiential awareness of infancy and early childhood development. Through exposure to parent-infant work, AP’s can observe the importance of early relationship experiences and understand the factors that may contribute to whether the infant has a sturdy or fragile start. (Shonkoff & Phillips, 2000).

Aim
This project aims to explore the relational and reflective skills and competencies that AP’s develop when working with infants and young children. It will investigate the emotional concepts and experiences that are evoked, and assess the availability and utility of reflective practice supervision. The project will give an insight into how AP’s understand IMH concepts and discuss how infant and early childhood services and clinical supervisors can support the preparation for AP’s future work in these settings.

Description
A brief literature review will be conducted to explore the competencies and skills identified as important to work in IMH settings. A qualitative and quantitative survey will be implemented and circulated among AP’s in Ireland. It will explore the level of IMH knowledge held by AP’s, its importance, alongside the perceived emotional, communication and relational competencies required to work in infant and early child settings.

Conclusions
This poster will highlight the personal competencies involved in the highly evocative area of IMH practice. It will provide a greater understanding of the personal, reflective, relational and emotional experiences of AP’s working in infant and early childhood settings and how these can be further supported and enhanced.

Emotional competence in pre-school children: preliminary evidence of a psycho-educational intervention

Federica Andrei¹, Prof. Elena Trombini¹, Marco Andrea Piombo¹, Sabina La Grutta², Giacomo Mancini³
¹University Of Bologna - Department Of Psychology, Bologna, Italy, ²Department of Psychology, Educational Science and Human Movement, University of Palermo, Palermo, Italy, ³Department of Education Studies “Giovanni Maria Bertin”, Alma Mater Studiorum, University of Bologna, Bologna, Italy

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Emotional competence (EC) plays a crucial role in childhood and is fundamental to children’s ability to interact and form relationships with others. Although current literature shows a growing interest towards affective education, it is rather difficult to identify valid operationalizations and effective training programs in pre-schoolers.

Aim
The aim of this study is to test a psycho-educational intervention fostering the development of EC (expression, understanding and regulation of emotions) in pre-school children.

Material and Method
A number of 82 Italian children (42 female) aged between 3 and 5 years participated to the training programme. The training consisted of 10 weekly small group sessions that took place in kindergartens for a period of three months. Sessions had specific aims, such as encouraging cooperative play, developing social competence and emotion recognition ability, and were characterized by: active workshop methodologies, hands-on activities and dynamic participation. Before the beginning of the programme and at the end of it, the Test of Emotion Comprehension (TEC) was administrated individually to each child. The TEC assesses the understanding of emotions in children through a series of cartoon scenarios and the child is requested to choose among four possible emotional outcomes depicted by facial expressions.

Conclusion
Results of repeated measure ANOVA show an improvement of TEC scores from baseline to 3 months (p < .001), with no differences between boys and girls (p = n.s.). The present study suggests that early psycho-educational programs, based on storytelling and drama, may have the potential to exert a positive influence on kindergarten children’s EC.
Parental personality traits and changes in parenting stress after a parent-child psychodynamic intervention

Federica Andrei\textsuperscript{1}, Ilaria Chirico\textsuperscript{1}, Paola Salvatori\textsuperscript{1}, Irene Malaguti\textsuperscript{1}, Prof. Elena Trombini\textsuperscript{1}

\textsuperscript{1}University Of Bologna - Department Of Psychology, Bologna, Italy

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Introduction
The Focal Play Therapy with Children and Parents (FPT-CP) is a psychodynamic treatment originally developed for eating and evacuation disorders and then adapted to a wide range of parent–child relationship problems during preschool years. It is based on both the active engagement of parents in the diagnostic-therapeutic process and the use of play as a narrative dimension of the family history.

Aim
The present study wants to investigate the relationship between parental personality traits and changes in parenting stress after the first seven sessions of FPT-CP.

Material and Method
Parents accessed the Psychological Consultation Centre for Children and Parents (Department of Psychology, University of Bologna, Italy) for their child’s (0-5 years) behavioral, eating, or evacuation problems. Sixty Italian parents (30 mothers; M = 39.9, SD = 4.9, and M = 42.1, SD = 5.1, for mothers and fathers respectively) participated to the study. The FPT-CP is structured into weekly alternate play sessions with children and parents together and sessions with parents only. At the end of the first session parents were asked to fill in a demographic questionnaire and two self-reports on parenting stress and the Big Five personality traits, while at the end of the seventh session only the questionnaire on parenting stress was completed.

Conclusion
Results show an association between variation in parenting stress from the first to the seventh FPT session and personality traits. Different patterns were detected in mothers compared to fathers. For example, neuroticism was involved in both mothers and fathers parental stress levels but for fathers had a significant positive association only with post-intervention stress levels. Personality traits should be taken into consideration when treating child-related problems.
Inner World of the Child (I-WotCH): Bio-psycho-social Effects of a Symbolization-Based Psychotherapy for Preschooler's Anxiety

Dr Ortal Shimon Raz ¹, Dr Ortal Shimon Raz ¹
¹Reichman University, the center for developmental social neuroscience (Director: Ruth Feldman, Phd.), Herzlyia, Israel

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Bio-psycho-social Effects of a Novel Symbolization-Based Psychotherapy for Preschool Children with Anxiety Disorders.

Introduction
Early childhood anxiety has been a focus of interest in recent years (Whalen et al., 2017). The Efficacy of treatment in this age needs empirical investigation (Ghandour et al., 2019). The earlier treatment is initiated the more effective it is, and with longer beneficial consequences (Luby, 2013).

Aims
Overarching aim of the study is evaluating effects of short-term play therapy (I-WOTCH) treating anxiety disorders in preschoolers. Specifically, we aim to compare effects of I-WOTCH and Dyadic therapy (Liberman et al., 2006) on children with anxiety.

Material and Method
80 consecutive referrals to the preschool anxiety clinic at Reichman University. Psychiatric diagnosis made by integration of the childhood version of the schedule for schizophrenia and affective disorders (K-SADS-PL) (Kaufman et al., 2020) and the Preschool Age Psychiatric Assessment (PAPA) (Wichstrøm, 2012). Diagnosis will be made according to the DSM-5 and DC 0-5. Interactions filmed and coded: each five minutes of parent-child, triadic interactions with pre-selected toys: free play, challenging task and parental conflict. Interactions are coded using the Coding Interactive Behavior manual (Feldman, 1998). Narrative Descriptions obtained from parents derived from three questions: 1. Describe your child; 2. child’s problems; 3. How therapy helps these problems. Assessment will be made at baseline and then bi-monthly for six months. The study will comprise of three groups: 1. novel short-term symbolization-based play therapy. 2. Dyadic therapy 3. Control (no therapy). Assessment made at baseline, bi-monthly for six months. Outcome measured: symptom reduction, clinical global impression (CGI) (Berk et al., 2008), and parent-child interaction as measured by CIB.

Conclusion
Early childhood anxiety is a common and serious problem. There is a significance gap in our knowledge about early treatment and research protocols should give an impetus for minimizing it.
Very early monitoring of children at risk of neurodevelopmental alterations: the NIDA project

Ms. Liliana Carrieri, Arianna Bentenuto, Mr. Giulio Bertamini, Ms. Silvia La Vecchia, Simona De Falco, Paola Venuti, Ms. Maria Luisa Scattoni

1Laboratory of Observation, Diagnosis, and Education (ODFLab) - Department of Psychology and Cognitive Science, University of Trento, Trento, Italy, 2Department of Child and Adolescent Psychiatry - Hôpital Universitaire Pitié-Salpêtrière, Sorbonne University, Paris, France, 3Research Coordination and Support Service, Istituto Superiore di Sanità, Rome, Italy

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Introduction
Time is crucial for Autism Spectrum Conditions (ASC) (McDuffie et al., 2021; Towle et al., 2020). The NIDA project by the Italian Health Institute aims to promote evidence-based practices for very early detection and timely intervention of neurodevelopmental alterations through systematic monitoring (https://osservatorionazionaleautismo.iss.it/). The project also comprises educational initiatives to involve the widest number of professionals that may be key resources for red flags early detection.

Aim
This research aimed to: (1) characterize parent perspectives, developmental profiles, and clinical variables in the first months of life of siblings of autistic children, in families previously exposed to long-term integrated clinical intervention with parent involvement; (2) compare this group with children with Typical Development (TD).

Material and Method
A retrospective sample (N=10) of children with TD was compared with the preliminary NIDA sample (N=6) of ODFlab, at 12 and 24 months of life. The Griffiths Mental Development Scales have been used to monitor developmental trajectories, the ADOS-2/AOSI was employed to evaluate ASC probability. The Parent Stress Index and the Child Behavior Checklist were used to monitor parent perspectives.

Video-recorded child-clinician interactions during free play will be analyzed using quantitative observational Method.

Conclusion
At 24 months, the group of siblings seems to show slightly better developmental abilities than TD. Since those children are growing in a context that was actively integrated and involved in a clinical environment before, we formulate the explorative hypothesis that previous experiences may have positively impacted parent abilities to interact with their children. In turn, a more adaptive environmental exposition mediated by more adequate social interaction may have positively reflected on siblings’ early competencies. Implications and potential challenges for early screening, clinical diagnosis, monitoring, and parent support are discussed, as well as the potential role of interaction variables in disclosing fine-grained features.
Developmental Outcomes of Infants from an Area of Socio-Economic Disadvantage: A Comparison with National Norms

Ms Marion Byrne¹, Ms Kate Darmody¹
¹Early Learning Initiative, National College Of Ireland, Dublin, Ireland

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Research has shown that social inequalities influence long term outcomes such as education (McNamara et al., 2021) and mental well-being (Healthy Ireland, 2015). The primary aim of the project was to explore whether infants from an area of socio-economic disadvantage differ in terms of certain early developmental outcomes and infant mental health as compared to national norms.

The sample for the present study was derived from a universal-targeted home visiting programme delivered in Dublin’s inner city, aiming to improve well-being and developmental outcomes for infants. A questionnaire modelled on that of the Growing Up in Ireland (GUI) national longitudinal study of children and youth in Ireland 9-month-old cohort questionnaire (Thornton et al., 2013) was developed to allow for direct comparisons. The questionnaire was distributed to parents participating in the programme at baseline and post-intervention. Parents were asked to provide information about family demographic characteristics, supports, infant health and development, baby’s sleep habits, playing and learning.

Eighty-seven parents completed baseline questionnaires and 40 parents also completed the post-intervention questionnaire. Baseline and post-intervention data will be compared with GUI study data. Differences and similarities between the GUI infants and the present study infants will be reported. Implications and future work will be discussed.


Evaluating the impact of Watch, Wait and Wonder (WWW®) on the parent-infant relationship.

**Ms Marion Doherty**, Ms Alexander Winlove, Ms Gloriana Bartoli, Ms Meggan Lam, Ms Wendy Nalden, MD, GP, Med.Sc.D. Philip Wilson

1Te Toka Tumai, Kari Centre, Auckland, New Zealand, 2Department Psychological Medicine Otago University, Otago, New Zealand, 3Te Toka Tumai, Kari Centre, Auckland, New Zealand, 4Te Toka Tumai, Kari Centre, Auckland, New Zealand, 5Te Toka Tumai, Kari Centre, Auckland, New Zealand, 6Te Toka Tumai, Kari Centre, Auckland, New Zealand, 7Te Toka Tumai, Kari Centre, Auckland, New Zealand

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**INTRODUCTION**

We are a small IMH team (3FTE shared between 5 clinicians) in a busy, metropolitan New Zealand ICAMHS. We have collaborative relationships with primary referrers: maternal mental health, child development and home visiting services. Team members have completed or are completing training in Watch, Wait and Wonder (WWW®); a child-led dyadic psychotherapeutic approach which is a core component of treatments offered. Dr Denise Guy provides general IMH supervision and specific training and supervision with WWW®.

**AIM**

The aim of this study was to look at the impact of the WWW® intervention on the quality of the parent-infant relationship - as measured by Axis II from DC:0-3R and Axis II DC: 0-5.

**METHOD**

Our team took a random selection of cases treated with WWW® between 2012-2018. One team member (not the therapist) and our supervisor independently reviewed assessment information and a section of baseline film of the parent-infant interaction. This information was then used to classify the relationship using the DC:0-3R Relationship Problems Checklist (RPCL) and Parent-Infant Relationship Global Assessment Scale (PIR-GAS) and DC: 0-5 Axis II coding systems. The ratings were compared and, if the categories differed, a discussion took place to decide on an agreed classification. This process was then repeated with a section of film from the end of treatment.

**RESULTS**

All of the parent-infant dyads received pre-treatment ratings classifications that fell between 20-55 on the PIR-GAS (Severely Disordered to Distressed categories). After intervention, all dyads improved at least two classification codes and the entire group now had ratings above 50 (between Distressed and Adapted classifications).

**CONCLUSION**

This study, although involving a small number of cases, has demonstrated that the WWW® Intervention was effective in improving the parent-infant relationship and this change could be measured using the RPCL and PIR-GAS rating scales.
Little ACF: a parental support program for parents with children 1-2 years old

Mrs Anna Edenius¹, Lic psychologist, senior lecturer in public health Lene Lindberg¹, Lic psychologist, PhD Malin Bergström¹, Lic psychologist, senior lecturer in clinical neuroscience Pia Enebrink¹, Specialist nurse in child health care Anna Fröjlinger²

¹Karolinska Institutet, Stockholm, Sweden, ²Region of Stockholm, Sweden

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Child health and development can be promoted by strengthening and supporting parents. The universal parenting program ACF (All Children in Focus) is a parental support program for parents of children 3-12 years that has shown to have positive effects on parental self-efficacy, parenting strategies and childrens wellbeing. We have now adapted this program to suit parents of 1-2 year olds, Little ACF, with a focus on emotional regulation and secure relations. The program consists of four group meetings with four different themes and exercises to try at home between the sessions.

Aim
To gain knowledge about the effects on parents and children in Little ACF and in the longer run to develop an evidence-based universal parental support program during infancy.

Material and Method
The study is an randomised controlled trial conducted in collaboration with several Child Health Care Services in the region of Stockholm, Sweden. 15 group leading pairs (CHC nurse + social worker/preschool teacher) have been recruited from various SES strata of the region. Group leaders get four days of training and regular coaching. Parents of a total of 600 infants are needed in the study.

Participating parents fill out baseline questionnaires before randomization. Follow-up questionnaires are completed post intervention and after 6, 12 and 24 months. The primary outcome is parenting strategies measured by parental self-efficacy, parental stress, parent emotional regulation, parental strategies and the coparenting relationship. The secondary outcome is childrens social and emotional development. The results will be analysed according to the intention-to-treat principle and per protocol.

Conclusions
Some preliminary results can be presented but Purpose of this presentation is a Description of the program, Little ACF.
Efficacy of parent-infant psychotherapy for mother-child-dyads in early infancy: first results of the SKKIPPI studies

M.sc. Carla Ellinghaus1, Janna Mattheß1,2, Mona Sprengeler2, Katharina Richter3, Melanie Eckert1, Dr. rer. med. Gabriele Koch1, Petra Vienhues1, Prof. Dr. med. Thomas Keil4,5,6, Prof. Dr. phil. Christiane Ludwig-Körner1, Dr. med. Julia Fricke4, PD Dr. rer. med. Stephanie Roll4, PD Dr. med. Anne Berghöfer4, Prof. Kai von Klitzing2, Dr. med. Franziska Schlensog-Schuster2, Prof. Dr. phil. Lars Kuchinke1

1International Psychoanalytic University Berlin, Berlin, Germany, 2Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Leipzig, Germany, 3DIAKO Flensburg, Flensburg, Germany, 4Institute for Social Medicine, Epidemiology and Health Economics, Charité Universitätsmedizin Berlin, Berlin, Germany, 5Institute of Clinical Epidemiology and Biometry, University of Wuerzburg, Wuerzburg, Germany, 6State Institute of Health, Bavarian Health and Food Safety Authority, Erlangen, Germany

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Introduction
The transition to parenthood can be accompanied by a significant level of psychological distress and postpartum mental disorders. Simultaneously, the first three years of life pose special challenges to the child’s ability to adapt, making them vulnerable to various socio-emotional and cognitive impairments, possibly leading to the development of early childhood regulatory disorders. These factors are known to negatively impact the parent-child relationship, which in turn can lead to long-term impairment to child development. However, there have been few studies on effective interventions. Addressing this, the SKKIPPI project was developed as a large, multicenter research project with the goal of evaluating the efficacy of focused, dyadic parent-infant psychotherapy (PIP).

Material and Method
For this Purpose, PIP is compared to routine care in inpatient and outpatient settings in two parallel randomized controlled trials (RCTs), assessing maternal and infant symptomatology and attachment, as well as mother-child interaction and maternal reflective functioning. Additionally, a population-based cohort study was conducted to assess the prevalence of psychosocial distress and mental disorders in the postpartum period and health care utilization by affected families.

Results
Preliminary findings from the cohort study suggest an unexpectedly high rate of obsessive thoughts among parents surveyed, while preliminary RCT baseline data indicate strong associations between maternal stress and mentalizing. Data collection for the RCTs is terminated (N=260) while analyses are ongoing. Preliminary results on the efficacy of PIP suggest an improvement in maternal symptomatology, as well as a moderating effect of the mother’s mentalizing ability and attachment experiences regarding infant symptoms.

Conclusion
The preliminary results provide first indications of the efficacy of PIP, especially regarding maternal symptomatology. Further results on parent and child factors will be discussed. It is expected that the results will contribute to the development of preventive and treatment strategies in the German health care system.
Mentalization-based interventions during the perinatal stage: Systematic review on their effectiveness in improving Reflective Functioning

Dr Jane Barlow, Ms Ana Fernandez Jondec
1University of Oxford, Oxford, United Kingdom

Introduction and aims
Parents’ mentalization capacities have been found to be an important predictor of infant attachment security. The perinatal period is being recognised as a window of opportunity for early intervention for parents-to-be who are experiencing difficulties or are at especial risk. In response to this, a variety of interventions have been developed which explicitly target parental mentalization as part of their theory of change and that are offered as early as from pregnancy. The aims of this review were to evaluate the effectiveness of mentalization-based interventions in improving parental reflective functioning and secondary outcomes of parent-infant interaction and infant attachment, as well as to identify the components of such interventions.

Method
A systematic review and meta-analysis were conducted searching electronic databases up to July 2021. Eligible studies were identified, data was extracted, and quality was appraised. Pooled risks were estimated using random effect models. Additionally, a thematic analysis of the components of the included interventions was carried out.

Results
Twelve studies (RCTs) were included, providing a total of 829 participants. Meta-analyses showed a significant moderate improvement in PRF (SMD: 0.38, 95% CI [0.06, 0.70]), a significant improvement in infant attachment security (OR: 1.86; 95% CI [1.20, 2.87]), and reduction in infant attachment insecurity (OR: 0.53; 95% CI [0.29, 0.95]) disorganisation (OR: 0.50; 95% CI [0.28, 0.91]), and maternal depression (SMD: -0.16; 95% CI [-0.31, -0.0]). Through inductive analysis we identified (1) components that provide support or information to parents, (2) components that promote the strengthening of relationships, and (3) components relating to the models of intervention used in the programmes.

Conclusion
Interventions with a focus on mentalization that are offered as early as from pregnancy can play an important role in improving parental reflective functioning and infant attachment as well as in reducing the prevalence of attachment disorganisation.
There is a growing international awareness of the importance of building workforce competency and upskilling those working with young children, and their families (Priddis et al. 2017). This presentation will explore the development and evaluation of an Infant Mental Health (IMH) training programme for Early Childhood Practitioners in Ireland.

This specific infant mental health training programme was developed by Let’s Grow Together! Infant & Childhood Partnerships CLG (LGT) as the result of a stakeholder collaboration to identify training gaps that existed within childcare provision in Cork City. The training model was underpinned using the principles of Infant Mental Health and was tailored and guided by the Irish Association for Infant Mental Health (I-AIMH) Competency Framework ® (2018) and the principles of Aistear and Siolta (the National Early Childhood curriculum and quality frameworks of Ireland). Mentoring was also provided to participants to assess the impact of this programme and provide practical supports to further embed the training into practice.

Following a pilot of the programme in 2021, the training programme was implemented by IMH Practitioners in two early years’ centres with fifteen practitioners participating. A mixed-Method research study was designed to monitor and evaluate the programme outcomes. The research Method in the study included pre- and post-training questionnaires, and pre- and post-training, on-site observation using the Child Caregiver Interaction Scale.

Preliminary results indicate that the programme increased practitioners understanding of the principles of IMH and its importance on early childhood development. The findings demonstrate increased capabilities in practitioner’s perceived ability to understand and interpret social and emotional developmental stages in young children. The findings also indicate an increase in practitioners’ confidence and competence in supporting parents, such as reducing parental stress around responding to emotional dysregulation and separation anxiety.
Authentic Assessment of the Participation of Spanish Children in Home Routines

**PhD Julia Gomez-Cuerva**, PhD Irene León-Estrada, PhD Rosa Fernández-Valero, PhD Dolores Peñalver-García, PhD Noelia Orcajada-Sánchez, PhD Álvaro Hidalgo-Robles, PhD Catalina Morales-Murillo

1 Universidad Internacional De La Rioja, Spain, 2 Universidad of Murcia, Spain

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Authentic assessment is crucial for identifying children’s true participation in home routines. So that, needed supports are identified and addressed throughout the intervention process. The Measure of Engagement Independence and Social Relationships (MEISRTM; McWilliam & Youngreen, 2019) measures the participation of children in home routines. It was originally intended for children from 0- to 36-months-old. Recently, it was extended to be used with children up to 6-years-old (MEISR 0-6, McWilliam et al., 2020). However, this new version has not been adapted for or tested in the Spanish population.

Aim
The study aimed to test the reliability of the items and to confirm the factor structure of the MEISR 0-6 items.

Material and Method
Participant children (N = 1415) were recruited from 42 early childhood intervention programs across 18 Spanish provinces. Children’s age ranged from 2- to 72-months (M = 34.83, SD = 15.44). Children’s caregivers completed the MEISR 0-6 and a sociodemographic questionnaire. The MEISR 0-6 (McWilliam et al., 2020) consists of 570 items distributed in 14 common home routines. Each item represents a skill that facilitates the child’s meaningful participation in that routine. Caregivers indicate whether that skill does not yet occur = 1 (i.e., challenges for participation); occurs sometimes = 2 (i.e., learning opportunities for participation); occurs often = 3 (i.e., mastered skills or strengths for participation). The percentage of items scored as challenges, learning opportunities or strengths are calculated for the total MEISR and for each routine. These percentages can be calculated for all items in the scale or for items up to the chronological age of the child. The MEISRTM 0-3 scores have shown high internal consistency, α= .99, in previous studies.

Conclusion
The high internal consistency of the MEISR 0-6 item scores support its use to assess children’s participation in home routines.
Perinatal Imaging in Partnership with Families: Understanding Newborn Voices

Miss Isobel Greenhalgh¹, Borja Blanco¹, Dianna Ilyka¹, Kaili Clackson¹, Dr Staci Weiss¹, Maria Rozhko¹, Mark Johnson¹,², Sarah Lloyd-Fox¹
¹Department of Psychology, University Of Cambridge, Cambridge, United Kingdom, ²Centre for Brain and Cognitive Development, Birkbeck, University of London, London, United Kingdom

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction and Aim
The Perinatal Imaging in partnership with families (PIPKIN) project is a longitudinal project aiming to examine early infant socio-cognitive brain and behavioural development in the context of families. PIPKIN incorporates dense data collection across the first month of life, using portable technology so we may examine development within the infants home and across a range of sociodemographic backgrounds. Here we present the neonatal PIPKIN protocol, with emphasis on more firmly establishing the Brazelton Neonatal Behavioural Assessment Scale (NBAS) in research, alongside neuroimaging measures.

Material and Method
The experimental setup consists of portable LUMO functional near-infrared spectroscopy (fNIRS) equipment, which can be taken into the home to examine early brain markers of auditory habituation and visual social tasks. Alongside this a the NBAS, which examines early infant socio-cognitive behaviours, sleep and state, will be administered. Three home visits will occur within the first month of life: two within the first two weeks and one at one-month, allowing for these early developmental trajectories to be investigated.

Results
Data acquisition has been successfully piloted in the home, with preliminary analyses demonstrating good data quality across NIRS tasks, and acceptability and interest within families. However, of eight infants piloted with the NBAS so far, only three managed to reach completion, emphasizing the need for a more flexible approach to the NBAS across research sessions.

Conclusions
Here we present the implementation of brain and behavioural tasks to examine early infant socio-cognitive development in the home setting. By understanding how such capacities emerge in their natural environments, we will be better placed to design and implement effective interventions for those most vulnerable to adverse outcomes. Further, by investigating the use of the NBAS alongside other developmental markers, we aim to establish its role in research more fully.
Comparative study of two interventions in childcare centers on the externalized behaviors of young children.

Mr Faycal Harti\textsuperscript{1}, Professor Jaqueline Wendland\textsuperscript{1,2}
\textsuperscript{1}Laboratory of Psychopathology and Health Processes, Université Paris Cité, Boulogne-Billancourt, Paris, F-92100, France, Paris, France, \textsuperscript{2}Vivaldi Parent-Infant Mental Health Unit, Pitié-Salpêtrière Hospital, Paris, F-92100, France, Paris, France

Introduction
50\% of children’s externalizing problem behaviors (EPB) that emerge around age 3 or 4 persist throughout their life span and are associated with a wide range of negative outcomes. Findings have shown that the teacher-child relationship can represent a protective factor for children’s EPB. For this reason, several interventions have emerged, in particular interventions aimed at improving teacher-child interactions.

Aim
This study aims to investigate the effects of interventions conducted with teachers on the improvement of teacher-child interaction, and consequently its effect on child’s EPB aged 20 to 36 months in childcare centers. The effects of a video feedback intervention based on attachment theory and the notion of a mentalizing community aimed at promoting teachers’ sensitivity and the quality of teacher-child interactions will be compared to those of a positive discipline intervention and a group of children and teachers who did not receive any intervention.

Material and Method
True experimental design will be conducted. 90 children will be randomly assigned to one of three conditions: positive discipline intervention, video-feedback intervention, or control group. Both interventions consisted of five sessions with five to six teachers. The PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes), the ESA (Escala de sensibilidad del adulto), and the TAQ (Toddler Attention Questionnaire) were used to assess the quality of teacher-child interaction, and two questionnaires were used to assess the child’s EPB.

Discussion
The preliminary results will be presented and discussed.
How Does Self-Compassion and Psychological Distress Relate to Workplace Wellbeing among Family Child Care Educators?

Dr. Holly Hatton-Bowers¹, Dr. Alison Hooper², Dr. Kyong Ah Kwon³, Dr. Laura Lessard⁴

¹University of Nebraska-Lincoln, Lincoln, United States, ²University of Alabama, Tuscaloosa, United States of America, ³University of Oklahoma-Tulsa, Tulsa, United States of America, ⁴University of Delaware, Newark, United States of America

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Early childhood (EC) educator well-being is supported with positive work environments (Kwon et al., 2021). An important part of EC work environments are job demands and resources (Demerouti et al. 2001). Job demands may deplete educator energy and job resources may provide support to meet the demands. Self-compassion may be an important personal resource for fostering workplace well-being and dealing effectively with job demands. However, research examining the self-compassion among EC educators; particularly family child care (FCC) educators, is limited.

Aim
The current study examined how self-compassion and psychological distress were uniquely associated with job satisfaction and job demands among FCC educators. We hypothesized that self-compassion and psychological distress would be related to FCC educators’ perceived job satisfaction and job demands.

Method
102 FCC educators completed a national anonymous online survey in the United States in 2022. Selected surveys were used for this study.

Results
Preliminary results with multiple linear regression suggest that the overall regression was significant for job satisfaction (R² =.61, F (4, 93) = 13.46, p = <.001) and job demands (R² =.43, F (4, 64) = 3.64, p = .01). Self-compassion was positively associated with job satisfaction (β = 2.98, p = .01) whereas psychological distress was negatively associated (β = -.45, p <.001). For job demands, self-compassion was negatively associated (β = -7.23, p = .03) whereas psychological distress was not a significant predictor (β = .42, p = .26).

Conclusion
FCC educators’ self-compassion may serve as an important personal resource in supporting workplace well-being.

References

Factor structure of the Edinburgh Postnatal Depression Scale among fathers

**Dr. Michele Giannotti Università degli Studi di Trento**, 3 Dr Wendell Cockshaw4, Professor Karen J Thorpe2, Dr Karen Hazell-Raine1

1 Charles Darwin University, Darwin, Australia, 2 The University of Queensland, St Lucia, Australia, 3 University of Trento, Trento, Italy, 4 Queensland University of Technology, Brisbane, Australia

**Introduction**
Growing evidence identifies that fathers are at increased risk of distress in the perinatal period, with ongoing impacts on mental health, infant development, and family relationships. The Edinburgh Postnatal Depression Scale (EPDS) is widely accepted to screen for perinatal distress among mothers. For fathers, however, the psychometric properties and interpretation of the EPDS require explication. Using a large population-based sample of mothers from the Avon Longitudinal Study of Parents and Children (ALSPAC), Coates et al. (2017) established that a three-factor conceptualisation best characterises the EPDS among mothers; anhedonia, anxiety and depression factors emerged at multiple timepoints spanning the perinatal period.

**Aim**
We sought to determine the extent to which the three-factor structure appropriately characterised EPDS responses among ALSPAC fathers.

**Method**
As the Coates et al. (2017) model was specified a priori, confirmatory factor analyses were employed to test the suitability of the three-factor EPDS model among fathers in the ALSPAC cohort. We also tested the one and two-factor models previously tested by Coates et al. among ALSPAC mothers.

**Results**
For both mothers and fathers, EPDS items capture aspects of anhedonia, anxiety and depression as identified in the three-factor solution. Nevertheless, mothers and fathers experience aspects of perinatal distress differently, requiring varied interpretation of screening scores and clinical decision-making. These variations should be considered when screening for psychological distress among expectant and new fathers.

**Conclusion**
The three-factor structure provides further insight into the meaning of EPDS items, likely to be of benefit for clinical interpretation and research. We propose that EPDS factors and corresponding subscales may be useful to explore which items are more predictive of father-infant relational quality and thus guide targeted early interventions aiming to optimise infant mental health.

Depression in Mothers with Infants Admitted to Inpatient Pediatrics

Alane Stalcup¹, Emily Hochstetler¹, Marc Gagnier¹
¹University of Massachusetts, Worcester, USA

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
One of the most important factors in infant mental health is the mental health of the mother, especially in the infant’s first year of life.

Aim
To assess depression in mothers who have infants under one year old admitted to inpatient pediatrics, pre vs post covid and rate of referral to services for support

Material and Method
Edinburgh post partum depression screen administered to mothers who have infants under one year old admitted to inpatient pediatrics, comparing data from before covid to screenings done after covid, assessing for differences, and referring mothers for treatment.

Conclusion
Data will be analyzed for differences in rate of post-partum depression among mothers pre and post covid, and also for referrals to services for treatment for this.
Working to Support Families Experiencing Adversity: Best Practices in Introducing the Lemonade for Life Program

Dr. Devin Barlaan¹, Lana Beasley¹, Dr. Helen Milojevich², Dr. David Bard³
¹Oklahoma State University, Stillwater, United States of America, ²University of North Carolina at Chapel Hill, Chapel Hill, United States of America, ³University of Oklahoma Health Sciences Center, Oklahoma City, United States of America

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Caregiver’s ACEs is associated with poorer physical and mental health concerns during pregnancy and after the baby arrives (Scorza & Monk, 2019). Thus, pregnancy is a critical period to potentially interrupt the intergenerational transmission of trauma and mitigate negative health outcomes for caregivers and baby. Lemonade for Life (L4L) is a trauma-informed prevention-intervention to support professional’s use of ACEs as a tool to foster hope with caregivers (Counts et al., 2017).

Aim of the Study
The current study used a qualitative approach to understand best practices in introducing the L4L program from the provider perspective.

Materials and Method
The study included providers (N=17) of three home-based parenting programs. Semi-structured interviews were used to assess best practices in implementing L4L. Interviews lasted approximately one hour and were conducted by trained qualitative research assistants. All data was analyzed using NVivo 11 software in groups of two (>85% inter-rater reliability).

Conclusions
Best practices for introducing L4L included (1) assessing caregivers’ stage of change, (2) assessing current knowledge of parenting behaviors, (3) explaining the benefits of L4L, and (4) using a conversational approach. Due to the importance of supporting families and reducing future adversity, continuing to learn best practices in introducing and implementing programs is vital. Further, for programs like L4L to be successful, robust training is needed to support providers in understanding best practices in the recruitment and engagement of participants.

References

Parent perspectives on virtual early intervention services provided during the pandemic

Dr. Audrey Juhasz¹, Sue Olsen¹, Barbara Fiechtl¹, Marla Nef¹, Dr. Tasha Olson²
¹Utah State University, Logan, USA, ²The Family Place, Utah, United States

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

In-person early intervention services were dramatically disrupted by the COVID-19 pandemic. Virtual Home Visits (VHV) have been used successfully to provide Early Intervention (EI) for many years, but adoption before the pandemic was slow (Kelso, Fiechtl, Olsen, & Rule, 2009). The aim of the current study was to understand the experience of parents receiving early intervention services virtually during pandemic shutdowns.

Online surveys were emailed to parents from all early intervention programs across a largely rural state located in the USA. Responses (N=750) were completed in Spanish (5%) and English. Child age at time of services ranged from 0-36 months. Likert scale and open-ended questions asked about services received, satisfaction, and preferences. Some families received virtual services for two years providing sufficient interaction with VHV to evaluate whether delivery of services match family preferences.

Results indicate that while families prefer face-to-face visits, they felt comfortable using the strategies learned during VHV. In addition, many saw value in virtual visits and were willing to continue certain services virtually. However, t-test analyses highlight that lower income families face technological disparities when trying to access virtual services. Follow up focus group data has been collected and is currently being analyzed for themes related to child and family outcomes related to services received. Additional survey information is also currently being collected from programs and will be used to further probe whether family satisfaction and service availability was related to the program’s available to quickly pivot to virtual services.

Implications will provide insights and strategies for programs to support family engagement in virtual services and practical tips for programs considering adding, or maintaining, virtual offerings. Results will help EI programs create a menu of service delivery options to match diverse family preferences and better serve families.
A pilot study on the effects of an attachment-based intervention in Japan

Prof. Dr. Megumi Kitagawa¹, Rosanneke Emmen², Cheyenne Garcia²,³, Carolina Toscano²,⁴, Judi Mesman²
¹Konan University, , Japan, ²University of Leiden, , the Netherland, ³University of California, San Francisco, USA, ⁴University of Minho, , Portugal

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
The Circle of Security Parenting (COSP) is an attachment-based intervention for community-based implementation. COSP consists of eight sessions for parents to review the stock video footage, while the original 20-week Circle of Security (COS) program involves individualized video feedback.

Aim
This longitudinal study examined whether the COSP and individualized video feedback improved parent-child relationship quality.

Material and Method
We recruited 28 mother-child dyads from an urban community in Japan (Mage children at start=32.2 months; 61.5% boys). Twenty-six dyads attended more than 70% of the sessions conducted over 17 to 18 weeks. We assessed child attachment quality using the Strange Situation procedure (SSP), maternal sensitivity with the Ainsworth observation scale (i.e., episode 2 from the SSP, the reading task, and the clean-up task), and parental stress with the Parental Stress Index (PSI), each at the baseline (T1), after COSP (T2), after the individualized video review sessions (T3), and at a 6-month follow-up (T4). At T1 and T4, we conducted an Adult Attachment Interview (AAI) with mothers.

Conclusion
We examined changes between T1 and T2, T3, and T4. At T2, 69.2% of the participants reported reduced parental stress in the child domain. At T3, 76.9% of mothers’ sensitivity scores improved compared to T1. At T4, 70% of children’s attachment improved (classified as B), and 35.7% of mothers’ attachment improved (classified as F) compared to T1. The study provides preliminary evidence that the COSP may be effective in reducing parental stress in the child domain, that the video-feedback session may enhance the maternal sensitivity, and that these changes may be beneficial to improvements in child attachment quality.
Composing a verbal and art-based assessment tool to examine implicit aspects of the mother-child relationship

Mrs Sofia Koufou
1
1Center of Art and Psychotherapy, Athens, Greece

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Given the importance of the parent-child relationship and the emotional bond, it is also important to determine how to support parents in effectively strengthening or improving this relationship when difficulties arise. An initial assessment may shorten the time required for identifying the difficulty, assessing how to support and guide intervention and therapeutic planning.

Aim
Framed by attachment theory, the mutual regulation model and intersubjective systems, and dyadic art therapy, this research aims to experimentally develop a combined mother-child relationship assessment tool.

Material and Method
For the scope of the research, 15 mother-child dyads are met with the art psychotherapist in clinical settings. The research method includes history records, five-point Likert scale assessment (Child-Parent Relationship Scale), and Joint Painting Procedure (JPP) assessment, which is an art-based parent-child relationship assessment tool and clinical intervention tool that focuses on the implicit aspects of the parent-child relationship in middle childhood.

Conclusion
The results show that mother’s individuation and autonomy are positively related to relationship dependence, mother’s mutual recognition to child’s mutual recognition, child’s mutual recognition to individualization and autonomy, mother’s motivation and investment to the child’s emotional expression, the child’s motivation and investment, and the mother’s motivation and investment. In most dyads there is partial or complete agreement of results between the JPPs and the verbal scale. High-scoring JPP tests are accompanied by cooperation, understanding, coordination, maternal sensitivity, smooth flow in the process, greater satisfaction at the end for both parts of the dyad, while the overall experience of the assessment allows some therapeutic hypotheses and goals to be outlined.
P-245

Partner support, dyadic coping and depressive symptoms in couples during pregnancy

Mrs Jessica Letot\textsuperscript{1}, Emmanuel Devouche\textsuperscript{1}, Aurélie Untas\textsuperscript{1}
\textsuperscript{1}Laboratory of Psychopathology and Health Processes UR4057, Paris Cité University, Paris, France

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Pregnancy is a vulnerable period for future parents who are at greater risk of depression. This risk is even greater in the absence of emotional support.

Aim
The aim of this exploratory research was to investigate the association between partner support and dyadic coping strategies in the risk of antenatal depression.

Material and method
The sample was composed of 126 women and 81 men. They completed an online questionnaire between 4 and 9 months of pregnancy. The questionnaire included a socio-demographic information, the marital support questionnaire (QSC), the Dyadic Coping Inventory (DCI) and Edinburgh Postnatal Depression Scale (EPDS).

Results
The results showed differences between men and women. For men, this risk is associated with lower perceived marital support. For women, is associated with dyadic coping strategies perceived as less satisfactory and less effective. (Recruitment is still in progress and dyadic statistical analyzes will be carried out on a larger sample).

Conclusion
Couples’ relationships may be an important factor that should be better explored in the context of depression during pregnancy, for both women and men.
Evaluating Online Mellow Bumps in Turkey: A pilot study of an online antenatal parenting intervention.

Mr Michael Lovell\textsuperscript{1}, Miss Alex Miles\textsuperscript{1,2}, EXH, Mr Raquib Ibrahim\textsuperscript{1}, Prof.Dr. Tolga Dağlı\textsuperscript{3}, Prof.Dr. Tolga Dağlı\textsuperscript{4}, Dr. Vaheshta Sethna\textsuperscript{2}.

\textsuperscript{1}Mellow Parenting, Glasgow, Scotland, \textsuperscript{2}King's College London, London, England, \textsuperscript{3}Marmara University, Istanbul, Turkey, \textsuperscript{4}Gazi University, Ankara, Turkey.

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Introduction

With the continuous rise of mothers experiencing poor mental health, maternal mental health remains a critical focus around the world. In addition to the typical stressors of pregnancy, the COVID-19 pandemic resulted in increased exposure to stressful life events and isolation. In an effort to continue supporting expectant mothers throughout lockdown, Mellow Parenting adapted its established prenatal group programme 'Mellow Bumps' for delivery online, becoming 'Online Mellow Bumps'.

Aim

The objective of this study was to evaluate the effectiveness of the intervention in improving mental health symptoms and mental well-being in pregnant women in Turkey.

Material and Method

The study used a pragmatic trial design to investigate routine evaluation data collected pre- and post-intervention. Outcomes measured were symptoms of poor mental health (using DASS-21), maternal subjective well-being (using WHO-5), mother’s perceived quality of relationship with baby (using a rating scale), maternal confidence and maternal social connectivity (both using follow-up questionnaires). 128 mums-to-be took part in the intervention between January 2021 and May 2021 from a total of 21 different cities in Turkey.

Using paired-sample t-tests, significant improvements were found for maternal stress levels and maternal subjective well-being and self-reported closeness to baby following participation in the programme. Improvements were also found for maternal confidence and maternal social connectivity.

Conclusion

Despite a number of limitations, this study provides reason for optimism that Online Mellow Bumps has the potential to improve several outcomes for pregnant women who attend. Future research involving larger sample sizes, control groups, diverse populations and assessment of longer-term effects is required to establish stronger evidence for this programme.
Potential link between maternal childhood experiences, reflective functioning & mother-child-interaction: Preliminary results from the SKKIPPI-studies

Janna Mattheß1,2, Melanie Eckert1, Dr. rer. med. Gabriele Koch1, M.sc. Carla Ellinghaus1, Prof. Dr. med. Thomas Keil3,4,5, Dr. med. Franziska Schlensog-Schuster2, Prof. Dr. phil. Christiane Ludwig-Körner1, Prof. Kai von Klitzing2, Prof. Dr. phil. Lars Kuchinke1
1International Psychoanalytic University Berlin, Berlin, Germany, 2Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Leipzig, Germany, 3Institute for Social Medicine, Epidemiology and Health Economics, Charité Universitätsmedizin, Berlin, Germany, 4Institute of Clinical Epidemiology and Biometry, University of Wuerzburg, Wuerzburg, Germany, 5State Institute of Health, Bavarian Health and Food Safety Authority, Bad Kissingen, Germany

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction and Aim
The multicenter research project SKKIPPI evaluates the integrated psychotherapeutic and psychiatric care for parents and their children in the first 3 years of life. In the two controlled-randomized intervention studies (RCTs) with a total of N= 260 participating mothers and their children aged up to 3 years, the effectiveness of parent-infant psychotherapy (PIP) is investigated in the context of child and adult psychiatry as well as in the outpatient/ inpatient setting. The aim of PIP is to establish an organized attachment development and improve the parent-infant interaction. The aim of the present subsample analysis is to examine the potential link between mother’s attachment experiences in the past and their own recent behavior towards the child and the potential moderating effects of maternal reflective functioning.

Material and Method
Preliminary results of baseline data from N = 113 mothers are presented, which exploratively examine the associations between maternal attachment experiences and reflective functioning (Adult Attachment Interview, AAI), clinical symptomatology (M.I.N.I. diagnostic interview), and mother-child interaction characteristics (assessed with the Emotional Availability Scale, EAS). To test these hypothesized relationships, moderator analysis and structural equitation models were computed.

Results and Conclusion
It is found that in the present clinical subsample, negative relationship experiences with one’s own father are a significant predictor of current behavior toward one’s own child, but reflective functioning is no moderating factor of this relationship. In particular, negative past attachment experiences with the father are related to more negative-going interactions with the own child. Past attachment experiences made with the father in childhood seems to have a bigger impact on the present interaction with the child, than the past experiences made with the mother. These results can be interpreted as a potential link between maternal early attachment experiences and the present interactions with the child.
Connections for Breaking the Cycle of Violence: Evaluating A National Initiative for Canadian Families

Dr Mary Motz¹, Ms. Margaret Leslie¹
¹Mothercraft/Breaking the Cycle, Toronto, Canada

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Interpersonal violence (IPV) and trauma are prevalent and interconnected societal concerns. Mothercraft’s “Connections: A Group Intervention for Mothers and Children Experiencing Violence in Relationships” is an evidenced-based, manualized intervention focuses on mothers’ experiences with IPV, its impact on the development of their infants, their parenting, and their self-esteem. Following a successful 5-year initiative where facilitators from 34 community-based projects across Canada were certified to deliver Connections and impact of this dissemination was evaluated for communities, organizations, facilitators, and families (Andrews et.al., 2021), we are enhancing these community partnerships.

Method
Our poster will introduce Connections for Breaking the Cycle of Violence (C-BTC) a four-year federally funded initiative (Public Health Agency of Canada) to prevent violence and the intergenerational trauma transmission to families with infants and young children. Through continued and enhanced partnerships with 15 community-based projects that span the country, an increased number of service providers will receive training to become certified Connections facilitators; as well, service providers and identified community partners from the 15 projects will receive training in approaches that will further enhance practice to support and reduce risk for pregnant people, mothers, and children who are exposed to IPV. Mechanisms of change for participants in the Connections intervention will be evaluated.

Results and Conclusion
We will provide context for C-BTC by briefly describing the results from our previous initiative related to processes of community engagement and fidelity of the training and intervention. We will describe our plans for continued relationship development with and support for our partner organizations and their communities. We will present methodologies and tools for data collection for the three phases of C-BTC: capacity building training, certified training, and Connections intervention evaluation. We will share resources related to the Connections intervention, including the manuals (available in English, French and for Canadian Indigenous communities).
Identifying the critical ingredients of effective interventions for early mental health: A common elements review

Dr Christine O'Farrelly\textsuperscript{1}, Dr Beth Barker\textsuperscript{2}, Dr Aleisha Clarke\textsuperscript{2}, Ms Natalie Kirby\textsuperscript{1}, Mrs Sally Hogg\textsuperscript{1}, Thrive Study Group\textsuperscript{1}

\textsuperscript{1}PEDAL, University Of Cambridge, Cambridge, United Kingdom, \textsuperscript{2}Health Service Executive, Ireland

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Growing evidence shows that early prevention and intervention can have lasting impacts for children’s wellbeing. Despite this few programmes have scaled effectively in real world settings. Identifying the ingredients that are common to effective interventions could help to unlock the potential of early intervention for population-level impact by 1) guiding efforts to optimise effective programmes to widen access and maintain effectiveness at scale and 2) diffusing key principles of effective practice into surrounding systems.

Aim
This study aims to identify the common practice, delivery, and implementation elements of effective programmes that are associated with the strongest effects for early mental health (0-4 years).

Material and Method
We are undertaking a systematic review to identify programmes that are effective in promoting children’s early mental health and/or related parent level outcomes. We will then employ a common elements analysis by systematically coding the shared elements of effective programmes in terms of practice (e.g., praise), delivery (e.g., role play) and implementation (e.g., clinical supervision) factors. We will report the elements that most frequently feature across effective programmes.

Conclusion
Preliminary results will be presented and discussed. We will present the common practice, delivery and implementation elements of effective interventions and a set of intervention principles that could be infused into surrounding systems, through e.g., workforce training and development. Identifying these golden threads of effective practice will help us to better realise the potential of early mental health promotion at scale.
Circle of Security Parenting (COSP): Clinicians' Perspectives of an Online COSP in Mental Health Services.

Ms Kate O’Meara¹, Dr Angela Veale¹
¹University College Cork, Cork, Ireland

Introduction
The Circle of Security Parenting (COS-P) is an eight-week attachment-focused intervention designed for parents of young children and aims to support secure parent-child attachment patterns through the promotion of sensitive and responsive parenting. Due to COVID-19, Health Service Executive (HSE) Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) transitioned to the delivery of online COS-P.

Aims
This research aims to add to the limited COS-P studies. There is no existing research exploring online COS-P programs. This study aims to explore clinicians’ experience of an online COS-P in CAMHS and AMHS. Limited empirical evidence supporting the COS-P hinders its implementation and can restrict funding.

Description
Two online COS-P programs were conducted via WebEx in CAMHS and AMHS in the South of Ireland. Utilizing a qualitative approach, the facilitators (n=5) partook in semi-structured interviews to explore their perceptions of the online intervention. Thematic analysis was applied.

Conclusion
Due to the relational approach, there were concerns about an online COS-P. Clinicians perceived the online intervention as effective in terms of materials, engagement, and intervention goals. The online nature was deemed as convenient for parents, and this was of particular use to those in large catchment areas and/or with limited public transport. It was considered as potentially encouraging for parents who usually lack motivation to attend parent interventions. The online nature facilitated a collaboration between local CAMHS and AMHS teams. Having two trained facilitators for the COSP mirrored a secure attachment and encouraged them to provide the same conditions to parents. Technology difficulties and lack of privacy at home were highlighted as potential challenges. The transition to online nature was informed by public health guidance at the time. Going forward, the clinicians expressed their openness for future online COS-P interventions to promote and support parental attendance.
Study of auditory and visual sensory responses in infants with/without back and foot support

Dr Isabella Pereira\textsuperscript{1}, Dr Galton C Vasconcelos\textsuperscript{1}, Dr Sirley AS Carvalho\textsuperscript{1}, Dr Erika Parlato-Oliveira\textsuperscript{1}

\textsuperscript{1}Federal University of Minas Gerais, Belo Horizonte, Brazil

Introduction

Multisensory integration can be defined as the processes used by humans to respond to convergent inputs of multiple sensory modalities. The integration of auditory and visual stimuli is of particular interest due to their role in speech perception that has a visual and an auditory component.

Objectives

To evaluate auditory and visual sensory responses in infants aged 6 to 15 months with and without back and foot support.

Methods

The present research proposes a cross-sectional analytical observational study. Seventy infants were submitted to auditory behavior evaluation and evaluation of visual acuity in two situations with and without back and foot support. We evaluated the response of infants in each auditory location/visual orientation in relation to latency, that is, the moment when the auditory/visual stimulus is given by the researcher to the moment of auditory/visual response by the infant. Totalized 12 sound locations and 4 visual orientations.

Results

In the comparison of quantitative variables, Wilcoxon's test was used due the nonnormal distribution for paired groups. We found statistical significance in 2 of 12 auditory variables (Left location downwards bell p-value 0.014; Left location upwards guizo p-value 0.024). Comparing the median of each variable auditory between categories with and without support, 7 from 12 variables had lower latency response with support which demonstrates a clinical significance. Comparing the median from visual test between categories with and without support, with support had lower latency response which demonstrates a clinical significance.

Conclusions

The strategy of back and foot support is an alternative that can be used in clinical, home, hospital and educational practice to favor learning as well as the input of sensory responses

Keywords: Psychomotor performance, Visual perception, Auditory Perception, Infant
The FACAM study: RCT of an interdisciplinary intervention to support pregnant women in vulnerable positions

Dr Maiken Pontoppidan¹, Ms Lene Nygaard², Dr Ellen Aagaard Nøhr²,³
¹Vive - Det Nationale Forsknings- Og Analysecenter For Velfærd, copenhagen, Danmark, ²Research Unit for Gynecology and Obstetrics, Department of Clinical Research, University of Southern Denmark, Odense, Denmark, ³Department of Gynaecology and Obstetrics, Odense University Hospital, Odense, Denmark

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Inequality in health can have profound short- and long-term effects on a child’s life. Infants develop in a responsive environment, but mental health issues may challenge a mother’s ability to bond with the fetus or newborn child. Families with complex problems need interdisciplinary interventions starting in early pregnancy to prepare for motherhood and ensure a healthy child development.

Aim
To examine the effects of an early and coordinated intervention (the Family Clinic and Municipality (FACAM) intervention) offered to vulnerable pregnant women during pregnancy and the child’s first year of life on the mother-child relationship, maternal social functioning, mental health, reflective functioning, well-being, parental stress, and the development and well-being of the child.

Method
This study is a prospective randomized controlled trial including 332 pregnant women enrolled to receive antenatal care at the family clinic at Odense University Hospital. Participants were randomized to either the FACAM intervention or usual care. The FACAM intervention consists of extra support by a health nurse or family therapist during pregnancy and until the child starts school. The intervention also includes either group or individual attachment-based support during the pregnancy. The intervention is most intensive in the first 12 months. The participants were assessed at baseline and when the infant was 3 and 12 months old. The primary outcome is maternal sensitivity measured by the Coding Interactive Behavior (CIB) instrument. Secondary outcomes include prenatal parental reflective functioning, mental well-being, depressive symptoms, breastfeeding duration, maternal satisfaction, child development (including Bayley III), parent competence, parental stress, and activities with the child.

Conclusion
In this presentation, we will present the preliminary results of the data analyses of children aged 3 and 12 months.
"Effectiveness of a Static Web-based Postnatal Parenting programme: Understanding your Baby, by Solihull Approach"

Miss Renata Sanchez Egaña¹, Dr Hazel Douglas¹
¹Solihull Approach, Birmingham, United Kingdom

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Background
The birth of a child is often one of the most joyous occasions in a parent’s life. However, postpartum is also recognized as a period of significant transition that can lead to profound emotional distress.

Aim
Evaluate the effectiveness of a static web-based postnatal parenting intervention "Understanding your Baby".

Design
Pre- and post-intervention outcomes were analysed using a quasi-experimental repeated measures design.

Materials: Karitane Parenting Confidence Scale (KPCS).
Participants: A nonclinical sample of 2,313 parents in the UK.
Results: These preliminary results demonstrated statistically significant improvements in 14 of the 15 items of the Karitane Parenting Confidence Scale, providing promising evidence of the effectiveness and use of the online parenting education programme. The statistical comparison revealed a significant difference between the total mean scores per subject at the start of the course (36.24, SD= 8.25) and after its completion (39.33, SD= 7.33, p= <.000).

Conclusion
The results provide promising evidence regarding the effectiveness of the Solihull Approach’s online postnatal parenting programme, "Understanding Your Baby".
THE RELATION BETWEEN SCREEN USE, THE NEUROPSYCHOMOTOR AND NEURODEVELOPMENTAL CHARACTERISTICS FROM 18 TO 47-MONTH-OLD CHILDREN

Dr Beatriz Servilha Brocchi¹, Maria Eduarda Pasculli Marinheiro², Julia Neves Barbosa³
¹Pontifícia Universidade Católica De Campinas, Campinas, Brazil, ²Pontifícia Universidade Católica De Campinas, Campinas, Brazil, ³Pontifícia Universidade Católica De Campinas, Campinas, Brazil

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
As technology advances, screen use is increasingly evident in children's lives and if not monitored, in terms of time and content, it may influence neurodevelopment.

Aim
To investigate the relation between screen use, neuropsychomotor, and neurodevelopmental skills in Brazilian preschool children

Material and Method
This is a prospective cross-sectional study of the relationship between screen use, neuropsychomotor, and neurodevelopmental skills in preschool children. It included 42 parents whose children are typical and aged 18 to 47-months-old followed by a Pediatrics Service. As materials, a questionnaire with closed questions about screen use (what the child watches most, time of use, frequency per week) developed by the research team was used in association with the Neuropsychomotor Development Checklist and the Modified Checklist for Autism in Toddlers both composed by dichotomous questions. The tests were analyzed and related through descriptive percentages and Chi-Square statistical tests (p<0.05).

Conclusion
All participants used screens; the most accessed content was cartoons. The predominant frequency was 5 days a week or more and the predominant time was 30 minutes. Although there were no relevant statistical results, the relation between the number of children who did not point at parts of their own bodies by 12 months old was close to those who used screens for a longer time than recommended. The number of children, who did not make phrases with two to three words by 24 months old, was close to the number of those with screen use longer than recommended. According to the data, it seemed that screen use may influence neurodevelopment. It is suggested to increase the sample size to better map this influence.
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GROW: Pilot of a Relationship-Based Training Program for Foster, Adoptive and Kinship Parents

Dr Sarah Shea¹, Dr. Jennifer Farley¹, Dr Jennifer Kellman Fritz¹
¹Eastern Michigan University, Ypsilanti, United States

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
A U.S. health and human services department contracted a university to develop, pilot, evaluate, and implement a mandatory statewide curriculum for foster, adoptive, and kinship (FAK) parents seeking licensure. The pilot evaluation of GROW, a relationship-based training, provides preliminary evidence about GROW’s efficacy to prepare FAK parents for caring for infants and young children.

Aims
Aims included assessing GROW pilot attendees’: 1) knowledge of infant-early childhood parenting tasks; and 2) confidence about their abilities to meet the trauma-informed parenting needs of infants and young children in FAK care.

Materials & Method
Using pilot data, descriptive statistics summarized GROW attendees’ parenting confidence and parenting knowledge. Independent sample t-tests were conducted to assess for differences between the infant-toddler parenting knowledge and confidence of parents attending GROW (n = 53) versus a control group of parents who attended the existing FAK parent training (n = 92).

Results
Levene’s Test for equality of variances (F = 5.69, p = .02) required the calculation of a t value without the assumption of variances (t(141.54) = 4.91, p < .0001, d = .43) where GROW pilot participants (M = 3.63, SD = .31) reported a greater degree of infant-early childhood parenting confidence when compared to the control group (M = 3.31, SD = .49). A Levene’s test (F = 7.31, p = .01) required the calculation of a t value without the assumption of variances (t(143) = 6.58, p < .0001, d = .67) where GROW pilot participants (M = 4.54, SD = .45) reported a greater degree of infant-early childhood parenting knowledge when compared to the control group (M = 3.87, SD = .77).

Conclusion
The pilot evaluation provides preliminary findings that GROW, a relationship-based FAK parent training program, is successful in supporting FAK parents’ infant-early childhood knowledge and confidence.
Capacity and Sustainability for Infant Family Relational Health Practices Within a Statewide Early Intervention System

Ms Laurie Thomas¹, Dr. DeEtte Snyder¹
¹Department for Children, Youth, and Families / Early Support for Infants and Toddlers, Olympia, USA

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
The Early Support for Infants and Toddlers (ESIT) Program is the State Lead Agency in the Department of Children, Youth, and Families (DCYF) for early intervention services and supports for children with developmental delays and established disabilities, including their families, in the U.S. state of Washington. An important component of our comprehensive system of cohesive care is the focus on the parent-child relationship as the foundation for learning.

Aim / Purpose
Over the past 7 years, the ESIT Program has implemented a State Systemic Improvement Plan (SSIP) with an overall goal of improving child outcomes in the area of positive social relationships, supporting resilience and well-being in Washington families whose children are experiencing developmental challenges. Additionally, work has begun to create the Comprehensive System of Personnel Development, which will embed Infant Mental Health/Infant Family Relational Health (IFRH) practices at all levels of the ESIT workforce through multiple approaches.

Description
After 7 years of implementing the SSIP, Washington state has moved to the sustainability phase of the plan. In this poster presentation the ESIT Program will highlight the two-prong approach for growing the capacity of the ESIT workforce through the CSPD and SSIP, as well as active collaboration with community partners in the healthcare and mental health fields. This includes activities implemented and planned, outcomes met and in progress, and the evaluation process utilized to measure the overall success of the program.

Conclusions
This poster session will showcase efforts and progress in growing capacity in community provider agencies at all levels of a service delivery system emphasizing the foundational nature of parent-child relational health through evidence based inter-disciplinary approaches in early intervention.
Who do mindfulness interventions work for?: Examining early childhood teachers' differential responsiveness to CHIME

Miss Emily Starr¹, Dr. Holly Hatton-Bowers¹, Dr. Caron A. C. Clark¹, Dr. Gilbert Parra¹
¹University of Nebraska-Lincoln, Lincoln, USA

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
Addressing the current crisis of early childhood (EC) teacher turnover is essential for supporting the development of young children, who are especially vulnerable to poor quality of care (Horm et al., 2016). Teacher wellbeing has been linked to both intention to leave (Viac & Fraser, 2020) and students’ learning and development (Smith & Lawrence, 2019). Mindfulness-based interventions have emerged as a promising approach for reducing teacher stress and burnout (Embse et al., 2019). It is unknown, however, whether responsiveness to these types of interventions may differ based on individual EC teachers’ baseline characteristics.

Aim
The current study aims to investigate moderators of intervention responsiveness by examining whether the impact of an eight-week compassion-based mindfulness intervention on mental wellbeing differs for EC teachers with differing levels of job stress.

Method
Approximately 87 EC teachers completed online surveys including demographics, the Warwick-Edinburg Well-Being Scale, the Child Care Worker Job Stress Inventory, and the Effort-Reward Imbalance Scale at both pre and post intervention during the COVID-19 pandemic. Preliminary analyses revealed that mental wellbeing was significantly correlated with both effort-reward imbalance (r = .341) and job stress (r = .243).

Results
Previous work with the current intervention offered preliminary evidence that participation in the mindfulness compassion-based program enhanced early childhood teachers’ wellbeing (Hatton-Bowers et al., 2022). We aim to replicate and extend these findings in an independent sample and use moderation analyses to answer our research questions.

Conclusion
This study will contribute to our understanding of mindfulness intervention research by allowing us to identify EC teachers who might benefit the most from this intervention.
Encountering the Visually Impaired Infant’s Emotional Development: Research using Psychoanalytic Infant Observation

Ms Esther Congreave, Mrs Laura Hancock

1Human Development Scotland, Glasgow, Scotland, 2Robert Gordon University, Aberdeen, Scotland

Monday Lunch - Poster Session 2, The Liffey, 17 July 2023, 12:15 - 13:15

Introduction
As a current Child and Adolescent Psychotherapist in training with Human Development Scotland and Robert Gordon University, I am hoping to contribute to the growing understanding of infant mental health being driven by Scottish NHS services. My proposal takes a psychoanalytic approach to encountering the emotional, internal and relational development of visually impaired infants. Given the role of gaze in healthy emotional development for infants, it is surprising so little attention is paid to a population for whom gaze is disturbed due to visual impairment.

Aim / Purpose
There is limited, current, psychoanalytic research that considers the impact of visual impairment on the relational and emotional development of infants, a blind spot that I hope to address. I hope to offer clearer ways of discerning what represents a challenge to emotional development and what represents a lack of understanding regarding the visually impaired infant’s experience.

This research hopes to build on the psychoanalytic work carried out around 40 years ago and associated with Fraiberg, Sandler, Burlingham and Wills as well as more recent understanding regarding the causes of visual impairment.

Description
The results of my systematic review drew attention to a dissonance between methodology and research subject in this area. To understand the impact that visual impairment has on infant’s emotional experience a method that takes into account internal, psychic and relational development must be used. Psychoanalytic infant observation could be used as a research method for this purpose.

Conclusion
I plan to bring together psychoanalytic infant observation as a method with which to further understand the ways in which disruption to sight might impact on the intra and inter- psychic development of infants.
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